



Countess Mountbatten Hospice Charity Limited
(Operating as Mountbatten Hampshire)

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

**Contents of the Financial Statements
for year ending 31 March 2022**

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Countess Mountbatten Hospice Charity Limited
Reference and administrative information

Administrative Details

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

Company number: 06539641

Charity number: 1123304

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

Trustees Trustees are also Directors under company law:

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

Company Secretary: Mr M Edmonds

Senior Management Team:	Mr N Hartley	Chief Executive
	Mrs L Arnold	Director of Nursing
	Dr P Howard	Medical Consultant
	Mr M Edmonds	Director of Finance
	Mr J Forde	Interim Director of Human Resources (appointed on 29 October 2021)
	Mr J Tarttelin	Director of Human Resources (resigned on 29 October 2021)
	Dr J Hazeldine	Director of Psychosocial Care
	Mrs R McGregor	Director of Operations Hampshire

Bankers:	NatWest Bank Plc 3 Lower Northam Road Hedge End Southampton SO30 4PA
Investment Managers:	Brewin Dolphin Vantage Point Woodwater Park Pynes Hill Exeter EX2 5FD
Solicitors:	Bates Wells & Braithwaite 10 Queen Street Place London EC4R 1BE
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

Background

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

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

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

Objects

The objects of Countess Mountbatten Hospice Charity are:

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

Strategic report - Objectives & Activities

In April 2020 Mountbatten published its new strategy, outlining its future direction and aspirations against a backdrop of challenges and demands faced by our services. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees.

Our Mission

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

Our Vision

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

Our Values

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

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

We respond quickly and creatively to the changing needs of our society, within the scope of our human and financial resources. We respect our community.

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

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

Strategic Aims

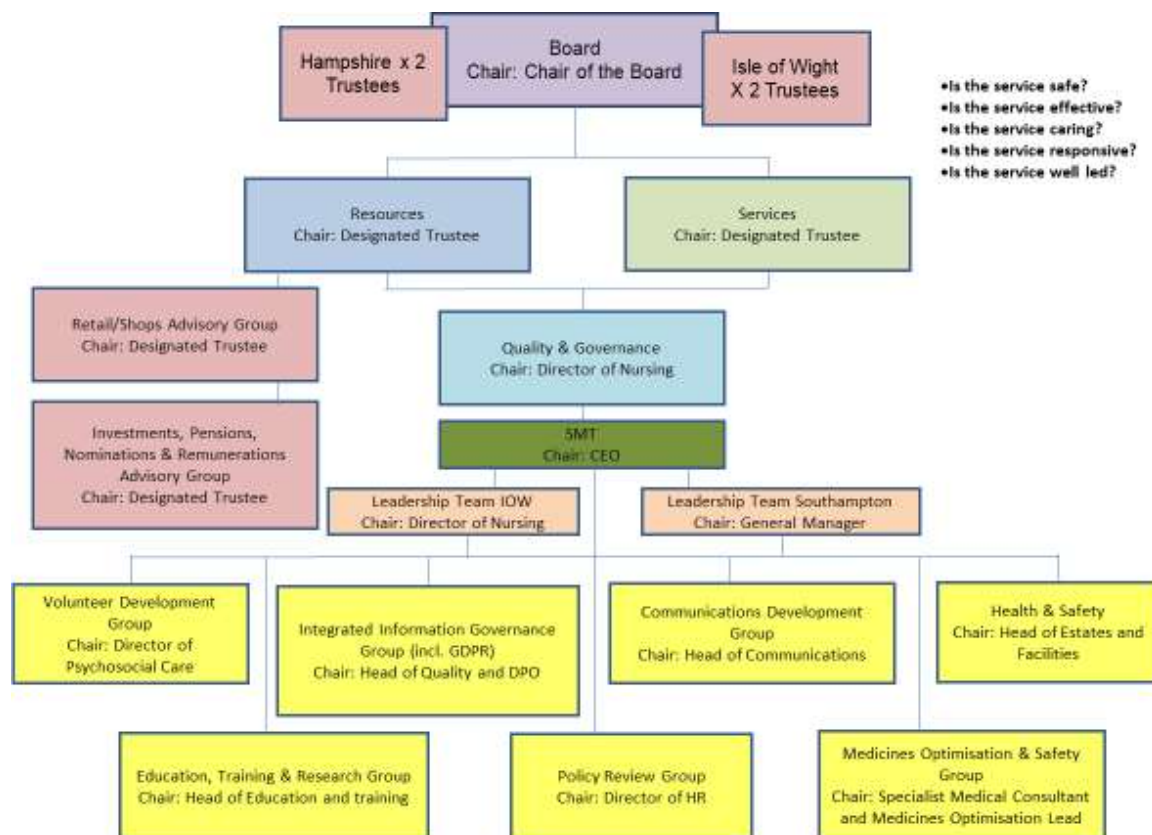
- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit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

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

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

Governance arrangements

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



Trustee recruitment and appointment

Applicants are shortlisted, interviewed and selected based on their experience and expertise with the aim of achieving a balance that reflects the needs of the Hospice. Trustees are appointed by election at the AGM or other formal meeting of Trustees.

The term of office is three years from the date of appointment. Trustees may be elected for a further term of three years. In exceptional circumstances the Board may agree additional terms of service are in the best interests of the Hospice.

Trustee induction and training

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

Management

The Mountbatten Group based on the Isle of Wight is the member and ultimate operator of Countess Mountbatten Hospice, Hampshire (referred to as Mountbatten Hampshire). Although the two hospices, Mountbatten, Isle of Wight and Mountbatten Hampshire continue to remain separate entities, which reassures all of the communities involved in supporting both hospices that funds raised locally will continue to go towards each separate organisation, both hospices now form 'The Mountbatten Group' which is managed by one Senior Management Team. Each Charity has a Board of trustees whose members are largely common to both Charities. Details of the Governance arrangements are shown on Page 4 of this report.

Remuneration policy

The Charity operates a Remuneration policy under the regular review of the Investment, Pension Nominations and Remuneration Advisory Group. Clinical and Medical staff are paid in terms of the comprehensive provisions of their agreed remuneration structures such as the Agenda for Change scheme for non-medical clinical staff and the Medical Remunerations schemes agreed between the NHS and the British Medical Association. Staff not covered by these negotiated payment structures are paid following regular market surveys to ensure that the Charity pays fair, market linked salaries which are reviewed annually as part of the budgeting process for the Charity.

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

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

These areas are supported by the following services:

- Mountbatten At Home (24/7) which includes:
 - Specialist Community Teams
 - Domiciliary Care @ Home Teams (covering Continuing Health Care packages)
 - 24/7 Community Teams and Mountbatten Care Coordination Centres
- Medical Team
- Pharmacy
- Psychological and Bereavement Services
- Spiritual Care
- Social Work
- Physiotherapy
- Occupational Therapy
- Complementary Therapy
- Arts Therapies – art, music and drama
- Education
- Volunteer Services

Mountbatten Pyramid



2020/21 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document:

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

- Developing an 'open to the public' Social programme of weekly events, including Community Choir, Concert Series, Death Chat events both at the hospices and across our local communities
- A drive to ensure that Advance Care Planning is available to those people who are healthy, as well as continuing to embed Advance Care planning in both Care Homes and local acute hospitals
- Continuing to embed our 'write a will' and legacy campaign
- An examination of all of our Communications functions across the hospices ensuring a common language and style based on our rebranding – workshops are organised both internally and externally with a variety of community groups
- Although most of our services are now face to face, we continue to develop 'virtual' services due to the COVID-19 pandemic which will stay with us into the future to enable more access for those who are unable to be seen in person
- Health and Social Care Apprenticeships, including the continuation of the successful Mountbatten Summer School for young people
- Volunteer training and development of enhanced roles for patient-facing volunteers, including further development and extension of our 'Mountbatten Neighbours' scheme. We also work to reduce 'red tape' and to engage volunteers more quickly and for shorter time periods as appropriate
- All new service developments have been fully funded with new money from a variety of statutory bodies, trusts, grants and major individual donors. A sustainability plan ensures that any new services are well evaluated and available for future generations.

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

- Further development of a Children and Young Adults Service in partnership with Naomi House and Jack's Place
- A continuation and further development of dementia services and services for older, frail people
- Advance Care Planning – continuing to identify people with long term conditions including older people with frailty
- Health and Social Care Education
- Rapid Palliative Care Discharge Facilitator at University Hospital Southampton to match the successful model on the Isle of Wight
- Mountbatten Coordination Centres – 24/7 telephone and visiting service across all our communities
- End of Life Domiciliary Care provision (Continuing Health Care packages)
- New charity shop model Has been designed to integrate Retail, Hospitality and Clinical Services

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

- A robust reserves policy and Risk Register
- A Estates task and finish group ensures that our estate is 'fit for purpose' for future generations. A Capital Appeal is now planned for the coming year
- A bespoke 'sustainability' strategic implementation plan focussing on fundraising and financial resilience
- A detailed 'COVID-19' Action and Recovery Plan
- A new workforce development plan is in process
- Development of our ongoing education programmes both for our partners and our local communities
- A new shops strategy and a growth plan for our Hampshire shops headed up by the new Head of Retail Business Development and supported by the Retail/shops Advisory Group

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

- University of Southampton – joint teaching posts
- Dementia UK
- Hospice UK
- CQC
- Hampshire, Southampton and the Isle of Wight Clinical Commissioning Group
- Hampshire and Isle of Wight End of Life Care Board
- University Hospital, Southampton
- A range of Third Sector partners

We are also working with an external fundraising consultant Compton, who are leading and supporting our Fundraising Teams at both Mountbatten Isle of Wight and Mountbatten Hampshire as well as two ongoing Capital Appeals to ensure that both of our hospice sites are fit for the future through the refurbishment and development of our buildings to create a series of more flexible spaces for use for growing demand for Education, Bereavement Services, Volunteer Development and our new innovative Single Point of Contact/ Care Coordination Centre approach which has now been running for five years. An Estates Task and Finish Group, including staff, Trustees and external experts has worked during 2021/22 to secure designs and plans for each estate, along with the costs for each area, resulting in clear designs and costs for the two capital appeals.

Key achievements and performance

Services across Mountbatten Hampshire

24/7 Community Team and Care Coordination – Hampshire

During the last 12 months the community team in Hampshire has continued to develop to provide a flexible, responsive, expert palliative nursing service against a backdrop of rising demand and an increase in late referrals to the service as a direct result of the COVID-19 pandemic. In April 2020 the service had 460 people on the caseload, by March 2022 it had increased to 595, a 27% rise since April 2020.

A full 24/7 community service (mirroring the model on the Isle of Wight) was launched in May 2021 with the development of the Care Coordination Centre. The Care Coordination Centre provides a single point of telephone access for advice and support for patients, families, and carers, as well as receiving professional referrals to the Mountbatten Hampshire services. Families can call for support at any time of the day or night enabling them to cope with caring for their loved one at home. In addition, the service supports health and social care professionals who may wish to seek advice and support for any questions or concerns regarding caring for people at the end of life. Alongside this, a 24/7 community nursing service provision has been further developed to respond to calls for advice, support, symptom control and nursing care. The nursing team are supported by the medical, rehabilitation and psychosocial teams. Our Community Teams make regular visits to see patients in their homes across our region, including Southampton, Winchester, Romsey, Eastleigh and across west Hampshire.

Additional Band 6 nursing staff have been recruited to the team during 2021/22 in order to respond to the needs of patients on the caseload in the death and dying phase and to deliver a rapid response element when a patient's condition changes and deteriorates. The Clinical Commissioning Groups have supported funding for two additional Band 6 nurses to enable extension of the rapid response nursing across the full 24 hours, 7 days a week. Despite national nursing recruitment challenges the team will be fully recruited by June 2022. Nurse specialist teams in both localities have utilised a 'one team, one caseload' approach to the management of the caseload with the belief that this will provide more flexibility within the team's capacity leading to the ability to deliver a more responsive and effective service by using our resources wisely.

