

MOUNTBATTEN HAMPSHIRE LIMITED

England & Wales · Charity number 1123304

Details

Other names	COUNTESS MOUNTBATTEN HOSPICE CHARITY LIMITED, COUNTESS MOUNTBATTEN HOSPICE CHARITY
Status	Registered
Legal form	Charitable company
Company number	06539641
Registered	2008-03-25
Register	View on the Charity Commission register

Contact

Address	Mountbatten Hampshire Botley Road West End Southampton SO30 3JB
Phone	02380475313
Email	info@mountbatten.org.uk
Website	www.mountbatten-hampshire.org.uk

Activities

Objects: The 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 receive 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.

Classification

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

Geography

- **Area of benefit:** SOUTHAMPTON
- Hampshire
- Southampton City

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£8,740,569	£8,892,357	£525,819	190
2024-03-31	£8,458,828	£9,560,335	£683,001	189
2023-03-31	£7,370,923	£9,332,490	£1,754,216	200
2022-03-31	£9,709,304	£8,172,617	£3,816,913	169
2021-03-31	£7,382,999	£6,271,608	£2,119,679	144

Trustees

Name	Role	Appointed
Andrew Charles Neill		2022-07-21
Barbara Halliday		2022-07-21
Charlie Panayi		2024-07-24
Dr John Sichel		2024-07-24
Dr Tim Peachey		2024-07-24
Kate Collins		2024-07-24
Michael Acland		2018-10-01
Moraig Forrest-Charde		2022-07-21
Sir Ian Cheshire		2020-07-10
Vicky Hastings		2024-07-24

MOUNTBATTEN HAMPSHIRE LIMITED

England & Wales - Charity number 1123304

Accounts

COMPANY NUMBER: 06539641
CHARITY NUMBER: 1123304



MOUNTBATTEN Hampshire Limited

**Report and financial statements for the
year ended 31 March 2025**

Mountbatten Hampshire Limited
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Mountbatten Hampshire Limited
Reference and administrative information
For year ended 31 March 2025

Administrative Details

Status and structure: Mountbatten Hampshire Limited operates as a charitable company limited by guarantee.

Company number: 06539641

Charity number: 1123304

Registered office and operational address: Botley Road
 West End
 Southampton
 SP30 3JB

Trustees Trustees are also Directors under company law:

- | | |
|------------------|---|
| Sir Ian Cheshire | CHAIR |
| M Acland | |
| P Pitcher | (resigned July 2024) |
| B Halliday | |
| A Stables | (resigned July 2024) |
| A Neill | |
| M Forrest-Charde | |
| K Collins | (appointed July 2024) |
| V K Hastings | (appointed July 2024) |
| C L Panayi | (appointed July 2024) |
| T Peachey | (appointed July 2024) |
| J H S Sichel | (appointed July 2024) |
| A C Gornall | (appointed July 2024 and resigned October 2024) |

Company Secretary: M R Edmonds (appointed August 2024)

Senior Management Team:

N Hartley MBE	Chief Executive
L Smith	Director of Nursing
M R Edmonds	Interim Director of Finance (appointed July 2024)
D Hodgkins	Director of People Services
J Hazeldine	Director of Psychosocial and Spiritual Care
R McGregor	Deputy Chief Executive
D Fleming	Director of Quality Data and Information
S Lewis	Director of Commercial (appointed Oct 2024 and left July 2025)

Mountbatten Hampshire Limited
Reference and administrative information
For year ended 31 March 2025

Bankers: NatWest Bank Plc
3 Lower Northam Road
Hedge End
Southampton
SO30 4PA

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

Auditor: Azets Audit Services Limited
Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

Mountbatten Hampshire Limited
Statement from the CEO
For year ended 31 March 2025

As my final annual report as the CEO of Mountbatten, 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.

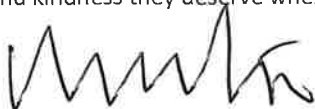
The modern hospice movement has developed during the lifetime of many of us and will reach its sixtieth anniversary in 2027. Our generation should be so rightly pleased of this achievement, where we have protested against a Health and Social Care sector who in the past so easily misplaced and forgot 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 marginalized 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 Mc Gregor 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 Hampshire Limited

24 July 2025

Mountbatten Hampshire Limited
Statement from the Chair of Trustees
For year ended 31 March 2025

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!



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Sir Ian Cheshire
Chair of Trustees
Mountbatten

24 July 2025

Background

Mountbatten Hampshire, based in West End, Southampton was opened in 1977, which was then only the second NHS hospice in the country. Mountbatten Hampshire has been committed to providing modern hospice care, not just through the provision of beds, but also aiming to integrate services both in the local University Hospital in Southampton and across the community through expert care at home. The care has also been focused on patients in the last phase of and at the end of life, together with care and support for their families and carers.

Today, on an annual basis, the hospice supports 3,665 people, their families, carers and those close to them living across Southampton city, South-west and parts of North-mid Hampshire.

It provides care and support within the places that people live (including nursing and residential homes) and in its 16 bedded Inpatient Unit.

Objects

The objects of Mountbatten Hampshire are:

1. To relieve and care for patients generally and in particular to offer palliative care, pain relief, support and friendship for the terminally ill and to assist their family throughout their illness and after their death,
2. To provide additional services and facilities for patients, their families and Carers, and
3. For the advancement of palliative care through the provision of facilities and funds for research, education and training in the field of palliative care and related fields of study.

Strategic report - Objectives & Activities

In April 2020 Mountbatten published its new strategy, outlining its 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.

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, across Hampshire.

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. 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 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."

Community Engagement

A successful Hospice UK and Masonic Charitable Foundation grant to purchase a Community Engagement Vehicle (CEV) to reach more people, reducing disparity in access and dispelling the myths and perceptions of hospice care.

CEV's first official outing was to Eastleigh in August 2024, where a total of 5 people were engaged, information shared and advance care planning was discussed. Since this time CEV has visited over 20 different venues and seen over 500 contacts with members of the public.

The type of interaction have differed between locations with the majority of support required in Southampton City being bereavement and psychosocial support and dispelling myths around our services are just 'in-patient beds', 'just for cancer' and accessible to those who 'can afford/pay'.

There has been a lot of interest from people who want to volunteer for Mountbatten. In addition to we have taken lots of informal enquiries about supporting fundraising activities. By contrast, the more rural area of Colden Common, has required a level of clinical expertise, with people presenting with recent diagnosis, curious to know more about their illness and what to expect.

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.

Our education team have provided 17 Advance Care Planning training sessions to 152 individuals to help those attending understand the importance of advance planning and to develop confidence to start conversations using innovative methods.

Additionally the education team led the revision of an outdated advance care planning document used by organisations supporting those experiencing homelessness. Bespoke sessions were provided to support the use of this revised document in practice, to raise confidence and increase the opportunity for people experiencing homelessness to engage in advance planning.

The Community Engagement Vehicle has provided an opportunity to help raise awareness of advance care planning. Mountbatten Advance Care Planning booklets and information leaflets have been distributed across various community groups, meetings and organisations and enabled conversations with our community about the importance of planning ahead.

Collaborating to deliver 24/7 care to patients at home

Over the past year, Mountbatten has expanded its reach, addressing the rising demand for palliative care in our community. This effort has led to a 24% increase in home visits by our community team and a 5% increase in calls to our 24/7 advice line, underscoring the growing need for comprehensive support services.

To ensure people 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 people whose advanced care plans indicate a preference to stay at home. By encouraging care homes to contact Mountbatten for support, we enable more people to receive the care they need within familiar environments.

The complexity of people's conditions has increased, necessitating more intensive interventions. Many community patients are newly diagnosed with multiple symptoms and conditions as they are approaching the end of life.

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.

Despite a reduction in the community teams' resources and challenges in accessing services, Mountbatten remains committed to providing 24-hour support to ensure 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 quality 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.

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 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 accessing Mountbatten services, people supported by our bereavement services, staff, volunteers and the local community 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 launch and development

Hosting enjoyable, attractive performance events in the Hazel Centre makes further use of our community space to offer another attractive invitation for our community to engage with the Hospice, feel welcome and demystify who we are and what we do. Performances by groups such as the 'Ukulele Jam' have filled the room with audiences enjoying the entertainment, and indulging in wine and canapés, as part of the concert experience. From September 2025 there are plans to hold such events on a regular, monthly basis, with a range of performance types to appeal as widely as possible.

Monthly quizzes

Launched by a user of Mountbatten services who died in our care on the inpatient unit, the monthly quiz continues as a legacy and remains an extremely popular event that provides a fun and interactive way for people to engage with the hospice. It is always very well attended by around 100 people, with a mixture of regulars and newcomers. 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.

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, 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.

Three 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 doctors in training 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. Mountbatten Hampshire hosts 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 welcomed 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.

Images of timeline from JRCPTB:

The physician training pathway – group 1 specialties (dual CCT)



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.

Key achievements and performance

- An annual review of Mountbatten's audit programme has taken place. The aim of this exercise was to review the audits being completed to ensure they were adding value. This informed the decision making on which of the current audits will be continued in the 2025/26 audit programme. In discussions with team leads and clinicians we also agreed on what new audits would be completed in 2025/26.
- An external organisation incidents review group has been set up. The focus of the group is to scrutinise the incidents and identify if there are any themes of learning identified. The group have then worked with system partners to identify ways of making improvements.
- A piece of work is being undertaken in Hampshire to look at ways to improve ambulance transfer delays of people from home or hospital. Meetings have been held with South Central Ambulance Service (SCAS) and the Integrated Care Board and Mountbatten has shared the impact of the delays on patients. Options of how the processes could be improved have been discussed and there is hope these can be implemented in 2025/26.
- Mountbatten continue to develop it's Intranet site with a focus on developing the dashboard area of the site. This provides employees with data about key services and performance.
- Further work has been completed in 2024/5 on moving over to using the strategic reporting function in SystemOne from Clinical reporting. This will allow for a greater depth of data to be collected and used within Mountbatten's dashboards, it is also the first step to providing real time reporting which will help to with decision making relating to patient care. A dashboard has now been used using strategic report which automates a large part of the process and will mean the data is much more readily available for clinicians.
- Mountbatten's Director of Quality, Data and Information was asked to speak at the Hospice UK national conference the work being undertaken at Mountbatten around using a shared record for patient care and how they are working with system partners to get the most out of the electronic patient record that they share.
- A schedule for all of the clinical dashboards has been produced, this details where dashboards are tabled and the frequency of this. The Director of Quality, Data and Information now attends clinical team meeting to present that data dashboards and lead a conversation on what the data is telling the clinical teams.
- A collaborative project between Mountbatten and Oakhaven Hospice has been developed, the remit of this is a focus on data and IT support. Dashboards have been produced that align the data collected across Mountbatten and Oakhaven which provides an opportunity, to benchmark and learn across the three hospices.
- Funding from grant and trusts from 19 different funders ranging from £500 to £100,000 have enabled three key refurbishments to be completed. The works included alterations and redecoration of patient bays to provide 3-bedded bays with a new wet room facility and essential storage for patient equipment; creation of 'Mountbatten Room' a new space will provide a quiet reflective area for those of any faith or no faith for patients, families, visitors, staff, and volunteers and, colocation of the community teams in five newly refurbished offices with the installation of a Controlled Drugs cupboard to enable the team to responsively take out essential pain and symptom-relieving medication to people at the end of life.

Our services in numbers

In 2024/25 Mountbatten Hampshire supported 3,665 people.

The inpatient unit

Our 16 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.

433 patients **479** admissions The average length of stay in the inpatient unit is 10 days

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, person-centred care.

13,860 home visits **2,711** 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 people receive comprehensive, compassionate care tailored to their individual needs.

14,001 visits made **226** 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.

— **510** people supported — **2,859** contacts with people —

24/7 advice line (care coordination centre)

A telephone advice and support line for patients, family members, carers, and healthcare professionals.

39,671 outgoing calls and **42,149** incoming calls

Psychology and Bereavement services

Counsellors and trained volunteers provide emotional support to help people 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.

664 people supported across all services **3,528** adult contacts **143** child contacts

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% of our services 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.

In 2024/25, Mountbatten Hampshire received £1,334,490 in income from planned giving. This compares with £1,334,490 in 2023/24, an increase of 117%.

Planned giving in numbers

£1,028,092 of gifts in Wills, contributing 47% of fundraised income for the charity in 2024/25

116 regular givers contributing £20,808 of income in 2024/25

£287,660 of income from 4,222 lottery players in 2024/25

Trusts and grants

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.

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

Growth in retail

Mountbatten shops provides 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 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 2023/24.

Mountbatten Hampshire shop income Hampshire 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

Mountbatten's people

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

In 2024/25, 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 2024/25, we matched the NHS consolidated pay award.

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 over £580,00 to Mountbatten 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 over 100 hours each week to support our teams and help services run smoothly.

Our reception, café and gardening volunteers work hard to make our hospice a warm and welcoming space while saving us over £78,000 every year.

Quality

Quality Reporting

At Mountbatten Hampshire 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'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 Hampshire, this has been achieved through training and mentoring of staff. Datix, an 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 includes:

"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 I 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."

Care Quality Care Rating

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 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.

	2024/25	2023/24
Consumption of Electricity – KWh / Tons of CO2 equiv		
Hampshire Hospice and associated buildings	116,662 / 27.2	not recorded
Retail outlets Hampshire	69,634 / 16.23	70,735 / 16.49
Consumption of Gas – KWh Equiv.		
Hampshire Hospice and associated buildings	472,448 / 110.15	not recorded

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 West End, Southampton , which consumes 100% of gas consumption and 62.6% (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.

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 2024/2025

Our energy saving actions in our shops and hospice buildings include a programme of replacement lighting with LED installations and appliances wherever 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 2024/25 we commenced drafting a Mountbatten environmental sustainability policy, which is due to be completed and approved in 2025.

Financial review

The financial environment for the year for Mountbatten Hampshire Limited remained challenging and the Charity produced a deficit for the year of £157k (2024: £1,071k). This performance was a significant improvement from the prior year as a result of strategies and actions put in place in the prior year to improve financial performance. Legacies improved significantly with receipts of £878k (2024: £263k) for the year. Fundraising activities overall brought in more income than in the prior year. Overall income did grow in the year mainly due to legacy income growth.

Resources expended by the charity for the year decreased substantially, also as a result of the strategies and actions put in place in prior years to improve financial performance. The total resources expended by the charity decreased to an amount of £8,892k (2024: £9,560k). An analysis of charity resources expended by activity is as follows:

- 15.1% (2024 – 15.0%) of our expenditure was in relation to the cost of generating funds. The increase is principally reflective of the increased level of salary costs and the inflationary costs associated of all our activities.
- 68.2% (2024 – 68.9%) of our expenditure was directly incurred in the carrying out of our charitable activities. Our costs are broadly similar in total to 2023-24 however this has been achieved by reducing expenditure, including freezing vacant posts, negotiating contracts and streamlining service expenditure.
- 16.7% (2024 – 16.1%) of our expenditure was incurred in the support activities for the charity.

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 £11k (2024 £6k) was achieved through the two investment management companies managing the investment portfolio.

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 £224k finishing the year at £162k (2024: £387k). Budgeted expenditure for 2024/25 is £8.5m, unrestricted reserves equated to less than 1 month of budgeted expenditure as at 31 March 2025. This is much lower than we want, management and Trustees have accepted this position following a significant review and reduction in Budgeted expenditure, there are controls in place to ensure expenditure remains in line with budget with milestone decisions through the year should there be a deviation from budget. As mentioned earlier in this report, the budget for the year is to produce a 'break even' financial performance for the year. Management remain confident that, with the controls in place, Mountbatten Hampshire will continue to be able to cover all expenditure. The group holding company have formally agreed to support Mountbatten Hampshire to the extent necessary in the future.

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.

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

- To take advantage of the capital funding support from the grant funds received from the DHSC and to
- Expand the parking capacity available at the charity premises
- Continue the refurbishment and redevelopment of the wards in the Hospice.
- Construct a new multi-functional building in the grounds to expand and improve our range of complementary therapies available to our inpatients and day patients.
- Attend to a range of replacements of equipment that has reached the end of its useful life.
- We intend to upgrade the accounting software to modernize the administrative and accounting services to the charity. The current system is two decades old.

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	<ul style="list-style-type: none"> - 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)	<ul style="list-style-type: none"> - 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)

Unique demographics and stretched health and care services creating additional increased demand on Mountbatten services

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

- 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
- 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
- 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

Information Governance

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

- There have been 4 Data Privacy Impact Assessments (DPIAs) completed during 2024/25. These were completed for a range of projects and new IT systems, these were 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 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 set up of automated fail over to a back up 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 its 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 was completed by an external company in May 2025, this tested 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.

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 30. 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.

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

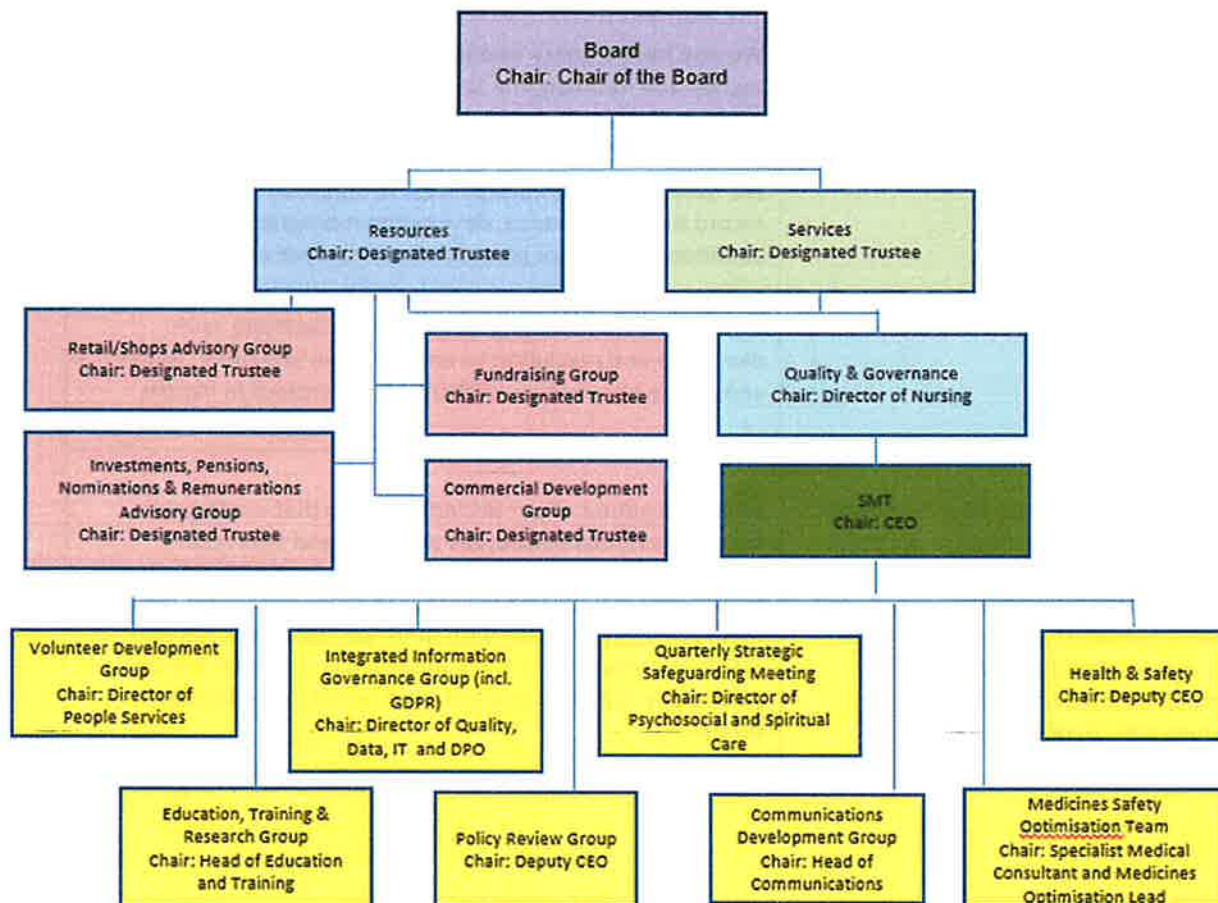
The charity takes care to maintain positive relationships with suppliers and stakeholders and endeavours to ensure that all contractual and general business terms and conditions are adhered to at all times. In particular with regard to smaller companies and suppliers but also in general with regard to all suppliers and stakeholders the charity 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
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>

<p>Our Workforce</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Suppliers</p> <p>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.</p>	<p>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.</p>

Governance

The governance of the Charity is underpinned by a robust committee structure as follows:



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 Annual General Meeting (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' with 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 page 32 of this report.

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.

Public benefit statement

Whilst evaluating the public benefit provided by the charity, 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 Hampshire 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 Hampshire Limited (the 'parent charitable company') and its subsidiary (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 34, 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 Hampshire 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	2,172,740	77,030	2,249,770	1,737,714	129,379	1,867,093
Charitable activities							
Hospice services	3	4,835,456	178,713	5,014,169	5,136,868	-	5,136,868
Other trading activities	4	1,168,470	-	1,168,470	1,146,410	-	1,146,410
Lottery income		296,786	-	296,786	302,550	-	302,550
Investments	5	11,374	-	11,374	5,907	-	5,907
Total income		8,484,826	255,743	8,740,569	8,329,449	129,379	8,458,828
Expenditure on:							
Raising funds		1,622,037	-	1,622,037	1,715,736	-	1,715,736
Charitable activities							
Hospice services	6	7,081,631	188,689	7,270,320	7,790,650	53,949	7,844,599
Total expenditure		8,703,668	188,689	8,892,357	9,506,386	53,949	9,560,335
Net (expenditure)/ income before net gains on investments		(218,842)	67,054	(151,788)	(1,176,937)	75,430	(1,101,507)
Net gains on investments		(5,394)	-	(5,394)	30,292	-	30,292
Net (expenditure)/ income for the year and net movement in funds		(224,236)	67,054	(157,182)	(1,146,645)	75,430	(1,071,215)
Transfer between funds	7	-	-	-	-	-	-
Net movement in funds							
Reconciliation of funds:							
Total funds brought forward		386,621	296,380	683,001	1,533,266	220,950	1,754,216
Total funds carried forward	20	162,385	363,434	525,819	386,621	296,380	683,001

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 Hampshire Limited
Balance Sheet
As at 31 March 2025

	Note	The Group		The Charity	
		2025	2024	2025	2024
		£	£	£	£
Fixed assets:					
Tangible assets	12	673,811	344,144	673,811	344,144
Investments	13	783,105	1,027,345	783,107	1,027,347
		<u>1,456,916</u>	<u>1,371,489</u>	<u>1,456,918</u>	<u>1,371,491</u>
Current assets:					
Stocks		10,642	6,522	6,825	-
Debtors	16	503,567	220,085	533,308	337,430
Cash at bank and in hand		240,443	774,425	194,692	632,945
		<u>754,652</u>	<u>1,001,032</u>	<u>734,825</u>	<u>970,375</u>
Liabilities:					
Creditors: amounts falling due within one year	17	<u>(1,685,749)</u>	<u>(1,689,520)</u>	<u>(1,665,924)</u>	<u>(1,658,865)</u>
Net current assets		<u>(931,097)</u>	<u>(688,488)</u>	<u>(931,099)</u>	<u>(688,490)</u>
Total net assets	20	<u>525,819</u>	<u>683,001</u>	<u>525,819</u>	<u>683,001</u>
Funds:					
Restricted funds		363,434	296,380	363,434	296,380
Unrestricted funds:					
Designated funds		500,000	500,000	500,000	500,000
General funds		<u>(337,615)</u>	<u>(113,379)</u>	<u>(337,615)</u>	<u>(113,379)</u>
Total unrestricted funds		<u>162,385</u>	<u>386,621</u>	<u>162,385</u>	<u>386,621</u>
Total funds	21	<u>525,819</u>	<u>683,001</u>	<u>525,819</u>	<u>683,001</u>

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: 06539641

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

	Note	2025		2024	
		£	£	£	£
Net cash (used in)/provided by operating activities	22		(144,981)		(691,915)
Cash flows from investing activities:					
Dividends and interest from investments		-	-	-	-
Purchase of fixed assets		(528,067)		(82,802)	
Proceeds from sale of fixed assets		-		2,730	
Proceeds from sale of investments		520,322		833,169	
Purchase of investments		-		(1,798,593)	
Movement in portfolio cash held for investment		(270,102)		-	
Net cash used in investing activities			<u>(277,847)</u>		<u>(1,045,496)</u>
Cash flows from financing activities:					
Interest paid		-		(4,475)	
Proceeds from other loans		-		300,000	
Repayment of other loans		(100,000)		(200,000)	
Net cash used in investing activities			<u>(100,000)</u>		<u>95,525</u>
Change in cash and cash equivalents in the year			<u>(533,982)</u>		<u>(1,641,886)</u>
Cash and cash equivalents at the beginning of the year			774,425		2,416,311
Cash and cash equivalents at the end of the year			<u><u>240,443</u></u>		<u><u>774,425</u></u>

1. ACCOUNTING POLICIES

a) Statutory information

Mountbatten Hampshire Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

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)".

These financial statements consolidate the results of the charity and its wholly-owned subsidiary Mountbatten Hampshire Promotions Limited on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity 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 £.

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

c) Public benefit entity

The charity 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 charity's ability to continue as a going concern, for the 12 months from date of signing these accounts. The Trustees are aware that the financial environment is difficult for Mountbatten Hampshire but are satisfied that Management have placed the correct controls and milestones for decision making in place should there be a deviation from budget expectations. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

e) Income

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.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity 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)

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity 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 charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is 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 charity 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 charity 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 charity which is the amount the charity 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 and income from investments is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank and dividends from the investment portfolio.

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 charity in inducing third parties to make voluntary contributions to it, the cost of any activities with a fundraising purpose and the costs of running trading activity including retail and shops.
- Expenditure on charitable activities includes the costs of delivering services, and other activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

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, 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	19%
• Hospice services	81%

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

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 charity's 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.

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

• 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	20% on cost

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. 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 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.

