



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

LIST OF CONTENTS

Reference and administrative information	Page 3
Trustees' annual report	Page 4
Independent auditors report	Page 29
Statement of financial activities (incorporating an income and expenditure account)	Page 33
Balance Sheet	Page 34
Statement of cash flows	Page 35
Notes to the financial statements	Page 36

Trustee Report 2021

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.

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.

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

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.

Trustee Report 2021

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,

Trustee Report 2021

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.

Trustee Report 2021

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.

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*

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

- 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*

Trustee Report 2021

- *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.

Trustee Report 2021

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

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.

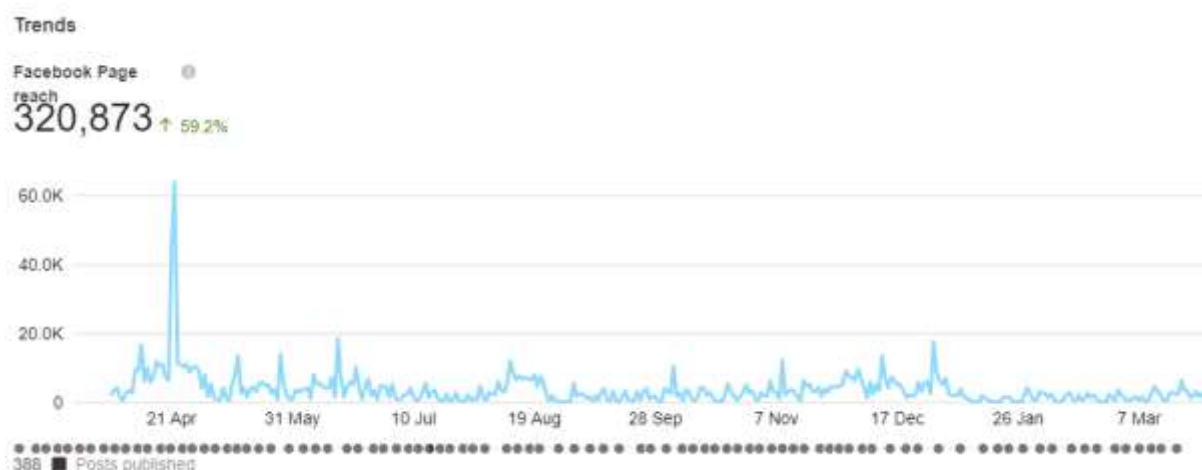
Regular communication is maintained with staff and volunteers via the monthly INSIGHT Newsletters as well as face-to-face meetings as COVID restrictions permitted or via online video conferencing. Our press releases and CONNECT magazine, published quarterly, are also sent to media and stakeholders.

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.

Trustee Report 2021

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.

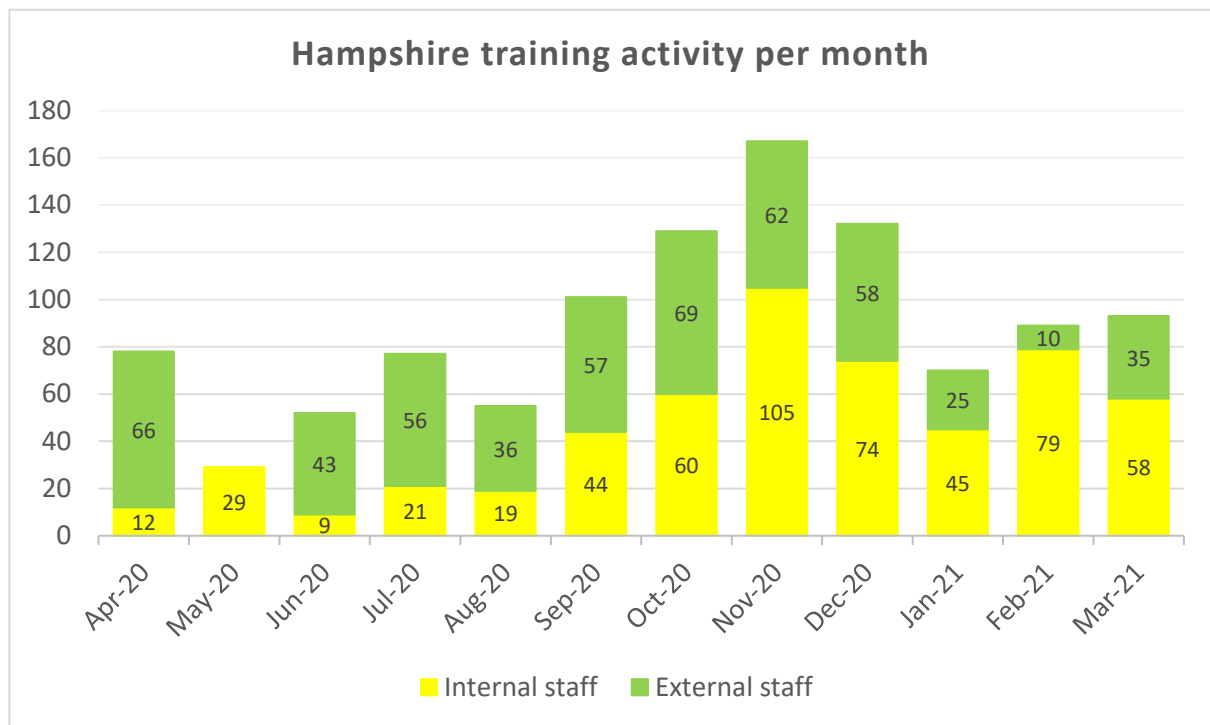
Mountbatten Hampshire education team have also focused on establishing partnerships to address the health inequalities faced by some at end of life, for example in older persons with dementia, those experiencing homelessness and people with learning disabilities. By collaborating we have been able to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