Patients who are referred earlier in their disease process are being seen by one of the nursing or rehabilitation team within the Hazel Centre as an introduction to service. This enables patients and their families or carers to become familiar with the services and staff at Mountbatten Hampshire at a more stable phase of illness and better plan care and support that may be required in the future.

A £27k grant from Health Education Wessex over the past year has enabled a number of the Community and Inpatient nursing teams to access academic training modules to enhance their practice, which has included Masters modules in: History Taking (12 staff), Diagnostics (5 staff), Research and Evidence-based Practice (2 staff) and Advanced Pain and Symptom Management (8 staff). A total of twelve members of the community team have completed the Non-Medical prescribing training, compared with seven during 2020/21. This enables patients to receive a timely response to appropriate medications for symptom management at home.

The Community team won the prestigious 'Towergate Team of the Year Award' at the Hospice UK Annual Conference 2021 for their innovation and development of services.

Care at Home team – Hampshire

Following the Palliative Care Support Worker Team transferring from NHS Solent to work as the new Mountbatten 'Care at Home' team in September 2020, the team have expanded and developed to cover the whole footprint of Mountbatten Hampshire to include the west Hampshire areas in addition to Southampton City. This team has helped support the Mountbatten Community team through creating a more integrated approach to the delivery of care for people in the last weeks of life. This service enables responsive discharge from the hospice and hospital or, for people to remain at home in the last phase of their life if this is their preferred place of care. In line with Mountbatten's five-year strategy, we will continue to develop a future workforce model that evolves to meet service needs, financial resource, and has the flexibility and resource to respond to the need for Fast Track Continuing Health Care packages as quickly as possible.

Development of team members has seen three Band 3 carers develop into Band 4 carers, who are able to undertake patient and carer assessments independently. 84% of the team have undertaken the Care Certificate and the rest of the team will be completing this qualification during 2022/23.

Inpatient Unit (IPU) Hampshire

Inpatient beds have continued to be used in the normal way during the continued COVID-19 pandemic, with a number of admissions of patients who have been COVID-19 positive supported. Visiting to the unit has gradually increased during 2021 in line with government guidance with the relevant PPE and lateral flow testing in place but has continued to be managed well which helped to create a more relaxed atmosphere and experience for everyone.

We have been fortunate to receive funding for specific projects during 2021/22 with further refurbishment of single rooms and new furniture, including bedside cupboards, overbed tables and, seating. New signage and bay curtains have been sourced and a programme of refurbishment of the bays, redecoration of the unit and, creation of a new nursing and multidisciplinary station is planned during 2022/23, subject to appropriate funding being sourced.

The leadership of the Inpatient Unit was restructured during 2021 and two new Advance Nurse Practitioners (ANP's) were employed, one who is already a Non-Medical prescriber and the other who is currently undertaking her training in 2022. The ANP's have commenced nurse-led beds in February 2022, with the first phase of the project focusing on the ANP's admitting patients for respite and managing their care whilst they are on the Inpatient Unit. The nurse-led beds project will continue to develop in a phased approach during 2022/23. The ANP's are supported by a new team of Band 6 nurses providing visible leadership on the Inpatient Unit. Each of the Band 6 nurses are developing specific areas of speciality, including tissue viability, falls and student supervision, working with the wider team to embed quality and expert practice.

An external Infection Prevention and Control audit was undertaken on the Inpatient Unit in October 2021 and a score of 98% compliance was achieved compared with 93% in 2020.

Rehabilitation and Enablement Services Hampshire

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

Rehabilitation and Enablement Services Hampshire (cont.)

As our services have learned to function safely with COVID-19 still ever present, demand for face to face rehabilitation sessions have steadily increased, seeing the gym spaces and expertise of the team put to frequent use. Groups such as 'Living Well with Breathlessness' and 'Build and Banter' have been held again for the first time since the start of the pandemic. Caution and care around risks associated with COVID-19 have limited the capacity of the spaces used for groups, and the team has needed to be creative and flexible in adapting to still facilitate these important and valuable sessions. The offer of virtual exercise sessions, including Adapted Tai Chi and Seated Yoga, is just one example of how the team has managed this challenge. Whilst continuing to provide clinical input, the Rehabilitation and Enablement Team have persisted in developing services and enhancing it's offering. The Mountbatten websites now have a page dedicated to information and advice about living well with a life-limiting condition and associated symptoms, including videos with advice and demonstrations delivered by the team. Resources have been reviewed, developed and created to prepare for the launch of a six week 'Living Well Programme' that will be open for all to attend, delivering information about keeping active, managing symptoms such as breathlessness and fatigue, and preparing for the future.

Consultant Nurses working across Hampshire

Mountbatten's Consultant Nurses have continued a multi-faceted role in order to build new relationships with our partner organisations working with the Hospital Palliative Care Team at University Hospital Southampton (UHS). Alongside this, our nurse also returned to the University of Southampton as a Clinical Teaching Fellow one day a week and contributes to the Palliative and End of Life Care module alongside other duties, combining the reality of clinical practice with academic learning, which student feedback values. She also acts as the Practice Visitor for University of Southampton for both hospices, supporting staff and students in placements.

Community nurses by background, Consultant Nurses can facilitate a consideration of the community perspective in influencing and developing palliative nursing care in an acute setting. Working at UHS 2 days a week, Mountbatten's Consultant Nurse works both clinically and helping to support education within the team and developing skills around Advance Care Planning. They also work closely with partners, such as Red Funnel and SCAS (South Central Ambulance Service) to improve timely and effective patient care. They also line manages the Discharge Co-ordinator, a Mountbatten nurse who is based with the HPCT at UHS. They are working in collaboration with other senior nursing and medical colleagues in respect of the 'Shared Decision Making' initiative within the Trust and works closely with one of the Consultant's in Palliative Medicine, to deliver a weekly Enhanced Supportive Care (ESC) clinic. The concept of Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care. From May- December 2021, a total of 121 ward visits and 86 ESC clinic appointments were undertaken.

Discharge Coordinator – Hampshire

In October 2021, we appointed a full time Discharge Co-ordinator who is based with the Hospital Palliative Care Team at University Hospital Southampton (UHS), who works Monday to Friday. This has been an invaluable role in our sister organisation, Mountbatten Isle of Wight, and one we were keen to replicate in Southampton. We have recruited an experienced and committed nurse to the role, with extensive experience of working in palliative care. The role focussed initially on building working relationships within a large organisation alongside facilitating timely and responsive discharges, mostly in the Cancer Care directorate. As relationships with other teams have developed, referrals have also been received from other areas of the hospital. The importance of working alongside ward staff in championing Advanced Care Plans and discussions about patient preferences is an ongoing aspect of the role.

We have also been working with other partner organisations, such as South Central Ambulance Service (SCAS) and Red Funnel, to discuss and improve processes that support timely patient discharges and have undoubtedly been beneficial to both patient care and working relationships.

Discharge Coordinator – Hampshire (cont.)

Requests for education have also been forthcoming, not just in understanding the role of the Discharge Coordinator, but in supporting and upskilling colleagues, both medical and non-medical, including Junior Doctors, UHS @ Home team and pharmacy staff, to understand the importance of palliative care, timely discharge, and the implications of actions in discharging to a person's preferred place of care, especially for those who have never worked in the community.

Medical Team and Medicines Optimisation and Safety Team

We recently have welcomed the opportunity to open up our services from many of the constraints of the COVID-19 lockdowns, and it is pleasing to see the ward filling with more patients and visitors, and day services able to welcome patients again. We continue to deliver care from behind the mask of PPE whilst COVID-19 leaves a long shadow of patients with late cancer diagnoses and poorly managed chronic conditions whose prognoses, symptom burden and psychological distress are greater than they would otherwise have been.

We have this year instituted a new monthly Interventional Pain Management MDT meeting. We are joined by two pain anaesthetists, UHS Acute Pain Team, Paediatric Palliative Care Team and UHS Hospital Palliative Care Team. Several of our patients have benefited from nerve-blocks delivered on site at Mountbatten to help with pain control where medicines have failed, procedures that were not previously available. These procedures have been facilitated by the purchase by Mountbatten of two new butterfly ultrasound probes that permit detailed anatomical scrutiny.

Several of the medical team have undertaken training in focussed ultrasound. This will permit us to continue our service of ascitic drain insertion onsite at Mountbatten. Our Speciality Doctor continues further to develop her ultrasound skills and is delivering botulinum toxin injections for the management of excessive salivation. Two Point of Care Testing machines were purchased in January. This allows some blood results to be immediately available. We are currently evaluation the impact of this on patient experience and clinical decision-making.

As an established training unit, we have delivered training to seven Specialty Registrars in Palliative Medicine – the consultants of the future. We have also provided training to 7 GP registrars. Following restructuring of medical training by UK-wide Shape of Training Review, we have welcomed our first trainee who will dual-accredit as a consultant both in Palliative Medicine and General Internal Medicine. The aim of this is improve patient care at the end of life in hospitals by moving palliative medicine training into the 'mainstream' of medical specialties. We have been awarded an additional Specialty Registrar training number to reflect the increased need for palliative care consultants within the UK. We have in addition been given a Foundation Year 2 doctor, again with the aim of increasing the number of doctors trained palliative medicine.

We wish good-bye to one of our Speciality Doctors who has moved to be closer to family. We have welcomed a new Specialist Doctor who comes with over 20 years' experience as a local GP, over a decade's experience of palliative medicine in both the New Forest and East Africa, and was also a Clinical Director for West Hants CCG. We are also delighted to appoint our first Clinical Research Fellow in partnership with UHS Southampton Academy of Research. This appointment will facilitate development of research at Mountbatten in conjunction with the Hospital Palliative Care Team based at UHS. The Medical team have submitted two abstracts for presentation at Hospice UK Conference 2022.

The Medicines Safety and Optimisation Team have continued to deliver a rapid development of policies bespoke to Mountbatten Hampshire. We were delighted to appoint a Band 8a pharmacist starting April 2022. An Inspection by Ashtons Pharmacy Services has highlighted the areas we need to continue to develop as we move toward providing an outstanding service. Focus over the next year will include the development of a Community Emergency Drugs Cupboard.

The medical team have continued to deliver an agreed Quality Programme with 9 audits and 2 quality improvement projects. We continue to review our practice with weekly morbidity and mortality meetings. We have supported the development of newly appointed community nurses by delivering a clinical induction programme and weekly teaching. The medical team continue to mentor developing nurse prescribers.

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

One of our Medical Consultants continues work as an Editor for The Palliative Care Formulary and has updated several monographs for publication of 8th ed in Summer 2022. She has also co-authored Introducing Palliative Care textbook (6th ed July 2021.)

Psychological, Bereavement and Spiritual Care Services

This last year has been another year of change within the Psychosocial and Spiritual care services. One of the main focuses was reinstating the face-to-face groups and services which had to be held online during the pandemic. Throughout this last year we have seen the demand for bereavement service increase. This was expected due to the events over the past two years.

Psychological and bereavement support

The psychology and bereavement service had to be delivered in a very flexible way considering the impact of the pandemic and many of the flexible approaches remain as part of the service.

The team continues to offer face to face appointments alongside online and telephone support for those unable to attend in person. We have noticed more people, living out of area, choosing to access our service remotely because they have had a connection with us. However, the vast majority of people welcome face to face support and choose to attend in person.

Mountbatten has been able to reinstate the bereavement groups for adults, teenagers and children. These are being run regularly with a growing attendance rate.

Despite growing our resource in the team, mainly through volunteers and student counsellors, we are now having to operate with a small waiting list of 4-6 weeks. This is due to the increased demand for services, particularly over the last 6 months. The waiting list is monitored weekly and we have made changes to the way we work in order to keep this wait down to a minimum.