Mountbatten Hampshire Limited
Notes to the Financial Statements
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2. Income from donations and legacies

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
Gifts	1,099,293	77,030	1,176,323	859,622	129,379	989,001
Legacies	1,073,447	-	1,073,447	878,092	-	878,092
	<u>2,172,740</u>	<u>77,030</u>	<u>2,249,770</u>	<u>1,737,714</u>	<u>129,379</u>	<u>1,867,093</u>

In addition to the above, there was an estimated £385,883 (2024: £768,558) 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
	£	£	£	£	£	£
Grant income	-	178,713	178,713	-	-	-
Hospice services – NHS CCG	4,835,456	-	4,835,456	5,136,868	-	5,136,868
	<u>4,835,456</u>	<u>178,713</u>	<u>5,014,169</u>	<u>5,136,868</u>	<u>-</u>	<u>5,136,868</u>

Mountbatten Hampshire Limited
Notes to the Financial Statements
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4. Income from other trading activities

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
Fundraising activities	77,849	-	77,849	188,236	-	188,236
MH Charity Shops	1,090,622	-	1,090,622	958,174	-	958,174
	<u>1,168,471</u>	<u>-</u>	<u>1,168,471</u>	<u>1,146,410</u>	<u>-</u>	<u>1,146,410</u>

5. Income from investments

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
Income from quoted investments	11,374	-	11,374	5,907	-	5,907
	<u>11,374</u>	<u>-</u>	<u>11,374</u>	<u>5,907</u>	<u>-</u>	<u>5,907</u>

Mountbatten Hampshire Limited
Notes to the Financial Statements
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6. a) Analysis of expenditure - current year

	Cost of raising funds	Charitable activities	Governance costs	Support costs	2025 Total	2024 Total
	£	Hospice services	£	£	£	£
Staff costs (Note 8)	1,091,713	4,754,234	-	950,847	6,796,794	7,306,847
Medical consumables	-	221,029	-	-	221,029	248,238
Volunteer expenses	-	-	-	5,152	5,152	3,176
Trading activities	30,218	-	-	-	30,218	22,089
Fundraising costs	60,710	-	-	-	60,710	52,978
Lottery costs	85,727	-	-	-	85,727	116,831
Catering costs	-	311,103	-	-	311,103	337,562
Investment managers' fees	-	-	-	-	-	3,290
Audit and accountancy fees	-	-	40,202	-	40,202	20,312
Legal and professional	-	-	-	194,118	194,118	252,250
Trustee costs	-	-	-	-	-	155
Loan Interest	-	-	-	-	-	4,475
Premises	-	550,377	-	-	550,377	529,080
Depreciation and loss on disposal	-	-	-	-	-	212,307
Maintenance and repairs	17,643	95,191	-	198,400	198,400	98,800
Irrecoverable VAT	58,690	-	-	9,250	104,441	12,508
Consumables	-	130,632	-	51,117	240,439	296,780
IT and Administrative costs	1,344,701	-	-	36,004	36,004	42,657
		6,062,566	40,202	1,444,888	8,892,357	9,560,335
Support costs	269,828	1,175,060	-	(1,444,888)	-	-
Governance costs	7,508	32,694	(40,202)	-	-	-
Total expenditure 2025	1,622,037	7,270,320	-	-	8,892,357	-
Total expenditure 2024	1,715,736	7,844,599	-	-	-	9,560,335

Mountbatten Hampshire Limited
Notes to the Financial Statements
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6. a) Analysis of expenditure - prior year

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2024 Total	2023 Total
		Hospice services					
	£	£	£	£	£	£	£
Staff costs (Note 8)	1,159,817	5,219,176	-	-	927,854	7,306,847	7,272,154
Medical consumables	-	248,238	-	-	-	248,238	204,836
Volunteer expenses	-	-	-	-	3,176	3,176	4,879
Trading activities	22,089	-	-	-	-	22,089	25,553
Fundraising costs	52,978	-	-	-	-	52,978	43,043
Lottery costs	116,831	-	-	-	-	116,831	127,605
Catering costs	-	337,562	-	-	-	337,562	-
Investment managers' fees	3,290	-	-	-	-	3,290	15,535
Audit and accountancy fees	-	-	20,312	-	-	20,312	21,547
Legal and professional	-	-	-	-	252,250	252,250	218,885
Trustee costs	-	-	155	-	-	155	51
Loan Interest	-	-	-	-	4,475	4,475	-
Premises	-	529,080	-	-	-	529,080	751,905
Depreciation and loss on disposal	-	-	-	-	212,307	212,307	238,345
Maintenance and repairs	-	81,576	-	-	17,224	98,800	83,842
Irrecoverable VAT	12,508	-	-	-	-	12,508	4,933
Consumables	69,019	172,546	-	-	55,215	296,780	291,879
IT and Administrative costs	-	-	-	-	42,657	42,657	27,498
	1,436,532	6,588,178	20,467	-	1,515,158	9,560,335	9,332,490
Support costs	275,483	1,239,675	-	(1,515,158)	-	-	-
Governance costs	3,721	16,746	(20,467)	-	-	-	-
Total expenditure 2024	1,715,736	7,844,599	-	-	-	9,560,335	-
Total expenditure 2023	1,273,543	8,058,947	-	-	-	-	9,332,490

7. Net (expenditure) / income for the year

This is stated after charging

	2025	2024
	£	£
Depreciation	198,400	212,756
Operating lease rentals:		
Property	257,628	182,383
Auditor's remuneration (excluding VAT):		
Audit	22,175	20,312
Other services	4,950	1,725
	<u> </u>	<u> </u>

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

Staff costs were as follows:

	2025	2024
	Total	Total
	£	£
Staff under service level agreement with NHS	595,820	747,381
Wages and salaries	3,808,358	4,127,373
Employer's national insurance	312,134	412,132
Pension costs	401,189	436,322
Temporary & agency staff	613,460	588,549
Staff recharge from MIOW	881,971	804,334
Other staff costs	183,862	190,756
	<u>-6,796,794</u>	<u>7,306,847</u>

No employee earned more than £60,000 during the year (2024: none).

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were recharged costs from Mountbatten Isle of Wight Limited of £385,908 in respect of 9 employees (2024: £354,342 in respect of 9 employees).

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 £Nil (2024: £155) incurred by 1 (2024: 1) trustee.

9. Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 193 (2024: 189).

	2025	2024
	No.	No.
Administration and fundraising	58	54
Hospice services	135	135
	<u>193</u>	<u>189</u>

10. Related party transactions

There are no related party transactions to disclose for 2025 (2024: none) other than those disclosed elsewhere.

11. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Mountbatten Hampshire Promotions Limited gift aid available profits to the charity.

12. Tangible fixed assets

Group and charity	Leasehold property £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor Vehicles £	Total £
Cost					
At the start of the year	52,155	325,935	674,308	29,800	1,082,198
Additions in year	-	460,936	46,263	20,868	528,067
Disposals in year	-	-	-	-	-
At the end of the year	52,155	786,871	720,571	50,668	1,610,265
Depreciation					
At the start of the year	50,233	185,610	500,731	1,480	738,054
Charge for the year	1,531	74,883	111,852	10,134	198,400
Eliminated on disposal	-	-	-	-	-
At the end of the year	51,764	260,493	612,583	11,614	936,454
Net book value					
At the end of the year	391	526,378	107,988	39,054	673,811
At the start of the year	1,922	140,325	173,577	28,320	344,144

All of the above assets are used for charitable purposes.

13. Investments

	The Group		The Charity	
	2025	2024	2025	2024
	£	£	£	£
Listed investments				
Fair value at the start of the year	1,027,345	31,629	1,027,345	31,629
Additions at cost	11,374	1,798,593	11,374	1,798,593
Disposal proceeds	(520,322)	(833,169)	(520,322)	(833,169)
Net gain/(loss) on change in fair value	(5,394)	30,292	(5,394)	30,292
	<u>513,003</u>	<u>1,027,345</u>	<u>513,003</u>	<u>1,027,345</u>
Market value of investments				
Cash held by investment broker pending reinvestment	270,102	-	270,102	-
Investment in subsidiary	-	-	2	2
	<u>783,105</u>	<u>1,027,345</u>	<u>783,107</u>	<u>1,027,347</u>

The investments comprise:

	The Group		The Charity	
	2025	2024	2025	2024
	£	£	£	£
UK Common investment funds	481,374	995,716	481,374	995,716
Shares and bonds listed on the London Stock Exchange	31,629	31,629	31,629	31,629
Cash	270,102	-	270,102	-
	<u>783,105</u>	<u>1,027,345</u>	<u>783,105</u>	<u>1,027,345</u>

14. Subsidiary undertakings

The charity owns the whole of the issued ordinary share capital of Mountbatten Hampshire Promotions Ltd (Formerly Countess Mountbatten Hospice Promotions Ltd), a company incorporated in England and Wales. The company number is 03675130. The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees B Halliday and M Forrest-Charde are also directors of the subsidiary.

A summary of the results of the subsidiary is show below:

	2025	2024
	£	£
Turnover	382,886	367,466
Cost of sales	(92,714)	(121,095)
Gross profit	<u>290,172</u>	<u>246,371</u>
Administrative expenses	(19,417)	(19,438)
Profit for the financial year	<u>270,755</u>	<u>226,933</u>
Retained earnings		
Total retained earnings brought forward	-	248,088
Profit for the financial year	270,755	226,933
Distribution under Gift Aid to parent charity	(270,755)	(475,021)
Total retained earnings carried forward	<u>-</u>	<u>-</u>
The aggregate of the assets, liabilities and reserves was:		
Assets	49,655	148,090
Liabilities	(49,653)	(148,088)
Reserves	<u>2</u>	<u>2</u>

Amounts owed to/from the parent undertaking are shown in notes 16 and 17.

15. Parent Charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2025	2024
	£	£
Gross income	8,617,284	8,556,384
Result for the year	<u>(157,183)</u>	<u>(823,127)</u>

16. Debtors

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Trade debtors	45,159	45,193	45,159	45,193
Other debtors	32,196	41,006	32,108	32,258
Amounts due from group undertakings	-	-	23,232	120,008
VAT	196,264	21,947	202,861	28,032
Prepayments	159,355	103,924	159,355	103,924
Accrued income	70,593	8,015	70,593	8,015
	<u>503,567</u>	<u>220,085</u>	<u>533,308</u>	<u>337,430</u>

17. Creditors: amounts falling due within one year

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Trade creditors	660,640	937,201	660,390	934,048
Other creditors	143,488	192,155	132,734	173,657
Amounts due to group undertakings	186,510	126,011	185,890	126,011
Accruals and deferred income	695,111	434,153	686,910	425,149
	<u>1,685,749</u>	<u>1,689,520</u>	<u>1,665,924</u>	<u>1,658,865</u>

18. Deferred income

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

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Balance at the beginning of the year	1,040	-	1,040	-
Amount released to income in the year	(1,040)	-	(1,040)	-
Amount deferred in the year	16,989	1,040	16,989	1,040
	<u>16,989</u>	<u>1,040</u>	<u>16,989</u>	<u>1,040</u>

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 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 in respect of Mountbatten Hampshire Limited of £401,189 (2024: £436,322).

20. a) Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	673,811	-	-	673,811
Investments	783,105	-	-	783,105
Net current assets / (liabilities)	(1,794,531)	500,000	363,434	(931,097)
Net assets at the end of the year	(337,615)	500,000	363,434	525,819

20. a) Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	344,144	-	-	344,144
Investments	1,027,345	-	-	1,027,345
Net current assets / (liabilities)	(1,484,868)	500,000	296,380	(688,488)
Net assets at the end of the year	(113,379)	500,000	296,380	683,001

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21. a) Movement in funds (current year)

	At 1 April 2024	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2025
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Capital funds						
Hospice UK Capital grant		178,713	(178,713)			
Revenue funds						
Summer House	39,160					39,160
Capital Campaign	47,209	74,000	(522)			120,687
NHSE BID 2- re-locate community hub, IT project & drug cart	71,800					71,800
De Laslo Foundation	4,146		(3,910)			236
The Broyst Foundation	5,000					5,000
Garfield Weston	25,000					25,000
ChildWick Trust	11,000		(4,463)			6,537
Northwick Trust	10,000					10,000
Carmichael & Mason	2,000					2,000
Colex Charitable Trust	436					436
The Richard Kirkman Trust	3,000					3,000
Trant Goodwill Trust	500					500
Neighbourly Foundation (B&Q)	253					253
Francis Winham Foundation, Hospital Saturday Fund	9,025	500				9,525
Jenna Marie Fund	9,066		(724)			8,342
Patients Christmas Meal	1,500					1,500
Syder Foundation	5,000					5,000
Edwina Mountbatten "Leonora Children's Foundation"	10,000					10,000
Lee Robinsons' donation	6					6
Hazel Centre Fund	1,225	30	(357)			898
Staff Christmas Party	775					775
IPU Bay refurbishment fund	14,894					14,894
Hospice UK Masonic Charitable Foundation	24,995	2,500				27,495
The Garden Fund	390					390
Total restricted funds	296,380	255,743	(188,689)			363,434

Mountbatten Hampshire Limited
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2.1. a) Movement in funds (current year) (continued)

	At 1 April 2024	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2025
	£	£	£	£	£	£
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	(113,379)	8,101,940	(8,591,537)	(5,394)	270,755	(337,615)
General funds (<i>Promotions</i>)	-	382,886	(112,131)	-	(270,755)	-
Total general funds (<i>group</i>)	(113,379)	8,484,826	(8,703,668)	(5,394)	-	(337,615)
Total unrestricted funds	386,621	8,484,826	(8,703,668)	(5,394)	-	162,385
Total funds	683,001	8,740,569	(8,892,357)	(5,394)	-	525,819

The narrative to explain the purpose of each fund is given at the foot of the note below.

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21. b) Movement in funds (prior year)

	At 1 April 2023	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2024
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Summer House	39,160	-	-	-	-	39,160
Coronavirus appeal	27,616	-	(27,616)	-	-	-
Capital Campaign	11,000	41,000	(4,791)	-	-	47,209
Carmichael and Mason Charitable Settlement	250	-	(250)	-	-	-
NHSE BID 2- re-locate community hub, IT project & drug cart	71,800	-	-	-	-	71,800
The Osullivan Milly	3,000	-	(3,000)	-	-	-
De Laslo Foundation	6,000	-	(1,854)	-	-	4,146
The Broyst Foundation	2,500	2,500	-	-	-	5,000
Garfield Weston	25,000	-	-	-	-	25,000
ChildWick Trust	11,000	-	-	-	-	11,000
Northwick Trust	10,000	-	-	-	-	10,000
Carmichael & Mason	2,000	-	-	-	-	2,000
Colex Charitable Trust	2,000	-	(1,564)	-	-	436
The Richard Kirkman Trust	3,000	-	-	-	-	3,000
Trant Goodwill Trust	500	-	-	-	-	500
IPU – WiFi in Pat Vogt's memory	1,124	-	(1,124)	-	-	-
Neighbourly Foundation (B&Q)	5,000	-	(4,747)	-	-	253
Francis Winham Foundation, Hospital Saturday Fund	-	12,000	(2,975)	-	-	9,025
Jenna Marie Fund	-	9,066	-	-	-	9,066
Patients Christmas Meal	-	1,500	-	-	-	1,500
Syder Foundation	-	5,000	-	-	-	5,000
Edwina Mountbatten "Leonora Children's Foundation"	-	10,000	-	-	-	10,000
Sarah Ricketts' donation	-	820	(820)	-	-	-
Duncan Latters' donation	-	2,000	(2,000)	-	-	-
Lee Robinsons' donation	-	335	(329)	-	-	6
Hazel Centre Fund	-	1,823	(598)	-	-	1,225
Staff Christmas Party	-	2,820	(2,045)	-	-	775
IPU Bay refurbishment fund	-	15,000	(106)	-	-	14,894
Hospice UK Masonic Charitable Foundation	-	24,995	-	-	-	24,995
The Garden Fund	-	520	(130)	-	-	390
Total restricted funds	220,950	129,379	(53,949)	-	-	296,380

21. b) Movement in funds (prior year) (continued)

	At 1 April 2023	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2024
	£	£	£	£	£	£
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	785,178	7,961,983	(9,365,853)	30,292	475,021	(113,379)
General funds (<i>Promotions</i>)	248,088	367,466	(140,533)	-	(475,021)	-
Total general funds (<i>group</i>)	1,033,266	8,329,449	(9,506,386)	30,292	-	(113,379)
Total unrestricted funds	1,533,266	8,329,449	(9,506,386)	30,292	-	386,621
Total funds	1,754,216	8,458,828	(9,560,335)	30,292	-	683,001

21. Movement in funds (continued)

Purposes of restricted funds

Summer House

During the prior year the Summer House fund was established following the receipt of legacies and trust fund donations towards the cost of purchasing a summer house.

Coronavirus appeal

'Barclays 100x100 UK COVID-19 Community Relief Funding', the money was used to purchase various specific medical equipment and ward items for patient's use.

Capital Campaign

For the upcoming capital projects.

Carmichael and Mason Charitable settlement

To purchase specific equipment for the hospice.

NHSE BID2

NHSE via Hospice UK To do refurbishment works and equipment to co-locate community Hub, to train staff on Brigid & Airmid, IT project management costs and purchase of Drug Cupboard.

Francis Winham Foundation

The funds were restricted for the purchase of equipment for patients, the funds are being used to purchase various items including Oska pumps, Mattresses and a folding slide board.

February Foundation

The funds are for the refurbishment of the IPU patient bays, the work is in progress for all IPU bays to be refurbished in 2024/25.

Jenna Marie Foundation

The funds are restricted to items to be used by our patients, the funds expensed during 2023/24 have purchased Beds, Blankets and a washing machine.

Syder Foundation

The funds donated are restricted to the capital campaign, the works are in progress and expected to complete during 2024/25.

Edwina Mountbatten "Leonora Children's Foundation"

The funds donated are restricted to the capital campaign, the works are in progress and expected to complete during 2024/25.

Sarah Rickett

Provided a donation to reward our staff, this has been used alongside another similarly restricted donation in providing a Christmas party at the hospice for staff and volunteers.

Duncan Latter

Provided a donation to reward our staff, this has been used alongside another similarly restricted donation in providing a Christmas party at the hospice for staff and volunteers.

Hospice UK Capital Grant

Grant funding was provided to help the hospice improve their facilities, increase capacity and enhance digital technology.

21. Movement in funds (continued)

Hospice UK Masonic Charitable Foundation

This fund has purchased a community engagement vehicle, a minibus size vehicle that enables all of our teams to support our communities including those further from our Hospice.

Purposes of designated funds

The trustees established this fund for use in future projects to extend the service 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)	(157,182)	(1,071,215)
Depreciation charges	198,400	212,756
(Gains)/losses on investments	5,394	(30,292)
Dividends, interest and rent from investments	(11,374)	-
Interest from intercompany loan	-	4,475
Loss on disposal of fixed assets	-	(1,230)
Increase in stocks	(4,120)	(3,104)
Increase in debtors	(283,482)	(30,703)
Increase in creditors	96,229	227,398
Net cash (used in)/provided by operating activities	(156,135)	(691,915)

Analysis of cash and cash equivalents

	2025	2024
	£	£
Cash in hand	240,443	774,425

Analysis of changes in net debt

	1 April 2024	Cash flows	31 March 2025
	£	£	£
Cash in hand	774,425	(533,982)	240,443
Borrowings (intercompany)	(100,000)	100,000	-
	674,425	(433,982)	240,443

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	
	2025	2024
	£	£
Less than one year	73,887	210,825
One to five years	755,084	651,500
Over five years	227,371	403,250
	<u>1,056,343</u>	<u>1,265,575</u>

All of the commitments shown above relate to Mountbatten Hampshire Limited. The subsidiary company, Mountbatten Hampshire Promotions Limited, has no such commitments.

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. Ultimate controlling party

The charity's ultimate controlling party is Mountbatten Isle of Wight Limited, a registered charity (number: 1039086) and company limited by guarantee (number: 02929267). Copies of the consolidated financial statements are available from the Charity Commission.

MOUNTBATTEN HAMPSHIRE LIMITED

England & Wales - Charity number 1123304

Accounts

COMPANY NUMBER: 06539641
CHARITY NUMBER: 1123304



Mountbatten Hampshire Limited
(Formerly Countess Mountbatten Hospice Charity Limited)

**Report and financial statements for the
year ended 31 March 2024**

Mountbatten Hampshire Limited
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Mountbatten Hampshire Limited
Reference and administrative information
For year ended 31 March 2024

Administrative Details

Status and structure: Mountbatten Hampshire Limited (Formerly Countess Mountbatten Hospice Charity Limited) operates as a charitable company limited by guarantee.

Company number: 06539641

Charity number: 1123304

Registered office and operational address: Botley Road
West End
Southampton
SP30 3JB

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	Mr P Pitcher 2, 4	(resigned July 2024)
6 Hampshire Trading Company Director	Ms B Halliday 1, 2, 3, 4	
	Mr A Stables 2, 3, 4	(resigned July 2024)
	Mr A Neill 1,3, 4	
	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)
	Ms K Collins	(appointed July 2024)
	Ms V K Hastings	(appointed July 2024)
	Mr C L Panayi	(appointed July 2024)
	Dr T Peachey	(appointed July 2024)
	Dr J H S Sichel	(appointed July 2024)
	Mr A C Gornall	(appointed July 2024 and resigned October 2024)

Company Secretary: Mr M R Edmonds (appointed August 2024)

Senior Management Team:	Mr N Hartley MBE	Chief Executive
	Mrs L Smith	Director of Nursing
	Dr J Curtin	Medical Consultant
	Mr M R Edmonds	Director of Finance (appointed July 2024)
	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 Hampshire

Mountbatten Hampshire Limited
Reference and administrative information
For year ended 31 March 2024

Bankers:	NatWest Bank Plc 3 Lower Northam Road Hedge End Southampton SO30 4PA
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
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 rooted 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 speciality 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 Hampshire Limited

Mountbatten Hampshire Limited
Statement from the Chair of Trustees
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

Mountbatten Hampshire, based in West End, Southampton was opened in 1977, which was then only the second NHS hospice in the country. Mountbatten Hampshire has been committed to providing modern hospice care, not just through the provision of beds, but also aiming to integrate services both in the local University Hospital in Southampton and across the community through expert care at home. The care has also been focused on patients in the last phase of and at the end of life, together with care and support for their families and carers.

Today, on an annual basis, the hospice supports 2,500 patients, their families, carers and those close to them living across Southampton city, South-west and parts of North-mid Hampshire.

It provides care and support within the places that people live (including nursing and residential homes) and in its 21 bedded Inpatient Unit.

Objects

The objects of Mountbatten Hampshire are:

1. To relieve and care for patients generally and in particular to offer palliative care, pain relief, support and friendship for the terminally ill and to assist their family throughout their illness and after their death,
2. To provide additional services and facilities for patients, their families and Carers, and
3. For the advancement of palliative care through the provision of facilities and funds for research, education and training in the field of palliative care and related fields of study.

Strategic report - Objectives & Activities

In April 2020 Mountbatten published its new strategy, outlining its 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.

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, across Hampshire.

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 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 and performance

Inpatient unit electronic prescribing

The implementation of SystemOne 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 SystemOne 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.

Collaborating to deliver 24/7 care to patients at home

Over the past year, Mountbatten has expanded its reach, addressing the rising demand for palliative care in our community. This effort has led to a 15% increase in home visits by our community team and a 39% 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.

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.

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.

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

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

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.

Images of timeline from JRCPTB:

The physician training pathway – group 1 specialties (dual CCT)



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% of our services 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.

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

Trusts and grants

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.

Greendale Foundation
The Albert Hunt Trust
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 Worshipful Company of Cutlers
Hospice UK
The De Laszlo Foundation
The February Foundation
The Edwina Mountbatten and Leonora Children's Foundation
The Syder Foundation
The February 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 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 £958k 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

£958k 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 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 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 £283,924 to Mountbatten 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 76 hours each week to support our teams and help services run smoothly.

Our reception, café and gardening volunteers work hard to make our hospice a warm and welcoming space while saving us over £41,722 every year.

In one year, our volunteer drivers complete around 1,100 trips and the Mountbatten Neighbours make approximately 1,300 cups of tea, 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."

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

At Mountbatten Hampshire 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'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:

- *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 heartfelt 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.*

Achievements and performance

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
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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 2023/2024

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 environment for the year for Mountbatten Hampshire Limited was challenging and the Charity produced a deficit for the year of £1,071,215. This performance was an improvement from 2022-23 with legacies improving significantly. Legacy receipts amounted to £878,092 (2023: £262,922) for the year. Although an improvement on the prior year, legacy income was below our expectations for the year. At the Balance Sheet date the list of legacies awaiting finalization and distribution that we had not received during the year amounted to an estimated £770,000. The progress of legacies due but undistributed has been slow to recover following the service hiatus created by the COVID pandemic and the cessation of normal business life for many months which has been exacerbated by the cost of living crisis where we have experienced delays where property sales are required, a delay in finding buyers and sales completing. In addition to the poor legacy performance, fundraising income did not materialize to the extent budgeted following extreme pressure on our donating supporters brought about by the general economic circumstances prevailing for much of the year. The material extra costs of substantial pay reviews within the Agenda for Change (NHS) pay structure created extra costs amounting to several hundred thousand pounds. We match the NHS pay structure to the extent that we are able and are therefore at some disadvantage whereby we are obliged to match these pay reviews without being specifically compensated by the NHS for doing so. Finally, the charity has been subjected to the same general economic circumstances and inflationary environment as the rest of the economy and this has created further financial pressures that the charity has had to deal with.

Resources expended by the charity for the year increased substantially for the reasons outlined above. The total resources expended by the charity increased to an amount of £9,560,335 compared to £9,332,490 in 2023. An analysis of charity resources expended by activity is as follows:

- 17.9% (2023 – 13.6%) of our expenditure was in relation to the cost of generating funds. The increase is principally reflective of the increased level of salary costs and the inflationary costs associated of all our activities.
- 87.1% (2023 – 86.4%) of our expenditure was directly incurred in the carrying out of our charitable activities. Our costs are broadly similar in total to 2022-23 however this has been achieved by reducing expenditure, including freezing vacant posts, negotiating contracts and streamlining service expenditure.

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 £30,292 (2023 £(101,130)) was achieved through the two management companies, this was a result of a gain from the funds invested with CCLA investment management and a loss 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 £1.1m finishing the year at £0.39m (2023 £1.53m). Budgeted expenditure for 2024/25 is £9.2m, unrestricted reserves equated to approximately 1 month of budgeted expenditure as at March 2024. Whilst this is lower than we would expect, management and Trustees have accepted this position following a significant review and reduction in Budgeted expenditure, there are controls in place to ensure expenditure remains in line with budget with milestone decisions through the year should there be a deviation from budget. Management remain confident that, with the controls in place, Mountbatten Hampshire will continue to be able to cover all 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 and Resources and Services Committee quarterly
- 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 are outlined below:

Risk	Management – Current and planned
Failure to raise funds (Integrated Care Board, fundraising and legacies)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 through 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
- 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 30. 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.

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

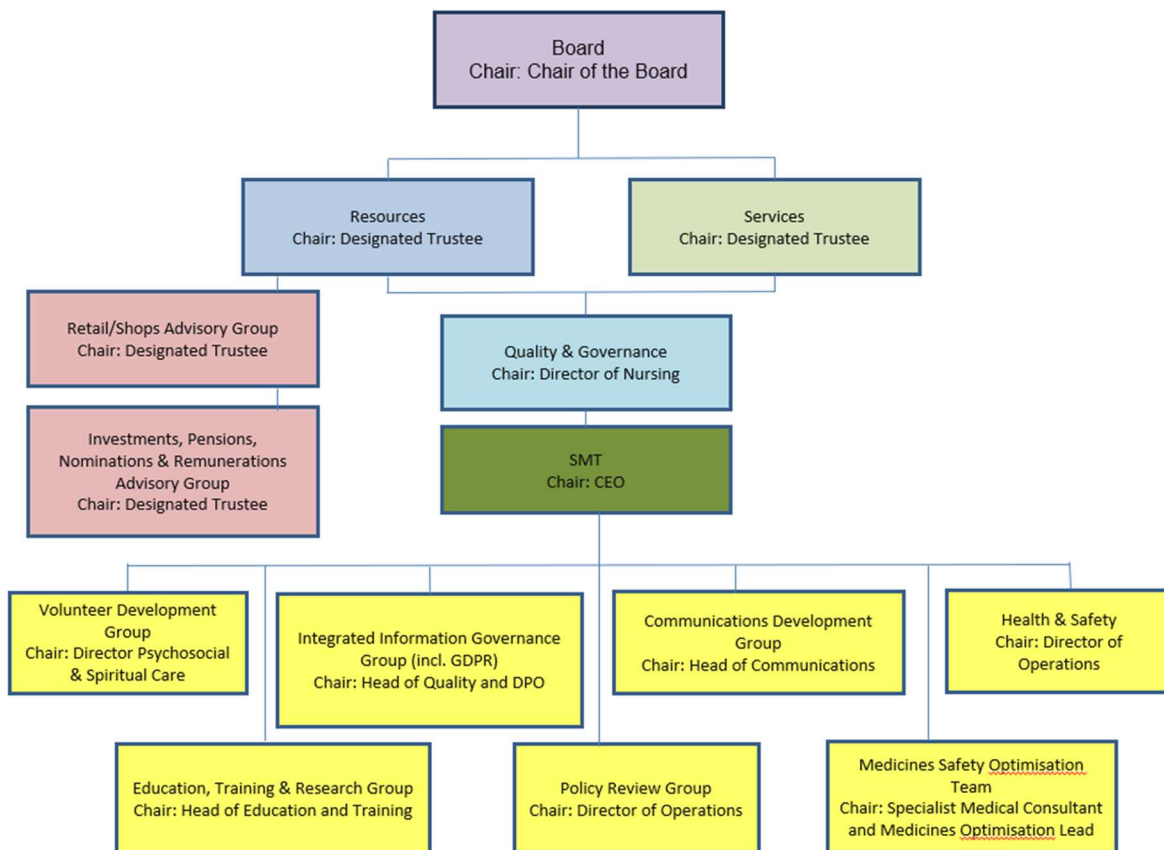
The charity takes care to maintain positive relationships with suppliers and stakeholders and endeavours to ensure that all contractual and general business terms and conditions are adhered to at all times. In particular with regard to smaller companies and suppliers but also in general with regard to all suppliers and stakeholders the charity 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
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>

<p>Our Workforce</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Suppliers</p> <p>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.</p>	<p>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.</p>

Governance

The governance of the Charity is underpinned by a robust committee structure as follows:



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 Annual General Meeting (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' with 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 page 32 of this report.