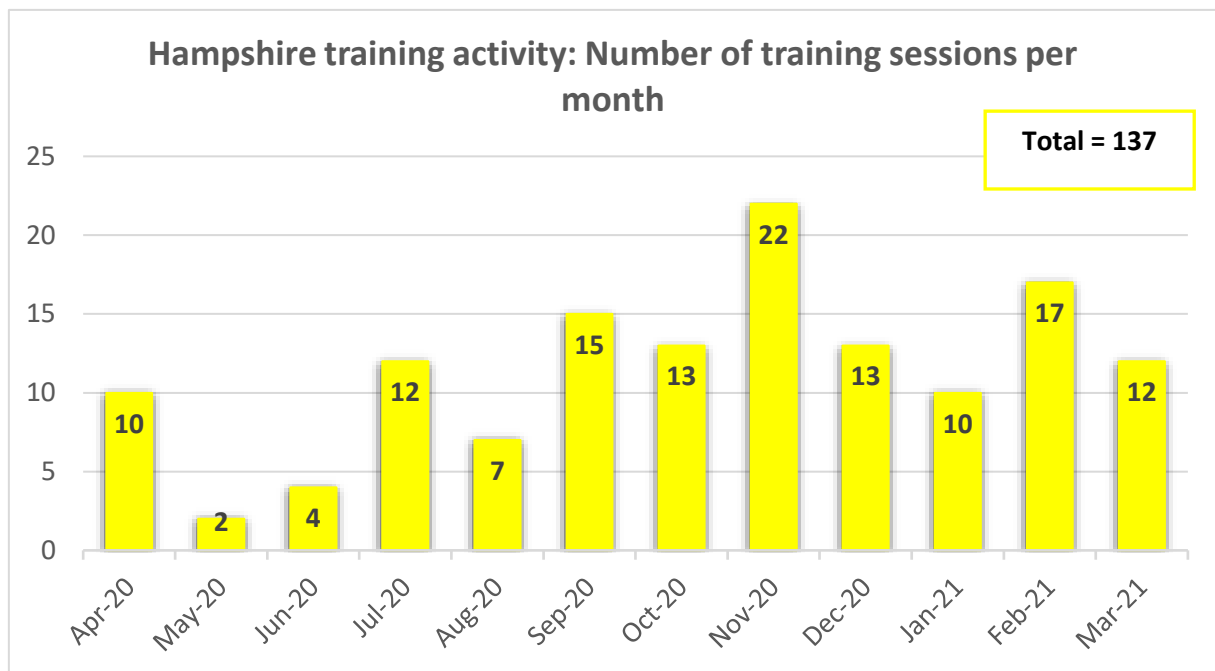
The Hampshire education programmes have now been accredited by the CPD standards office.

Trustee Report 2021

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

Trustee Report 2021

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

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

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
		1,510,641	1,186,030	1,510,643	1,186,032
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
		1,829,311	1,283,062	1,466,808	951,632
Liabilities:					
Creditors: amounts falling due within one year	17	(1,220,273)	(1,711,528)	(1,163,521)	(1,627,509)
		609,038	(428,466)	303,287	(675,877)
Net current (liabilities)/assets					
Total net assets	19	2,119,679	757,564	1,813,930	510,155
Funds:	21				
Restricted income funds		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		1,987,746	704,591	1,681,997	457,182
Total funds		2,119,679	757,564	1,813,930	510,155

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					
	Raising funds	Hospice services	Governance costs	Support costs	2021 Total	2020 Total
	£	£	£	£	£	£
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
	474,987	4,116,971	17,575	1,662,075	6,271,608	6,510,783
Governance costs	3,515	14,060	(17,575)	-	-	-
Support costs	332,415	1,329,660	-	(1,662,075)	-	-
Total expenditure 2021	810,917	5,460,691	-	-	6,271,608	
Total expenditure 2020	588,739	5,922,044	-	-		6,510,783

* 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				
	Raising funds	Hospice services	Governance costs	Support costs	2020 Total
	£	£	£	£	£
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
	148,530	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
	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 (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

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 (group)	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.