We have also worked alongside CCGs, Councils and Care homes within Southampton City to support staff to ensure their well-being and resilience during, what continues to be, a very challenging time for the sector. We have a counsellor dedicated to working in all care homes in the city who were especially affected by the pandemic. The impact of this work is reported regularly to our CCG partner.

The Creative Arts and Complementary Therapies

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

Spiritual Care

Plans for a chapel space in Hampshire have been developed.

We have reintroduced a regular Sunday services, communion and memorial services lead by the Spiritual Care. We have developed regular training on Spiritual care and Distress for staff and volunteers. We have offered placements for curates which has helped build important relationships with the community clergy. Throughout the year we have been able to continue to lead funerals, weddings and blessings for our patients.

Due to staff leaving, we will undertake a full review of the Spiritual Care Service across both hospices during 2022/23.

Head of Innovation & Service Development

This is the first year of a new post which spans the Mountbatten group with responsibility for driving innovation, diversifying income and supporting the planning and redesign of services. An important part of the role is to build on and develop relationships with strategic leaders, informing decisions and strengthening our position as an equal partner across health and social care.

A diverse portfolio which has resulted in successful funding opportunities. Funding from Hospice UK supported us to enhance our services across both sites and further develop our 24/7 hub model in Hampshire, this includes a controlled drugs cupboard and the refurbishment of areas in the Education Centre to collocate the teams.

Further bids to the CCGs resulted in additional equipment to support patients in the community and on our Inpatient units. The additional riser recliner chairs have resulted in heart-warming differences to patients and families; the blood analysers are in frequent use and have made a significant impact on patients experiences, allowing for timely decisions around a patients treatment; additional lap-tops for community staff means patients records are updated at the time they are seen in the community providing the medical team and clinicians at the hospice with real-time information to respond to if required, this has also meant that the staff have more time between visits allowing for more time with patients and capacity to undertake more visits.

Business cases have been approved by the Senior Management Team, resulting in investment from the CCG to upskill and increase the number of nurses in the community team, this has provided us with the capacity to respond to and care for and reach more patients in the community, the additional capacity has also helped to alleviate pressures in the health care system.

Recognition of the benefits of end-of-life training to domiciliary care providers in Southampton, resulted in one-off funding from Southampton City Council for a bespoke programme of training; investment in this sector will support the development and sustainability of staff in this area.

In addition, the role has provided the conduit between providers and commissioners to swiftly resolve many operational issues; discussions with Red Funnel, UHS the Isle of Wight Trust and CCG concluded with additional ferry crossings being secured for patients being repatriated back to the island. A pilot with the CCG to become trusted assessors, will ensure patients are cared for in their own homes more quickly where this is their wish; issues surrounding the ordering of equipment have been addressed.

Relationships with local communities continue to be nurtured and are supporting our ambition to ensure access to our services are equitable regardless of where and how people live. A strong relationship with a BAME leader in Southampton is informing our approach in one of these areas; an end-of-life steering group has also been formed in conjunction with Southampton City Council, the acute trust and local hostels to ensure that care and support is available to people who are homeless or users of substances.

This new role is proving important as Mountbatten navigates its way through a changing external landscape.

Volunteers

The COVID-19 pandemic continued to impact on the development and growth of the Volunteer Service throughout the last year. We have been able to welcome the return of many volunteers following the change in government guidance and COVID-19 restrictions. We have seen many return to their roles. However, a significant number of volunteers have chosen not to return to the organisation as yet. Therefore, we have focused on recruitment of volunteers.

Volunteers (cont.)

Growing the Mountbatten Volunteer Army continues to be a priority in order to support growing services and meet additional need. However, this has been more challenging due to the legacy of COVID-19. It became clear that face to face recruitment was now less effective due to the pandemic and we needed a more diverse approach to recruitment. In order to facilitate this the Volunteer Service has worked alongside the Communications Department to develop a more targeted recruitment approach. We also needed to change the message to highlight the benefits of volunteering to the individual as well as the organisation. We have worked to improve the presence of volunteers on the website and worked more closely with the shops as word of mouth via shops has been an important recruitment route which we have sought to capitalise on.

As part of this work we have streamlined the recruitment process and revised all the administrative processes. By doing this we have ensured that the process is simplified and also the time between completing of the application to starting the role is much shorter.

Within the Volunteer Service we have had several staff changes and vacancies. We have needed to recruit to the Head of Volunteer Development, both administrative posts and a volunteer development post during the past year. These staff changes have impacted on service development and 2022/23 will see a more settled period in order to focus on growing the service.

Over the past year, we have re-established face to face induction and mandatory training for all volunteers, the feedback from which is consistently positive with volunteers recognising the value of the training and of meeting together as a group. Additionally, we have work with the Education department to develop a training matrix and are exploring ways of using our Bluestream on-line training programme (bespoke for hospices) so volunteers have the option of completing some training online.

With an ease of restrictions we were able to reintroduce volunteer parties and awards as part of Volunteers Week. Going forward we will acknowledge long service again with badges representing 5, 10 and 20 years of service. It is important that we recognise the significant contribution that Volunteers make to the organisation and we welcome the return of these events.

Quality

Quality Reporting across the Mountbatten Group

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

Quality Account

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

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

Complaints and concerns

During 2021/22 we have continued to report and respond robustly to concerns and complaints when they are received, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Feedback from Patients and Families

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

- *I am very grateful to you for all the help you have given me. The hospice is a wonderful place and I am sure I wouldn't have coped without all the help I have been given and in time I hope to repay them in some way by volunteering in some capacity.*
- *Thank you all so much for the support & care that you provided for our mother. She said that she felt incredibly safe and at peace during her stay and that gave her such comfort to her family. Your work is so hard but invaluable and means so much to everyone that passes through your doors. Thank you from the bottom of our hearts.*
- *I can't begin to thank you enough for all your help and care for my dad. You treated him so kindly and compassionately. I shall never forget how you enabled him to die in his own home as he desperately wished. He finally died so peacefully with me holding his hand. Such a relief for him and a privilege for us.*
- *Our dad was treated with both dignity and respect while being cared for in his own home. Carers attended a short while after my brother and I said goodbye to our Dad. I was touched by the fact you still referred to him by name and explained everything to him you were doing, as had been done whilst he was still alive. Your input provided a degree of calm and consistency, in a chaotic and whirlwind period. Thank you so, so much.*

Feedback from Patients and Families (cont.)

- *We hope you know how much you're appreciated for everything you do - Thank you. Whilst the obvious skills you all hold - empathy, compassion, kindness - are evident, I know there is much more. An ability to be perceptive and attentive to the needs of others, use communication in a myriad of ways and purposeful collaboration to those you care for. I respect and admire all of you immensely.*
- *You could not have done more for him than if he had been a member of your family. We will be forever grateful to you all for making his final three weeks one in which he was loved, cared for and not alone. And thankful for extending the same compassion and care to us, his family. This made the hardest situation possible much easier to cope with.*

Achievements and performance

Mountbatten Isle of Wight and Hampshire's achievements against our Quality Account priorities for 2021/22:

Priority 1: Safety

Target	Achievement against targets
<p>1.1 Increase the awareness and understanding of the Freedom to Speak up Guardian role amongst employees and develop clear processes and reporting mechanisms</p> <p>Lead: Head of Quality</p>	<ul style="list-style-type: none"> • An approved strategy is in place to communicate the structure, mechanism, and process when a concern is raised with the Freedom to Speak Up Guardian • A Freedom to Speak Up session is included in Mountbatten Employee and Volunteer induction and annual mandatory training programmes • Links have been developed with other Guardians to include joining the South East network group and attendance at 80% of meetings in the year
<p>1.2 Set up an estates task and finish group to understand the work needed on both Mountbatten Isle of Wight and Hampshire estates over the next 5-10 years.</p> <p>Lead: CEO</p>	<ul style="list-style-type: none"> • Task and Finish group formed, and terms of reference drawn up • An action plan is in place which is monitored every two months by the Task and Finish Group • Cost, timescale, and professional advice is identified and agreed by the Mountbatten Board

Priority 2: Clinical Effectiveness

Target	Achievement against targets
<p>2.1 Develop and implement a new programme of Project ECHO sessions across Hampshire and the Isle of Wight to incorporate attendance from across the health and social care sector.</p> <p>Lead: Head of Education</p>	<ul style="list-style-type: none"> Up to ten prospective participants in the project are identified and invited to participate A suitable curriculum of 6 sessions is designed and planned over the next 12 months Evaluation survey feedback indicates that the training is rated as good or excellent in terms of quality and value
<p>2.2 Manage and further develop Mountbatten's Domiciliary Care Service, including 24/7 care and respite care</p> <p>Lead: Head of Community Services (Hants) and Care at Home Team Leader (IoW)</p>	<ul style="list-style-type: none"> Care is provided for all referrals within 48 hours from first receiving the referral 100% of team members are trained to Care Certificate level or booked on training Feedback from patients, carers, relatives indicates 90% of people are happy or very happy with the service

Priority 3: People's experience

Target	Achievement against targets
<p>3.1 Introduce Virtual Groups for patients, to include online live sessions and recorded sessions that people can easily access.</p> <p>Head of Rehabilitation</p>	<ul style="list-style-type: none"> A virtual group programme including live classes and videos is accessible via Mountbatten websites An approved competency framework for facilitation of groups that is signed off by all staff facilitators is in place Patient scores using the Integrated Palliative Outcome Scale and Views on Care outcome measures shows an improvement for those attending groups Feedback from group attendees is analysed and a quarterly report is produced and reviewed at the Quality and Governance Committee
<p>3.2 Improving equality and diversity: Reaching out to older people living in single resident households in socially deprived areas – IW. Increasing the recruitment of volunteers from diverse backgrounds to greater reflect the diversity of the Community – Hampshire.</p> <p>Director of Psychosocial Service</p>	<ul style="list-style-type: none"> Gap in provision of support is scoped for people in hard-to-reach areas such as people living in single resident households in socially deprived areas Volunteer coordinator and at least 10 volunteers for Hampshire are recruited in accordance with identified needs Impact of work is monitored through case studies and an end of year service user survey and the findings are reported to the Mountbatten Board and Commissioners Communication strategy is in place to link partnership working with other agencies (e.g. social prescribers, Healthcare and Community Hubs)

Care Quality Commission (CQC) Inspection

Statement from the Care Quality Commission

Transitional Monitoring Approach

Over the past two years CQC has been changing and adapting the way it monitors services. As the risks from the coronavirus pandemic change, they have evolved their approach to regulation by using a transitional approach to monitoring services. This focuses on safety, how effectively a service is led and, how easily people can access the service.

It includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so they can continually monitor risk in a service
- using technology and their local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where they have concerns.

After reviewing information that they have about services, they have a conversation either online or by telephone. This is not an inspection and they do not rate services following a call. This Transitional Monitoring (TMA) activity helps the CQC to decide whether they need to take further regulatory action at this time, for example an inspection.

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

- Treatment of disease, disorder or injury

Countess Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2021/22. The CQC has not taken enforcement action against Countess Mountbatten Hospice during 2021/22.

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

The CQC's findings are shown below:

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

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

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

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

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

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

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

(Care Quality Commission, 2021, p. 2)

Principal risks and uncertainties

There are currently 39 identified risks. 29 of these are across the Mountbatten Group, 7 are specific to Mountbatten Isle of Wight and 3 are specific to Mountbatten Hampshire. Mountbatten's Senior Information Risk Owner (SIRO) holds responsibility for the risk register.