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 for their agreed remuneration structures such as the Agenda for Change scheme 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.

Public benefit statement

Whilst evaluating the public benefit provided by the charity, 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 Hampshire 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: 14/01/2025

Opinion

We have audited the financial statements of Mountbatten Hampshire Limited (the 'parent charitable company') and its subsidiary (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 34, 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 Hampshire Limited
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	1,737,714	129,379	1,867,093	991,803	81,437	1,073,240
Charitable activities							
Hospice services	3	5,136,868	-	5,136,868	5,019,013	-	5,019,013
Other trading activities	4	1,146,410	-	1,146,410	859,128	-	859,128
Lottery income		302,550	-	302,550	372,871	-	372,871
Investments	5	5,907	-	5,907	46,671	-	46,671
Total income		<u>8,329,449</u>	<u>129,379</u>	<u>8,458,828</u>	<u>7,289,486</u>	<u>81,437</u>	<u>7,370,923</u>
Expenditure on:							
Raising funds		1,715,736	-	1,715,736	1,273,543	-	1,273,543
Charitable activities							
Hospice services		7,790,650	53,949	7,844,599	7,958,974	99,973	8,058,947
Total expenditure	6	<u>9,506,386</u>	<u>53,949</u>	<u>9,560,335</u>	<u>9,232,517</u>	<u>99,973</u>	<u>9,332,490</u>
Net (expenditure)/ income before net gains on investments		(1,176,937)	75,430	(1,101,507)	(1,943,031)	(18,536)	(1,961,567)
Net gains/(losses) on investments		30,292	-	30,292	(101,130)	-	(101,130)
Net (expenditure)/ income for the year and net movement in funds	7	<u>(1,146,645)</u>	<u>75,430</u>	<u>(1,071,215)</u>	<u>(2,044,161)</u>	<u>(18,536)</u>	<u>(2,062,697)</u>
Transfer between funds		-	-	-	-	-	-
Net movement in funds		<u>(1,146,645)</u>	<u>75,430</u>	<u>(1,071,215)</u>	<u>(2,044,161)</u>	<u>(18,536)</u>	<u>(2,062,697)</u>
Reconciliation of funds:							
Total funds brought forward		1,533,266	220,950	1,754,216	3,577,427	239,486	3,816,913
Total funds carried forward	20	<u>386,621</u>	<u>296,380</u>	<u>683,001</u>	<u>1,533,266</u>	<u>220,950</u>	<u>1,754,216</u>

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 Hampshire Limited
Balance Sheet
As at 31 March 2024

	Note	The Group		The Charity	
		2024	2023	2024	2023
		£	£	£	£
Fixed assets:					
Tangible assets	12	344,144	475,598	344,144	475,598
Investments	13	1,027,345	31,629	1,027,347	31,631
		<u>1,371,489</u>	<u>507,227</u>	<u>1,371,491</u>	<u>507,229</u>
Current assets:					
Stocks		6,522	3,418	-	-
Debtors	16	220,085	189,382	337,430	180,395
Cash at bank and in hand		774,425	2,416,311	632,945	2,239,520
		<u>1,001,032</u>	<u>2,609,111</u>	<u>970,375</u>	<u>2,419,915</u>
Liabilities:					
Creditors: amounts falling due within one year	17	<u>(1,689,520)</u>	<u>(1,362,122)</u>	<u>(1,658,865)</u>	<u>(1,421,016)</u>
Net current assets		<u>(688,488)</u>	<u>1,246,989</u>	<u>(688,490)</u>	<u>998,899</u>
Total net assets	20	<u>683,001</u>	<u>1,754,216</u>	<u>683,001</u>	<u>1,506,128</u>
Funds:					
Restricted funds		296,380	220,950	296,380	220,950
Unrestricted funds:					
Designated funds		500,000	500,000	500,000	500,000
General funds		<u>(113,379)</u>	<u>1,033,266</u>	<u>(113,379)</u>	<u>785,178</u>
Total unrestricted funds		<u>386,621</u>	<u>1,533,266</u>	<u>386,621</u>	<u>1,285,178</u>
Total funds	21	<u>683,001</u>	<u>1,754,216</u>	<u>683,001</u>	<u>1,506,128</u>

The financial statements were approved by the Board of Trustees on ^{14/01/2025} and were signed on its behalf by:


.....
Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 06539641

Mountbatten Hampshire Limited
Consolidated Statement of Cash Flows
For year ended 31 March 2024

	Note	2024		2023	
		£	£	£	£
Net cash (used in)/provided by operating activities	22	(691,915)		403,187	
Cash flows from investing activities:					
Dividends and interest from investments		-		46,671	
Purchase of fixed assets		(82,802)		(277,770)	
Proceeds from sale of fixed assets		2,730		-	
Proceeds from sale of investments		833,169		1,727,234	
Purchase of investments		(1,798,593)		(301,965)	
Movement in portfolio cash held for investment		-		341,965	
Net cash used in investing activities		<u>(1,045,496)</u>		<u>1,536,135</u>	
Cash flows from financing activities:					
Interest paid		(4,475)		-	
Proceeds from other loans		300,000		-	
Repayment of other loans		(200,000)		-	
Net cash used in investing activities		<u>95,525</u>		<u>-</u>	
Change in cash and cash equivalents in the year		(1,641,886)		1,939,322	
Cash and cash equivalents at the beginning of the year		2,416,311		476,989	
Cash and cash equivalents at the end of the year		<u><u>774,425</u></u>		<u><u>2,416,311</u></u>	

1. ACCOUNTING POLICIES

a) Statutory information

Mountbatten Hampshire Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

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)".

These financial statements consolidate the results of the charity and its wholly-owned subsidiary Mountbatten Hampshire Promotions Limited on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity 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 £.

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

c) Public benefit entity

The charity 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 charity's ability to continue as a going concern, for the 12 months from date of signing these accounts. The Trustees are aware that the financial environment is difficult for Mountbatten Hampshire but are satisfied that Management have placed the correct controls and milestones for decision making in place should there be a deviation from budget expectations. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

e) Income

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.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity 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)

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity 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 charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is 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 charity 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 charity 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 charity which is the amount the charity 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 and income from investments is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank and dividends from the investment portfolio.

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 charity in inducing third parties to make voluntary contributions to it, the cost of any activities with a fundraising purpose and the costs of running trading activity including retail and shops.
- Expenditure on charitable activities includes the costs of delivering services, and other activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

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, 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	13%
• Hospice services	87%

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

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 charity's 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.

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

• 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	20% on cost

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. 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 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.

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.

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2. Income from donations and legacies

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Gifts	859,622	129,379	989,001	728,881	81,437	810,318
Legacies	878,092	-	878,092	262,922	-	262,922
	<u>1,737,714</u>	<u>129,379</u>	<u>1,867,093</u>	<u>991,803</u>	<u>81,437</u>	<u>1,073,240</u>

In addition to the above, there was an estimated £768,558 (2023: £905,000) 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

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Hospice services – NHS CCG	5,136,868	-	5,136,868	5,019,013	-	5,019,013
	<u>5,136,868</u>	<u>-</u>	<u>5,136,868</u>	<u>5,019,013</u>	<u>-</u>	<u>5,019,013</u>

Mountbatten Hampshire Limited
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4. Income from other trading activities

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Fundraising activities	188,236	-	188,236	161,984	-	161,984
MH Charity Shops	958,174	-	958,174	697,144	-	697,144
	<u>1,146,410</u>	<u>-</u>	<u>1,146,410</u>	<u>859,128</u>	<u>-</u>	<u>859,128</u>

5. Income from investments

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Income from quoted investments	5,907	-	5,907	46,671	-	46,671
	<u>5,907</u>	<u>-</u>	<u>5,907</u>	<u>46,671</u>	<u>-</u>	<u>46,671</u>

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6. a) Analysis of expenditure - current year

	Cost of raising funds £	Charitable activities		Support costs £	2024 Total £	2023 Total £
		Hospice services £	Governance costs £			
Staff costs (Note 8)	1,159,817	5,219,176	-	927,854	7,306,847	7,272,154
Medical consumables	-	248,238	-	-	248,238	204,836
Volunteer expenses	-	-	-	3,176	3,176	4,879
Trading activities	22,089	-	-	-	22,089	25,553
Fundraising costs	52,978	-	-	-	52,978	43,043
Lottery costs	116,831	-	-	-	116,831	127,605
Catering costs	-	337,562	-	-	337,562	-
Investment managers' fees	3,290	-	-	-	3,290	15,535
Audit and accountancy fees	-	-	20,312	-	20,312	21,547
Legal and professional	-	-	-	252,250	252,250	218,885
Trustee costs	-	-	155	-	155	51
Loan Interest	-	-	-	4,475	4,475	-
Premises	-	529,080	-	-	529,080	751,905
Depreciation and loss on disposal	-	-	-	212,307	212,307	238,345
Maintenance and repairs	-	81,576	-	17,224	98,800	83,842
Irrecoverable VAT	12,508	-	-	-	12,508	4,933
Consumables	69,019	172,546	-	55,215	296,780	291,879
IT and Administrative costs	-	-	-	42,657	42,657	27,498
	<u>1,436,532</u>	<u>6,588,178</u>	<u>20,467</u>	<u>1,515,158</u>	<u>9,560,335</u>	<u>9,332,490</u>
Support costs	275,483	1,239,675	-	(1,515,158)	-	-
Governance costs	3,721	16,746	(20,467)	-	-	-
Total expenditure 2024	<u>1,715,736</u>	<u>7,844,599</u>	<u>-</u>	<u>-</u>	<u>9,560,335</u>	
Total expenditure 2023	<u>1,273,543</u>	<u>8,058,947</u>	<u>-</u>	<u>-</u>		<u>9,332,490</u>

Mountbatten Hampshire Limited
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6. b) Analysis of expenditure - prior year

	Cost of raising funds £	Charitable activities		Support costs £	2023 Total £	2022 Total £
		Hospice services £	Governance costs £			
Staff costs (Note 8)	799,937	5,417,755	-	1,054,462	7,272,154	6,344,953
Medical consumables	-	204,836	-	-	204,836	184,998
Volunteer expenses	-	-	-	4,879	4,879	2,025
Trading activities	25,553	-	-	-	25,553	5,392
Fundraising costs	43,043	-	-	-	43,043	48,205
Lottery costs	127,605	-	-	-	127,605	112,701
Investment managers' fees	15,535	-	-	-	15,535	13,282
Audit and accountancy fees	-	-	21,547	-	21,547	24,700
Legal and professional	-	-	-	218,885	218,885	12,593
Trustee costs	-	-	51	-	51	-
Premises	-	751,905	-	-	751,905	695,560
Depreciation and loss on disposal	-	-	-	238,345	238,345	142,689
Maintenance and repairs	-	69,382	-	14,460	83,842	103,637
Irrecoverable VAT	4,933	-	-	-	4,933	22,700
Consumables	45,867	185,551	-	60,461	291,879	415,824
IT and Administrative costs	-	-	-	27,498	27,498	43,358
	<u>1,062,473</u>	<u>6,629,429</u>	<u>21,598</u>	<u>1,618,990</u>	<u>9,332,490</u>	<u>8,172,617</u>
Support costs	208,291	1,410,699	-	(1,618,990)		
Governance costs	<u>2,779</u>	<u>18,819</u>	<u>(21,598)</u>	<u>-</u>		<u>-</u>
Total expenditure 2023	<u>1,273,543</u>	<u>8,058,947</u>	<u>-</u>	<u>-</u>	<u>9,332,490</u>	
Total expenditure 2022	<u>493,178</u>	<u>7,679,439</u>	<u>-</u>	<u>-</u>		<u>8,172,617</u>

7. Net (expenditure) / income for the year

This is stated after charging

	2024	2023
	£	£
Depreciation	212,756	238,345
Operating lease rentals:		
Property	182,383	147,335
Auditor's remuneration (excluding VAT):		
Audit	20,312	20,600
Other services	1,725	1,300
	<u>214,816</u>	<u>409,580</u>

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

Staff costs were as follows:

	2024	2023
	Total	Total
	£	£
Staff under service level agreement with NHS	4,127,373	3,597,800
Wages and salaries	747,381	1,308,906
Employer's national insurance	412,132	368,934
Pension costs	436,322	419,656
Temporary & agency staff	588,549	431,863
Staff recharge from EMH	804,334	875,967
Other staff costs	190,756	269,028
	<u>7,306,847</u>	<u>7,272,154</u>

No employee earned more than £60,000 during the year (2023: none).

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were recharged costs from Mountbatten Isle of Wight Limited of £354,342 in respect of 9 employees (2023: £463,362 in respect of 7 employees).

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 £155 (2023: £51) incurred by 1 (2023: 1) trustee.

9. Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 189 (2023: 200).

	2024	2023
	No.	No.
Administration and fundraising	54	51
Hospice services	135	149
	<u>189</u>	<u>200</u>

10. Related party transactions

There are no related party transactions to disclose for 2024 (2023: none) other than those disclosed elsewhere.

11. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Mountbatten Hampshire Promotions Limited gift aid available profits to the charity.

12. Tangible fixed assets

Group and charity	Leasehold property £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor Vehicles £	Total £
Cost					
At the start of the year	52,155	286,532	660,709	2,500	1,001,896
Additions in year	-	39,403	13,599	29,800	82,802
Disposals in year	-	-	-	(2,500)	(2,500)
At the end of the year	<u>52,155</u>	<u>325,935</u>	<u>674,308</u>	<u>29,800</u>	<u>1,082,198</u>
Depreciation					
At the start of the year	43,463	111,112	371,228	495	526,298
Charge for the year	6,770	74,498	129,503	1,985	212,756
Eliminated on disposal	-	-	-	(1,000)	(1,000)
At the end of the year	<u>50,233</u>	<u>185,610</u>	<u>500,731</u>	<u>1,480</u>	<u>738,054</u>
Net book value					
At the end of the year	<u>1,922</u>	<u>140,325</u>	<u>173,577</u>	<u>28,320</u>	<u>344,144</u>
At the start of the year	<u>8,692</u>	<u>175,420</u>	<u>289,481</u>	<u>2,005</u>	<u>475,598</u>

All of the above assets are used for charitable purposes.

13. Investments

	The Group		The Charity	
	2024	2023	2024	2023
	£	£	£	£
Listed investments				
Fair value at the start of the year	31,629	1,558,028	31,629	1,558,028
Additions at cost	1,798,593	301,965	1,798,593	301,965
Disposal proceeds	(833,169)	(1,727,234)	(833,169)	(1,727,234)
Net gain/(loss) on change in fair value	30,292	(101,130)	30,292	(101,130)
	<u>1,027,345</u>	<u>31,629</u>	<u>1,027,345</u>	<u>31,629</u>
Market value of investments				
Cash held by investment broker pending reinvestment	-	-	-	-
Investment in subsidiary	-	-	2	2
Fair value at the end of the year	<u>1,027,345</u>	<u>31,629</u>	<u>1,027,347</u>	<u>31,631</u>

The investments comprise:

	The Group		The Charity	
	2024	2023	2024	2023
	£	£	£	£
UK Common investment funds	995,716	-	995,716	-
Shares and bonds listed on the London Stock Exchange	31,629	31,629	31,629	31,629
Cash	-	-	-	-
	<u>1,027,345</u>	<u>31,629</u>	<u>1,027,345</u>	<u>31,629</u>

14. Subsidiary undertakings

The charity owns the whole of the issued ordinary share capital of Mountbatten Hampshire Promotions Ltd (Formerly Countess Mountbatten Hospice Promotions Ltd), a company incorporated in England and Wales. The company number is 03675130. The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees B Halliday and M Forrest-Charde are also directors of the subsidiary.

A summary of the results of the subsidiary is show below:

	2024	2023
	£	£
Turnover	367,466	402,733
Cost of sales	(121,095)	(131,389)
Gross profit/(loss)	<u>246,371</u>	<u>271,344</u>
Administrative expenses	(19,438)	(18,202)
Profit / (loss) for the financial year	<u>226,933</u>	<u>253,142</u>
Retained earnings		
Total retained earnings brought forward	248,088	477,536
Profit / (loss) for the financial year	226,933	253,142
Distribution under Gift Aid to parent charity	(475,021)	(482,590)
Total retained earnings carried forward	<u>-</u>	<u>248,088</u>
The aggregate of the assets, liabilities and reserves was:		
Assets	148,090	288,307
Liabilities	(148,088)	(40,217)
Reserves	<u>2</u>	<u>248,090</u>

Amounts owed to/from the parent undertaking are shown in notes 16 and 17.

15. Parent Charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2024	2023
	£	£
Gross income	8,556,384	6,968,189
Result for the year	<u>(823,127)</u>	<u>(1,833,249)</u>

16. Debtors

	Group		Charity	
	2024	2023	2024	2023
	£	£	£	£
Trade debtors	45,193	39,351	45,193	39,526
Other debtors	41,006	28,186	32,258	28,098
Amounts due from group undertakings	-	9,074	120,008	-
VAT	21,947	40,816	28,032	40,816
Prepayments	103,924	61,607	103,924	61,607
Accrued income	8,015	10,348	8,015	10,348
	<u>220,085</u>	<u>189,382</u>	<u>337,430</u>	<u>180,395</u>

17. Creditors: amounts falling due within one year

	Group		Charity	
	2024	2023	2024	2023
	£	£	£	£
Trade creditors	937,201	201,005	934,048	188,116
Other creditors	192,155	174,099	173,657	154,871
Amounts due to group undertakings	126,011	-	126,011	99,111
Accruals and deferred income	434,153	987,018	425,149	978,918
	<u>1,689,520</u>	<u>1,362,122</u>	<u>1,658,865</u>	<u>1,421,016</u>

18. Deferred income

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

	Group		Charity	
	2024	2023	2024	2023
	£	£	£	£
Balance at the beginning of the year	-	-	-	-
Amount released to income in the year	-	-	-	-
Amount deferred in the year	1,040	-	1,040	-
Balance at the end of the year	<u>1,040</u>	<u>-</u>	<u>1,040</u>	<u>-</u>

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 in respect of Mountbatten Hampshire Limited of £436,322 (2023: £419,656).

20. a) Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	344,144	-	-	344,144
Investments	1,027,345	-	-	1,027,345
Net current assets / (liabilities)	(1,484,868)	500,000	296,380	(688,488)
Net assets at the end of the year	<u>(113,379)</u>	<u>500,000</u>	<u>296,380</u>	<u>683,001</u>

20. a) Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	475,598	-	-	475,598
Investments	31,629	-	-	31,629
Net current assets / (liabilities)	526,039	500,000	220,950	1,246,989
Net assets at the end of the year	<u>1,033,266</u>	<u>500,000</u>	<u>220,950</u>	<u>1,754,216</u>

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21. a) Movement in funds (current year)

	At 1 April 2023	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2024
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Summer House	39,160	-	-	-	-	39,160
Coronavirus appeal	27,616	-	(27,616)	-	-	-
Capital Campaign	11,000	41,000	(4,791)	-	-	47,209
Carmichael and Mason Charitable Settlement	250	-	(250)	-	-	-
NHSE BID 2- re-locate community hub, IT project & drug cart	71,800	-	-	-	-	71,800
The Osullivan Milly	3,000	-	(3,000)	-	-	-
De Laslo Foundation	6,000	-	(1,854)	-	-	4,146
The Broyst Foundation	2,500	2,500	-	-	-	5,000
Garfield Weston	25,000	-	-	-	-	25,000
ChildWick Trust	11,000	-	-	-	-	11,000
Northwick Trust	10,000	-	-	-	-	10,000
Carmichael & Mason	2,000	-	-	-	-	2,000
Colex Charitable Trust	2,000	-	(1,564)	-	-	2,000
The Richard Kirkman Trust	3,000	-	-	-	-	3,000
Trant Goodwill Trust	500	-	-	-	-	500
IPU – WiFi in Pat Vogt’s memory	1,124	-	(1,124)	-	-	-
Neighbourly Foundation (B&Q)	5,000	-	(4,747)	-	-	253
Francis Winham Foundation, Hospital Saturday Fund	-	12,000	(2,976)	-	-	9,024
Jenna Marie Fund	-	9,066	-	-	-	9,066
Patients Christmas Meal	-	1,500	-	-	-	1,500
Syder Foundation	-	5,000	-	-	-	5,000
Edwina Mountbatten “Leonora Children’s Foundation”	-	10,000	-	-	-	10,000
Sarah Ricketts’ donation	-	820	(820)	-	-	-
Duncan Latters’ donation	-	2,000	(2,000)	-	-	-
Lee Robinsons’ donation	-	335	(329)	-	-	6
Hazel Centre Fund	-	1,823	(598)	-	-	1,225
Staff Christmas Party	-	2,820	(2,045)	-	-	775
IPU Bay refurbishment fund	-	15,000	(106)	-	-	14,894
Hospice UK Masonic Charitable Foundation	-	24,995	-	-	-	24,995
The Garden Fund	-	520	(130)	-	-	390
Total restricted funds	220,950	129,379	(53,949)	-	-	296,380

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21. a) Movement in funds (current year) – cont.

	At 1 April 2023	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2024
	£	£	£	£	£	£
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	785,178	7,961,983	(9,365,853)	30,292	475,021	(113,379)
General funds (<i>Promotions</i>)	248,088	367,466	(140,533)	-	(475,021)	-
Total general funds (<i>group</i>)	1,033,266	8,329,449	(9,506,386)	30,292	-	(113,379)
Total unrestricted funds	1,533,266	8,329,449	(9,506,386)	30,292	-	386,621
Total funds	1,754,216	8,458,828	(9,560,335)	30,292	-	683,001

The narrative to explain the purpose of each fund is given at the foot of the note below.

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21. b) Movement in funds (prior year)

	At 1 April 2022	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2023
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Summer House	50,000	-	(10,840)	-	-	39,160
Coronavirus appeal	27,616	-	-	-	-	27,616
Capital Campaign	11,000	-	-	-	-	11,000
Carmichael and Mason Charitable Settlement	5,000	-	(4,750)	-	-	250
Southampton City Council-Bereavement support	47,000	-	(47,000)	-	-	-
NHSE BID 2- re-locate community hub, IT project & drug cart	98,870	-	(27,070)	-	-	71,800
The Osullivan Milly	-	3,000	-	-	-	3,000
De Laslo Foundation	-	6,000	-	-	-	6,000
The Broyst Foundation	-	2,500	-	-	-	2,500
Garfield Weston	-	25,000	-	-	-	25,000
ChildWick Trust	-	11,000	-	-	-	11,000
Northwick Trust	-	10,000	-	-	-	10,000
Carmichael & Mason	-	2,000	-	-	-	2,000
Colex Charitable Trust	-	2,000	-	-	-	2,000
The Richard Kirkman Trust	-	3,000	-	-	-	3,000
Trant Goodwill Trust	-	500	-	-	-	500
C Carlyle – Thorley Elizie	-	1,000	(1,000)	-	-	-
Jenna Marie Foundation	-	9,313	(9,313)	-	-	-
IPU – WiFi in Pat Vogt’s memory	-	1,124	-	-	-	1,124
Neighbourly Foundation (B&Q)	-	5,000	-	-	-	5,000
Total restricted funds	239,486	81,437	(99,973)	-	-	220,950

Mountbatten Hampshire Limited
Notes to the Financial Statements
For year ended 31 March 2024

21. b) Movement in funds (prior year) continued

	At 1 April 2022	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2023
	£	£	£	£	£	£
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	2,599,891	6,886,753	(9,082,926)	(101,130)	482,590	785,178
General funds (<i>Promotions</i>)	477,536	402,733	(149,591)	-	(482,590)	248,088
Total general funds (<i>group</i>)	3,077,427	7,289,486	(9,232,517)	(101,130)	-	1,033,266
Total unrestricted funds	3,577,427	7,289,486	(9,232,517)	(101,130)	-	1,533,266
Total funds	3,816,913	7,370,923	(9,332,490)	(101,130)	-	1,754,216

21. Movement in funds (continued)

Purposes of restricted funds

Summer House

During the prior year the Summer House fund was established following the receipt of legacies and trust fund donations towards the cost of purchasing a summer house.

Coronavirus appeal

'Barclays 100x100 UK COVID-19 Community Relief Funding', the money was used to purchase various specific medical equipment and ward items for patient's use.

Capital Campaign

For the upcoming capital projects.

Carmichael and Mason Charitable settlement

To purchase specific equipment for the hospice.

Southampton City Council Bereavement Support

To provide Bereavement Support Service to Care Home staff employed in the city.

NHSE BID2

NHSE via Hospice UK To do refurbishment works and equipment to co-locate community Hub, to train staff on Brigid & Airmid, IT project management costs and purchase of Drug Cupboard.

Francis Winham Foundation

The funds were restricted for the purchase of equipment for patients, the funds are being used to purchase various items including Oska pumps, Mattresses and a folding slide board.

February Foundation

The funds are for the refurbishment of the IPU patient bays, the work is in progress for all IPU bays to be refurbished in 2024/25.

Jenna Marie Foundation

The funds are restricted to items to be used by our patients, the funds expensed during 2023/24 have purchased Beds, Blankets and a washing machine.

Syder Foundation

The funds donated are restricted to the capital campaign, the works are in progress and expected to complete during 2024/25.

Edwina Mountbatten "Leonora Childrens Foundation"

The funds donated are restricted to the capital campaign, the works are in progress and expected to complete during 2024/25.

Sarah Rickett

Provided a donation to reward our staff, this has been used alongside another similarly restricted donation in providing a Christmas party at the hospice for staff and volunteers.

Duncan Latter

Provided a donation to reward our staff, this has been used alongside another similarly restricted donation in providing a Christmas party at the hospice for staff and volunteers.

21. Movement in funds (continued)

Hospice UK Masonic Charitable Foundation

This fund has purchased a community engagement vehicle, a minibus size vehicle that enables all of our teams to support our communities including those further from our Hospice.

Purposes of designated funds

The trustees established this fund for use in future projects to extend the service 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)	(1,071,215)	(2,062,697)
Depreciation charges	212,756	238,345
(Gains)/losses on investments	(30,292)	101,130
Dividends, interest and rent from investments	-	(46,671)
Interest from intercompany loan	4,475	-
Loss on disposal of fixed assets	(1,230)	-
Increase in stocks	(3,104)	(1,835)
(Increase)/decrease in debtors	(30,703)	1,920,061
Increase in creditors	227,398	254,854
Net cash (used in)/provided by operating activities	<u>(691,915)</u>	<u>403,187</u>

Analysis of cash and cash equivalents

	2024	2023
	£	£
Cash in hand	<u>774,425</u>	<u>2,416,311</u>

Analysis of changes in net debt

	1 April 2023 £	Cash flows £	31 March 2024 £
Cash in hand	2,416,311	(1,641,886)	774,425
Borrowings (intercompany)	-	(100,000)	(100,000)
	<u>2,416,311</u>	<u>(1,741,886)</u>	<u>674,425</u>

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	
	2024	2023
	£	£
Less than one year	210,825	190,500
One to five years	651,500	682,833
Over five years	403,250	428,917
	<u>1,265,575</u>	<u>1,302,250</u>

All of the commitments shown above relate to Mountbatten Hampshire Limited. The subsidiary company, Mountbatten Hampshire Promotions Limited, has no such commitments.

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. Ultimate controlling party

The charity's ultimate controlling party is Mountbatten Isle of Wight Limited, a registered charity (number: 1039086) and company limited by guarantee (number: 02929267). Copies of the consolidated financial statements are available from the Charity Commission.

MOUNTBATTEN HAMPSHIRE LIMITED

England & Wales - Charity number 1123304

Accounts

COMPANY NUMBER: 06539641
CHARITY NUMBER: 1123304



MOUNTBATTEN Hampshire

Countess Mountbatten Hospice Charity Limited
(Operating as Mountbatten Hampshire)

**Report and financial statements for the
year ended 31 March 2023**

Countess Mountbatten Hospice Charity Limited

Contents of the Financial Statements for year ending 31 March 2023

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Countess Mountbatten Hospice Charity Limited
Reference and administrative information

Administrative Details

Status and structure: Countess Mountbatten Hospice Charity (trading as Mountbatten Hampshire) operates as a charitable company limited by guarantee.

Company number: 06539641

Charity number: 1123304

Registered office and operational address: Botley Road
West End
Southampton
SP30 3JB

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	
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 3, 4	VICE-CHAIR (resigned July 2022)
	Mr P Pitcher 2, 4	
	Mr A Stables 2, 3, 4	
	Mr A Neill 1, 3, 4	(appointed July 2022)
	Mr S Izatt 1, 3	(appointed July 2022)
	Ms M Forrest-Charde 2, 3, 4	(appointed July 2022)
	Mr D Bennett 2, 3, 4, 6	(appointed July 2022)
	Mr S Brookwell 1, 3, 4	(appointed July 2022)
	Ms R Poncia 3, 4	(resigned July 2022)
	Mr P Shears 3, 4, 5	(resigned July 2022)
	Mr JM Trotter 3, 4	(resigned July 2022)
	Ms J Smith 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 Hampshire

Countess Mountbatten Hospice Charity Limited
Reference and administrative information

Bankers:	NatWest Bank Plc 3 Lower Northam Road Hedge End Southampton SO30 4PA
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
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

Background

Countess Mountbatten Hospice, based in West End, Southampton was opened in 1977, which was then only the second NHS hospice in the country. Countess Mountbatten Hospice has been committed to providing modern hospice care, not just through the provision of beds, but also aiming to integrate services both in the local University Hospital in Southampton and across the community through expert care at home. The care has also been focused on patients in the last phase of and at the end of life, together with care and support for their families and carers.

Today, on an annual basis, the hospice supports 2,434 patients, their families, carers and those close to them living across Southampton city, South-west and parts of North-mid Hampshire.

It provides care and support within the places that people live (including nursing and residential homes) and in its 21 bedded Inpatient Unit.

Objects

The objects of Countess Mountbatten Hospice Charity are:

1. To relieve and care for patients generally and in particular to offer palliative care, pain relief, support and friendship for the terminally ill and to assist their family throughout their illness and after their death,
2. To provide additional services and facilities for patients, their families and Carers, and
3. For the advancement of palliative care through the provision of facilities and funds for research, education and training in the field of palliative care and related fields of study.

Strategic report - Objectives & Activities

In April 2020 Mountbatten published its new strategy, outlining its 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.

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, across Hampshire.

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

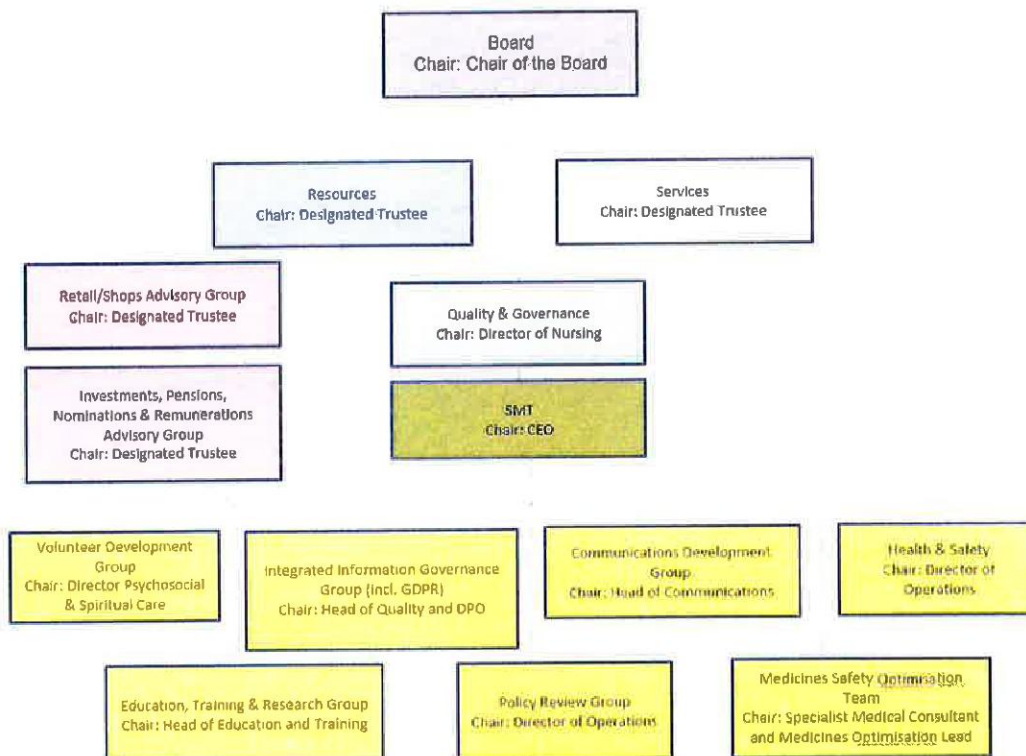
- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit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

Governance

The governance of the Charity is underpinned by a robust committee structure as follows:



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 Annual General Meeting (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 page 4 of this report.

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 for their agreed remuneration structures such as the Agenda for Change scheme 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.

Activities

During 2022/23 Mountbatten Hampshire provided specialist palliative care provision within the following areas:

- At Home
- Inpatient Unit
- Day and Outpatient services at the Hazel Centre
- 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 Care at Home 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
- Education
- Volunteer Services

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 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
- 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
- An 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 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 Roif 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 Integrated Care Board
- Hampshire County Council
- Eastleigh Borough Council
- 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. Work with our project managers McAndrew Martin Ltd is ongoing 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 Mountbatten Hampshire

24/7 Community Team and Care Coordination

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 number of people on the Community caseload has increased, rising from 460 in March 2020 to 1250 in March 2023. The Care Coordination Centre continues to develop and 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. Calls often exceed 1700 per month across the 24 hour period.

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 ensuring a holistic approach to care provision. Our Community nursing team make regular visits to see patients in their homes across our region, including Southampton, Winchester, Romsey, Eastleigh and across west Hampshire. 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. During November 2022 45 overnight visits were provided, with 46 in December 2022 and rising to 59 in January 2023.

In line with the extension of Mountbatten services to support those in the last three to five years of life, patients who are referred earlier in their disease process are seen by one of the nursing or rehabilitation team within the Hazel 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 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 four further nurses to undertake the non-medical prescribing course scheduled for a September 2023 start date.

Care at Home team

Now covering the whole footprint of Mountbatten Hampshire to include the West Hampshire areas in addition to Southampton City, the Care at Home team have 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. The 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

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, peaking at over 50 referrals within the month of August 2022. Referrals have averaged around 20 per month in subsequent months. 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 focus during the next financial year 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.

Work also continues to ensure robust data collection.

Inpatient Unit (IPU)

The Inpatient Unit continues to have a high bed occupancy. COVID 19 remains a consideration, however, visiting has returned to pre-covid status with visitors being allowed to visit at any time. COVID 19 measures and the use of PPE are also regularly reviewed to ensure the balance between minimising the risk of COVID 19 spread and ensuring a relaxed and welcoming atmosphere for all.

Refurbishment of areas within the Inpatient Unit also continues with a new relative's bed now in place in the relatives room and painting work in the patient bays having been completed. A refreshed information pack for inpatients has also been designed and is now available at all patient bedsides.

Nurse-led care continues to develop and embed. Respite care is established and end of life care for patients from the acute hospitals is developing in line with the Advanced Nurse Practitioners (ANP) capacity. A new opportunity has been created for ANP development as one existing ANP is currently on maternity leave. This has created an opportunity for a new to the Inpatient Unit ANP to further develop and lead a focused project advancing iron infusion use under nurse-led care.

Staff development and support continues through the introduction of sessions designed for Band 6 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.

Consultant Nurse Working Across University Hospital and Southampton University

A Mountbatten Consultant Nurse has continued a multi-faceted role in order to build new relationships with our partner organisations, working with the Hospital Palliative Care Teams (HPCT) at St Mary's Hospital Isle of Wight and University Hospital Southampton (UHS). Alongside this, Mountbatten's Consultant Nurse also works at the University of Southampton as a Clinical Teaching Fellow one day a week. 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. 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 has also worked closely with partners, such as Red Funnel and South Coast Ambulance Service (SCAS) to improve timely and effective patient care. 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.

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.

Although COVID 19 is still ever present and a consideration, the Rehabilitation and Enablement services have now fully returned to face to face. The gym spaces are frequently in use under the supervision of the team and groups such as 'Build and Banter' and 'Living Well with Breathlessness' are also continuing and remain popular. One learning from COVID 19 and the need to work more flexibly, has been the value of introducing some virtual classes and support. As a result, some virtual support still remains broadening the offering from this team even further.

Whilst continuing to provide clinical input, the Rehabilitation and Enablement team have persisted in developing services and enhancing its offering. The website 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.

Psychological, Bereavement and Spiritual Care Services

Psychology and Bereavement

Over the last year the Psychology and Bereavement service has seen ongoing and increased demand, however, there is no waiting list and the referrals are managed well within the team. The team is supported by students and volunteers which helps meet the demand.

A Psychosocial dashboard has been developed to present service data which is shared with the Integrated Care Board and Services Committee. The dashboard monitors the responsiveness of the service and the quality of the service delivered, which is particularly important considering the demand on the services. Continued work on this is ongoing to ensure the dashboard reflects the work in the Psychosocial services.

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. Mountbatten aims to engage as many care homes in the region as possible before the project ends in October 2023.

During this year Mountbatten Hampshire has 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 and the Wessex Local Medical Committee and the Admiral Nurses. Mountbatten Hampshire has also offered to deliver the Schools Project to Hampshire schools, which introduces children to the hospice and aims to demystify death and dying, promoting healthy and honest conversations.

Social work

The vacant social work post in Hampshire has been recruited to and the post holder is settling in well. The team has worked to improve the identification and reporting of safeguarding concerns. Promotion of safeguarding training for staff has been adjusted and work has been undertaken to ensure all staff know how to report any safeguarding concerns. The trend of monitoring safeguarding discussions will be monitored to ensure all concerns are captured appropriately.

Spiritual Care

Over the past year the full time chaplain post became vacant. Mountbatten took the opportunity to review the service and understand what service users need and want from the spiritual care service.

A workshop was held stakeholders were invited to discuss what the service should 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 that the service is inclusive, diverse and represents the needs of all those with different faiths and none.

Since this workshop work is underway with volunteers to provide a consistent, although more part time, service. Regular memorial services have been reestablished.

Quality

Quality Reporting

At Mountbatten Hampshire 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'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, 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 and 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:

- *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 her xx, the time taken to listen as she struggled to speak, the efforts made with the hoist to enable her 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 their wellbeing.*
- *Thank you for your incredible support over the last six months of her 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 him over the summer in the beautiful garden.*

Achievements and performance

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 and Resources and Services Committee quarterly
- 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 are outlined below:

Risk	Management – Current and planned
Failure to raise funds (Integrated Care Board, fundraising and legacies)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries

Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)

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

Risk of resource overload arising from operational expansion into Hampshire

- 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.
- Quarterly report of people approaching normal retirement age to assist succession planning.
- Support, recognition, progression and development provided through 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.
- 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.
- 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.
- 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:

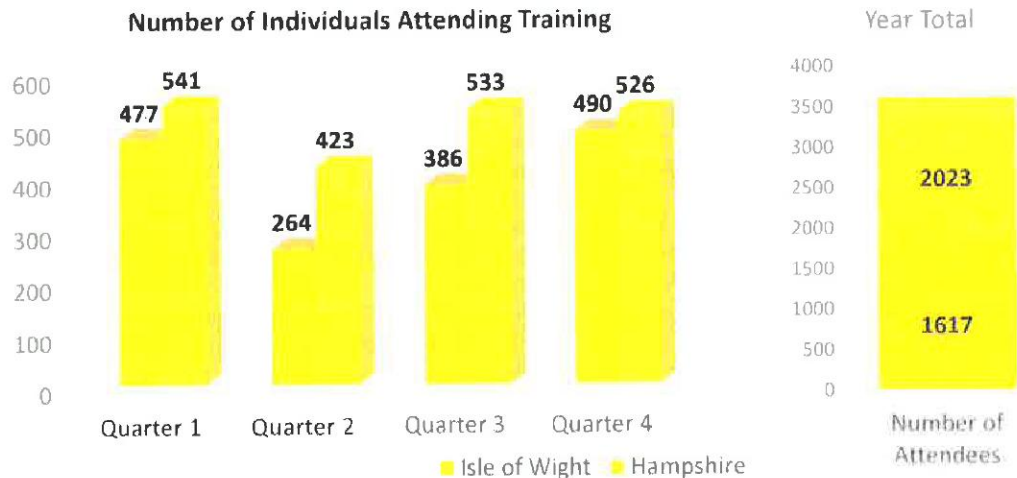
- A new overarching data protection audit has been produced which covers a variety of standards including the management of paper records, security, back up and updates to Mountbatten's IT systems and appropriate access to IT systems
- An advanced data protection training was held in September 2022 which 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 senior 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 completed 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

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.

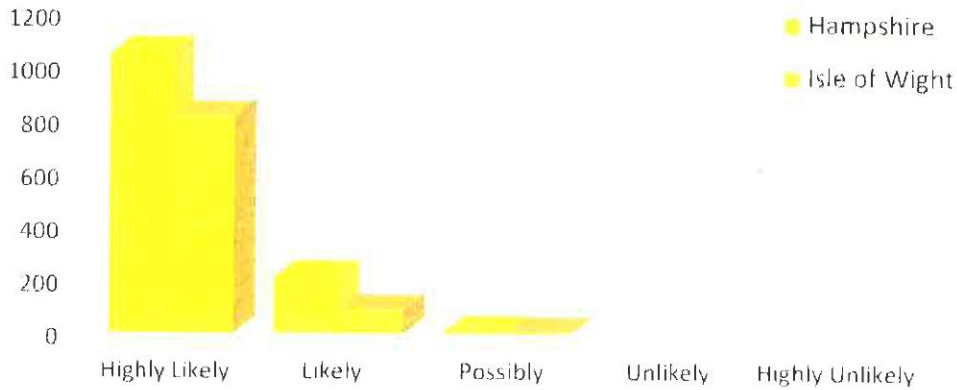
There has been a steady rate of attendance to training courses this year and interest in classroom training has increased which we hypothesis is due to individuals and organisations readjusting from the pandemic and starting to reengage in face-to-face work-based activity. As such Mountbatten's virtual training offer has reduced. However, an 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.

Ratings across the year of the likelihood of recommending training to others



The value of education delivered by Mountbatten is recognised by service commissioners who support 'the Mountbatten end of life care programme' at Mountbatten Hampshire. The Mountbatten end of life care programme 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.

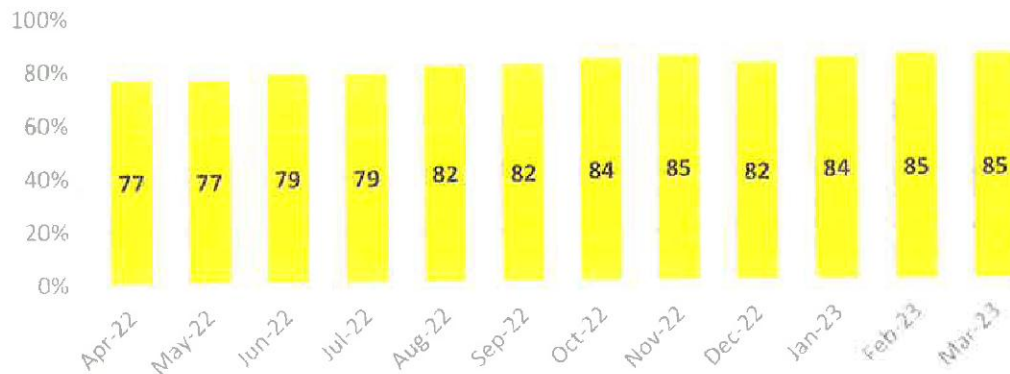
Mountbatten also aims to positively influence perceptions of hospices and hospice care through education by engaging and providing training courses for young people. Mountbatten supported a number of careers and information events for young people and facilitated bespoke education sessions for students 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

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.

Hampshire Percentage of overall completion rate per month



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 in Hampshire and the Isle of Wight 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-of-living crisis, staff absences and vacancies.

The focus 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 Hampshire received 2 complaints and 2 concerns during the year under review.

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.

Our community fundraising strategy was adjusted 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.

Countess Mountbatten Hospice Charity Limited
Trustees' Report (including directors' report)
For year ended 31 March 2023

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.

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 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.

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.

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, 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.

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.

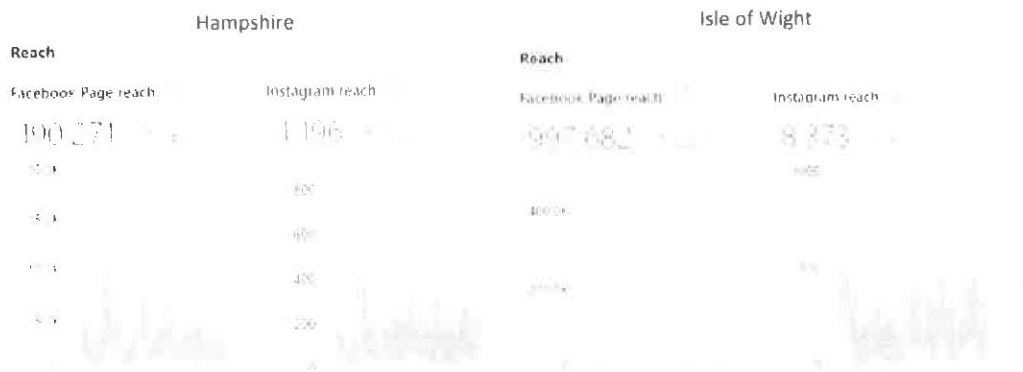
Project Work

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 the Inpatient Unit, while we are also in the process of reviewing and updating our suite of leaflets for patients and families.

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

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 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 Hampshire Café with an adjoining 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 Platinum Jubilee and, staff and volunteer parties. 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.'

'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 from the Local Authority.

People Services

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 minimise 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 our 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 team now works 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 table below shows the response to our job advertisements over the last 12 months and give a sense of which recruitment platforms have the most success:

Mountbatten Hampshire			
Media/Sites	Vacancies	Applications	Hits
NHS Jobs	65	350	52,175
Indeed	65	522	75,390
Other Platforms	3	1	252

Many of the non-clinical/specialist roles are now advertised using Indeed, which has 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.

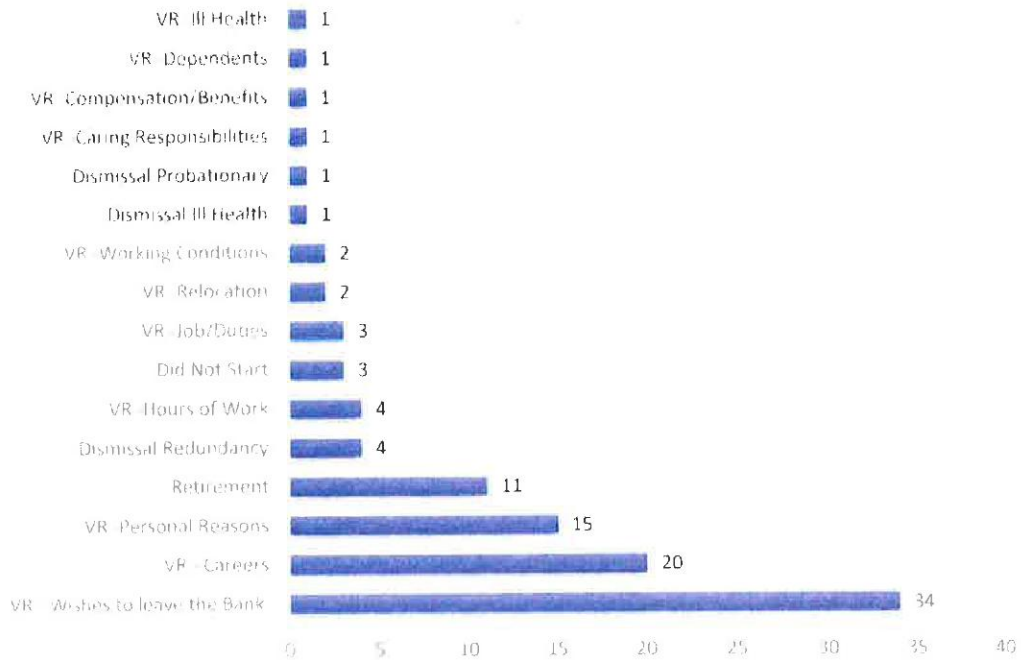
Headcount and Turnover

Mountbatten Hampshire's establishment at the end of March 2023 stood at 205, an increase in establishment from 2021/22.

The end-of-year turnover for Mountbatten Hampshire sits at 5.84%. Mountbatten Hampshire and Isle of Wight have 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)

**Mountbatten Group - Employee Reason for Leaving
 2022/23**

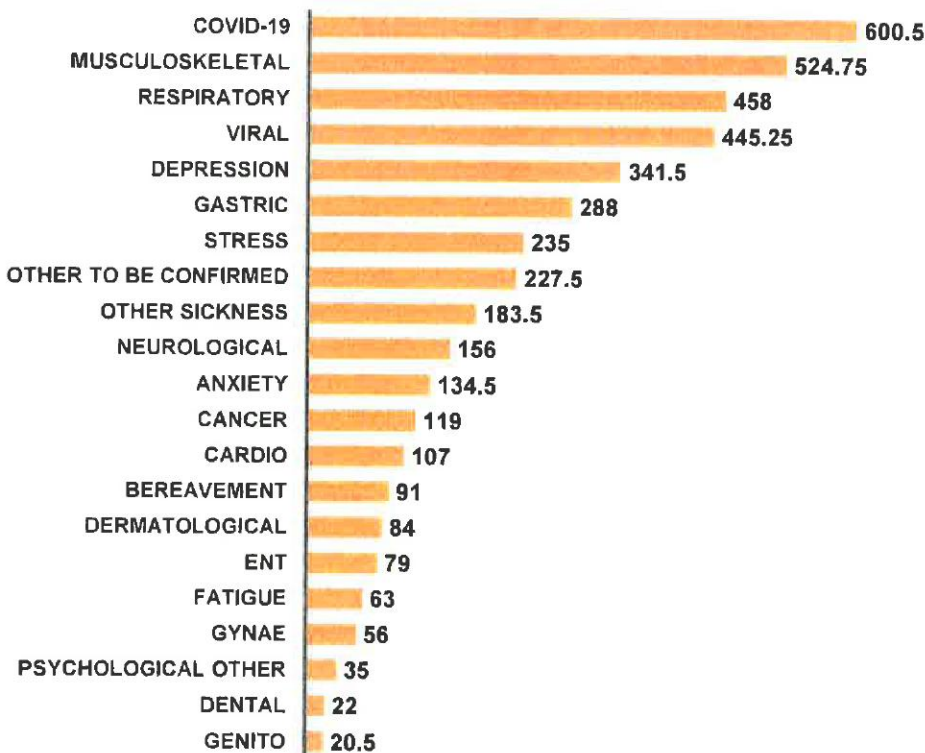


Sickness management

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.

Duration of Sickness Days
April 2022 to March 2023



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 have a dedicated Safeguarding Lead and deputy and our online and face to face 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 and 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 other.

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.

Countess Mountbatten Hospice Charity Limited
Trustees' Report (including directors' report)
For year ended 31 March 2023

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

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
- 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 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.

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 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.

**Countess Mountbatten Hospice Charity Limited
Trustees' Report (including directors' report)
For year ended 31 March 2023**

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, 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.

Future Plans

Mountbatten prides itself on being innovative and bold, this is very much in line 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 SystemOne 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
- The roll out of the SystemOne Brigid application which will allow clinicians to input into SystemOne 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 39. 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 charity 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 charity 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
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>

<p>Our Workforce</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Suppliers</p> <p>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.</p>	<p>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.</p>

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 involved 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 involved 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 environment for the year for Countess Mountbatten Hospice Charity Limited was extremely challenging and the Charity produced a substantial deficit for the year of £2,062,697. This performance was a result of several factors. Legacy receipts, amounted to £262,922 (2022: £630,365) for the year. This legacy performance was very substantially below our expectations for the year and the recent trend of increasing legacy receipts in Hampshire. At the Balance Sheet date the list of legacies awaiting finalization and distribution that we had not received during the year amounted to an estimated £905,000. The progress of legacies due but undistributed has been very slow to recover following the service hiatus created by the COVID pandemic and the cessation of normal business life for many months. In addition to the poor legacy performance, fundraising income did not materialize to the extent budgeted following extreme pressure on our donating supporters brought about by the general economic circumstances prevailing for much of the year. The material extra costs of substantial pay reviews within the Agenda for Change (NHS) pay structure created extra costs amounting to several hundred thousand pounds. We match the NHS pay structure to the extent that we are able and are therefore at some disadvantage whereby we are obliged to match these pay reviews without being specifically compensated by the NHS for doing so. Finally, the charity has been subjected to the same general economic circumstances and inflationary environment as the rest of the economy and this has created further financial pressures that the charity has had to deal with.

Resources expended by the charity for the year increased substantially for the reasons outlined above. The total resources expended by the charity increased to an amount of £9,332,490 compared to £8,172,617 in 2022. An analysis of charity resources expended by activity is as follows:

- 13.6% (2022 – 6%) of our expenditure was on the cost of generating funds. The increase principally reflects the increased level of salary costs and the inflationary costs of carrying out our fundraising activities.
- 86.4% (2022 – 94%) of our expenditure was directly incurred in the carrying out of our charitable activities. This apparent decrease in proportionality conceals the fact that total costs are up by over £1 million and while the mix of cost is broadly consistent, the overall costs have increased by over 14% year on year.

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 £2.05m finishing the year at £1.53m (2022 £3.58m). Budgeted expenditure for 2023/24 is £9.7m, so total unrestricted reserves equated to approximately 3 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 £1.06m, which equates to just under 2 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 charity, 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 Countess Mountbatten Hospice Charity 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.