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

- Full Risk Register to the Board annually
- Changes to Risk Register reviewed by Senior Management Team quarterly
- Changes to Risk Register reviewed at Quality and Governance Committee quarterly

The principle strategic risks faced by Mountbatten are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies)	<ul style="list-style-type: none"> • Robust compliance with CCG contract monitoring and service excellence. • Public reputation. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Monthly Fundraising Report • New 5yr contract for IoW Clinical Commissioning Group. • Achieve and exceed target for reserves • A robust legacy campaign

Major Patient Safety incident	<ul style="list-style-type: none"> • Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team. • Regular robust training and education • Individual patient risk assessments. • Regular mock major incident procedures. • Safety attitudes survey carried out. • Medical Malpractice insurance in place to cover the financial consequences. • Medical staff covered by NHS insurance policy. • Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	<ul style="list-style-type: none"> • Robust governance structure. • Strong communications processes and plan. • Trademark agent commissioned to monitor applications which may infringe our rights. • New branding with branding guidelines launched April 2018. • Relationship management with stakeholders and media. • Investment made in Communications Team.
Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries	<ul style="list-style-type: none"> • Quarterly report of people approaching normal retirement age to assist succession planning. • Support, recognition, progression and development provided through appraisal, supervision and line management • Clinical staff on Agenda for Change terms and conditions • Employee benefits scheme in place • Clear values created with employee input to create positive working culture. • Aiming to become employer of choice on Isle of Wight. • Expanding our geographical reach and influence. • Working with academic partners to develop pathways. • Developing workplace strategy.
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	<ul style="list-style-type: none"> • Robust governance planning, process and audit. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Annual external audits. • Confirmation of planned dates for Trustee Provider visits by Chair of Trustees.
Risk that the Board does not have the appropriate balance of experience, skill mix and diversity, and fails to keep up to date with all mandatory training	<ul style="list-style-type: none"> • Skills mix review annually • Targeted advertising for certain skills and headhunting • Mandatory eLearning monitored monthly at Q&G committee • New Chair of Trustees recruited. • Higher profile of Mountbatten to enable recruitment of Trustees.

Risk of resource overload arising from operational expansion into Hampshire	<ul style="list-style-type: none"> • Weekly SMT discussions dedicated to the Southampton operation. • Daily SMT presence in Southampton to closely monitor developments there. • Regular review of detailed action plan. • Develop Finance and other administration systems to the required standard for an independent operation. • Development of management of clinical operations.
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Our developing strategy

The new strategy for 2020 – 2025 was developed during 2018/19 and encompasses both Mountbatten Isle of Wight and Hampshire. Staff, volunteers, trustees, and the Senior Management Team were involved in developing this new strategy together. The strategy includes five key themes: Care Coordination, Volunteers, Key Messages, Partnerships, and Sustainability and Survival. Each theme has a robust implementation plan with identified leads and is monitored through the Services and Resources Committees.

The new strategy focuses on six key areas:

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

Services Strategic Implementation Plan Year 2

Each of the five key themes has its own strategic Implementation plan and leads meet every 2 months to review these. Actions that have been completed during 2021/22 include:

- Developed a new process for the weekly destruction of Controlled Drugs with training authorised witnesses at Mountbatten Hampshire
- Appointed a Palliative Care Discharge Coordinator to be based at University Hospital Southampton with the Hospital Palliative Care Team who will proactively source patients who do not need or want to be in hospital and facilitate discharge to preferred place of care.
- Delivered workshops across the Mountbatten Group to focus on new model of Day Services

Information Governance

During 2021/22 all standards were met within the Department of Health, Data Security and Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2021/22 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates the following:

- Regular review of compliance with the Data Security and Protection Toolkit
- review of all Information Governance incidents, including the identification of themes and lessons learnt
- review of all Information Governance and Caldicott Guardian decisions
- monitoring of Mountbatten's firewall report
- Subject Access Requests
- Access to Health Records Requests
- Privacy Impact Assessment approval

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

Actions taken during 2021/22 to further improve information governance and data protection within the organisation have included:

- An action plan continues to be monitored and updated to ensure compliance with the Data Security and Protection Toolkit - this is scrutinised at the Integrated Information Governance Committee
- Mountbatten Group is a Core Member of the Cyber Resilience Centre for the South East. This provides the organisation with internet investigation, security awareness training, security policy reviews, web application vulnerability assessment and cyber business continuity exercises
- A Penetration Test has been completed; this tested the robustness of our information technology configuration against any potential threats
- Employees complete a User Access form once they have had training on each of the systems they use for their role, these are kept on the employees HR file
- Mountbatten Information Governance mandatory training sessions for staff and volunteers have been updated and refreshed and now include a session on Cyber Security
- Privacy Impact Assessments have been completed for a number of new projects and new IT system implementations
- Mountbatten's Information and Communications Department carried out work in line with our Information and Communication Technology strategy to move the majority of our operating systems to a cloud-based platform
- Mountbatten Group's Information Asset Registers have been reviewed, with departments updating their section of the Register
- Employees with key information governance roles attended advanced level training supplied by Mountbatten's data protection consultants, Stay Compliant
- An information governance training needs analysis was carried out, with areas of improvement identified and actions completed
- An information governance audit was commissioned which included a review of our information governance policies and an audit of our processes and staff competence. The report was positive highlighting several areas of good practice. There were a number of low-risk actions identified and these have been included in our Integrated Information Governance Committee action plan
- Cyber security is now included in employees annual mandatory training programme with particular attention paid to password strength and malicious emails.

Education and training

Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire

The past twelve months has been dominated by fluctuating restrictions necessary in response to the pandemic (COVID-19). Despite these challenges the education service has continued to flex and adapt as necessary to ensure both internal staff and our local external health and social care staff have been able to access high quality training in relation to palliative and end of life care. Classroom based sessions have been facilitated with smaller capacity but more frequently as required to ensure learners have been able to engage in practical / practice-based learning. The virtual training programme devised in response to the pandemic has continued. Although virtual training is delivered online, all sessions have a live facilitator to ensure those attending are able to engage fully and ask questions. Our virtual offer has meant we have been able to maintain relationships with our local health and social care providers and indeed reach more people.

The education service has also seen an increasing number of requests over the year for bespoke training as our partners in health and social care begin to reprioritise their training needs. A number of bespoke sessions have been provided to Solent NHS Trust, for example on topics including advance care planning, end of life conversations, understanding bereavement, and symptom control. Additionally, clinical skill-based sessions, including catheterisation, verification of death and syringe driver training have been delivered to registered staff in local care homes in Hampshire and the Isle of Wight. We are expecting to see a rise in such requests over the coming year.

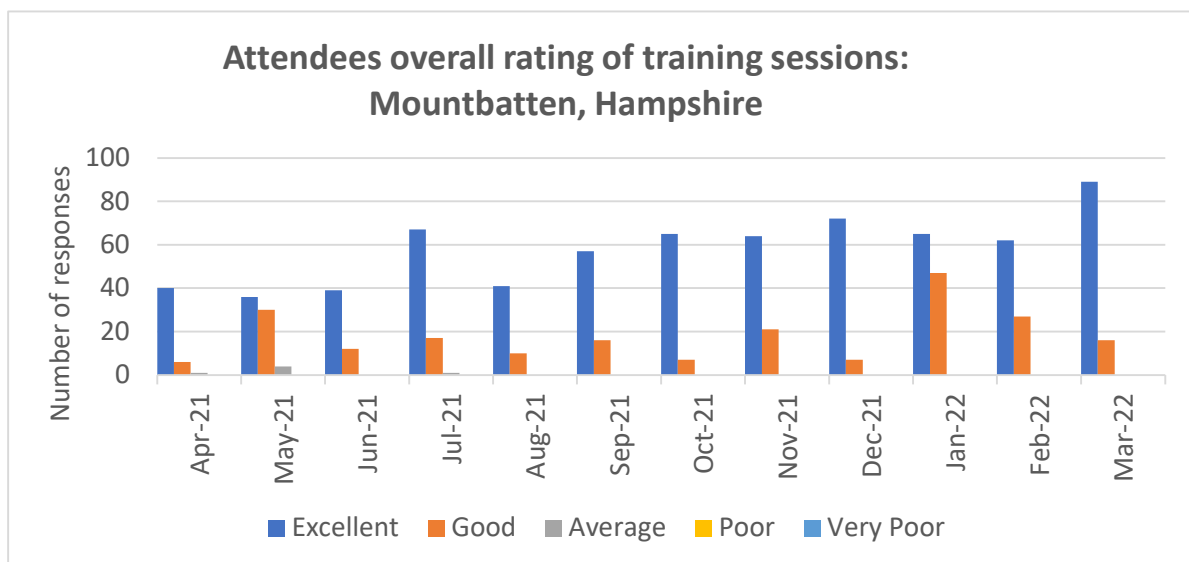
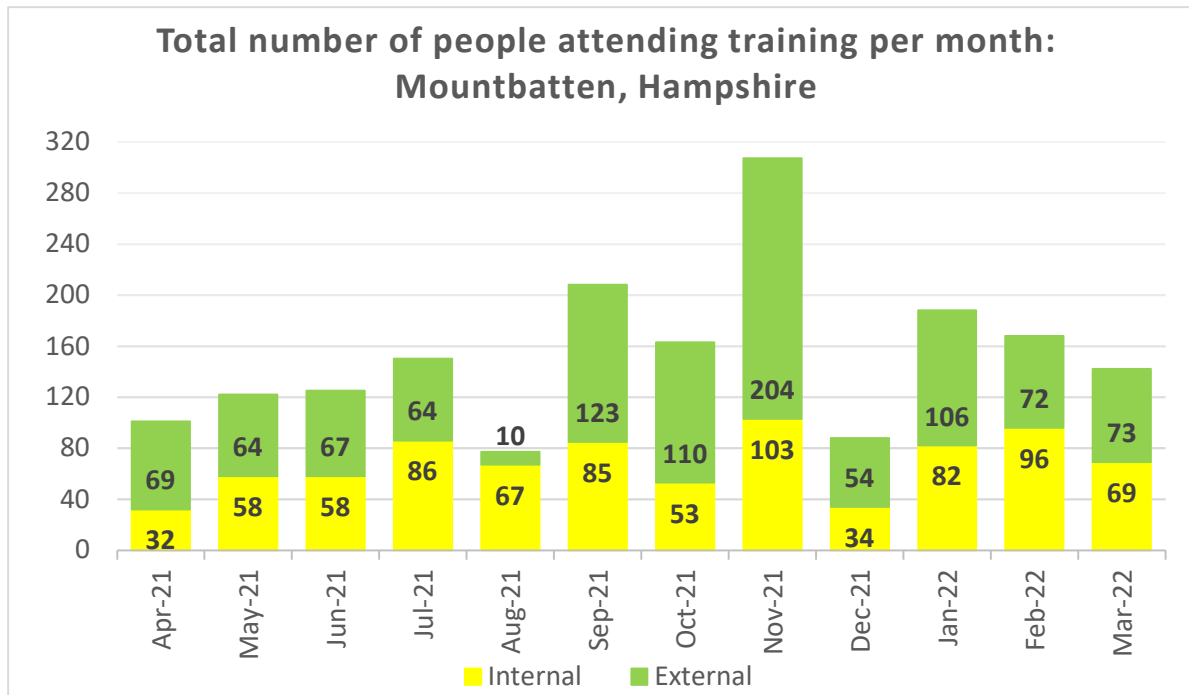
The education service continues to provide a substantive (commissioned) programmes to our local health and social care organisations. The Mountbatten End of Life Care programme (superseding the previous 'six steps to success' programme) commenced in April 2021 and has been completed by four cohorts over the course of the year. The new Mountbatten programme has an emphasis on reflection, and lasting organisational change with attendees being expected to identify and put in to practice service improvement projects at the end of the course.

Project ECHO® (Extension for Community Healthcare Outcomes), a hub and spokes shared learning model, was extended during the year to incorporate Mountbatten, Hampshire and Isle of Wight as one hub inviting local care organisations to participate as spokes. Sessions were planned and facilitated. Participation in this model has been less popular compared to other virtual sessions Mountbatten has hosted and thus moving into the new financial year Mountbatten will host a series of specialist subject webinars along with additional webinars to maintain discussion about health inequalities.