Countess Mountbatten Hospice Charity Limited
Trustees' Report (including directors' report)
For year ended 31 March 2023

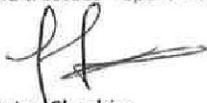
Auditor

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: 10/08/2023

Countess Mountbatten Hospice Charity Limited
Independent Auditor's Report to the Trustees of Countess Mountbatten Hospice Charity Limited
For year ended 31 March 2023

Opinion

We have audited the financial statements of Countess Mountbatten Hospice Charity Limited (the 'parent charitable company') and its subsidiary (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 39, 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

6 September 2023

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

Debra Saunders BSc FCA (Senior Statutory Auditor)

For and on behalf of Azets Audit Services, Statutory Auditor

Countess Mountbatten Hospice Charity Limited
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2023

	Note	2023		Unrestricted	Restricted	Total	2022	
		£	£				Unrestricted	Restricted
Income from:								
Donations and legacies	2	991,803	81,437	1,073,240	53,258	1,126,498	1,318,338	1,371,596
Charitable activities								
Hospice services	3	5,019,013	-	5,019,013	2,267,249	7,286,262	5,138,409	7,405,658
Other trading activities	4	859,128	-	859,128	67,141	926,269	467,583	534,724
Lottery income		372,871	-	372,871	-	372,871	366,774	366,774
Investments	5	46,671	-	46,671	-	46,671	30,552	30,552
Total income		7,289,486	81,437	7,370,923	2,387,648	9,758,571	7,321,656	9,709,304
Expenditure on:								
Raising funds		1,273,543	-	1,273,543	-	1,273,543	493,178	493,178
Charitable activities								
Hospice services	6	7,958,974	99,973	8,058,947	2,280,095	10,339,042	5,399,344	7,679,439
Total expenditure		9,232,517	99,973	9,332,490	2,280,095	11,612,585	5,892,522	8,172,617
Net (expenditure)/ income before net gains on investments		(1,943,031)	(18,536)	(1,961,567)	107,553	(1,854,014)	1,429,134	1,536,687
Net (losses)/gains on investments		(101,130)	-	(101,130)	-	(101,130)	160,547	160,547
Net (expenditure)/ income for the year and net movement in funds		(2,044,161)	(18,536)	(2,062,697)	107,553	(1,955,144)	1,589,681	1,697,234
Transfer between funds		-	-	-	-	-	-	-
Net movement in funds		(2,044,161)	(18,536)	(2,062,697)	107,553	(1,955,144)	1,589,681	1,697,234
Reconciliation of funds:								
Total funds brought forward		3,577,427	239,486	3,816,913	131,933	3,948,846	1,987,746	2,119,679
Total funds carried forward	20	1,533,266	220,950	1,754,216	239,486	1,993,696	3,577,427	3,816,913

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.

Countess Mountbatten Hospice Charity Limited
Balance Sheet
As at 31 March 2023

	Note	The Group		The Charity	
		2023 £	2022 £	2023 £	2022 £
Fixed assets:					
Tangible assets	12	475,598	436,173	475,598	436,173
Investments	13	31,629	1,899,993	31,631	1,899,995
		<u>507,227</u>	<u>2,336,166</u>	<u>507,229</u>	<u>2,336,168</u>
Current assets:					
Stocks		3,418	1,583	-	-
Debtors	16	189,382	2,109,443	180,395	2,112,459
Cash at bank and in hand		2,416,311	476,989	2,239,520	289,599
		<u>2,609,111</u>	<u>2,588,015</u>	<u>2,419,915</u>	<u>2,402,058</u>
Liabilities:					
Creditors: amounts falling due within one year	17	<u>(1,362,122)</u>	<u>(1,107,268)</u>	<u>(1,421,016)</u>	<u>(1,398,849)</u>
Net current assets		<u>1,246,989</u>	<u>1,480,747</u>	<u>998,899</u>	<u>1,003,209</u>
Total net assets	20	<u>1,754,216</u>	<u>3,816,913</u>	<u>1,506,128</u>	<u>3,339,377</u>
Funds:					
Restricted funds		220,950	239,486	220,950	239,486
Unrestricted funds:					
Designated funds		500,000	500,000	500,000	500,000
General funds		1,033,266	3,077,427	785,178	2,599,891
Total unrestricted funds		<u>1,533,266</u>	<u>3,577,427</u>	<u>1,285,178</u>	<u>3,099,891</u>
Total funds	21	<u>1,754,216</u>	<u>3,816,913</u>	<u>1,506,128</u>	<u>3,339,377</u>

The financial statements were approved by the Board of Trustees on ~~10/08/23~~ and were signed on its behalf by:



Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 06539641

The notes form part of these financial statements

Countess Mountbatten Hospice Charity Limited
Consolidated Statement of Cash Flows
For year ended 31 March 2023

	Note	2023		2022	
		£	£	£	£
Net cash provided by /(used in) operating activities	22		403,187		(62,506)
Cash flows from investing activities:					
Dividends and interest from investments		46,671		30,552	
Purchase of fixed assets		(277,770)		(400,056)	
Proceeds from sale of investments		1,727,234		304,328	
Net Cash invested		-		-	
Purchase of investments		(301,965)		(369,974)	
Movement in portfolio cash held for investment		341,965		(341,965)	
Net cash used in investing activities			<u>1,536,135</u>		<u>(777,115)</u>
Change in cash and cash equivalents in the year			1,939,322		(839,621)
Cash and cash equivalents at the beginning of the year			476,989		1,316,610
Cash and cash equivalents at the end of the year			<u>2,416,311</u>		<u>476,989</u>

1. ACCOUNTING POLICIES

a) Statutory information

Countess Mountbatten Hospice Charity Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

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)".

These financial statements consolidate the results of the charity and its wholly-owned subsidiary Countess Mountbatten Hospice Promotions Limited on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity 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 £.

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

c) Public benefit entity

The charity 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 charity'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 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.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity 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 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.

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity 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 charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is 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 charity 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 charity 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 charity which is the amount the charity 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 and income from investments is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank and dividends from the investment portfolio.

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 charity in inducing third parties to make voluntary contributions to it, the cost of any activities with a fundraising purpose and the costs of running trading activity including retail and shops.
- Expenditure on charitable activities includes the costs of delivering services, and other activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

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, 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 13%
- Hospice services 87%

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

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 charity's 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 £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.

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

- 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

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. 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 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.

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.

Countess Mountbatten Hospice Charity Limited
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2. Income from donations and legacies

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Gifts	728,881	81,437	810,318	687,973	53,258	741,231
Legacies	262,922	-	262,922	630,365	-	630,365
	<u>991,803</u>	<u>81,437</u>	<u>1,073,240</u>	<u>1,318,338</u>	<u>53,258</u>	<u>1,371,596</u>

In addition to the above, there was an estimated £905,000 (2022: £825,000) 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
	£	£	£	£	£	£
Hospice services – NHS CCG	5,019,013	-	5,019,013	5,138,409	-	5,138,409
NHSE grant income*	-	-	-	-	2,267,249	2,267,249
	<u>5,019,013</u>	<u>-</u>	<u>5,019,013</u>	<u>5,138,409</u>	<u>2,267,249</u>	<u>7,405,658</u>

* All NHSE income was received via Hospice UK

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2023

4. Income from other trading activities

	2023	2022				
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Fundraising activities	161,984	-	161,984	99,604	67,141	166,745
CMH Charity Shops	697,144	-	697,144	367,979	-	367,979
	859,128	-	859,128	467,583	67,141	534,724

5. Income from investments

	2023	2022				
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Income from quoted investments	46,671	-	46,671	30,552	-	30,552
	46,671	-	46,671	30,552	-	30,552

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
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6. a) Analysis of expenditure - current year

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2023 Total	2022 Total
		Hospice services					
	£	£	£	£	£	£	£
Staff costs (Note 8)	799,937	5,417,755	-	-	1,054,462	7,272,154	6,344,953
Medical consumables	-	204,836	-	-	-	204,836	184,998
Volunteer expenses	-	-	-	-	4,879	4,879	2,025
Trading activities	25,553	-	-	-	-	25,553	5,392
Fundraising costs	43,043	-	-	-	-	43,043	48,205
Lottery costs	127,605	-	-	-	-	127,605	112,701
Investment managers' fees	15,535	-	-	-	-	15,535	13,282
Audit and accountancy fees	-	-	21,547	-	-	21,547	24,700
Legal and professional	-	-	-	-	218,885	218,885	12,593
Trustee costs	-	-	51	-	-	51	-
Premises	-	751,905	-	-	-	751,905	695,560
Depreciation and loss on disposal	-	-	-	-	238,345	238,345	142,689
Maintenance and repairs	-	69,382	-	-	14,460	83,842	103,637
Irrecoverable VAT	4,933	-	-	-	-	4,933	22,700
Consumables	45,867	185,551	-	-	60,461	291,879	415,824
IT and Administrative costs	-	-	-	-	27,498	27,498	43,358
	1,062,473	6,629,429	21,598	-	1,618,990	9,332,490	8,172,617
Support costs	208,291	1,410,699	-	-	(1,618,990)	-	-
Governance costs	2,779	18,819	(21,598)	-	-	-	-
Total expenditure 2023	1,273,543	8,058,947	-	-	-	9,332,490	-
Total expenditure 2022	493,178	7,679,439	-	-	-	-	8,172,617

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2023

6. b) Analysis of expenditure - prior year

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2022 Total
		Hospice services	£			
Staff costs (Note 8)	£ -	£ 5,143,542	-	-	1,201,411	6,344,953
Charges paid to University Hospital Southampton *	-	-	-	-	-	184,998
Medical Consumables	-	184,998	-	-	-	2,025
Volunteer expenses	-	-	-	-	2,025	5,392
Trading activities	5,392	-	-	-	-	48,205
Fundraising costs	48,205	-	-	-	-	112,701
Lottery costs	112,701	-	-	-	-	13,282
Investment managers' fees	-	-	-	-	13,282	24,700
Audit and accountancy fees	-	-	-	24,700	-	12,593
Legal and professional	-	-	-	-	12,593	695,560
Premises	-	660,632	-	-	34,928	142,689
Depreciation and loss on disposal	-	-	-	-	142,689	103,637
Maintenance and repairs	-	99,593	-	-	4,044	22,700
Irrecoverable VAT	13,484	-	-	-	9,216	415,824
Consumables	-	337,088	-	-	78,736	43,358
IT and Administrative costs	-	-	-	-	43,358	8,172,617
	179,782	6,425,853	24,700	1,542,282	1,542,282	
Support costs	308,456	1,233,826	-	(1,542,282)	-	6,344,953
Governance costs	4,940	19,760	(24,700)	1,201,411	-	
Total expenditure 2022	493,178	7,679,439	-	-	-	8,172,617

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2023

7. Net (expenditure) / income for the year

This is stated after charging

	2023	2022
	£	£
Depreciation	238,345	142,689
Operating lease rentals:		
Property	147,335	109,647
Auditor's remuneration (excluding VAT):		
Audit	20,600	18,750
Other services	1,300	1,250
	<u>7,272,154</u>	<u>6,344,953</u>

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

Staff costs were as follows:

	2023	2022
	Total	Total
	£	£
Staff under service level agreement with NHS	3,597,800	3,079,246
Wages and salaries	1,308,906	1,333,403
Employer's national insurance	368,934	291,718
Pension costs	419,656	388,283
Temporary & agency staff	431,863	268,681
Staff recharge from EMH	875,967	749,243
Other staff costs	269,028	234,379
	<u>7,272,154</u>	<u>6,344,953</u>

No employee earned more than £60,000 during the year (2022: none).

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were recharged costs from Mountbatten Isle of Wight of £463,362 in respect of 7 employees (2022: £415,727 in respect of 8 employees).

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 £51 (2022: £nil) incurred by 1 (2022: none) trustee.

9. Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 200 (2022: 169).

	2023	2022
	No.	No.
Administration and fundraising	51	32
Hospice services	149	137
	<u>200</u>	<u>169</u>

Countess Mountbatten Hospice Charity Limited
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10. Related party transactions

There are no related party transactions to disclose for 2023 (2022: none) other than those disclosed elsewhere.

11. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Countess Mountbatten Hospital Promotions Limited gift aid available profits to the charity.

12. Tangible fixed assets

Group and charity	Leasehold property £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor Vehicles £	Total £
Cost					
At the start of the year	50,582	250,674	422,870	-	724,126
Additions in year	1,573	35,858	237,839	2,500	277,770
At the end of the year	52,155	286,532	660,709	2,500	1,001,896
Depreciation					
At the start of the year	30,421	43,126	214,406	-	287,953
Charge for the year	13,042	67,986	156,822	495	238,345
At the end of the year	43,463	111,112	371,228	495	526,298
Net book value					
At the end of the year	8,692	175,420	289,481	2,005	475,598
At the start of the year	20,161	207,548	208,464	-	436,173

All of the above assets are used for charitable purposes.

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2023

13. Investments

	The Group		The Charity	
	2023	2022	2023	2022
	£	£	£	£
Listed investments				
Fair value at the start of the year	1,558,028	1,331,835	1,558,028	1,331,835
Additions at cost	301,965	369,974	301,965	369,974
Disposal proceeds	(1,727,234)	(304,328)	(1,727,234)	(304,328)
Net (loss)/gain on change in fair value	(101,130)	160,547	(101,130)	160,547
Market value of investments	<u>31,629</u>	<u>1,558,028</u>	<u>31,629</u>	<u>1,558,028</u>
Cash held by investment broker pending reinvestment	-	341,965	-	341,965
Investment in subsidiary	-	-	2	2
Fair value at the end of the year	<u>31,629</u>	<u>1,899,993</u>	<u>31,631</u>	<u>1,899,995</u>

The investments comprise:

	The Group		The Charity	
	2023	2022	2023	2022
	£	£	£	£
UK Common investment funds	-	1,526,399	-	1,526,399
Shares and bonds listed on the London Stock Exchange	31,629	31,629	31,629	31,629
Cash	-	341,965	-	341,965
	<u>31,629</u>	<u>1,899,993</u>	<u>31,629</u>	<u>1,899,993</u>

Countess Mountbatten Hospice Charity Limited
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14. Subsidiary undertakings

The charity owns the whole of the issued ordinary share capital of Countess Mountbatten Promotions Limited, a company incorporated in England and Wales. The company number is 03675130. The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustee M Hogg is also a director of the subsidiary.

A summary of the results of the subsidiary is show below:

	2023	2022
	£	£
Turnover	402,733	373,587
Cost of sales	(131,389)	(118,092)
Gross profit/(loss)	<u>271,344</u>	<u>255,495</u>
Administrative expenses	(18,202)	(26,047)
Profit / (loss) for the financial year	<u>253,142</u>	<u>229,448</u>
Retained earnings		
Total retained earnings brought forward	477,536	305,748
Profit / (loss) for the financial year	253,142	229,448
Distribution under Gift Aid to parent charity	(482,590)	(57,660)
Total retained earnings carried forward	<u>248,088</u>	<u>477,536</u>
The aggregate of the assets, liabilities and reserves was:		
Assets	288,307	535,666
Liabilities	(40,217)	(58,128)
Reserves	<u>248,090</u>	<u>477,538</u>

Amounts owed to/from the parent undertaking are shown in notes 16 and 17.

15. Parent Charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2023	2022
	£	£
Gross income	6,968,189	9,335,716
Result for the year	<u>(1,833,249)</u>	<u>1,467,789</u>

Countess Mountbatten Hospice Charity Limited
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16. Debtors

	Group		Charity	
	2023	2022	2023	2022
	£	£	£	£
Trade debtors	39,351	56,978	39,526	56,978
Other debtors	28,186	31,591	28,098	31,501
Amounts due from group undertakings	9,074	-	-	-
VAT	40,816	51,422	40,816	54,528
Prepayments	61,607	35,598	61,607	35,598
Accrued income	10,348	1,933,854	10,348	1,933,854
	<u>189,382</u>	<u>2,109,443</u>	<u>180,395</u>	<u>2,112,459</u>

17. Creditors: amounts falling due within one year

	Group		Charity	
	2023	2022	2023	2022
	£	£	£	£
Trade creditors	201,005	297,804	188,116	294,437
Other creditors	174,099	99,391	154,871	55,486
Amounts due to group undertakings	-	179,045	99,111	525,649
Accruals	987,018	531,028	978,918	523,277
	<u>1,362,122</u>	<u>1,107,268</u>	<u>1,421,016</u>	<u>1,398,849</u>

18. Deferred income

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

	Group		Charity	
	2023	2022	2023	2022
	£	£	£	£
Balance at the beginning of the year	-	305,000	-	305,000
Amount released to income in the year	-	(305,000)	-	(305,000)
Amount deferred in the year	-	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Balance at the end of the year	-	-	-	-

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 in respect of Countess Mountbatten Hospice Charity of £419,656 (2022: £388,057).

Countess Mountbatten Hospice Charity Limited
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20. a) Analysis of group net assets between funds (current year)

	General unrestricted	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	475,598	-	-	475,598
Investments	31,629	-	-	31,629
Net current assets / (liabilities)	526,039	500,000	220,950	1,246,989
Net assets at the end of the year	1,033,266	500,000	220,950	1,754,216

20. a) Analysis of group net assets between funds (prior year)

	General unrestricted	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	436,173	-	-	436,173
Investments	1,399,993	500,000	-	1,899,993
Net current assets / (liabilities)	1,241,261	-	239,486	1,480,747
Net assets at the end of the year	3,077,427	500,000	239,486	3,816,913

Countess Mountbatten Hospice Charity Limited
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21. a) Movement in funds (current year)

	At 1 April 2022	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2023
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Summer House	50,000	-	(10,840)	-	-	39,160
Coronavirus appeal	27,616	-	-	-	-	27,616
Capital Campaign	11,000	-	-	-	-	11,000
Carmichael and Mason Charitable Settlement	5,000	-	(4,750)	-	-	250
Southampton City Council-Bereavement support	47,000	-	(47,000)	-	-	-
NHSE BID 2- re-locate community hub, IT project & drug cart	98,870	-	(27,070)	-	-	71,800
The Osullivan Millly	-	3,000	-	-	-	3,000
De Lasio Foundation	-	6,000	-	-	-	6,000
The Broyst Foundation	-	2,500	-	-	-	2,500
Garfield Weston	-	25,000	-	-	-	25,000
ChildWick Trust	-	11,000	-	-	-	11,000
Northwick Trust	-	10,000	-	-	-	10,000
Carmichael & Mason	-	2,000	-	-	-	2,000
Colex Charitable Trust	-	2,000	-	-	-	2,000
The Richard Kirkman Trust	-	3,000	-	-	-	3,000
Trant Goodwill Trust	-	500	-	-	-	500
C Carlyle – Thorley Elizie	-	1,000	(1,000)	-	-	-
Jenna Marie Foundation	-	9,313	(9,313)	-	-	-
IPU – WiFi in Pat Vogt's memory	-	1,124	-	-	-	1,124
Neighbourly Foundation (B&Q)	-	5,000	-	-	-	5,000
Total restricted funds	239,486	81,437	(99,973)			220,950

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
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21. a) Movement in funds (current year) – cont.

	At 1 April 2022	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2023
	£	£	£	£	£	£
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	2,599,891	6,886,753	(9,082,926)	(101,130)	482,590	785,178
General funds (<i>Promotions</i>)	477,536	402,733	(149,591)	-	(482,590)	248,088
Total general funds (<i>group</i>)	3,077,427	7,289,486	(9,232,517)	(101,130)	-	1,033,266
Total unrestricted funds	3,577,427	7,289,486	(9,232,517)	(101,130)	-	1,533,266
Total funds	3,816,913	7,370,923	(9,332,490)	(101,130)	-	1,754,216

The narrative to explain the purpose of each fund is given at the foot of the note below.

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2023

21. b) Movement in funds (prior year)

	At 1 April 2021	Income	Expenditure	Gain on revaluations	Transfers	At 31 March 2022
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Education fund	8,128	-	(8,128)	-	-	-
Summer House	50,000	-	-	-	-	50,000
NHSE	-	2,120,786	(2,120,786)	-	-	-
Coronavirus appeal	73,805	-	(46,189)	-	-	27,616
Capital Campaign	-	11,000	-	-	-	11,000
Carmichael and Mason Charitable Settlement	-	5,000	-	-	-	5,000
Southampton City Council-Bereavement support	-	47,000	-	-	-	47,000
NHSE BID 1- education programmes	-	47,593	(47,593)	-	-	-
NHSE BID 2- re-locate community hub, IT project & drug cart	-	98,870	-	-	-	98,870
Health Education England Bid- Hospice at Home Model training	-	20,141	(20,141)	-	-	-
Other restricted funds	-	37,258	(37,258)	-	-	-
Total restricted funds	131,933	2,387,648	(2,280,095)	-	-	239,486
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	1,181,997	6,948,069	(5,748,382)	160,547	57,660	2,599,891
General funds (<i>Promotions</i>)	305,749	373,587	(144,140)	-	(57,660)	477,536
Total general funds (<i>group</i>)	1,487,746	7,321,656	(5,892,522)	160,547	-	3,077,427
Total unrestricted funds	1,987,746	7,321,656	(5,892,522)	160,547	-	3,577,427
Total funds	2,119,679	9,709,304	(8,172,617)	160,547	-	3,816,913

21. Movement in funds (continued)

Purposes of restricted funds

Education fund

The Education Fund was established in 1992 (in our predecessor charity) whereby the committee agreed a sum of £400,000 to be given to establish an Education Programme.

Summer House

During the prior year the Summer House fund was established following the receipt of legacies and trust fund donations towards the cost of purchasing a summer house.

NHSE

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.

Coronavirus appeal

'Barclays 100x100 UK COVID-19 Community Relief Funding', the money was used to purchase various specific medical equipment and ward items for patient's use.

Capital Campaign

For the upcoming capital projects.

Carmichael and Mason Charitable settlement

To purchase specific equipment for the hospice.

Southampton City Council Bereavement Support

To provide Bereavement Support Service to Care Home staff employed in the city.

NHSE BID1

NHSE via Hospice UK Education Programmes to train additional volunteers, Virtual Well living Group, Virtual Exercise Groups and Rapid Equipment delivery project.

NHSE BID2

NHSE via Hospice UK To do refurbishment works and equipment to co-locate community Hub, to train staff on Brigid & Airmid, IT project management costs and purchase of Drug Cupboard.

Purposes of designated funds

The trustees established this fund for use in future projects to extend the service of Countess Mountbatten House.

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2023

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)	(2,062,697)	1,697,234
Depreciation charges	238,345	142,689
Losses/(gains) on investments	101,130	(160,547)
Dividends, interest and rent from investments	(46,671)	(30,552)
(Increase)/ Decrease in stocks	(1,835)	1,037
Decrease/(increase) in debtors	1,920,061	(1,599,362)
Increase/(decrease) in creditors	254,854	(113,005)
Net cash provided by/(used in) operating activities	<u>403,187</u>	<u>(62,506)</u>

Analysis of cash and cash equivalents

	2023	2022
	£	£
Cash in hand	<u>2,416,311</u>	<u>476,989</u>

Analysis of changes in net debt

	1 April 2022	Cash flows	31 March 2023
	£	£	£
Cash in hand	<u>476,989</u>	<u>1,939,322</u>	<u>2,416,311</u>

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	
	2023	2022
	£	£
Less than one year	190,500	145,833
One to five years	682,833	466,000
Over five years	428,917	287,917
	<u>1,302,250</u>	<u>899,750</u>

All of the commitments shown above relate to Countess Mountbatten Hospice Charity Limited. The subsidiary company, Countess Mountbatten Hospice Promotions Limited, has no such commitments.

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. Ultimate controlling party

The charity's ultimate controlling party is Earl Mountbatten Hospice, a registered charity (number: 1039086) and company limited by guarantee (number: 02929267). Copies of the consolidated financial statements are available from the Charity Commission.

MOUNTBATTEN HAMPSHIRE LIMITED

England & Wales - Charity number 1123304

Accounts



Countess Mountbatten Hospice Charity Limited
(Operating as MOUNTBATTEN Hampshire)

**Report and financial statements for the
year ended 31 March 2022**

Countess Mountbatten Hospice Charity Limited

Contents of the Financial Statements for year ending 31 March 2022

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Countess Mountbatten Hospice Charity Limited
Reference and administrative information

Administrative Details

Status and structure: Countess Mountbatten Hospice Charity (trading as Mountbatten Hampshire) operates as a charitable company limited by guarantee.

Company number: 06539641

Charity number: 1123304

Registered office and operational address: Botley Road
West End
Southampton
SP30 3JB

Trustees Trustees are also Directors under company law:

1 Resources Committee Member	Mrs C Alstrom 2, 3, 4	
2 Patient Services Committee	Mr E A S Nicholson 1, 2, 3, 4	VICE-CHAIR
3 Isle of Wight Trustee	Ms R Ponica 1, 3, 4	
4 Hampshire Trustee	Mr P Shears 2, 3, 4, 5	
5 Isle of Wight Trading Company Director	Mr J M Trotter 1, 3, 4	
6 Hampshire Trading Company Director	Mr M Acland 1, 3, 4	
	Ms W Murwill 2, 3, 5	
	Ms G Owton 1, 3, 4, 6	(Resigned on 9 th March 2022)
	Mr P Pitcher 2, 4	
	Ms D Price 1, 3, 4	(Resigned on 22 nd July 2021)
	Mr A Stables 2, 3, 4	
	Mr M Hogg 1, 4, 6	
	Sir I Cheshire 3, 4	CHAIR

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 Care	
	Mrs R McGregor	Director of Operations Hampshire	

Countess Mountbatten Hospice Charity Limited
Reference and administrative information

Bankers: NatWest Bank Plc
3 Lower Northam Road
Hedge End
Southampton
SO30 4PA

Investment Managers: Brewin Dolphin
Vantage Point
Woodwater Park
Pynes Hill
Exeter
EX2 5FD

Solicitors: Bates Wells & Braithwaite
10 Queen Street Place
London
EC4R 1BE

Auditor: Azets Audit Services Limited
Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

Background

Countess Mountbatten Hospice, based in Eastleigh near Southampton was opened in 1977, which was then only the second NHS hospice in the Country. From the start, Countess Mountbatten Hospice has been committed to providing modern hospice care, not just through the provision of beds, but also aiming to integrate services both into the local University Hospital in Southampton as well as across the community through expert and specialist care at home. The care has also been focused on patients at the end of life, together with care and support for their families and friends.

Today, on an annual basis, the hospice supports 2,434 patients, their families and their friends living across Southampton, Eastleigh, Romsey, and Winchester.

It provides care and support within the places that people live (including nursing and residential homes) and in its 21 bedded Inpatient Unit.

Objects

The objects of Countess Mountbatten Hospice Charity are:

1. To relieve and care for patients generally and in particular to offer palliative care, pain relief, support and friendship for the terminally ill and to assist their family throughout their illness and after their death,
2. To provide additional services and facilities for patients, their families and Carers, and
3. For the advancement of palliative care through the provision of facilities and funds for research, education and training in the field of palliative care and related fields of study.

Strategic report - Objectives & Activities

In April 2020 Mountbatten published its new strategy, outlining its 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.

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, across Hampshire.

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

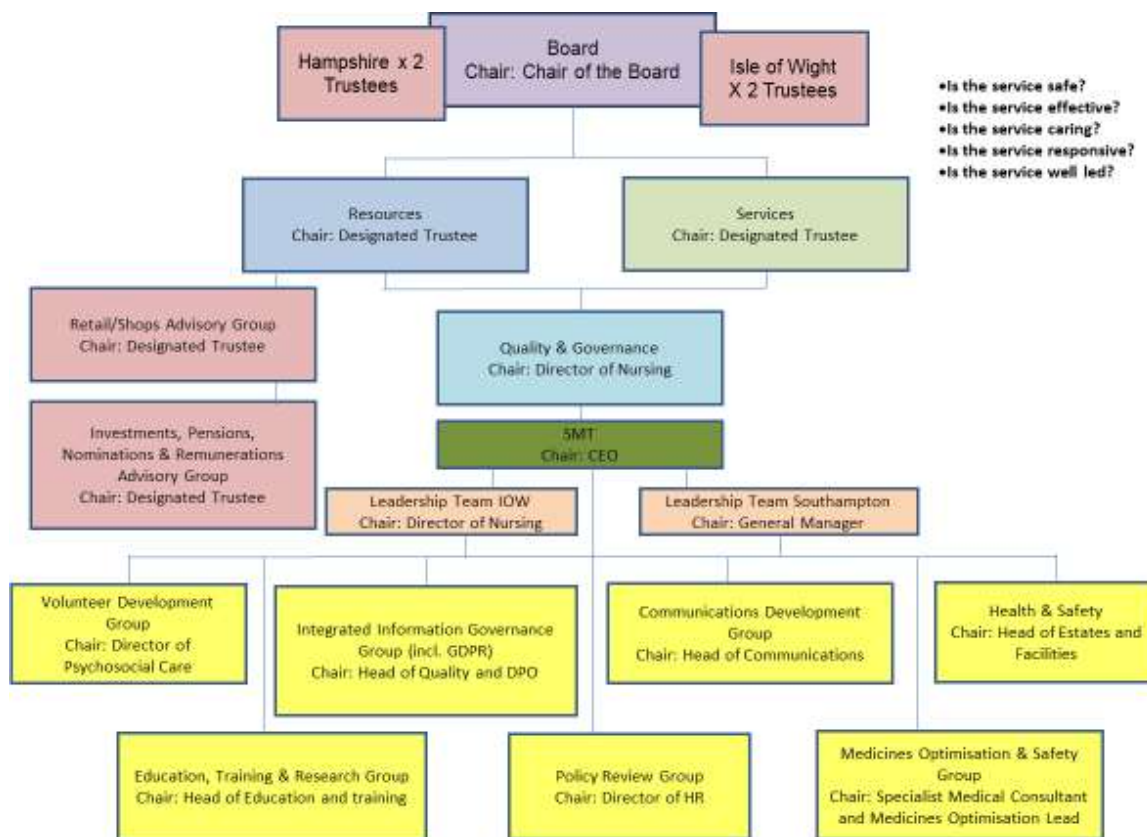
- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit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

We continue to implement our five-year strategy for 2020-25 and the key elements are as follows. We aim to 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)

Governance arrangements

The governance of the Charity is underpinned by a robust committee structure as follows:



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 or other formal meeting of Trustees.

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 of service 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 site and 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 end of life/palliative care, together with details of their responsibilities as trustees.

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 Page 4 of this report.

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.

During 2021/22 Mountbatten Hampshire provided specialist palliative care provision within the following areas:

- At Home
- Inpatient Units
- Day and Outpatient Services at Hazel Centre
- 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
- Education
- Volunteer Services

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 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 Naomi House and Jack's Place
 - 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. A Capital Appeal is now planned for the coming year
 - 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:

- 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 Mountbatten Hampshire

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 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.

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.

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 (ANP's) were employed, one who is already a Non-Medical prescriber and the other who is currently undertaking her training in 2022. The ANP's have commenced nurse-led beds in February 2022, with the first phase of the project focusing on the ANP's 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 ANP's 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.

Rehabilitation and Enablement Services Hampshire

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.

Rehabilitation and Enablement Services Hampshire (cont.)

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 it's 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.

Consultant Nurses working across Hampshire

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 Team at 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 manages 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.

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.

Discharge Coordinator – Hampshire (cont.)

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.

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 a 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.

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.

Medical Team and Medicines Optimisation and Safety Team (cont.)

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.

The team continues 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.

Mountbatten has 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.

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 have been able to offer Art Therapy placements to students in Hampshire. Further developments of Art projects are planned for 2022/23.

Spiritual Care

Plans for a chapel space in Hampshire have been developed.

We have reintroduced a regular Sunday services, communion and memorial services lead by the Spiritual Care. We have developed regular training on Spiritual care and Distress for staff and volunteers. We have offered placements for curates 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.

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 Inpatient 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 the Senior Management Team, 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.

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.

Volunteers (cont.)

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.

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'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, 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:

- *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.*

Feedback from Patients and Families (cont.)

- *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.*
- *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.*

Achievements and performance

Mountbatten Isle of Wight and Hampshire's achievements 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

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 10 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)	<ul style="list-style-type: none"> • 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

<p>Major Patient Safety incident</p>	<ul style="list-style-type: none"> • 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.
<p>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</p>	<ul style="list-style-type: none"> • 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.
<p>Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries</p>	<ul style="list-style-type: none"> • Quarterly report of people approaching normal retirement age to assist succession planning. • Support, recognition, progression and development provided through 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.
<p>Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)</p>	<ul style="list-style-type: none"> • 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.
<p>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</p>	<ul style="list-style-type: none"> • 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.

<p>Risk of resource overload arising from operational expansion into Hampshire</p>	<ul style="list-style-type: none"> • 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.
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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.

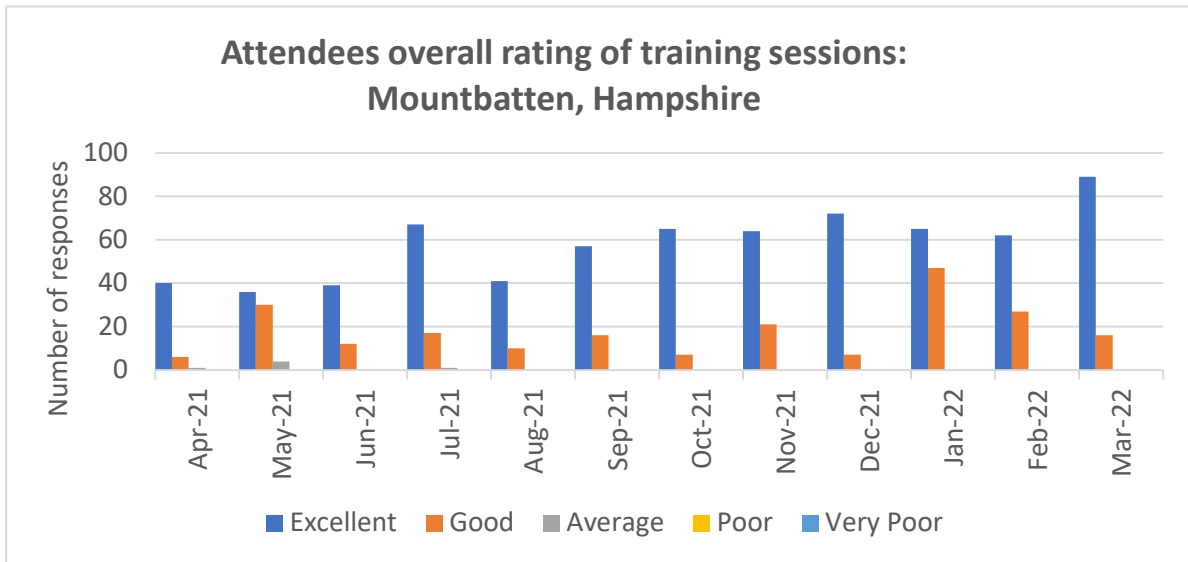
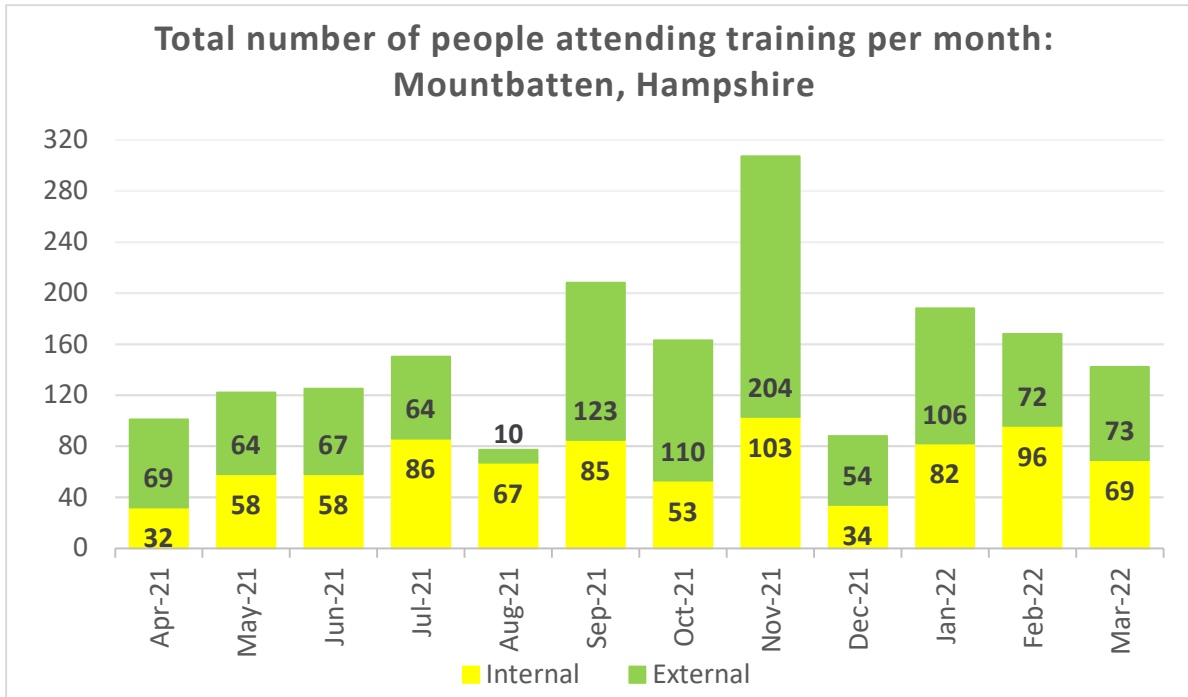
The education service continues to provide a substantive (commissioned) programmes to our local health and social care organisations. The Mountbatten End of Life Care programme (superseding the previous 'six steps to success' programme) commenced in April 2021 and has been completed by four cohorts over 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 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.



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.

Research

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. 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). 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.

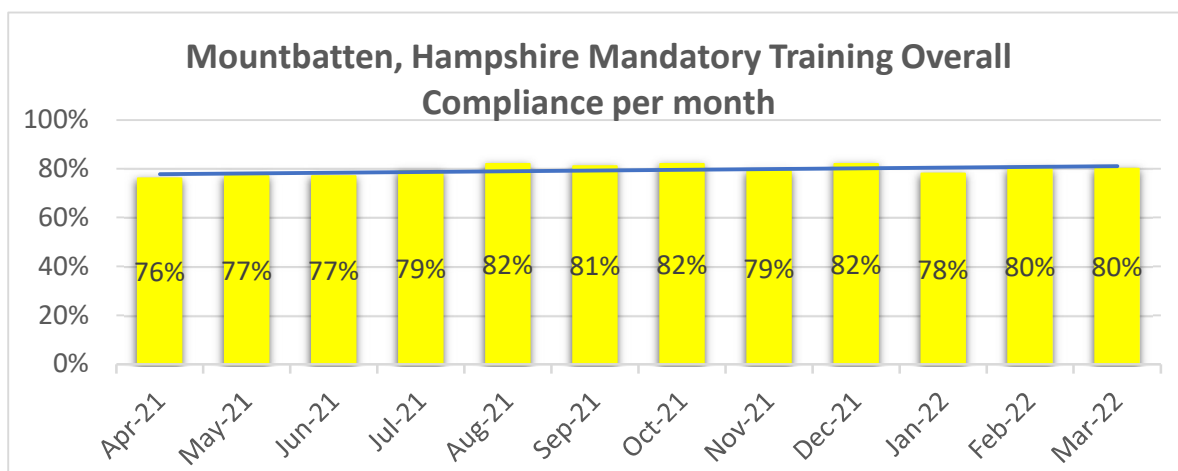
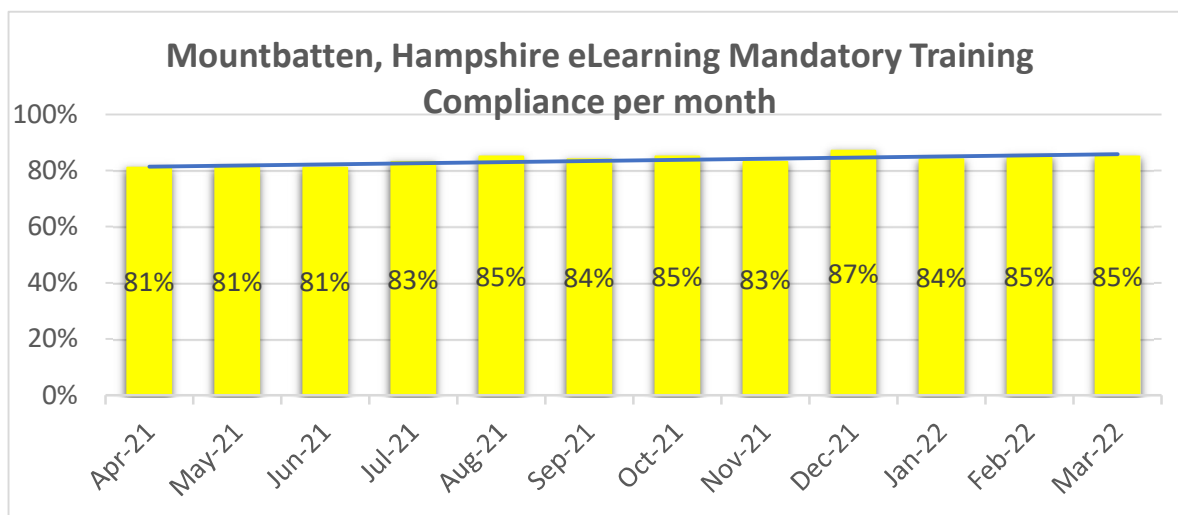
Nigel Hartley *Physiotherapie in der Palliative Care: Rehabilitation am Lebensende* Ed. Neiland P. Simader R. Elsevier

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

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.



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

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 Hampshire received 1 complaint and 1 concern in the year for the purpose of fundraising.

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.

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.

Income Generation (cont.)

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.

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 website mountbatten-hampshire.org.uk is 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.

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.

Communications (cont.)

Now we have a 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.

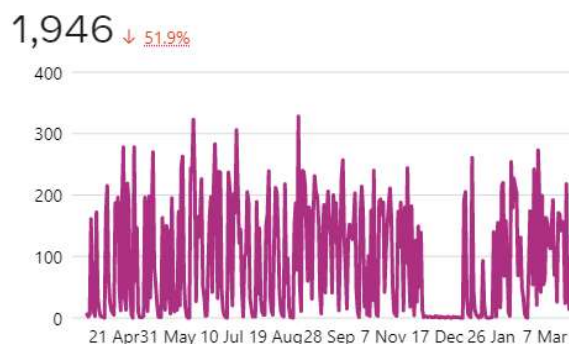
As with all 45th anniversary activities, the Communications Team has been heavily involved in the planning and delivery of this event, which gained significant media interest, including from BBC South TV, which featured the run in its evening news programme.

Social media statistics

Facebook Page reach ⓘ



Instagram reach ⓘ



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

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.

A number of key projects have been delivered by the team, such as resealing roofs 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 2022-23 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.

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.

Water Safety (cont.)

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

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. 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.

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 Hampshire Recruitment Metrics			
	Vacancies	Applications	Hits
NHS Jobs	102	446	54,046
Other Platforms	30	80	11,474

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 Hampshire's establishment at the end of March 2022 stood at and 106.75 WTE at 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 Hampshire	102	3.15 days	21.53 days	2.90 days	47 days

The table above summaries the average time taken from advertising to our new colleague commencing in their role with Mountbatten Hampshire:

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.

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 and 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.

Equality, diversity and inclusion (EDI) (cont.)

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 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

Information Technology Team

The past year has seen a major investment and roll-out of IT equipment 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 SystemOne Shared Electronic Health Record, including the introduction of Appointment Calendars, the recording of Interventions, and Discharge Planning functionality.
- 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.

Collaboration (cont.)

Mountbatten has initiated and chairs the Isle of Wight SystemOne 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 SystemOne.

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.

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

The charity 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 charity 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
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>

<p>Our Workforce</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Suppliers</p> <p>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.</p>	<p>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.</p>

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 involved 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 involved 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
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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 for Countess Mountbatten Hospice Charity Limited was positive, with a net surplus for the year of £1,697,234 (2021: £1,362,115). Results were assisted by a strong year for legacy receipts, amounting to £630,365 (2021: £57,847). This level of funding is very substantially 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 charity 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 charity 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 charity increased to an amount of £8,172,617 compared to £6,271,608 in 2021. An analysis of charity 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 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 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 £1.59m finishing the year at £3.58m (2021 £1.99m). Budgeted expenditure for 2022/23 is £8.7m, so total unrestricted reserves equated to approximately 5 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 £3.1m, 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 charity, 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 Countess Mountbatten Hospice Charity 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:

Countess Mountbatten Hospice Charity Limited
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from:							
Donations and legacies	2	1,318,338	53,258	1,371,596	869,581	147,000	1,016,581
Charitable activities							
Hospice services	3	5,138,409	2,267,249	7,405,658	4,309,319	1,454,547	5,763,866
Other trading activities	4	467,583	67,141	534,724	160,561	9,366	169,927
Lottery income		366,774	-	366,774	406,709	-	406,709
Investments	5	30,552	-	30,552	25,916	-	25,916
Total income		<u>7,321,656</u>	<u>2,387,648</u>	<u>9,709,304</u>	<u>5,772,086</u>	<u>1,610,913</u>	<u>7,382,999</u>
Expenditure on:							
Raising funds		489,959	-	489,959	759,706	51,211	810,917
Charitable activities							
Hospice services		5,402,563	2,280,095	7,682,658	3,979,949	1,480,742	5,460,691
Total expenditure	6	<u>5,892,522</u>	<u>2,280,095</u>	<u>8,172,617</u>	<u>4,739,655</u>	<u>1,531,953</u>	<u>6,271,608</u>
Net income before net gains on investments		1,429,134	107,553	1,536,687	1,032,431	78,960	1,111,391
Net gains / (losses) on investments		160,547	-	160,547	250,724	-	250,724
Net income / (expenditure) for the year and net movement in funds	7	<u>1,589,681</u>	<u>107,553</u>	<u>1,697,234</u>	<u>1,283,155</u>	<u>78,960</u>	<u>1,362,115</u>
Transfer between funds					-	-	-
Net movement in funds		<u>1,589,681</u>	<u>107,553</u>	<u>1,697,234</u>	<u>1,283,155</u>	<u>78,960</u>	<u>1,362,115</u>
Reconciliation of funds:							
Total funds brought forward		1,987,746	131,933	2,119,679	704,591	52,973	757,564
Total funds carried forward	20	<u>3,577,427</u>	<u>239,486</u>	<u>3,816,913</u>	<u>1,987,746</u>	<u>131,933</u>	<u>2,119,679</u>

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 21a to the financial statements.

Countess Mountbatten Hospice Charity Limited
Balance Sheet
For year ended 31 March 2022

	Note	The Group		The Charity	
		2022 £	2021 £	2022 £	2021 £
Fixed assets:					
Tangible assets	12	436,173	178,806	436,173	178,806
Investments	13	1,899,993	1,331,835	1,899,995	1,331,837
		<u>2,336,166</u>	<u>1,510,641</u>	<u>2,336,168</u>	<u>1,510,643</u>
Current assets:					
Stocks		1,583	2,620	-	-
Debtors	16	2,109,443	510,081	2,112,459	677,820
Cash at bank and in hand		476,989	1,316,610	289,599	788,988
		<u>2,588,015</u>	<u>1,829,311</u>	<u>2,402,058</u>	<u>1,466,808</u>
Liabilities:					
Creditors: amounts falling due within one year	17	(1,107,268)	(1,220,273)	(1,398,849)	(1,163,521)
Net current assets		<u>1,480,747</u>	<u>609,038</u>	<u>1,003,209</u>	<u>303,287</u>
Total net assets	20	<u><u>3,816,913</u></u>	<u><u>2,119,679</u></u>	<u><u>3,339,377</u></u>	<u><u>1,813,930</u></u>
Funds:					
Restricted funds		239,486	131,933	239,486	131,933
Restricted funds CMH					
Unrestricted funds:					
Designated funds		500,000	500,000	500,000	500,000
General funds		3,077,427	1,487,746	2,599,891	1,181,997
Total unrestricted funds		<u>3,577,427</u>	<u>1,987,746</u>	<u>3,099,891</u>	<u>1,681,997</u>
Total funds	21	<u><u>3,816,913</u></u>	<u><u>2,119,679</u></u>	<u><u>3,339,377</u></u>	<u><u>1,813,930</u></u>

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

.....
Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 06539641

Countess Mountbatten Hospice Charity Limited
Consolidated Statement of Cash Flows
For year ended 31 March 2022

	Note	2022	2021
		£	£
Net cash (used in)/provided by operating activities	22	(62,506)	735,374
Cash flows from investing activities:			
Dividends and interest from investments		30,552	25,916
Purchase of fixed assets		(400,056)	(133,024)
Proceeds from sale of investments		304,328	120,437
Net Cash invested		-	556
Purchase of investments		(369,974)	(137,200)
Movement in portfolio cash held for investment		(341,965)	-
Net cash used in investing activities		<u>(777,115)</u>	<u>(123,315)</u>
Change in cash and cash equivalents in the year		(839,621)	612,059
Cash and cash equivalents at the beginning of the year		1,316,610	704,551
Cash and cash equivalents at the end of the year		<u><u>476,989</u></u>	<u><u>1,316,610</u></u>

1. ACCOUNTING POLICIES

a) Statutory information

Countess Mountbatten Hospice Charity Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

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)".

These financial statements consolidate the results of the charity and its wholly-owned subsidiary Countess Mountbatten Hospice Promotions Limited on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity 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 £.

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

c) Public benefit entity

The charity 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 charity'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 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.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity 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.

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity 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 charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is 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 charity 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 charity 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 charity which is the amount the charity 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 and income from investments is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank and dividends from the investment portfolio.

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 charity in inducing third parties to make voluntary contributions to it, the cost of any activities with a fundraising purpose and the costs of running trading activity including retail and shops.
- Expenditure on charitable activities includes the costs of delivering services, and other activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

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, 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	19%
• Hospice services	81%

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

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 charity's 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 £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.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

• Leasehold property	Over the term of the lease
• Leasehold refurbishment	Over the term of the lease
• Fixtures, fittings and equipment	25% on cost

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. 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 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. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

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, 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)

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.

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
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2. Income from donations and legacies

	2022			2021		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Gifts	687,973	53,258	741,231	522,427	47,000	569,427
Legacies	630,365	-	630,365	57,847	-	57,847
Coronavirus appeal	-	-	-	195,101	100,000	295,101
Coronavirus job retention scheme	-	-	-	65,061	-	65,061
Business rate relief	-	-	-	29,145	-	29,145
	<u>1,318,338</u>	<u>53,258</u>	<u>1,371,596</u>	<u>869,581</u>	<u>147,000</u>	<u>1,016,581</u>

In addition to the above, there was an estimated £825,000 (2021: £420,000) 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

	2022			2021		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Hospice services – NHS CCG	5,138,409	-	5,138,409	4,309,319	-	4,309,319
Hospice services – Hampshire CC	-	-	-	-	15,386	15,386
NHSE grant income*	-	2,267,249	2,267,249	-	-	-
Other grant income	-	-	-	-	1,439,161	1,439,161
	<u>5,138,409</u>	<u>2,267,249</u>	<u>7,405,658</u>	<u>4,309,319</u>	<u>1,454,547</u>	<u>5,763,866</u>

*All NHSE income was received via Hospice UK

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
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4. Income from other trading activities

	2022			2021		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Fundraising activities	99,604	67,141	166,745	59,492	-	59,492
CMH Charity Shops	367,979	-	367,979	101,069	9,366	110,435
	<u>467,583</u>	<u>67,141</u>	<u>534,724</u>	<u>160,561</u>	<u>9,366</u>	<u>169,927</u>

5. Income from investments

	2022			2021		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Income from quoted investments	30,552	-	30,552	25,916	-	25,916
	<u>30,552</u>	<u>-</u>	<u>30,552</u>	<u>25,916</u>	<u>-</u>	<u>25,916</u>

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
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6. a) Analysis of expenditure - current year

	Cost of raising funds	Charitable activities		Support costs	2022 Total	2021 Total
		Hospice services	Governance costs			
	£	£	£	£	£	£
Staff costs (Note 8)	-	5,143,542	-	1,201,411	6,344,953	5,017,232
Charges paid to University Hospital Southampton*	-	-	-	-	-	(184,570)
Medical consumables	-	184,998	-	-	184,998	
Volunteer expenses	-	-	-	2,025	2,025	2,165
Trading activities	5,392	-	-	-	5,392	2,766
Fundraising costs	48,205	-	-	-	48,205	367,645
Lottery costs	112,701	-	-	-	112,701	88,048
Investment managers' fees	-	-	-	13,282	13,282	6,631
Audit and accountancy fees	-	-	24,700	-	24,700	17,575
Legal and professional	-	-	-	12,593	12,593	5,703
Premises	-	660,632	-	34,928	695,560	463,460
Depreciation and loss on disposal	-	-	-	142,689	142,689	75,900
Maintenance and repairs	-	99,593	-	4,044	103,637	50,031
Irrecoverable VAT	13,484	-	-	9,216	22,700	12,681
Consumables	-	337,088	-	78,736	415,824	346,341
IT and Administrative costs	-	-	-	43,358	43,358	-
	179,782	6,425,853	24,700	1,542,282	8,172,617	6,271,608
Support costs	308,456	1,233,826	-	(1,542,282)		
Governance costs	4,940	19,760	(24,700)	-	-	-
Total expenditure 2022	493,178	7,679,439	-	-	8,172,617	
Total expenditure 2021	810,917	5,460,691	-	-		6,271,608

* 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.

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2022

6. b) Analysis of expenditure - prior year

	Cost of raising funds	Charitable activities Hospice services	Governance costs	Support costs	2021 Total
	£	£	£	£	£
Staff costs (Note 8)	-	3,513,016	-	1,504,216	5,017,232
Charges paid to University Hospital Southampton*	-	(184,570)	-	-	(184,570)
Volunteer expenses	-	-	-	2,165	2,165
Trading activities	2,766	-	-	-	2,766
Fundraising costs	367,645	-	-	-	367,645
Lottery costs	88,048	-	-	-	88,048
Investment managers' fees	-	-	-	6,631	6,631
Audit and accountancy fees	-	-	17,575	-	17,575
Legal and professional	-	-	-	5,703	5,703
Premises	-	445,611	-	17,849	463,460
Depreciation and loss on disposal	-	-	-	75,900	75,900
Maintenance and repairs	-	50,031	-	-	50,031
Irrecoverable VAT	12,681	-	-	-	12,681
Consumables	3,847	292,883	-	49,611	346,341
	<u>474,987</u>	<u>4,116,971</u>	<u>17,575</u>	<u>1,662,075</u>	<u>6,271,608</u>
Governance costs	3,515	14,060	(17,575)	-	-
Support costs	<u>332,415</u>	<u>1,329,660</u>	<u>-</u>	<u>(1,662,075)</u>	<u>-</u>
Total expenditure 2021	<u>810,917</u>	<u>5,460,691</u>	<u>-</u>	<u>-</u>	<u>6,271,608</u>

* 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	142,689	75,900
Operating lease rentals:		
Property	109,647	55,030
Auditor's remuneration (excluding VAT):		
Audit	18,750	17,500
Other services	1,250	5,100
	<u>142,689</u>	<u>75,900</u>

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

Staff costs were as follows:

	2022	2021
	Total	Total
	£	£
Staff under service level agreement with NHS	3,079,246	3,442,418
Wages and salaries	1,333,403	599,155
Employer's national insurance	291,718	242,744
Pension costs	388,283	350,133
Temporary & agency staff	268,681	89,110
Staff recharge from EMH	749,243	214,986
Other staff costs	234,379	78,686
	<u>6,344,953</u>	<u>5,017,232</u>

No employee earned more than £60,000 during the year (2021: nil).

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were recharged costs from Mountbatten Isle of Wight of £415,727 in respect of 8 employees (2021: £214,986 in respect of 6 employees).

The charity trustees were neither paid nor 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 £nil (2021: £nil) incurred by no (2021: none) members relating to attendance at meetings of the trustees.

9. Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 169 (2021: 144).

	2022	2021
	No.	No.
Administration and fundraising	32	32
Hospice services	137	112
	<u>169</u>	<u>144</u>

10. Related party transactions

There are no related party transactions to disclose for 2022 (2021: none) other than those disclosed elsewhere.

11. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Countess Mountbatten Hospital Promotions Limited gift aid available profits to the charity.

12. Tangible fixed assets

Group and charity	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Total £
Cost				
At the start of the year	46,029	24,356	253,685	324,070
Additions in year	4,553	226,318	169,185	400,056
At the end of the year	50,582	250,674	422,870	724,126
Depreciation				
At the start of the year	17,777	9,040	118,447	145,264
Charge for the year	12,644	34,086	95,959	142,689
At the end of the year	30,421	43,126	214,406	287,953
Net book value				
At the end of the year	20,161	207,548	208,464	436,173
At the start of the year	28,252	15,316	135,238	178,806

All of the above assets are used for charitable purposes.