Advance care planning remains central to patient and family care. Mountbatten, Hampshire successfully met all objectives of the CQUIN with the improvement goal of providing personalized care and support planning, embedding Advance Care Planning (ACP) into healthcare for people with long term conditions. The education service has ensured a range of advance care planning sessions have been embedded in training programmes as well as offered as standalone sessions both internally for Mountbatten staff and externally across both sites.

A core programme of palliative, end of life and bereavement care training is well established yet continually reviewed and adapted as required. Many of our training programmes are accredited by the CPD Standards Office. All of the training programmes provided to our local health and social care organisations are also offered to Mountbatten staff, especially to support staff new to end of life care with their own development. Additionally, the education service ensures the delivery of all staff mandatory training ensuring safe and effective practice.

Education activity and performance quality is monitored through the education, training and research committee on a monthly basis and a summary of attendance to training across the year and quality feedback is presented in the following charts.



The education service also aspires to develop a culture of learning, not only where Mountbatten staff can develop but also where staff can support student learning. Student placements enable learners to gain experience of Mountbatten's work potentially creating interest of prospective newcomers to our workforce but also can challenge pre-existing perceptions of hospice care.

Mountbatten has supported students across Hampshire and the Isle of Wight including Health and Social Care college students looking to gain their first work-based experience, undergraduate nursing, physiotherapy, occupational therapy, social work and counselling students, and medical students and clinical psychology doctoral students.

Research

Research development is important to Mountbatten, and we maintain connection with various research departments and groups, putting ourselves forward as collaborators, or as data collection sites or acting in a supervisory capacity to post graduate student research projects. Mountbatten, Hampshire has been selected as a study site for another NIHR funded randomised trial of clinically assisted hydration in patients in last days of life (CHELsea II). A number of Mountbatten staff successfully submitted abstracts to the Hospice UK annual conference held in November 2021. These included:

Jane Hazeldine. Developing a 'keep connected' helpline during the COVID-19 pandemic. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A28-A29; DOI: 10.1136/spcare-2021-Hospice. 73.

Jane Hazeldine. A joint agency approach to promoting wellbeing and resilience in care home staff. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A73; DOI: 10.1136/spcare-2021-Hospice.195.

Duncan Fleming. Mountbatten intranet – reducing the clicks. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A65; DOI: 10.1136/spcare-2021-Hospice.171.

Mary Banks. Increasing palliative rehabilitation's reach through technology: online resources and virtual therapy. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A38; DOI: 10.1136/spcare-2021-Hospice.100.

Dee Curless, Shane Moody. Provision of a consultant nurse led acute hospital end-of-life care unit to meet unmet needs of dying patients. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A88; DOI: 10.1136/spcare-2021-Hospice. 233.

Dee Curless. Never a dull moment! BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A88-A89; DOI: 10.1136/spcare-2021-Hospice. 235.

Jackie Bennett. Digital acceleration: embracing a virtual education programme. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A68; DOI: 10.1136/spcare-2021-Hospice.180.

Michael Singer. The role of a paramedic in a community hospice/palliative/end-of-life care team. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A53; DOI: 10.1136/spcare-2021-Hospice.140.

Nigel Hartley. The Role of the Creative Arts in Palliative Care In Oxford Textbook of Palliative Medicine /ed. Cherny N.I. Fallon M.T. Stein K. Portenoy R.K. Currow D.C. Sixth Edition Oxford University Press.

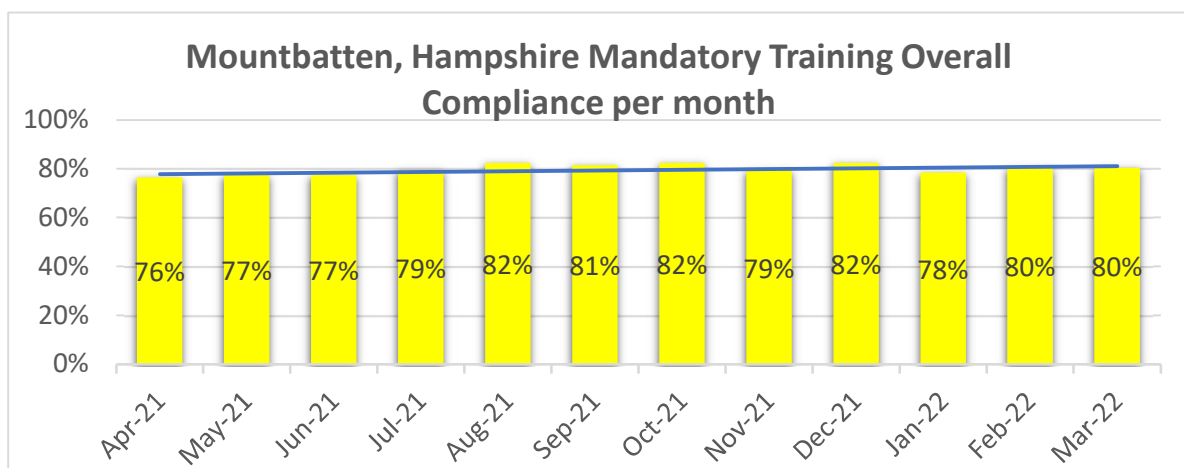
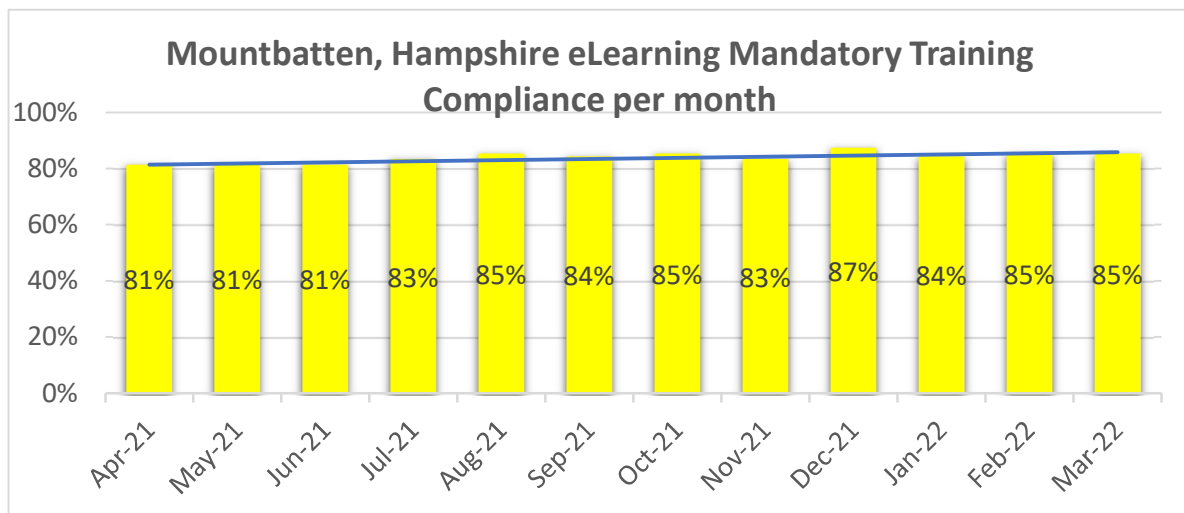
Nigel Hartley Physiotherapie in der Palliative Care: Rehabilitation am Lebensende Ed. Neiland P. Simader R. Elsevier

After the postponement of the 2020 conference, the Mountbatten annual conference titled 'dying in the 21st century, is our health and social care system fit for purpose' was successfully held in October 2021. 134 delegates attended the conference comprising a collection of workshops and keynote speakers such as, Dr Julian Abel, Director of Compassionate Communities; Sue Bottomley, National Head of End of Life and Palliative Care programme, NHS England; Jackie Munro, Chief Nurse, Solent NHS Trust; Chris Thomas, Institute for Public Policy Research; Max Kleijberg, PHD, Karolinska Institute, Department of Innovative Care Research, Stockholm, and Nigel Hartley, Mountbatten CEO.

Planning is underway for the 2022 annual conference which will return to St Mary's Stadium in Southampton in October.

Mandatory training

Access to the hospice specific suite of mandatory (eLearning) training is acquired from the blue stream academy. All staff are provided with an account and all mandatory training requirements are clear within this portal. Alongside eLearning modules Mountbatten also requires certain mandatory training to be bespoke to Mountbatten and/or attended in the classroom. Additionally, Mountbatten can utilise this system to disseminate any relevant training information for example over the last year has been able to share a refresher on donning and doffing of personal protective equipment, information about human factors in healthcare systems, and conducting holistic needs assessments of patients and their carers. Thus, the blue stream academy system has been developed to maintain a complete record of both eLearning and Mountbatten specific training. Live data can be accessed at any time through the portal ensuring Mountbatten always has an up-to-date record of mandatory training compliance. Compliance rates are monitored closely and reported on monthly. Mountbatten expects staff to achieve and maintain a 90% compliance rate. Challenges brought by the pandemic has impacted attendance to classroom mandatory training in the last year. A summary of rates across the year are demonstrated in the charts below.



Alongside mandatory training to ensure safe and effective care, Mountbatten staff are supported with further personal and professional development each year. Training needs are discussed formally as part of the appraisal process and where possible staff are supported to participate in development opportunities at various qualification levels up to master's degree. Mountbatten is also able to support staff development through apprenticeship programmes and this year has supported health care assistants on to nursing associate apprenticeships. Apprenticeship opportunities will be further explored to expand opportunities to non-clinical staff also.

Income generation and Communications

The fundraising landscape has significantly changed as the COVID-19 pandemic has continued to impact on fundraising activity and especially those income streams that rely on in person gatherings. However, as the uncertainty of the public lessened, momentum slowly increased in the latter part of the year in the areas most adversely affected. We have continued to regularly engage with our supporters and are hugely grateful for their time and generosity, which has enabled us to deliver the full extent of our services in our local communities during another challenging year.

Collaborative working across the two fundraising teams has increased and utilising our resources and expertise in a much more effective way has made us more resilient to respond to the challenges of the pandemic, staff absences and vacancies and a fundraising programme condensed into the second half of the year.

Following the migration of supporter data to a new database (Raiser's Edge) on each site and the appointment of a Fundraising Database and Donor Support Manager to review and improve processes, this year has seen further investment in an Individual Giving and Lottery Manager on the Island and an Individual Giving Fundraiser in Hampshire, roles that will enhance the donor journey.

Mountbatten continued to engage the services of Compton Fundraising Consultants Ltd who lead on income generation to increase funds raised by exploring new avenues, implementing improved ways of working and developing stewardship. A process of reviewing and adapting, underpinned by Compton specialist knowledge and best practice, is now established, always with ROI and value for money in mind. We have written agreements with Compton Fundraising Consultants Ltd as well as StarVale who administer our lotteries.

Mountbatten regularly monitors its fundraising activity, income and expenditure, compliments, complaints and all communications with its supporters in a number of ways, including but not limited to weekly one-to-one with CEO, monthly report reviewed at quality and governance meeting, quarterly review at Resources Committee meeting and Trustee Board meetings. Mountbatten Hampshire received 1 complaint and 1 concern in the year for the purpose of fundraising.

We do not conduct door-to-door or telephone campaigns, and we only contact those who meet our current GDPR stance of legitimate interest. We do not currently have any third party canvassers or proactive outbounds sales activities, and when someone tells us they no longer wish to receive contact from us regarding fundraising we update their profile and they do not receive future communications. The majority of donations are unsolicited, or as a result of an indirect ask (where we inform the donor of our need and the impact we make, but don't directly ask them to give) Where direct asks are made, we do not ask the donor multiple times, nor do we cold contact anyone we do not have a relationship with. Our direct mail campaigns go to supporters already on our database and have an easy opt-out option.