13. Investments

	The Group		The Charity	
	2022	2021	2022	2021
	£	£	£	£
Listed investments				
Fair value at the start of the year	1,331,835	1,064,348	1,331,835	1,064,348
Additions at cost	369,974	137,200	369,974	137,200
Disposal proceeds	(304,328)	(120,437)	(304,328)	(120,437)
Net gain / (loss) on change in fair value	160,547	250,724	160,547	250,724
Market value of investments	<u>1,558,028</u>	<u>1,331,835</u>	<u>1,558,028</u>	<u>1,331,835</u>
Cash held by investment broker pending reinvestment	341,965	-	341,965	-
Investment in subsidiary	-	-	2	2
Fair value at the end of the year	<u>1,899,993</u>	<u>1,331,835</u>	<u>1,899,995</u>	<u>1,331,837</u>

The investments comprise:

	The Group		The Charity	
	2022	2021	2022	2021
	£	£	£	£
UK Common investment funds	1,526,399	1,300,206	1,526,399	1,300,206
Shares and bonds listed on the London Stock Exchange	31,629	31,629	31,629	31,629
Cash	<u>341,965</u>	<u>-</u>	<u>341,965</u>	<u>-</u>
	<u>1,899,993</u>	<u>1,331,835</u>	<u>1,899,993</u>	<u>1,331,835</u>

14. Subsidiary undertakings

The charity owns the whole of the issued ordinary share capital of Countess Mountbatten Promotions Limited, a company incorporated in England and Wales. The company number is 03675130. The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustee M Hogg is also a director of the subsidiary.

A summary of the results of the subsidiary is show below:

	2022	2021
	£	£
Turnover	373,587	406,709
Cost of sales	(118,092)	(78,000)
Gross profit/(loss)	<u>255,495</u>	<u>328,709</u>
Administrative expenses	(26,047)	(32,358)
Profit / (loss) for the financial year	<u>229,448</u>	<u>296,351</u>
Retained earnings		
Total retained earnings brought forward	305,748	247,409
Profit / (loss) for the financial year	229,448	296,351
Distribution under Gift Aid to parent charity	(57,660)	(238,011)
Total retained earnings carried forward	<u>477,536</u>	<u>305,749</u>
The aggregate of the assets, liabilities and reserves was:		
Assets	535,666	533,371
Liabilities	(58,128)	(227,621)
Reserves	<u>477,538</u>	<u>305,750</u>

Amounts owed to/from the parent undertaking are shown in note 17.

15. Parent Charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2022	2021
	£	£
Gross income	9,335,716	7,214,301
Result for the year	<u>1,467,789</u>	<u>1,053,051</u>

16. Debtors

	Group		Charity	
	2022	2021	2022	2021
	£	£	£	£
Trade debtors	56,978	50,290	56,978	47,249
Other debtors	31,591	39,379	31,501	39,291
Amounts due from group undertakings	-	-	-	170,868
Taxation and social security	51,422	29,276	54,528	29,276
Prepayments	35,598	18,374	35,598	18,374
Accrued income	1,933,854	372,762	1,933,854	372,762
	<u>2,109,443</u>	<u>510,081</u>	<u>2,112,459</u>	<u>677,820</u>

17. Creditors: amounts falling due within one year

	Group		Charity	
	2022	2021	2022	2021
	£	£	£	£
Trade creditors	297,804	189,165	294,437	186,073
Other creditors	99,391	89,029	55,486	54,094
Amounts due to group undertakings	179,045	-	525,649	-
Accruals	531,028	637,079	523,277	618,354
Deferred income (note 18)	-	305,000	-	305,000
	<u>1,107,268</u>	<u>1,220,273</u>	<u>1,398,849</u>	<u>1,163,521</u>

18. Deferred income

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

	Group		Charity	
	2022	2021	2022	2021
	£	£	£	£
Balance at the beginning of the year	305,000	85,000	305,000	85,000
Amount released to income in the year	(305,000)	-	(305,000)	-
Amount deferred in the year	-	220,000	-	220,000
Balance at the end of the year	<u>-</u>	<u>305,000</u>	<u>-</u>	<u>305,000</u>

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 in respect of Countess Mountbatten Hospice Charity of £388,057 (2021: £494,869).

20. a) Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	436,173	-	-	436,173
Investments	1,399,993	500,000	-	1,899,993
Net current assets / (liabilities)	1,241,261	-	239,486	1,480,747
Net assets at the end of the year	<u>3,077,427</u>	<u>500,000</u>	<u>239,486</u>	<u>3,816,913</u>

20. a) Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	178,806	-	-	178,806
Investments	831,835	500,000	-	1,331,835
Net current assets / (liabilities)	477,105	-	131,933	609,038
Net assets at the end of the year	<u>1,487,746</u>	<u>500,000</u>	<u>131,933</u>	<u>2,119,679</u>

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21. a) Movement in funds (current year)

	At 1 April 2021	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2022
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Education fund	8,128	-	(8,128)	-	-	-
Summer House	50,000	-	-	-	-	50,000
NHSE	-	2,120,786	(2,120,786)	-	-	-
Coronavirus appeal	73,805	-	(46,189)	-	-	27,616
Capital Campaign	-	11,000	-	-	-	11,000
Carmichael and Mason Charitable Settlement	-	5,000	-	-	-	5,000
Southampton City Council-Bereavement support	-	47,000	-	-	-	47,000
NHSE BID 1- education programmes	-	47,593	(47,593)	-	-	-
NHSE BID 2- re-locate community hub, IT project & drug cart	-	98,870	-	-	-	98,870
Health Education England Bid- Hospice at Home Model training	-	20,141	(20,141)	-	-	-
Other restricted funds	-	37,258	(37,258)	-	-	-
Total restricted funds	131,933	2,387,648	(2,280,095)	-	-	239,486
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	1,181,997	6,948,069	(5,748,382)	160,547	57,660	2,599,891
General funds (<i>Promotions</i>)	305,749	373,587	(144,140)	-	(57,660)	477,536
Total general funds (<i>group</i>)	1,487,746	7,321,656	(5,892,522)	160,547	-	3,077,427
Total unrestricted funds	1,987,746	7,321,656	(5,892,522)	160,547	-	3,577,427
Total funds	2,119,679	9,709,304	(8,172,617)	160,547	-	3,816,913

The narrative to explain the purpose of each fund is given at the foot of the note below.

Countess Mountbatten Hospice Charity Limited
Notes to the Financial Statements
For year ended 31 March 2022

21. b) Movement in funds (prior year)

	At 1 April 2020 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2021 £
Restricted funds:						
<i>Group and charity</i>						
Education fund	-	9,366	(1,238)	-	-	8,128
Refurbishment fund	-	47,000	(47,000)	-	-	-
Albert Hunt Trust fund	973	-	(973)	-	-	-
Hospital Saturday fund	2,000	-	(2,000)	-	-	-
Summer House	50,000	-	-	-	-	50,000
Hampshire CC	-	15,386	(15,386)	-	-	-
NHSE	-	1,439,161	(1,439,161)	-	-	-
Coronavirus appeal	-	100,000	(26,195)	-	-	73,805
Total restricted funds	52,973	1,610,913	(1,531,953)	-	-	131,933
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	(42,818)	5,365,377	(4,629,297)	250,724	238,011	1,181,997
General funds (<i>Promotions</i>)	247,409	406,709	(110,358)	-	(238,011)	305,749
Total general funds (group)	204,591	5,772,086	(4,739,655)	250,724	-	1,487,746
Total unrestricted funds	704,591	5,772,086	(4,739,655)	250,724	-	1,987,746
Total funds	757,564	7,382,999	(6,271,608)	250,724	-	2,119,679

21. Movement in funds (continued)

Purposes of restricted funds

Education fund

The Education Fund was established in 1992 (in our predecessor charity) whereby the committee agreed a sum of £400,000 to be given to establish an Education Programme.

Summer House

During the prior year the Summer House fund was established following the receipt of legacies and trust fund donations towards the cost of purchasing a summer house.

NHSE

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.

Coronavirus appeal

'Barclays 100x100 UK COVID-19 Community Relief Funding', the money was used to purchase various specific medical equipment and ward items for patient's use.

Capital Campaign

For the upcoming capital projects.

Carmichael and Mason Charitable settlement

To purchase specific equipment for the hospice.

Southampton City Council Bereavement Support

To provide Bereavement Support Service to Care Home staff employed in the city.

NHSE BID1

NHSE via Hospice UK Education Programmes to train additional volunteers, Virtual Well living Group, Virtual Exercise Groups and Rapid Equipment delivery project.

NHSE BID2

NHSE via Hospice UK To do refurbishment works and equipment to co-locate community Hub, to train staff on Brigid & Airmid, IT project management costs and purchase of Drug Cupboard.

Refurbishment fund

For the restorative maintenance required on the Countess Mountbatten site.

Albert Hunt Trust fund

To buy new furniture for Countess Mountbatten Hospice.

Hospital Saturday fund

For the purchase of Riser recliner chairs.

Purposes of designated funds

The trustees established this 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

	2022	2021
	£	£
Net income for the reporting period (as per the statement of financial activities)	1,697,234	1,362,115
Depreciation charges	142,689	75,900
Gains on investments	(160,547)	(250,724)
Dividends, interest and rent from investments	(30,552)	(25,916)
Decrease/(increase) in stocks	1,037	(2,620)
(Increase)/decrease in debtors	(1,599,362)	67,874
Decrease in creditors	(113,005)	(491,255)
Net cash (used in)/provided by operating activities	<u>(62,506)</u>	<u>735,374</u>

Analysis of cash and cash equivalents

	2022	2021
	£	£
Cash in hand	<u>476,989</u>	<u>1,316,610</u>

Analysis of changes in net debt

	1 April 2021 £	Cash flows £	31 March 2022 £
Cash in hand	<u>1,316,610</u>	<u>(839,621)</u>	<u>476,989</u>

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	145,833	96,333
One to five years	466,000	296,125
Over five years	287,917	-
	<u>899,750</u>	<u>392,458</u>

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. Ultimate controlling party

The charity's ultimate controlling party is Earl Mountbatten Hospice, a registered charity (number: 1039086) and company limited by guarantee (number: 02929267). Copies of the consolidated financial statements are available from the Charity Commission.

MOUNTBATTEN HAMPSHIRE LIMITED

England & Wales - Charity number 1123304

Accounts



Mountbatten Hampshire

Company number:06539641

Charity number: 1123304

Countess Mountbatten Hospice Charity Limited

(operating as Mountbatten Hampshire)

Report and financial statements
For the year ended 31 March 2021

Trustee Report 2021

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ADMINISTRATIVE DETAILS

Status and structure Countess Mountbatten Hospice Charity (trading as Mountbatten Hampshire) operates as a charitable company limited by guarantee.

Company number 06539641

Charity number 1123304

Registered office and operational address Botley Road, West End
SOUTHAMPTON,
SO30 3JB

Trustees Trustees are also Directors under company law:

¹ Resources Committee Member	Mrs C Alstrom ^{2, 4, 5}	
² Patient Services Committee	Mr EAS Nicholson ^{1, 2, 4, 5}	VICE-CHAIR
³ Trading Company Director	Ms R Poncia ^{1, 4, 5}	
⁴ EMH Board	Mr P Shears ^{2 3 4 5}	
⁵ CMHC Board	Ms J Smith ^{2, 4}	
	Mr JM Trotter ^{1, 4, 5}	
	Mrs S J Weech ^{1 2 3, 4, 5}	Retired 6 August 2020
	Mr M Acland ^{1, 4, 5}	
	Ms W Murwill ^{2, 4}	
	Ms G Owton ^{1, 4, 5}	
	Mr Peter Pitcher ⁵	
	Ms D Price ^{1, 4, 5}	
	Mr A Stables ^{2, 4, 5}	
	Mr M Hogg ⁵	Appointed 25 February 2019
	Sir I Cheshire ^{4, 5}	CHAIR

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 Tartellin	Director of Human Resources
	Dr J Hazeldine	Director of Psychosocial Care

Bankers Nat West,
3 Lower Northam Road, Hedge End,
SOUTHAMPTON,
SO30 4PA

Investment Managers Brewin Dolphin, Exeter

Solicitors Bates Wells & Braithwaite, London

Auditors Sayer Vincent, London

TRUSTEE REPORT

BACKGROUND

Countess Mountbatten Hospice, based in Eastleigh near Southampton was opened in 1977, which was then only the second NHS hospice in the Country. From the start, Countess Mountbatten Hospice has been committed to providing modern hospice care, not just through the provision of beds, but also aiming to integrate services both into the local University Hospital in Southampton as well as across the community through expert and specialist care at home. The care has also been focused on patients at the end of life, together with care and support for their families and friends.

Today, on an annual basis, the hospice supports around 3000 patients, their families and their friends living across Southampton, Eastleigh, Romsey, and Winchester.

It provides care and support in its 27 bedded inpatient unit and within the places that people live, including care homes

OBJECTS

The objects of Countess Mountbatten Hospice Charity are:

1. To relieve and care for patients generally and in particular to offer palliative care, pain relief, support and friendship for the terminally ill and to assist their family throughout their illness and after their death.
2. To provide additional services and facilities for patients, their families and Carers and
3. For the advancement of palliative care through the provision of facilities and funds for research, education and training in the field of palliative care and related fields of study.

STRATEGIC REPORT – Objectives & Activities

In April 2020 Mountbatten published its new strategy, outlining its 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.

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, across Hampshire.

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.

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Strategic Aims

- We will reach more people, to achieve scale
- We will work in partnership, to achieve our aims
- We will ensure our services to, and our impact on our Island community are sustainable for the future.

We continue to implement our five-year strategy for 2015-20 and the key elements are as follows. We aim to serve:

1 People who are approaching the end of their life

We will focus our efforts on supporting and caring for people who are approaching the end of their life. We understand that people are dying over longer periods of time, and how near people are to their death is less relevant than whether they require our expert care which focuses on enabling people to live well, regardless of a diagnosis of a life threatening/life limiting condition.

2 People who are bereaved

We also seek to support all people affected by the death or dying of someone across our community who is close to them. Our care will extend to family members, informal carers, friends and anyone else who is adversely affected by death or dying, through providing pre and post bereavement support, welfare advice, access to self-help and information services. We aspire to provide this support to anyone who is close to someone who has died, or who is dying.

3 People who are curious about death, dying and bereavement

In addition, we are keen to reach out to people who are currently well but who are curious about death, dying or bereavement in order to support others or plan for their own death (for example making a will, advance care planning etc.) This group will also include those people living well with life-long illnesses and long-term conditions who may require support because they face an uncertain future. We also wish to challenge public perceptions about hospice care, death, dying and bereavement.

During 2020/21 Mountbatten Hampshire provided specialist palliative care provision within the following areas:

- At Home
- Inpatient Units
- Day and Outpatient Services at the Hazel Centre
- Nursing/residential homes

These areas are supported by the following services:

- Mountbatten At Home which includes the Specialist Community Team
- Medical Team
- Pharmacy
- Psychological and Bereavement Services
- Spiritual Care
- Social Work
- Physiotherapy
- Occupational Therapy
- Complementary Therapy
- Arts Therapies – art, music and drama
- Education

Trustee Report 2021

- Volunteer Services

RISK MANAGEMENT

The trustees regularly monitor the risks facing the charity as itemized in the risk register and focus on the key risks facing the charity. Those key risks are:-

1. The financial strength of the charity is not at the level that it needs to be, principally due to the recent establishment of the charity in its current form and the lack of time available to build up the financial reserves of the charity to the level required. This risk has reduced somewhat following the very good financial results of this financial year but is nevertheless mitigated and managed by a close and frequent attention to the financial performance of the charity and a concentrated focus from the entire organization on continuing to grow the fundraising performance of the charity. In addition the charity does have a financial reserve in the form of an investment portfolio amounting to over £1.5 m which is available if necessary.
2. The estate has suffered a degree of neglect over many years and continues to require short term and long term investment. This risk is managed within the financial constraints of the charity by prioritising the investments as required and limiting it to those matters that cannot be safely delayed. A substantial sum of money from the 2020/21 financial surplus has been allocated to this use.
3. Information security has been identified as a potential major source of risk due to the large number of inter-connected data handling facilities which deal with patient data. This risk has been mitigated through an urgent and comprehensive review of the IT estate and the rationalization of the number and complexity of information handling systems. The charity has also implemented its own patient data handling software under its own control.

GOVERNANCE ARRANGEMENTS

The governance of the Charity is underpinned by a robust committee structure as follows:-

The Board of Trustees currently comprising 13 members hold ultimate control and responsibility for the operation of the Charity. They are assisted by the following committees and advisory groups with specific delegated areas of scrutiny and responsibility:-

- The Resources Committee – Finance, resources, funding, estate matters.
- The Services Committee – Clinical and medical services and all associated matters.
- The Quality and Governance Committee – Overall monitoring of quality maintenance, auditing and reporting across the whole organization.
- Retail shops Advisory Group – specific responsibility to maintain scrutiny over the operation and expansion of Hampshire retail operations.
- Investment, Pensions, Nominations and Remuneration Advisory Group – specific responsibility to maintain scrutiny of the investment portfolio, the provisions of pensions to staff and related matters, the nomination and recruitment of Trustees, and to ensure that the Group remuneration policies for all staff are regularly and independently reviewed.
- The Senior Management Team – carry delegated authority to perform the executive management functions necessary to run the Group and to report into the above Governance structure on a regular quarterly, or in some cases monthly, basis.

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 or other formal meeting of Trustees.

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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 of service 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 site and 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 end of life/palliative care, together with details of their responsibilities as trustees.

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 organization, 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 Page 2 of this report.

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.

Key Achievements and Performance

Services across 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

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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.

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.

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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.

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,

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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.

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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 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.

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.

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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.

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 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 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 2021-22 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*

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Achievements and performance

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

SERVICES AND QUALITY

Current Services

Services are provided as below:

- 27 bedded inpatient unit
- Hospices at Home Specialist Team

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- Day Care and Outpatient Clinics
- Allied Health Professions (including Physiotherapists and Occupational Therapists)
- Care Home Education Team
- Arts and Complementary Therapists
- Psychology and Bereavement Service

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 completed 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 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*

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- *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.

CQC inspection 2014

The last CQC inspection of Countess Mountbatten Hospice, Hampshire took place in 2014 over six years ago. At this point, it was inspected as part of the University Hospital, Southampton NHS Trust and not under the normal scrutiny of an Independent Hospice. The new Registered Manager of the hospice is now Nigel Hartley, and the Nominated Individual is Liz Arnold. Both these individuals serve these roles across the Mountbatten Group.

2014 inspection

Overall

Good

[Read overall summary](#)

• Safe	Good	
• Effective		Good
• Caring	Good	
• Responsive		Good
• Well-led		Good

Income generation and Communications

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.

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The fundraising team has 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 the Group 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 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

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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 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'. 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.

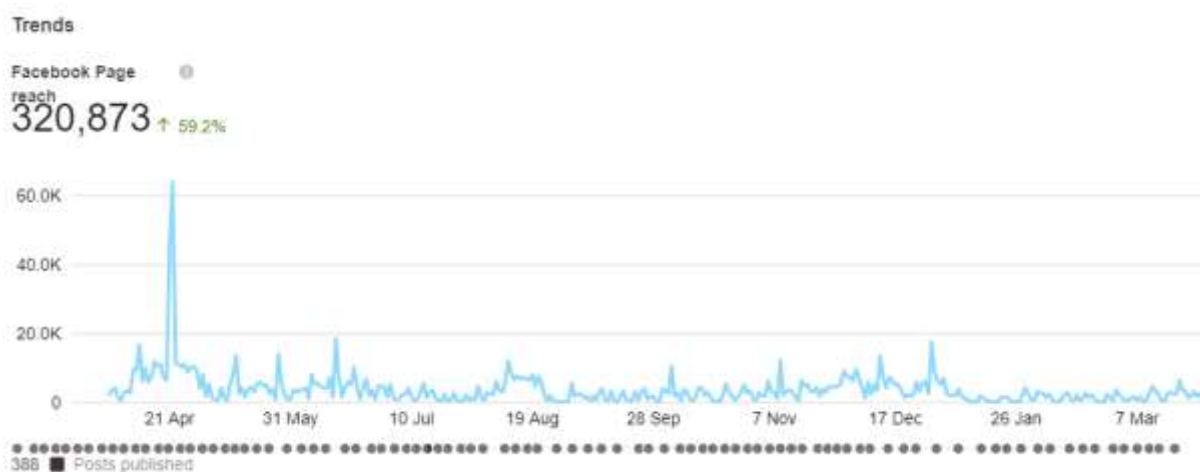
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CONNECT magazine is also sent to our supporters, volunteers and staff and made available via our two hospices and retail shops.

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%.

Mountbatten Hampshire Facebook page 1/4/20-31/3/21



Education and Training

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.

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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.

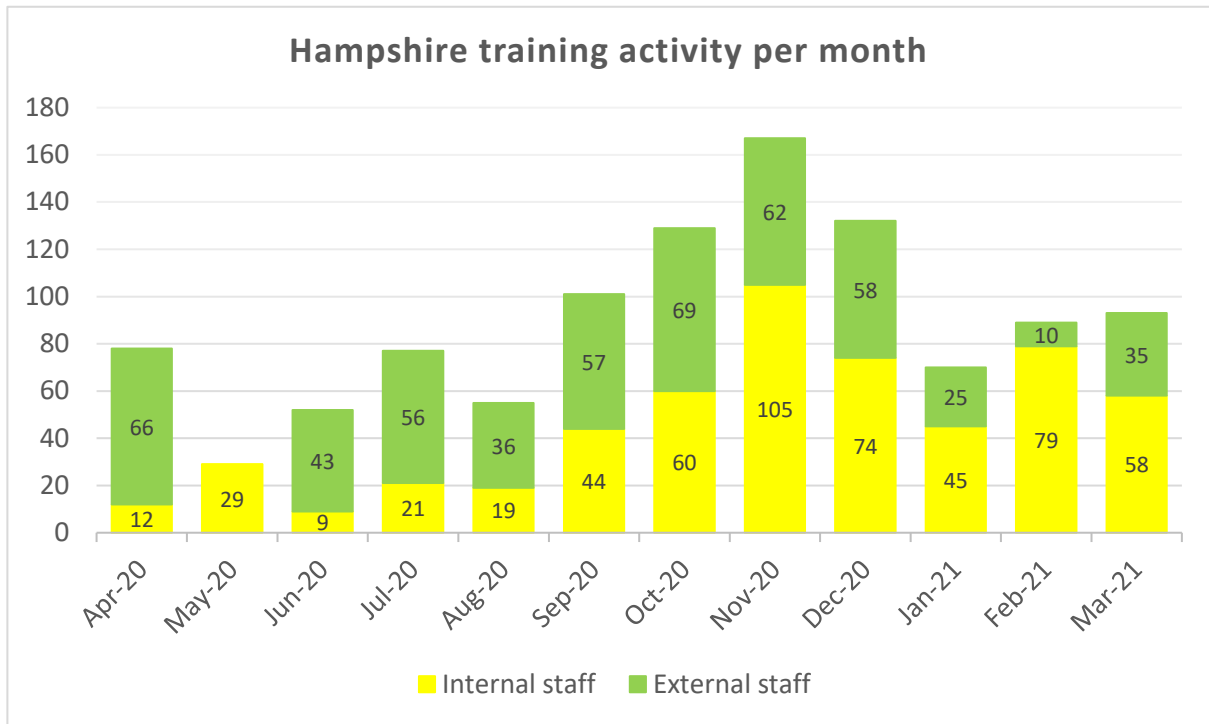
Mountbatten Hampshire education team have also focused on establishing partnerships to address the health inequalities faced by some at end of life, for example in older persons with dementia, those experiencing homelessness and people with learning disabilities. By collaborating we have been able to 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.

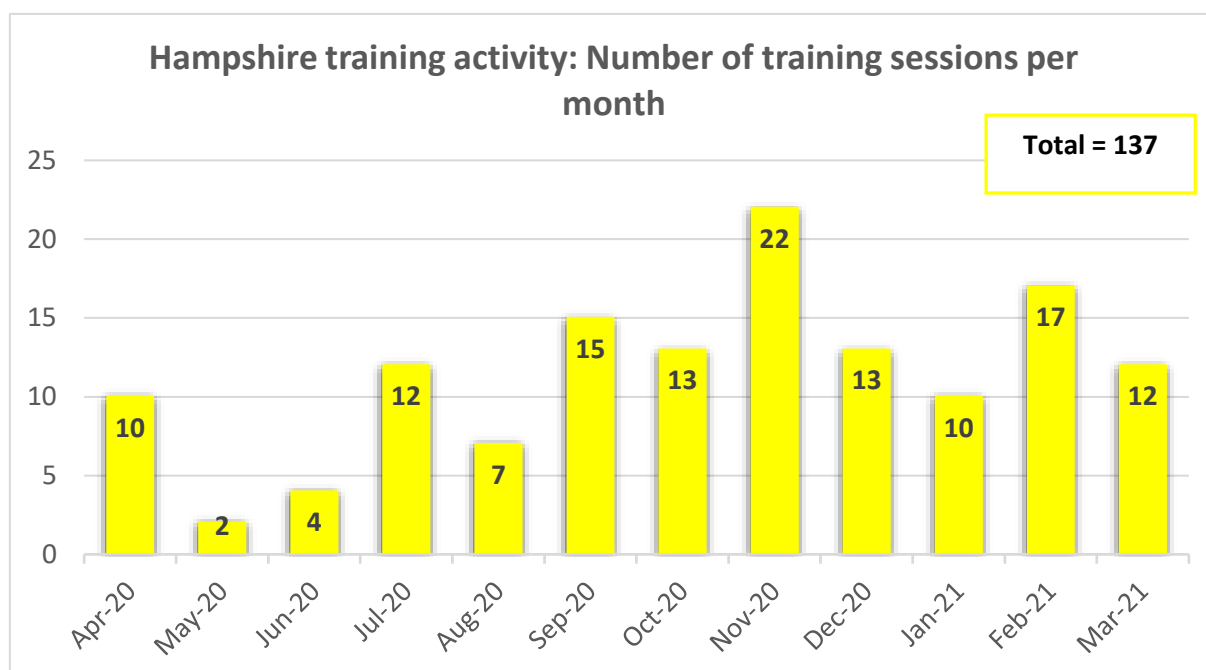
The Hampshire education programmes have now been accredited by the CPD standards office.

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The training data for Mountbatten Hampshire is presented in the charts below.



Internal = 555
External = 517
Total = 1072



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.

VOLUNTEERS

Volunteering for Mountbatten Hampshire

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

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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 Mountbatten Hampshire. We received a huge amount of interest from people wanting to 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.

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 Hampshire. 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 to 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.

One of these posts is a volunteer co-ordinator based 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

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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.

Countess Mountbatten Hospice benefits from several hundred volunteers who support the organization in a variety of ways across the following areas:

- Inpatient, Community and Day Care
- Patient Transport
- Fundraising
- Gardening
- Shops and retail
- Hospice Friends and home visiting service

DATA AND INFORMATION TECHNOLOGY

The programme of work started last year to disentangle IT and a large number of Data Systems from the University Hospital, Southampton has made good progress and most of the IT systems at the hospice are now independent of University Hospital Southampton. This IT restructuring started last year has continued and a programme of hardware and software updates is currently in progress and is expected to be completed during the current financial year.

CLINICAL COMMISSIONING GROUPS

Countess Mountbatten Hospice is commissioned directly from two Clinical Commissioning Groups to supply a full and comprehensive range of Palliative and 'End of Life' care to patients in our defined area of operation within the greater Southampton and surrounding area:

- Southampton City CCG
- West Hampshire CCG

Southampton City CCG and West Hampshire CG are committed to working with Countess Mountbatten Hospice into the future in order to develop high quality innovative services to those people facing death, dying and bereavement across their geographical areas.