Monitoring of the fundraising supporter databases and communications is reviewed by the Data Protection Officer and Fundraising Database and Donor Support Manager through regular audits with any issues raised through Information Governance Committee. Mountbatten adheres to the Fundraising Regulator's Codes of Fundraising Practice and is registered with the Fundraising Regulator's Fundraising Preference Service.

At Mountbatten Hampshire we remain indebted to our generous supporters who have continued to support us during another challenging year. Several income streams did not reach target due to the ongoing impact of the pandemic and low awareness of the charity, but In Memory giving and other remembrance activity to commemorate the life of loved ones performed strongly.

Our Sunflower Walk with Mountbatten returned to the Broadlands Estate in Romsey at the beginning of July. This was our first in-person gathering following COVID-19 and, whilst registrations were initially slow due the public's uncertainty following the lifting of restrictions, attracted over 300 walkers. The Light Up A Life service was held at the Hospice and also provided the opportunity to come together to remember loved ones. Corporate giving included sponsorship for these events and the Mountbatten Conference, as well as support from business owners and their employees for the Corporate Challenge, Charity of the Year partnerships, challenges and events.

Income Generation (cont.)

The number of players for the Mountbatten Hampshire Lottery has declined due to natural attrition and, with limited opportunity to recruit new players, has not seen the planned growth. StarVale continue to give advice and guidance, and this is an area of activity that following the pandemic will be reviewed.

The increase in the legacy pipeline in the latter months of 2020/21 has come to fruition with a significant increase in legacy income, and the pipeline remains strong for the next financial year. It is encouraging that this particular area is growing and will remain a key focus going forward.

Whilst still a relatively new area of fundraising for Hampshire, there have been a significant number of applications to trusts and foundations resulting in support for core costs and a range of equipment. As plans to refurbish the Hospice gain momentum, detailed research has been undertaken to identify potential funders for the capital campaign. With a developing prospect list, initial conversations have taken place and a campaign plan developed. A capital campaign will provide the much-needed focus to raise awareness of the Hospice as an independent charity and increase existing and attract new support.

Communications

Over the course of the last year, the Communications Team continued to respond to the challenges of COVID-19, while shaping our plans and objectives for the future.

During the earlier part of the year, our work was heavily influenced by the pandemic and in the absence of face-to-face opportunities, we adapted much of our focus to our digital projects.

Our quarterly flagship magazine, Connect, continued to be produced and sent digitally to our supporters in both areas, and we maintained a large presence of activity across our social media platforms – Facebook, Twitter, Instagram and LinkedIn.

Our website mountbatten-hampshire.org.uk is regularly updated with news and information about Mountbatten, including the latest COVID-19 guidance for supporters and visitors, plus information to support our clinical, education and training, fundraising and human resource services.

We started developing the news section of the Mountbatten Intranet and we now regularly share internal news via this channel, alongside our Insight newsletter, which we produce for staff and volunteers.

Insight is one example of how we have introduced more organisation-wide working, moving to one edition featuring news about Hampshire and the Isle of Wight, instead of two separate newsletters.

A joined-up approach is now often taken with design assets, for example, working with the fundraising team on Light up a Life, and our 45th anniversary has presented another opportunity to work in this way.

Video stories have become a powerful way for us to share key messages about our work. We have been working closely with Nosy Marketing to produce engaging, emotive and informative video content, which has been very well received by both staff and volunteers, supporters and local businesses.

Video projects in the last year have included a Christmas story - <https://youtu.be/2dB9W5vbJDo>, featuring people we have supported in different ways - and our Annual Review film - <https://youtu.be/EWyxkz4Ho6w>

The easing of COVID-19 restrictions enabled us to host our Mountbatten Conference at St Mary's Stadium, Southampton, and the Communications Team was heavily involved in the planning of this event, while also leading a workshop on the importance of talking about death and dying.

Communications (cont.)

Now we have a settled team again, we have set our goals and objectives for the next three years, aligned with our 2020 – 2025 strategy.

This includes encouraging more people to be confident to talk about death and dying, and promoting our Mountbatten language across the organisation. We also plan to develop more targeted engagement with our local communities, particularly in Hampshire, to help raise the profile of our work.

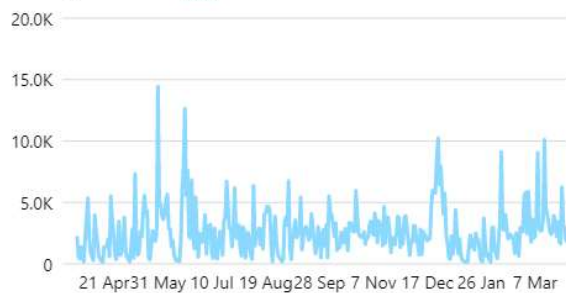
The year came to a successful end with our 45th anniversary 'torch run', where staff from each hospice ran in opposite directions to their respective place of work, passing in the middle of the route.

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

Social media statistics

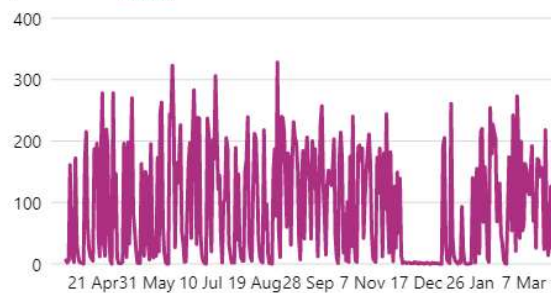
Facebook Page reach ⓘ

170,449 ↓ 8.7%



Instagram reach ⓘ

1,946 ↓ 51.9%



While the volume of activity has remained constant, the organic success of our posts across social media is lower compared to last year.

Some thoughts on why we believe this has happened:

Using last year's graphs in the reports, you can see that both sides saw an unprecedented surge of visitors as the pandemic hit (we typically, on average, are lucky to be getting reach 5-10k). Around April – May 2020, we saw it surge up to 60k. This would be due to the number of people in lockdown on social media, all fully engaged and interacting as we gave service updates and dealt with interactions and questions (all of which massively increased our reach). This trend of a significant drop in stats will be a familiar picture for most public-serving business pages on social media.

Around the beginning of 2021, Facebook has also changed its algorithm, making it harder for posts to be as visible as before, mainly because they are pushing their Facebook advertising package and therefore almost forcing businesses to pay for advertising to get the reach.

Estates and facilities

During this early part of this reporting period, we decided to employ an architectural consultancy firm to assist with all large projects, including the car park and the potential redevelopment of Inpatient Unit bedrooms, office spaces, a new external log cabin and the design of the main entrances and links between the buildings. This process is now well underway, and all large capital projects have now been transferred to the external architectural consultancy, McAndrew-Martin, allowing the Estates and Facilities Team to focus on business as usual, and developing a more structured facilities management programme.

A number of key projects have been delivered by the team, such as resealing roofs and extending the life of each roof by a further 5 years, new kitchen project, renovation of the gym, offices within the Education Centre, replaced fire doors and started to replace the many older style tubed lights throughout the site with energy efficient LED lights, saving energy and money. Some of this work has been supported by our relationship with McAndrew Martin.

We have also been proactive regarding the management of Asbestos across the site. With a full annual review undertaken of the Asbestos containing materials (ACM's) in the and a full redevelopment and demolition Asbestos survey (R&D).

During quarter four we have engaged with the Southern Health NHS Trust Estates Department, to draw up the draft of the 2022-23 Service Level Agreement. We have identified further cost savings within the Service Level Agreement and we are still working to reduce our dependency on southern Health to provide services to Mountbatten Hampshire in the future.

Fire Safety

We have had one fire related issue to report during this period, this being the failure of the Inpatient Unit fire panel. The original fire detection system that was highlighted when Mountbatten took control of the site as being obsolete and this system failed in late November 2021. Wessex Fire assessed and quoted for the replacement of the system, from start to finish, the new system took 3 weeks to complete at a final cost of £20k and we now have an advanced detection system providing the correct level of detection to the Inpatient Unit

The main Fire Risk Assessment for the whole Hampshire site was also reviewed during this reporting period by Wessex Fire and significant progress has been made with no further concerns raised.

Water Safety

We carried out the first Mountbatten led Water Risk Assessment. This was carried out by Clear Water Technologies, and as part of the package we will receive a written scheme and a water system schematic. The report is very comprehensive and also contained a recommended remedial action list. This work has now been approved and the remedials identified in the Water Risk Assessment are underway.

Southern Health has continued to carry out preventative maintenance regarding safe management of the water systems. We have taken steps to improve these contracted responsibilities as part of the new revised 2022 Service Level Agreement.

We have continued to monitor and test the hot and cold-water across the site, following a continued series of reported low delivery temperatures being identified. This has resulted in our new kitchen and cafe project moving to independent electrically generated hot water systems. We are continuing to work with Southern Health and another external agency, Forth, to find an appropriate solution to this challenge for the remaining hot and cold water needs and we continue to sample the water across the site via contracted support. It is important to note that to date no Legionella or other associated water-borne issues have been detected across the Mountbatten Hampshire site.

Water Safety (cont.)

We have also worked on the estates stored water systems and have moved forwards with the water tank cleaning and the recommissioning of the deactivated water tank in the Inpatient Unit roof space.

During this year the Hampshire Facilities Assistant has also attended the Responsible Person Health Care Water Management course.

Medical Devices

Our focus for this year has been the alignment of our 3 main medical devices contracts with the external companies Bio-Med, Shepherds and ARJO. This has been with the aim to streamline the amount of contractors we use. This combined move will mean that, moving forward, Mountbatten Hampshire will have three primary contractors supporting medical equipment.

This year has also seen the first combined equipment service event being conducted which involved Shepherds and Bio-Med attending the site to identify a large majority of our equipment in an organised and efficient manner. This exercise was very well supported by our clinical teams and captured and estimated 85% of the equipment servicing requirements.

We now have a full asset list of our equipment which will be essential with life cycling decisions and the future management of the site's medical devices.

Security

R&G Security have continued to support the needs of the Mountbatten Hampshire site in an appropriate and professional manner during this reporting period. We have also made improvements during this year to the Inpatient Unit intruder alarm system and fitted a CCTV system to further enhance our security capabilities for the site.

Human resources

Human Resources Department

COVID-19 continued to have an impact on employees' capacity and capability in delivering services and one of the key things for the Human Resources Department over the past 12 months was to ensure that all employees continued to follow the COVID-19 testing protocols and also to ensure that employees were supported in obtaining their COVID-19 immunisations.

Both hospice teams' capacity was impacted greatly during several COVID-19 cluster outbreaks and that coupled with the requirement to isolate for designated periods, meant that our teams had to look at different ways to provide services, this included asking for volunteers from our non-clinical teams and providing them with the necessary training to enable them to support our patients within the community as part of Mountbatten at Home teams. At this time 414 employees have received their 1st COVID-19 immunisation, with 383 employees have received their second.

A lot of work was done to change our contracts and processes to support the introduction the Vaccination Condition of Deployment within Healthcare [VCOD], the Governments mandatory requirement for all patient facing roles to be double vaccinated, prior to its withdrawal in March 2022. We have retained elements of the planned new process and their recording so that we have appropriate and accurate reporting of vaccine status and put in place individual risk assessments where employees are unwilling or unable to have a vaccine.

Following the successful migration of data onto Cascade, the new HRIS System, the IOW HR team led the implementation of the new system across the Group, ensuring all employees received training, enabling them to be able to access and use the self-service benefits of the system and thus reducing the need and time for the HR to update an individual's personal data. The system enables Directors, Managers, Finance and HR teams to be able to view data quickly and use the information to support business decision. The new system has provided HR and Voluntary Services with the capability to provide quantitative information and people data in just a few clicks.

The next stage is to roll out further system functionality, which for Managers will include the automation of some of the HR reporting functions and the ability to view and manage job and salary details for their direct reports. For Managers and Employees, HR workflows and reminders will be built into the system, including the registering and approval of absences, the loading and approval of objectives and updates and the annual appraisal review. In addition, the link to electronically transfer fixed data, enabling it to be used in the processing of payroll, thereby reducing the use of paper forms, spreadsheets, and the opportunities for errors.

During the past year the HR Team also led the sourcing and transition to a new Occupational Health partner, Drayton Medical who provides services across the group, both on site at the Hospices and also at their clinic in Portsmouth. Drayton Medical work very closely with the team to continually review and evolve the health support services to our employees and managers.

We have worked with to streamline some procedures which have meant we have been able to shorten the onboarding lead time for new employees. The relationship has provided the HR Team with an online portal to meaning we can directly communicate and each party view health and background information. This has resulted in a big improvement in the management referral reports for employees on long term sickness absence and in the understanding of the support and reasonable adjustments needed to assist the individual in returning to work.

Another large piece of work that the HR team have completed over the past year is Pay Analysis. This is where we have undertaken a job evaluation of every non-Agenda for Change role across the group and reviewed the salary against the market.

We have also introduced salary bands for non-Agenda for Change roles, grouping them where they have scored similarly on the job evaluation. This covered 112 employees across the group, of which 70 received an increase as a result of the exercise, with the remaining 42 employees pay remaining the same. No one's salary reduced as a result of the exercise.

Human Resources Department (cont.)

The objective and outcome of Pay Analysis was to design a pay structure which fairly rewarded our employees for the work they do, recognising the market competitiveness of salaries for similar roles. This will assist us with the retention of our talent and to help in the attraction of new talent and skills into the organisation by having competitive pay and a transparent process pay structure.

With regards recruitment, over the past 12 months Mountbatten has seen a significant increase in the number of opportunities available for individuals to move roles and to join the organisation.

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

Overall, during the last 12 months, we advertised a total of 160 vacancies across the group, which is an increase of 22 vacancies when compared to the previous year. The number of applications however decreased due to COVID-19 by 308 during the year when compared with the previous year which saw 1,428 applications compared to 1,120 over the past 12 months. However, hits on recruitment advertisements rose by 24,725 for the period.

Mountbatten Hampshire's establishment at the end of March 2022 stood at and 106.75 WTE at Mountbatten Hampshire.

Number of Roles NHS Jobs Metrics		Average times			
		Vacancy Closed to Shortlisting	Vacancy Shortlisting to Interview	Vacancy Interview to Offer	Employee Commences
Mountbatten Hampshire	102	3.15 days	21.53 days	2.90 days	47 days

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

With challenges increasing across the recruitment market and decreasing candidate numbers we have undertaken piece of work with an external partner, ResourceBank to review and audit our recruitment and onboarding processes, to understand where improvements in processes are required, and what we need to do in order to start to build our employer brand and candidate experience. The audit included,

- Candidate experience and engagement, including communication methods and tone
- Candidate perception – how they find the process, how long does it take, what are the barriers
- Attraction, including current website, job advertising, adverts, copy and social media
- Retention and on boarding processes
- Employer Value Proposition audit – identify our position locally and in comparison, to our competitors, looking at our external messaging, tone of voice and storytelling opportunities

At the time of writing ResourceBank are shortly reporting back to the Senior Leadership Team on the audit's findings and recommendations for consideration.

Employment practices and pay

To achieve the Charity's vision, it is critical that we attract and retain a diverse pool of skilled and talented people. We will only do this if we create an inclusive working environment, where our people can be themselves.

Dignity at work

All our staff have the right to be treated with fairness, dignity and respect. We do not tolerate bullying or harassment. It is only through treating everyone fairly, and with dignity and respect, that we will enable our people to perform at their best.

Safeguarding

Everyone is entitled to live their lives free from harm and abuse. It is important that children and vulnerable adults can feel safe and protected alongside our employees and volunteers whilst undertaking Mountbatten related activities.

We have employ a dedicated Safeguarding Manager and our online safeguarding training is mandatory for all our employees. We update our safeguarding policy and associated guidance regularly and whenever any additional changes are required to reflect current thinking.

Safeguarding concerns connected to our activities can arise from our staff, volunteers and from members of the public, and can be reported through our shops, at events or online. Any concerns are logged confidentially and escalated when required, involving thorough investigation and resolution through a range of methods. These include signposting to further help, reporting the concerns to relevant authorities (for example police or social services), taking disciplinary action or offering pastoral care and support. The logs are regularly reviewed and reported to our Executive Board and Council. We report serious incidents to the Charity Commission in accordance with its guidelines.

Equality, diversity and inclusion (EDI)

We value, celebrate and embrace EDI and we have set ourselves ambitious objectives. We believe the inherent benefits of a diverse, inclusive organisation will enhance our impact and performance.

We monitor and record our EDI achievements in the field of recruitment and endeavour to be able to robustly demonstrate that we value and strive to achieve a balanced equal, diverse and inclusive workforce. We have recognised that while we have taken steps forward, we still have a long way to go to reach our ambitions of improving the diversity of our team and building an inclusive culture which supports everyone in our team to thrive.

We have continued to foster inclusion through all our activity including our learning and development offer, recruitment and selection practices.

It is the charity's policy to provide equal opportunities to job applicants and employees of any . race, nationality, ethnic origin, marital status, religion or belief, sex, sexual orientation or gender identity, disability, age, or employment status.

The Charity does not tolerate any form of discrimination in our recruitment or employment practices. All employees and applicants are treated fairly, with respect, recognised as individuals and valued for the contribution they make, provided fair access to training, development, reward. and progression opportunities and are accountable for the impact of their own actions. Equality Impact Assessments are carried out on people policies to allow us to identify and remove any direct or indirect discrimination and implement opportunities to foster good relations. We are committed to taking positive action where necessary.

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

Within recruitment, we have a recruitment and selection policy and accompanying guidance which provides structure and criteria for the shortlisting of applicants. This ensures applicants won't be excluded on the basis of disability. As part of this policy, we ask job applicants whether adjustments are needed to support them so we can provide these where required.

Pay

We are committed to fairness in our remuneration practices and our remuneration policy follows these guiding principles:

- **Transparency** - openness and clear communication about how remuneration is set
- **Proportionality** - fairness and consistency in line with appropriate internal and external references
- **Rewarding performance** - ensuring remuneration is commensurate with an individual's performance and contribution to us
- **Effective recruitment and retention** - enabling us to attract and retain valued staff

Salaries are set on two different systems based on contractual positions.

- Staff employed on the NHS Agenda for Change contract are paid and are entitled to all the benefits contained in the terms of that contract from time to time. This group of staff are mainly clinical staff but there are some staff who were formerly employed in the NHS who have TUPE'd into the Charity along with their entitlement to the NHS Agenda for Change terms and conditions.
- Staff who are not employed on the NHS Agenda for Change contract are paid based on an assessment of the market salary for the full range of positions offered by the Charity. Remuneration may vary depending on the job type and talent pool and is validated objectively using market comparators. This includes salary survey data from the charitable, private and public sectors. Guidance is sought from external professional advisers as appropriate. Our remuneration framework sets out pay bands clearly and is openly available to employees, to support our objective to engender fairness and teamwork.

The annual salary review implemented for the NHS Agenda for Change contract is implemented for those of our staff on that contract. Simultaneously we normally conduct an annual salary review for the balance of our staff with increases awarded across all salary bands in terms of that review. We do not operate a bonus scheme.

We review our remuneration policy and positioning regularly to ensure we are paying appropriately to attract and retain skilled and experienced people, while making best use of supporters donations. Information regarding our remuneration spend is included in Note 8 to the financial statements.

Senior executive pay

To achieve our objectives, we need to attract and retain high-performing senior leadership. Each position on the Senior Management Team is individually benchmarked using external advisers, and salaries are positioned well below roles with similar responsibilities in the corporate sector.

Information technology

Information Technology Team

The past year has seen a major investment and roll-out of IT equipment with the purchase of laptops, PCs, large-screen display monitors, video conferencing equipment, mobile telephones and networking equipment.

This much appreciated investment has - and continues to - improve efficiency and demonstrates the organisations' commitment to invest in the IT tools to support staff in their work in caring for patients and their families.

The IT Team has continued to support remote and flexible working and communication for staff quarantining, self-isolating and transitioning back to work during the COVID-19 pandemic.

The skills and work practice experience gained during the lockdowns has endured into the new 'normal' and has included facilitating virtual patient groups, extensive use of video conferencing, and investigating the use of existing new technologies that enable patients to engage and contribute to their care at any time.

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

- Rolling out 100+ PCs and monitors, 100+ laptops, meeting room monitors, high-quality meeting room cameras and networking equipment
- Enabling the staff to return to work in the offices whilst still maintaining the ability to work remotely, if required.
- Embedding the use of video conferencing technology using applications such as Microsoft Teams and AccuRX.
- Continued development of the Mountbatten Intranet, extending its use for individual teams and services - providing a repository of knowledge, document storage, information, and a way of communicating with staff.
- The continued improvement of the SystemOne Shared Electronic Health Record, including the introduction of Appointment Calendars, the recording of Interventions, and Discharge Planning functionality.
- The reduction of IT support, services and use of IT equipment previously provided by UHS Hospital to zero
- Assistance and support in organising and running the first Mountbatten Conference held at St Mary's Stadium in Southampton
- Upgrading the network switches and the provision of fibre-optic cabling and ethernet cabling for the office refurbishments in the Education Centre
- Assistance with the installation and upgrading of the door security system
- Installation by the Estates Team of internet-enabled CCTV security cameras

Security and Service Availability

There have been minimal and few IT security issues and / or network outages over the year. This has included one outage to the telephone system and one outage to the Internet, both of which were out of Mountbatten's control.

Cyber security, Information Assurance and Information Governance is given the highest priority across the organisation, and continued improvements and testing are in place to protect against internal and external attacks and system failure.

Collaboration

Together with the Data & Quality Team, we have actively participated in the Hampshire and Isle of Wight (HIOW) End of Life Care (EoLC) Interoperability Group, which has the aim of improving how important EoLC patient information is shared between organisations, in real-time, using disparate electronic systems.

The group has produced an interoperability requirements document and carried out a high-level options study on the approaches to and models of interoperability; it is now in the process of writing a technical specification that has the potential to be used nationally.

Collaboration (cont.)

Mountbatten has initiated and chairs the Isle of Wight SystemOne User Group, which seeks to improve the sharing, standardisation and integration of care across the Island and, in part, has assisted in persuading the Island's NHS Trust to move to SystemOne.

Mountbatten has started trialling and are sponsoring the use of the 12 Key Indicators, a set of simple measurements that are aimed at demonstrating and comparing, at a glance, how well all aspects of the hospice are performing.

The measures include: Reach, Responsiveness, Efficiency, Effectiveness, Activity, Expenditure, Feedback, Savings, Planning, Safety, People and Fundraising.

The 12 Key Measures are being presented to the HIOW Hospice Collaborative and hopefully at this year's Hospice UK conference.

Resources

The IT Team has had a very busy few years with the integration of the Hampshire site, the replacement of legacy and paper systems, with the implementation of new electronic patient systems, the major refresh of equipment and the work required to provide remote and flexible working during the pandemic.

As we return to a more normal work pattern, it is important to ensure that the IT Team can continue to provide reliable, flexible, resilient and effective solutions to support patient and staff requirements. With this in mind, and together with the Data and Quality Team, we intend to review the resources required to meet those expectations over the coming months.

Future Plans

Over the coming months the IT Team plans to assist the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based solution.

If successful this should result in all of Mountbatten's IT services becoming Cloud-based and the decommissioning of the two remaining on-site servers, which should provide a strong and resilient platform for the future.