Goals agreed with commissioners

In 2019 we agreed with commissioners to focus on two areas of development over the three years ending 2022 in order to meet the growing demand for end of life care and bereavement services across Hampshire:

1. The development and delivery of a complete 'Hospice at Home' team. As well as the specialist clinical services, this will also include the development of a 24/7 community service and telephone line and the delivery of care packages through Continuing Health Care Fast Track. This service is commenced 6 months ahead of the originally planned date of September 2020 and is now fully in place and operational.
2. A new Psychology and Bereavement Service was developed and introduced towards the end of 2019 and it continues to expand the range and reach of its service.

ESTATE

There has been a lot of work carried out to resolve the legal matters surrounding the occupation of the hospice buildings and in starting early discussions with the owners of the land it is built on with a view to eventually acquiring full freehold ownership of the site. Negotiations for a new 125 year lease for the site are at an advanced stage and completion of those negotiations are expected before the end of this calendar year.

Streamlined Energy and Carbon Reporting

Mountbatten Hampshire meets the SECR qualification criteria in the UK. The reporting period for the compliance is 1st April 2020 to 31st March 2021. There are no Scope 1 or Scope 2 emissions as we are not directly billed for energy consumed by an energy supplier. Our energy consumption cost is recharged to us by our landlord as a regular monthly cost averaged across the year. All energy supplies are billed by the supplier directly to our Landlord.

Mountbatten Hampshire is 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.

SHOPS

Countess Mountbatten Hospice runs five Charity Shops located in Hedge End, Weeke near Winchester, West End village, Romsey and Shirley Southampton. All of these shops raise important income for the hospice and are run by a paid manager with local volunteer support. The Board of Trustees have agreed the investment needed to open further new shops over the coming year through a new 'shops development plan' The geographical areas which will be targeted are currently under consideration. It is intended that we will continue to open new shops across our whole region for several years as part of our long term financial sustainability strategy.

CURRENT PLANS

It was apparent that there has been a lack of investment in the estate and in leadership of the staff for Countess Mountbatten Hospice from the University Hospital, Southampton. The recovery from that position has been significant but it continued to consume significant financial and human resources over the last year. It is gratifying to be able to report that our efforts in this regard have resulted in a much improved service to patients and the culture of support both within and without the Hospice.

STRATEGY

The strategy for Countess Mountbatten Hospice is contained in a five-year strategic plan developed with the engagement of all stakeholders during the year. The five key areas which are covered by that plan are as follows:

1. Care Coordination (including all present and future clinical and patient/family facing services)
2. Volunteer support development
3. Our story and key messages
4. Partnership and integration
5. Survival and sustainability

FINANCIAL REVIEW

SUBSIDIARY COMPANY

The charity owns 100% of the issued share capital of Countess Mountbatten Hospice Promotions Ltd., a company incorporated in England and Wales. The company runs a charitable lottery and donates its profits to the Charity. The following trustee/employee of CMHC/Mountbatten Isle of Wight were a Director/Officer of the subsidiary company during the period.

G Owton	Director
M Edmonds	Company Secretary,

During the year Countess Mountbatten Hospice Promotions Ltd made a profit of £nil after having made a gift donation to CMHC of £296,351 (2020: £238,011). The results of the trading company are included in Note 14 to these accounts.

FINANCIAL PERFORMANCE REVIEW

Total income of £7,382,999 (2019: £5,970,509) for the year is substantially higher than for the previous year due to growth of both services and commensurate funding and the pandemic related support received from the Government. The principle source of income remains the funds from the two local CCG's which commission services from the charity £4,309,319 (2020: £4,184,500) and the activities of the Fundraising department £169,927 (£295,577). In addition the charity received substantial Grant funding amounting to £1,439,161 (£Nil).

Total expenditure decreased slightly as a result of small fluctuations in various non-clinical activities and costs following on from the Coronavirus pandemic. Total expenditure for the year was £6,271,608 (2019: £6,510,783). The main cost for the year continues to be staff costs which account for approximately 75% of total costs.

The net surplus/(deficit) of income over expenditure for the year was £1,362,115 (2020: (£630,795)). This is stated after taking into account a gain/(loss) on the valuation of the company investments amounting to £250,724 (2020: (£90,521)).

INVESTMENT POLICY

The investment portfolio managed by Brewin Dolphin is operated on a risk profile of 6 on a scale of 1 to 10 where 1 is the lowest risk and 10 is the highest risk. This risk profile is designed to provide a reasonable yield with some capital growth while keeping the investment risk to an acceptable level. The portfolio started the year at a value of £1,064,348 and finished the year at a value of £1,331,837 after accounting for a capital gain amounting to £250,724 resulting from the recovery of investment values after the steep falls of March 2020 due to the Corona Virus pandemic. The yield of the portfolio is not withdrawn but retained and re-invested in the portfolio.

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%

Trustee Report 2021

Overseas Equities	44.7%
Alternatives	7.5%

RESERVES POLICY

The trustees have set a level of desired reserves in the Group of a minimum of 9 months' expenditure and a maximum of 12 months expenditure. or reserves between £4.5m and £6m. The trustees are aware that the current reserves are well short of the level that they aspire to and this is due to the requirement to continue with an ongoing programme of investment in developing the service to get it to the standard that they wish to see. This requires that funds continue to be deployed into capital facilities and services at the current time and not diverted towards the accumulation of reserves. The trustees do however keep the reserves position under constant review to ensure that the ability of the charity to continue operations is not put into jeopardy.

Total unrestricted reserves at 31 March 2021 amount to £1,681,997 (2020: £457,182) including a designated fund of £500,000 (2020: £500,000) and net current assets/(liabilities) of £303,287 (2019: (£675,877) leaving free reserves of £1,487,746 (2020: £204,591).

HOW OUR ACTIVITIES DELIVER PUBLIC BENEFIT

Countess Mountbatten Hospice provides specialist palliative care and support in South Hampshire for an area with a population of over 1 million people. CMH's service is open to all, and each year CMH supports more than 3,000 patients, their families and their friends in the hospice and in the community areas that it serves.

All expenditure by the charity is considered against public benefit principles, and the Trustees, in compliance with their duty in terms of section 4 of the Charities Act 2006 to have due regard to the public benefit guidance published by the Charity Commission, regularly review the services provided by the charity to ensure that they are, and continue to be, a wholly appropriate use for charitable funds measured against the charities' objects.

Statement of Trustees' responsibilities

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 group and its incoming resources and application of resources, including any surplus or deficit for the period. In preparing these 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.

Each of the Trustees confirms that to the best of his/her knowledge there is no information relevant to the audit of which the auditors are unaware. The Trustees also confirm that they have taken all necessary steps to ensure that they themselves are aware of any relevant audit information and that this information has been communicated to the auditors.

Trustee Report 2021

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 appointed as the charitable company's auditor during the year and have expressed their willingness to continue in that capacity.

The report of the Board of Trustees which includes the strategic report has been approved by the Trustees on 22 July 2021 and is signed on their behalf by:

Signed:
Trustee Name: Sir Ian Cheshire
Position: Chair of the Board of Trustees

Independent auditor's report 2021

Independent auditor's report to the members of Countess Mountbatten Hospice Charity

Opinion

We have audited the financial statements of Countess Mountbatten Hospice Charity (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 Countess Mountbatten Hospice Charity'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 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

Independent auditor's report 2021

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, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual 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.

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; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

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 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.

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.

Independent auditor's report 2021

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 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)

Date

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

Countess Mountbatten Hospice Charity Limited

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

	Note	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Income from:							
Donations and legacies	2	869,581	147,000	1,016,581	783,989	166,762	950,751
Charitable activities							
Hospice services	3	4,309,319	1,454,547	5,763,866	4,184,500	40,000	4,224,500
Other trading activities	4	160,561	9,366	169,927	295,577	-	295,577
Lottery income		406,709	-	406,709	468,825	-	468,825
Investments	5	25,916	-	25,916	30,856	-	30,856
Total income		5,772,086	1,610,913	7,382,999	5,763,747	206,762	5,970,509
Expenditure on:							
Raising funds	6	759,706	51,211	810,917	391,408	197,331	588,739
Charitable activities							
Hospice services	6	3,979,949	1,480,742	5,460,691	5,882,044	40,000	5,922,044
Total expenditure		4,739,655	1,531,953	6,271,608	6,273,452	237,331	6,510,783
Net income / (expenditure) before net gains / (losses) on investments		1,032,431	78,960	1,111,391	(509,705)	(30,569)	(540,274)
Net gains / (losses) on investments		250,724	-	250,724	(90,521)	-	(90,521)
Net income / (expenditure) for the year	7	1,283,155	78,960	1,362,115	(600,226)	(30,569)	(630,795)
Transfers between funds		-	-	-	(1,352)	1,352	-
Net movement in funds		1,283,155	78,960	1,362,115	(601,578)	(29,217)	(630,795)
Reconciliation of funds:							
Total funds brought forward		704,591	52,973	757,564	1,306,169	82,190	1,388,359
Total funds carried forward		1,987,746	131,933	2,119,679	704,591	52,973	757,564

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 21a to the financial statements.

Countess Mountbatten Hospice Charity Limited

Balance sheets

Company no. 6539641

As at 31 March 2021

	Note	The group 2021 £	2020 £	The charity 2021 £	2020 £
Fixed assets:					
Tangible assets	12	178,806	121,682	178,806	121,682
Investments	13	1,331,835	1,064,348	1,331,837	1,064,350
		<u>1,510,641</u>	<u>1,186,030</u>	<u>1,510,643</u>	<u>1,186,032</u>
Current assets:					
Stock		2,620	558	-	-
Debtors	16	510,081	577,953	677,820	691,632
Cash at bank and in hand		1,316,610	704,551	788,988	260,000
		<u>1,829,311</u>	<u>1,283,062</u>	<u>1,466,808</u>	<u>951,632</u>
Liabilities:					
Creditors: amounts falling due within one year	17	(1,220,273)	(1,711,528)	(1,163,521)	(1,627,509)
		<u>609,038</u>	<u>(428,466)</u>	<u>303,287</u>	<u>(675,877)</u>
Net current (liabilities)/assets					
Total net assets	19	<u>2,119,679</u>	<u>757,564</u>	<u>1,813,930</u>	<u>510,155</u>
Funds:					
Restricted income funds	21	131,933	52,973	131,933	52,973
Unrestricted income funds:					
Designated funds		500,000	500,000	500,000	500,000
General funds		1,487,746	204,591	1,181,997	(42,818)
Total unrestricted funds		<u>1,987,746</u>	<u>704,591</u>	<u>1,681,997</u>	<u>457,182</u>
Total funds		<u>2,119,679</u>	<u>757,564</u>	<u>1,813,930</u>	<u>510,155</u>

Approved by the trustees on 22 July 2021 and signed on their behalf by

Sir Ian Cheshire
Chair of the Board of Trustees

Countess Mountbatten Hospice Charity Limited

Consolidated statement of cash flows

For the year ended 31 March 2021

	Note	2021 £	£	2020 £	£
Cash flows from operating activities					
Net (expenditure) for the reporting period (as per the statement of financial activities)		1,362,115		(630,795)	
Depreciation charges		75,900		43,823	
(Gains)/losses on investments		(250,724)		90,521	
Dividends, interest and rent from investments		(25,916)		(30,856)	
(Increase)/decrease in stocks		(2,620)		(558)	
(Increase)/decrease in debtors		67,874		175,318	
Increase/(decrease) in creditors		(491,255)		231,040	
Net cash provided by / (used in) operating activities			735,374		(121,507)
Cash flows from investing activities:					
Dividends and interest from investments		25,916		30,856	
Purchase of fixed assets		(133,024)		(158,075)	
Proceeds from sale of investments		120,437		958,474	
Net cash invested		556		(2)	
Purchase of investments		(137,200)		(1,186,808)	
Net cash provided by / (used in) investing activities			(123,315)		(355,555)
Change in cash and cash equivalents in the year			612,059		(477,062)
Cash and cash equivalents at the beginning of the year			704,551		1,181,613
Cash and cash equivalents at the end of the year			1,316,610		704,551

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies

a) Statutory information

Countess Mountbatten Hospice Charity Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Botley Road, West End, Southampton, Hampshire, SO30 3JB.

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) and the Companies Act 2006.

These financial statements consolidate the results of the charity and its wholly-owned subsidiary Countess Mountbatten Hospice Promotions Limited on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity 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.

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

c) Public benefit entity

The charity 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 charity's ability to continue as a going concern.

e) Income

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.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity 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 earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity 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 charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is 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 charity 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 charity 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 charity which is the amount the charity 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) Investment income

Interest on funds held on deposit and income from investments is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank and dividends from the investment portfolio.

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 charity in inducing third parties to make voluntary contributions to it, the cost of any activities with a fundraising purpose and the costs of running trading activity including retail and shops.
- Expenditure on charitable activities includes the costs of delivering services, and other activities undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

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, 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 | 20% |
| ● Hospice services | 80% |

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

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 charity's activities.

Notes to the financial statements

For the year ended 31 March 2021

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.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- | | |
|------------------------------------|----------------------------|
| ● Leasehold property | Over the term of the lease |
| ● Leasehold refurbishment | Over the term of the lease |
| ● Fixtures, fittings and equipment | 25% on cost |

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. 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. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

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.

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.

Notes to the financial statements

For the year ended 31 March 2021

2 Income from donations and legacies

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Gifts	522,427	47,000	569,427	643,727	166,762	810,489
Legacies	57,847	-	57,847	140,262	-	140,262
Coronavirus appeal	195,101	100,000	295,101	-	-	-
Coronavirus job retention scheme	65,061	-	65,061	-	-	-
Business rate relief	29,145	-	29,145	-	-	-
	869,581	147,000	1,016,581	783,989	166,762	950,751

Legacies notified but not accrued in the accounts are estimated at £420,167 (2020: £35,120).

3 Income from charitable activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Hospice services – NHS CCG	4,309,319	-	4,309,319	4,184,500	-	4,184,500
Hospice services – Hampshire CC	-	15,386	15,386	-	-	-
Other grant income	-	1,439,161	1,439,161	-	-	-
University Hospital Southampton NHS Foundation Trust	-	-	-	-	40,000	40,000
	4,309,319	1,454,547	5,763,866	4,184,500	40,000	4,224,500

4 Income from other trading activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Fundraising activities	59,492	-	59,492	63,555	-	63,555
CMH Charity Shops	101,069	9,366	110,435	232,022	-	232,022
	160,561	9,366	169,927	295,577	-	295,577

5 Income from investments

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Interest from UK bank deposits	-	-	-	352	-	352
Income from quoted investments	25,916	-	25,916	30,504	-	30,504
	25,916	-	25,916	30,856	-	30,856

Countess Mountbatten Hospice Charity Limited

Notes to the financial statements

For the year ended 31 March 2021

6a Analysis of expenditure (current year)

	Charitable activities				2021 Total £	2020 Total £
	Raising funds £	Hospice services £	Governance costs £	Support costs £		
Staff costs (Note 8)	-	3,513,016	-	1,504,216	5,017,232	4,912,886
Grants to University Hospital Southampton *	-	(184,570)	-	-	(184,570)	232,115
Volunteer expenses	-	-	-	2,165	2,165	14,080
Trading activities	2,766	-	-	-	2,766	3,984
Fundraising costs	367,645	-	-	-	367,645	66,693
Lottery costs	88,048	-	-	-	88,048	204,502
Investment managers' fees	-	-	-	6,631	6,631	1,700
Audit and accountancy fees	-	-	17,575	-	17,575	26,538
Legal and professional	-	-	-	5,703	5,703	4,228
Trustee costs	-	-	-	-	-	72
Premises	-	445,611	-	17,849	463,460	523,657
Depreciation and loss on disposal	-	-	-	75,900	75,900	43,823
Maintenance and repairs	-	50,031	-	-	50,031	75,013
Irrecoverable VAT	12,681	-	-	-	12,681	27,143
Consumables	3,847	292,883	-	49,611	346,341	374,349
	<u>474,987</u>	<u>4,116,971</u>	<u>17,575</u>	<u>1,662,075</u>	<u>6,271,608</u>	<u>6,510,783</u>
Governance costs	3,515	14,060	(17,575)	-	-	-
Support costs	332,415	1,329,660	-	(1,662,075)	-	-
Total expenditure 2021	<u>810,917</u>	<u>5,460,691</u>	<u>-</u>	<u>-</u>	<u>6,271,608</u>	
Total expenditure 2020	<u>588,739</u>	<u>5,922,044</u>	<u>-</u>	<u>-</u>		<u>6,510,783</u>

* 2021 figure represents repayment of grants made in prior years.

Countess Mountbatten Hospice Charity Limited

Notes to the financial statements

For the year ended 31 March 2021

6b Analysis of expenditure (prior year)

	Charitable activities				2020 Total £
	Raising funds £	Hospice services £	Governance costs £	Support costs £	
Staff costs (Note 8)	-	3,635,904	-	1,276,982	4,912,886
Grants to University Hospital Southampton	-	232,115	-	-	232,115
Volunteer expenses	-	-	-	14,080	14,080
Trading activities	3,984	-	-	-	3,984
Fundraising costs	66,693	-	-	-	66,693
Lottery costs	204,502	-	-	-	204,502
Investment managers' fees	-	-	-	1,700	1,700
Audit and accountancy fees	-	-	26,538	-	26,538
Legal and professional	-	-	-	4,228	4,228
Trustee costs	-	-	72	-	72
Premises	-	511,334	-	12,323	523,657
Depreciation and loss on disposal	-	-	-	43,823	43,823
Maintenance and repairs	-	75,013	-	-	75,013
Irrecoverable VAT	27,143	-	-	-	27,143
Consumables	1,708	328,844	-	43,797	374,349
	304,030	4,783,210	26,610	1,396,933	6,510,783
Governance costs	5,322	21,288	(26,610)	-	-
Support costs	279,387	1,117,546	-	(1,396,933)	-
Total expenditure 2020	588,739	5,922,044	-	-	6,510,783

Notes to the financial statements

For the year ended 31 March 2021

7 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2021 £	2020 £
Depreciation	75,900	43,823
Operating lease rentals:		
Property	55,030	44,125
Auditor's remuneration (excluding VAT):		
Audit	17,500	17,100
Other services	5,100	4,000
	75,900	108,048

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

Staff costs were as follows:

	2021 £	2020 £
Staff under service level agreement with NHS	3,442,418	913,837
Wages and salaries	599,155	2,942,703
Employer's national insurance	242,744	221,555
Pension costs	350,133	331,030
Temporary & agency staff	89,110	229,472
Staff recharge from EMH	214,986	214,986
Other staff costs	78,686	59,303
	5,017,232	4,912,886

No employee earned more than £60,000 during the year (2020: nil).

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were recharged costs from Mountbatten Isle of Wight of £214,986 in respect of 6 employees (2020: £214,986 in respect of 6 employees).

The charity trustees were neither paid nor 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 £Nil (2020: £61) incurred by no (2020: one) members relating to attendance at meetings of the trustees.

9 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 144 (2020: the average number of employees during the year was 134).

	2021 No.	2020 No.
Administration and fundraising	32.0	22.0
Educational facilities services	-	-
Hospice services	112.0	112.0
	144.0	134.0

10 Related party transactions

There are no related party transactions to disclose for 2021 (2020: none) other than those disclosed elsewhere.

Notes to the financial statements

For the year ended 31 March 2021

11 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Countess Mountbatten Hospice Promotions Limited gift aid available profits to the the charity.

12 Tangible fixed assets

The group and charity

	Leasehold property	Leasehold refurbishment	Fixtures, fittings and equipment £	Total £
Cost				
At the start of the year	25,080	11,805	154,161	191,046
Additions in year	20,949	12,551	99,524	133,024
At the end of the year	46,029	24,356	253,685	324,070
Depreciation				
At the start of the year	6,270	2,951	60,143	69,364
Charge for the year	11,507	6,089	58,304	75,900
At the end of the year	17,777	9,040	118,447	145,264
Net book value At the end of the year	28,252	15,316	135,238	178,806
At the start of the year	18,810	8,854	94,018	121,682

All of the above assets are used for charitable purposes.

13 Listed investments

	The group		The charity	
	2021	2020	2021	2020
	£	£	£	£
Fair value at the start of the year	1,064,348	926,535	1,064,348	926,535
Additions at cost	137,200	1,186,808	137,200	1,186,808
Disposal proceeds	(120,437)	(958,474)	(120,437)	(958,474)
Net gain / (loss) on change in fair value	250,724	(90,521)	250,724	(90,521)
Market value of investments	1,331,835	1,064,348	1,331,835	1,064,348
Investment in subsidiary	-	-	2	2
Fair value at the end of the year	1,331,835	1,064,348	1,331,837	1,064,350

Investments comprise:

	The group		The charity	
	2021	2020	2021	2020
	£	£	£	£
UK Common investment funds	1,300,204	1,032,719	1,300,204	1,032,719
Shares and bonds listed on the London Stock Exchange	31,629	31,629	31,629	31,629
	1,331,835	1,064,348	1,331,835	1,064,348

Notes to the financial statements

For the year ended 31 March 2021

14 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of Countess Mountbatten Hospice Promotions Limited, a company incorporated in England and Wales. The company number is 3675130. The registered office address is Botley Road, West End, Southampton, Hampshire SO30 3JB.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustee Gill Owton is also a director of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2021 £	2020 £
Turnover	406,709	468,825
Cost of sales	(78,000)	(78,000)
Gross profit/(loss)	328,709	390,825
Administrative expenses	(32,358)	(152,814)
Profit / (loss) for the financial year	296,351	238,011
Retained earnings		
Total retained earnings brought forward	247,409	9,398
Profit / (loss) for the financial year	296,351	238,011
Distribution under Gift Aid to parent charity	(238,011)	-
Total retained earnings carried forward	305,749	247,409
The aggregate of the assets, liabilities and reserves was:		
Assets	533,371	457,491
Liabilities	(227,621)	(210,080)
Reserves	305,750	247,411

Amounts owed to/from the parent undertaking are shown in note 17.

15 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2021 £	2020 £
Gross income	7,214,301	5,501,684
Result for the year	1,053,051	(868,777)

16 Debtors

	The group		The charity	
	2021 £	2020 £	2021 £	2020 £
Trade debtors	50,290	354,597	47,249	351,557
Other debtors	39,379	49,188	39,291	49,188
Amounts due from group undertakings	-	-	170,868	116,719
Taxation and social security	29,276	141,515	29,276	141,515
Prepayments	18,374	18,753	18,374	18,753
Accrued income	372,762	13,900	372,762	13,900
	510,081	577,953	677,820	691,632

Notes to the financial statements

For the year ended 31 March 2021

17 Creditors: amounts falling due within one year

	The group		The charity	
	2021 £	2020 £	2021 £	2020 £
Trade creditors	189,165	1,183,154	186,073	1,177,013
Other creditors	89,029	84,951	54,094	58,931
Amounts due to group undertakings	-	-	-	-
Accruals	637,079	358,423	618,354	306,565
Deferred income (note 18)	305,000	85,000	305,000	85,000
	1,220,273	1,711,528	1,163,521	1,627,509

18 Deferred income

Deferred income comprises CCG income for the next financial year.

	The group		The charity	
	2021 £	2020 £	2021 £	2020 £
Balance at the beginning of the year	85,000	30,000	85,000	30,000
Amount released to income in the year	-	(30,000)	-	(30,000)
Amount deferred in the year	220,000	85,000	220,000	85,000
Balance at the end of the year	305,000	85,000	305,000	85,000

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:

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

Notes to the financial statements

For the year ended 31 March 2021

19 NHS Pension Scheme (continued)

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 in respect of Countess Mountbatten Hospice Charity of £494,869 (in 2020: £429,644 was outstanding).

20a Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	178,806	-	-	178,806
Investment properties	-	-	-	-
Investments	831,835	500,000	-	1,331,835
Net current assets	477,105	-	131,933	609,038
Net assets at 31 March 2021	1,487,746	500,000	131,933	2,119,679

20b Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	121,682	-	-	121,682
Investments	564,348	500,000	-	1,064,348
Net current assets	(481,439)	-	52,973	(428,466)
Net assets at 31 March 2020	204,591	500,000	52,973	757,564

Notes to the financial statements

For the year ended 31 March 2021

21a Movements in funds (current year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Gain on revaluations £	Transfers £	At 31 March 2021 £
Restricted funds:						
<i>Group and charity</i>						
Education fund	-	9,366	(1,238)	-	-	8,128
Refurbishment fund	-	47,000	(47,000)	-	-	-
Albert Hunt Trust fund	973	-	(973)	-	-	-
Hospital Saturday fund	2,000	-	(2,000)	-	-	-
Summer House	50,000	-	-	-	-	50,000
Hampshire CC	-	15,386	(15,386)	-	-	-
Hospice UK	-	1,439,161	(1,439,161)	-	-	-
Coronavirus appeal	-	100,000	(26,195)	-	-	73,805
Total restricted funds	52,973	1,610,913	(1,531,953)	-	-	131,933
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	(42,818)	5,365,377	(4,629,297)	250,724	238,011	1,181,997
General funds (<i>Promotions</i>)	247,409	406,709	(110,358)	-	(238,011)	305,749
Total general funds (<i>group</i>)	204,591	5,772,086	(4,739,655)	250,724	-	1,487,746
Total unrestricted funds	704,591	5,772,086	(4,739,655)	250,724	-	1,987,746
Total funds	757,564	7,382,999	(6,271,608)	250,724	-	2,119,679

The narrative to explain the purpose of each fund is given at the foot of the note below.

Notes to the financial statements

For the year ended 31 March 2021

21b Movements in funds (prior year)

	At 2 April 2019	Income & gains	Expenditure & losses	Gain on revaluations	Transfers	At 31 March 2020
	£	£	£	£	£	£
Restricted funds:						
<i>Group and charity</i>						
Education fund	32,190	-	(32,190)	-	-	-
Refurbishment fund	-	130,000	(130,000)	-	-	-
Edwina fund	-	20,000	(21,302)	-	1,302	-
Albert Hunt Trust fund	-	10,000	(9,027)	-	-	973
National Lottery fund	-	4,762	(4,812)	-	50	-
Hospital Saturday fund	-	2,000	-	-	-	2,000
Summer House	50,000	-	-	-	-	50,000
University Hospital Southampton NHS	-	40,000	(40,000)	-	-	-
Total restricted funds	82,190	206,762	(237,331)	-	1,352	52,973
Unrestricted funds:						
<i>Group and charity</i>						
Designated funds:						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
General funds:						
General funds (<i>charity only</i>)	796,771	5,294,922	(6,042,638)	(90,521)	(1,352)	(42,818)
General funds (<i>Promotions</i>)	9,398	468,825	(230,814)	-	-	247,409
Total general funds (<i>group</i>)	806,169	5,763,747	(6,273,452)	(90,521)	(1,352)	204,591
Total unrestricted funds	1,306,169	5,763,747	(6,273,452)	(90,521)	(1,352)	704,591
Total funds	1,388,359	5,970,509	(6,510,783)	(90,521)	-	757,564

Purposes of restricted funds

Education fund

The Education Fund was established in 1992 (in our predecessor charity) whereby the committee agreed a sum of £400,000 to be given to establish an Education Programme.

Summer House

During the prior year the Summer House fund was established following the receipt of legacies and trust fund donations towards the cost of purchasing a summer house.

Refurbishment fund

For the restorative maintenance required on the Countess Mountbatten site.

Edwina fund

Voluntary transport for support and companionship with a group of trained volunteers that visit patients in their own homes.

Albert Hunt Trust fund

To buy new furniture for Countess Mountbatten Hospice.

National Lottery fund

For the purchase of a Maxi move hoist.

Hospital Saturday fund

For the purchase of Riser recliner chairs.

Hospice UK

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

Purposes of designated funds

The trustees established this fund for use in future projects to extend the service of Countess Mountbatten House.

Notes to the financial statements

For the year ended 31 March 2021

22 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	96,333	44,125
One to five years	296,125	104,000
Over five years	-	44,500
	392,458	192,625

23 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.