The Intranet will continue to be developed to provide a Clinical Knowledge Base, additional functionality, and to become the repository of all documents not already stored within existing clinical and back-office systems.

In addition, over the coming year we aim to introduce new technologies for patients, enabling them to more easily engage and directly interact with their care. Examples of this include:

- Loaning of and assistance setting up equipment within a patient's home
- For patients and their family to easily contact by video, call or text the hospice from their bedside
- The ability for patients to contribute feedback and answer questionnaires about their care (i.e. Patient Reported Outcome Measures)
- For patients to be able to book and view appointment details electronically
- The ability to collect real-time clinical observations from patients using wearable devices
- For patients to receive information about their care electronically
- The ability for patients to order repeat medication prescriptions
- For patients to view and contribute to their electronic record (i.e. for Advance Care Planning)

Alongside a grant brokered through Hospice UK, we are in discussions with an Isle of Wight Business which has approached Mountbatten to offer financial support to purchase equipment and provide technical assistance in order to support this initiative.

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

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

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

Our governance processes

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

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

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section "Engaging with our stakeholders" on page 61. At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

The likely consequences of any decision in the long term

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

During the year under review, the Trustees approved a COVID-19 plan that addressed the likely difficulties of continuing to deliver services during a pandemic, a possible drop in income and the need to support people affected by death dying and bereavement through the pandemic.

The Board and its Committees keep the Charity's principal risks and its risk appetite under

review, formally considering emerging risks and reviewing changes in the Charity's risk profile and responses thereto throughout the year.

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

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

The desirability of the Charity maintaining a reputation for high standards of business conduct (cont.)

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

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

Engaging with our stakeholders

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

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

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

Principal decisions

Maintaining services to our beneficiaries

Following emergence of the COVID-19 pandemic we considered the feasibility of maintaining service delivery to all of our beneficiaries.

- SMT looked at all options presented to them for service delivery across our In Patient Unit, Community team, Care at Home team and day care centre.
- Services in the In Patient unit were maintained at pre-pandemic levels with extra use of PPE and a restriction on the number of visitors permitted simultaneously in wards.
- Community team services were maintained with the use of extra PPE and protocols in place to ensure that the extra risks presented by the pandemic were managed. This involved greatly increased infection control regime which did cause a substantial increase in the time taken per visit but services were maintained.
- Care at Home team services were maintained with the use of extra PPE and protocols in place to ensure that the extra risks presented by the pandemic were managed. This involved greatly increased infection control regime which did cause a substantial increase in the time taken per visit but services were maintained.
- Day care centre activities were suspended on the premises due to the particular risks and difficulties presented to patients in travelling to and from the centre.

Sustainability and carbon reporting

The Mountbatten Group is reporting energy and carbon emissions in compliance with The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018. This is the first year that this report has been produced and thus comparatives have not been stated as that data has not been collected in the prior period.

Consumption of Electricity – KWh

Retail outlets Isle of Wight	62,836 KWh	14.65 Tons CO2 Equiv
Isle of Wight Hospice and associated buildings	558,506 KWh	130.21 Tons CO2 Equiv
Retail outlets Hampshire	53,786 KWh	12.54 Tons CO2 Equiv

Consumption of Gas – KWh Equiv.

Retail outlets Isle of Wight	102,208 KWh	23.83 Tons CO2 Equiv
Isle of Wight Hospice and associated buildings	772,487 KWh	180.1 Tons CO2 Equiv.

Consumption of fuel in vehicle fleet

Consumption of fuel in Vehicles in litres	6,944 ltrs	18.61 Tons CO2 Equiv
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The conversion rate of KWh to tons of carbon dioxide is 0.23314 kg CO2 per KWh.

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

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

Commentary on emissions

The largest consumer of energy is the premises at Halberry Road, Newport, Isle of Wight which consumes approximately 88% of gas consumption and 82% of electricity consumption. The balance of electricity and gas consumption is entirely in the retail shop network.

We have taken an operational control approach, meaning that 100% of emissions from locations and operations over which the Mountbatten Group have operational control have been reported. We have not reported on any premises for which we are not directly responsible for the Energy contracts.

Our fleet includes our company cars and vans.

The primary sources used for energy and fuel are billing data and reports from our energy supply broker.

The UK Government's 2020 emission factors were used to calculate carbon emissions from consumption data.

Our emissions are reported as metric tonnes of carbon dioxide equivalent, which incorporates all six gases regulated by the Kyoto Protocol.

Energy-saving actions undertaken in financial year 2021/22 .

Our energy saving actions in our shops and offices include installing LED- lighting installations and appliances whenever possible, improving building insulation wherever possible and continuing to impress on all staff the necessity to reduce energy consumption whenever possible. We know that we are at an early stage in our energy efficiency journey and we are determined to improve our energy efficiency and awareness of our consumption of energy across our entire estate.

Financial review

The financial result for the year for Countess Mountbatten Hospice Charity Limited was positive, with a net surplus for the year of £1,697,234 (2021: £1,362,115). Results were assisted by a strong year for legacy receipts, amounting to £630,365 (2021: £57,847). This level of funding is very substantially above the long term average for this class of funding and we continue to put resources into growing and maintaining this very important source of funds. The charity was also fortunate to receive comprehensive support from a range of funds supplied by Government, Local authorities and Clinical Commissioning Groups aimed at ensuring that the Healthcare sector in which the Group operates generally, and the Hospice sector specifically, was able to continue to maintain operating capacity during and to recover from the pandemic.

Resources expended by the charity for the year increased substantially due to the resumption of full operations across those parts of the charity that had formerly been closed and/or furloughed. The total resources expended by the charity increased to an amount of £8,172,617 compared to £6,271,608 in 2021. An analysis of charity resources expended by activity is shown in detail in note 6 to the accounts.

Investment Policy and Performance

The Trustees approved an investment policy, overseen by the Resources Committee, to provide financial security and operational stability to the charity. This policy recognises that the charity is exposed to the risk of sharp income fluctuations due to the variability of legacy income and donations and uncertainties surrounding NHS funding. The investment level adopted by the Board is one of a Moderate risk profile with income and capital growth and benchmarked at Risk Level 6 on the Brewin Dolphin Composite Index. This index is comprised of a mixture of publicly quoted equity and fund indices for instruments traded on a range of public markets in the UK, Europe, USA, Asia and the rest of the world. The charity is continuing to develop a policy on Environmental, Social and Governance influences in its investing practices and will implement that as it evolves. Currently the Group does not invest in Tobacco based equities.

A total return of 7.1% was achieved for the year comprising 5.1% of capital gains and 2.0% of income yield generated in the portfolio. The total return benchmark for the portfolio for the year was 9.5%.

Asset allocation as at 31 March 2022 was:

Cash	18.2%
Bonds	11.8%
UK Equities	21.4%
Overseas Equities	39.8%
Alternatives	8.8%

Reserves Policy

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

During the financial year, unrestricted reserves increased by £1.59m finishing the year at £3.58m (2021 £1.99m). Budgeted expenditure for 2022/23 is £8.7m, so total unrestricted reserves equated to approximately 5 months of budgeted expenditure as at March 2022. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £3.1m, which equates to just over 4 months' expenditure.

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

Public benefit statement

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

Statement of trustees' responsibilities

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

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

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

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

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

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

Auditor

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

Disclosure of information to auditor

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

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

Sir Ian Cheshire
Chair of the Board of Trustees

Dated:

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

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

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

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

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

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

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

Registered Company Number: 06539641

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

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

1. ACCOUNTING POLICIES

a) Statutory information

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

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

b) Basis of preparation

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

These financial statements consolidate the results of the charity and its wholly-owned subsidiary Countess Mountbatten Hospice Promotions Limited on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

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

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

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

c) Public benefit entity

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

d) Going concern

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

e) Income

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

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. The two charities became eligible for retail hospitality & leisure grants from Government during the pandemic. These grants have been recognised in the periods for which the grants were intended.

Coronavirus job retention scheme income and other coronavirus support income is recognised when the Charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

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

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

f) Donations of gifts, services and facilities

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

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

g) Interest receivable

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

h) Fund accounting

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

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

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

i) Expenditure and irrecoverable VAT

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

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

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

1. ACCOUNTING POLICIES (continued)

j) Allocation of support costs

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

• Cost of raising funds	19%
• Hospice services	81%

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

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

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

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

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

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

m) Listed investments

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

n) Investments in subsidiaries

Investments in subsidiaries are at cost.

1. ACCOUNTING POLICIES (continued)

o) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

p) Debtors

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

q) Cash at bank and in hand

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

r) Creditors and provisions

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

s) Financial instruments

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

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

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

Basic financial assets

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

Other financial assets

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

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets

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

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

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

Derecognition of financial assets

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

Classification of financial liabilities

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

Basic financial liabilities

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

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

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

Derecognition of financial liabilities

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

1. ACCOUNTING POLICIES (continued)

t) Pensions

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

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

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

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

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

In addition to the above, there was an estimated £825,000 (2021: £420,000) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

3. Income from charitable activities

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

*All NHSE income was received via Hospice UK

4. Income from other trading activities

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

5. Income from investments

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

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

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

* The charge payable by the Countess Mountbatten Hospice Charity to the UHS NHS Foundation Trust was for the provision of clinical services. £184,570 was repaid in 2021 for undelivered services.

6. b) Analysis of expenditure - prior year

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

* The charge payable by the Countess Mountbatten Hospice Charity to the UHS NHS Foundation Trust is for the provision of clinical services. £184,570 was repaid for undelivered services.

7. Net income / (expenditure) for the year

This is stated after charging

	2022	2021
	£	£
Depreciation	142,689	75,900
Operating lease rentals:		
Property	109,647	55,030
Auditor's remuneration (excluding VAT):		
Audit	18,750	17,500
Other services	1,250	5,100
	<u> </u>	<u> </u>

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

Staff costs were as follows:

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

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

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

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil). Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £nil (2021: £nil) incurred by no (2021: none) members relating to attendance at meetings of the trustees.

9. Staff numbers

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

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

10. Related party transactions

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

11. Taxation

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

12. Tangible fixed assets

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

All of the above assets are used for charitable purposes.

13. Investments

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

The investments comprise:

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

14. Subsidiary undertakings

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

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

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

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

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

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

15. Parent Charity

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

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

16. Debtors

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

17. Creditors: amounts falling due within one year

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

18. Deferred income

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

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

19. NHS Pension Scheme

The charities operate an NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable each body to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

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

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

b) Full actuarial (funding) valuation

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

The total pension contributions payable in respect of Countess Mountbatten Hospice Charity of £388,057 (2021: £494,869).

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

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

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

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

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21. a) Movement in funds (current year)

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

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

Countess Mountbatten Hospice Charity Limited
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21. b) Movement in funds (prior year)

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

21. Movement in funds (continued)

Purposes of restricted funds

Education fund

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

Summer House

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

NHSE

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

Coronavirus appeal

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

Capital Campaign

For the upcoming capital projects.

Carmichael and Mason Charitable settlement

To purchase specific equipment for the hospice.

Southampton City Council Bereavement Support

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

NHSE BID1

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

NHSE BID2

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

Refurbishment fund

For the restorative maintenance required on the Countess Mountbatten site.

Albert Hunt Trust fund

To buy new furniture for Countess Mountbatten Hospice.

Hospital Saturday fund

For the purchase of Riser recliner chairs.

Purposes of designated funds

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

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

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

Analysis of cash and cash equivalents

	2022	2021
	£	£
Cash in hand	476,989	1,316,610

Analysis of changes in net debt

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

23. Operating leases commitments

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

	Property 2022 £	2021 £
Less than one year	145,833	96,333
One to five years	466,000	296,125
Over five years	287,917	-
	899,750	392,458

24. Legal status of the charity

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

25. Ultimate controlling party

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