

COMPANY NUMBER: 06539641  
CHARITY NUMBER: 1123304



**Mountbatten** Hampshire

**Countess Mountbatten Hospice Charity Limited**  
(Operating as Mountbatten Hampshire)

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

## **Countess Mountbatten Hospice Charity Limited**

### **Contents of the Financial Statements for year ending 31 March 2023**

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**Countess Mountbatten Hospice Charity Limited**  
**Reference and administrative information**

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**Administrative Details**

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

Company number: 06539641

Charity number: 1123304

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

Trustees Trustees are also Directors under company law:

1 Resources Committee Member	Sir Ian Cheshire 3, 4	CHAIR
2 Services Committee Member	Mr M Acland 1, 3, 4	
3 Isle of Wight Trustee	Mrs C Alstrom 2, 3, 4	
4 Hampshire Trustee	Mr M Hogg 1, 4, 6	
5 Isle of Wight Trading Company Director	Ms W Murwill 2, 3, 5,	
6 Hampshire Trading Company Director	Ms B Halliday 1, 2, 3, 4	(appointed July 2022)
	Mr EAS Nicholson 3, 4	VICE-CHAIR (resigned July 2022)
	Mr P Pitcher 2, 4	
	Mr A Stables 2, 3, 4	
	Mr A Neill 1, 3, 4	(appointed July 2022)
	Mr S Izatt 1, 3	(appointed July 2022)
	Ms M Forrest-Charde 2, 3, 4	(appointed July 2022)
	Mr D Bennett 2, 3, 4, 6	(appointed July 2022)
	Mr S Brookwell 1, 3, 4	(appointed July 2022)
	Ms R Poncia 3, 4	(resigned July 2022)
	Mr P Shears 3, 4, 5	(resigned July 2022)
	Mr JM Trotter 3, 4	(resigned July 2022)
	Ms J Smith 3	(resigned July 2022)

Company Secretary: Mr M Edmonds

Senior Management Team:	Mr N Hartley	Chief Executive
	Mrs L Smith	Director of Nursing
	Dr J Curtin	Medical Consultant
	Mr M Edmonds	Director of Finance
	Mr G Armitage	Interim Director of People Services (appointed on 22 July 2022)
	Dr J Hazeldine	Director of Psychosocial and Spiritual Care
	Mrs R McGregor	Director of Operations Hampshire

**Countess Mountbatten Hospice Charity Limited**  
**Reference and administrative information**

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<b>Bankers:</b>	NatWest Bank Plc 3 Lower Northam Road Hedge End Southampton SO30 4PA
<b>Investment Managers:</b>	Brewin Dolphin (retired March 2023) Vantage Point Woodwater Park Pynes Hill Exeter EX2 5FD
<b>Investment Managers:</b>	CCLA Fund Managers Ltd (appointed April 2023) 85 Queen Victoria Street London EC4V 4ET
<b>Investment Managers:</b>	Ruffer LLP (appointed April 2023) 80 Victoria Street London SW1E 5JL
<b>Solicitors:</b>	Bates Wells LLP 10 Queen Street Place London EC4R 1BE
<b>Auditor:</b>	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ



## **Background**

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

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

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

## **Objects**

The objects of Countess Mountbatten Hospice Charity are:

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

## **Strategic report - Objectives & Activities**

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

### **Our Mission**

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

### **Our Vision**

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

### **Our Values**

#### **We care about what we do**

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

#### **We are experts in our field**

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

#### **We are innovative and bold**

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

### **We respect our community**

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

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

### **Strategic Aims**

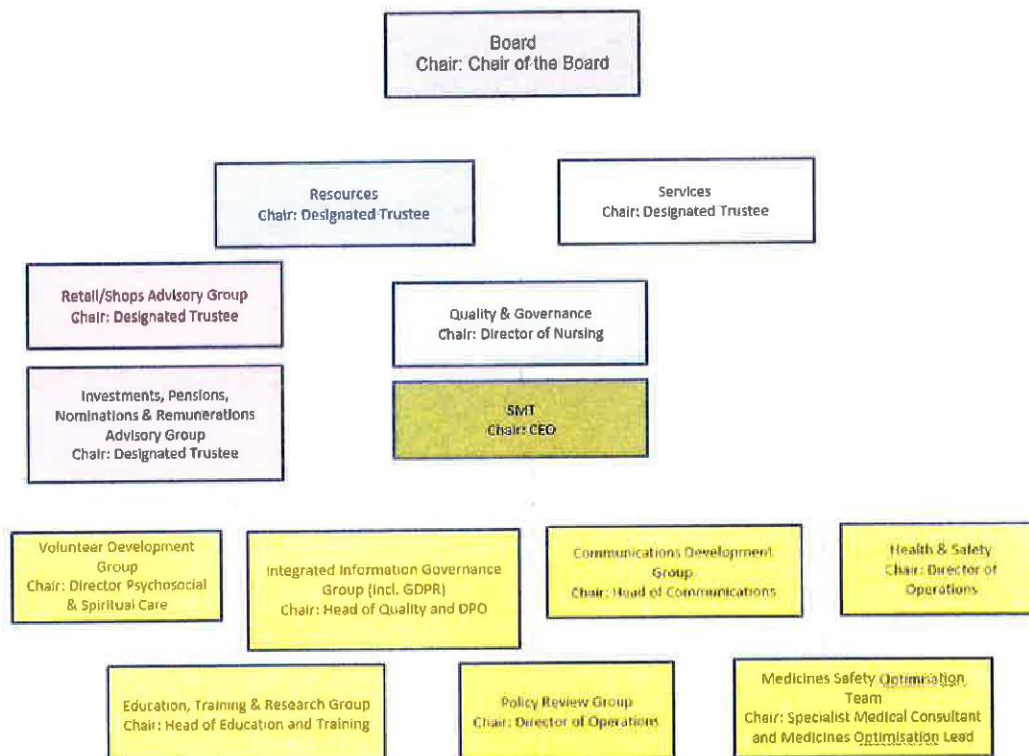
- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit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

### **The people we serve:**

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

## **Governance**

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



### **Trustee recruitment and appointment**

Applicants are shortlisted, interviewed and selected based on their experience and expertise with the aim of achieving a balance that reflects the needs of the Hospice. Trustees are appointed by election at the Annual General Meeting (AGM) but may also be co-opted to serve at any time.

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

### **Trustee induction and training**

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

### **Management**

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

### **Remuneration policy**

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

## **Activities**

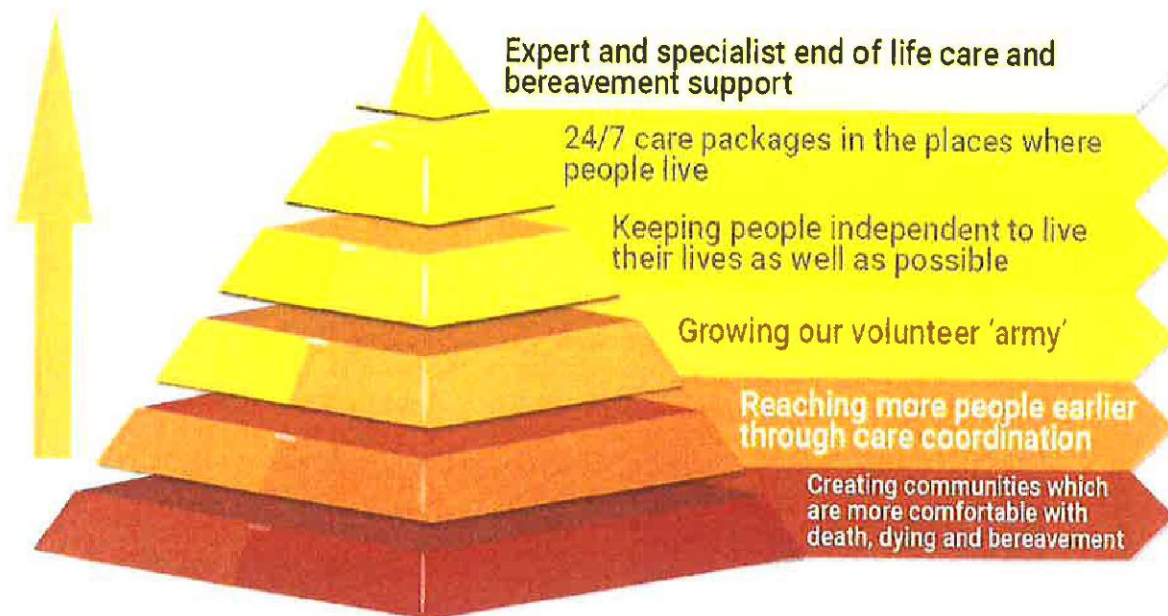
During 2022/23 Mountbatten Hampshire provided specialist palliative care provision within the following areas:

- At Home
- Inpatient Unit
- Day and Outpatient services at the Hazel Centre
- Nursing/residential homes

These areas are supported by the following services:

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

## Our Mountbatten Strategic Model explained – The Mountbatten Pyramid



2022/23 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document:

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

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

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

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

- A robust reserves policy and Risk Register
- An Estates Task and Finish group ensures that our estate is 'fit for purpose' for future generations. Two Capital Appeals are now planned for the coming year, one for each site
- A bespoke 'sustainability' strategic implementation plan focussing on fundraising and financial resilience
- A detailed 'COVID-19' Action and Recovery Plan which has now been fully integrated into our strategic plans
- A new workforce development plan is in process
- Development of our ongoing education programmes both for our partners and our local communities
- A new shops strategy and a growth plan for our Hampshire shops headed up by the new Head of Retail Business Development and supported by the Retail/shops Advisory Group

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

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

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



## Key achievements and performance

### Services across Mountbatten Hampshire

#### 24/7 Community Team and Care Coordination

During the last 12 months the community team in Hampshire has continued to develop and embed a flexible, responsive, expert palliative nursing service against a backdrop of rising demand and an increase in late referrals to the service as a direct result of the COVID-19 pandemic. The number of people on the Community caseload has increased, rising from 460 in March 2020 to 1250 in March 2023. The Care Coordination Centre continues to develop and provides a single point of telephone access for advice and support for patients, families and carers, as well as receiving professional referrals to the Mountbatten Hampshire services. Families can call for support at any time of the day or night enabling them to cope with caring for their loved one at home. In addition, the service supports health and social care professionals who may wish to seek advice and support for any questions or concerns regarding caring for people at the end of life. Calls often exceed 1700 per month across the 24 hour period.

Alongside this, a 24/7 community nursing service provision has been further developed to respond to calls for advice, support, symptom control and, nursing care. The nursing team are supported by the medical, rehabilitation and psychosocial teams ensuring a holistic approach to care provision. Our Community nursing team make regular visits to see patients in their homes across our region, including Southampton, Winchester, Romsey, Eastleigh and across west Hampshire. Operating in three localities, Southampton City, North and Mid-Hampshire and South West Hampshire enables team continuity of care and importantly, the development of professional relationships with primary care colleagues within these areas. This service operates 24/7 and offers rapid response visits overnight where needed. During November 2022 45 overnight visits were provided, with 46 in December 2022 and rising to 59 in January 2023.

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

Developing skilled nursing staff remains important and during the 2022-2023 financial year several staff members successfully completed Masters level modules in History Taking and Assessment and Diagnostics and Decision Making. These form key modules in the Advanced Clinical Practice pathway. Three staff members are currently completing their non-medical prescribing course to enhance our provision of nurses able to prescribe. Funding has also been secured this year for four further nurses to undertake the non-medical prescribing course scheduled for a September 2023 start date.

#### Care at Home team

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

### **Discharge Coordinator**

The full time Discharge Coordinator role has now been in place since October 2021. During the first year of activity, much emphasis has been placed on promoting the service and establishing relationships with key teams within University Hospital Southampton (UHS). This work has paid off as referrals to the Discharge Coordinator started to increase from February 2022, peaking at over 50 referrals within the month of August 2022. Referrals have averaged around 20 per month in subsequent months. Alongside this success however, challenges have also arisen, in particular the scope and understanding of this role and how it works alongside other teams and discharge coordinators within UHS. This is ongoing work and will continue to be a focus during the next financial year 2023/24 where the role will continue to be shaped and supported.

Advance care planning remains a key feature within the Discharge Coordinators' remit, alongside upskilling ward staff in having conversations about preferences and wishes and support rapid and complex discharges from hospital to home.

Work also continues to ensure robust data collection.

### **Inpatient Unit (IPU)**

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

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

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

Staff development and support continues through the introduction of sessions designed for Band 6 nursing staff. These focus more specifically on managing and supporting others, how to recruit and how to have more challenging conversations. In addition the Inpatient Unit is currently supporting an individual through the Nurse Associate Apprenticeship.

### **Consultant Nurse Working Across University Hospital and Southampton University**

A Mountbatten Consultant Nurse has continued a multi-faceted role in order to build new relationships with our partner organisations, working with the Hospital Palliative Care Teams (HPCT) at St Mary's Hospital Isle of Wight and University Hospital Southampton (UHS). Alongside this, Mountbatten's Consultant Nurse also works at the University of Southampton as a Clinical Teaching Fellow one day a week. At the University the contribution to the Palliative and End of Life Care module alongside other duties, combine the reality of clinical practice with academic learning, which student feedback values. The Consultant Nurse also acts as the Practice Visitor for University of Southampton for both hospices, supporting staff and students in placements.

A community nurse by background, this Consultant Nurse can facilitate a consideration of the community perspective in influencing and developing palliative nursing care in an acute setting. Working at UHS two days a week, Mountbatten's Consultant Nurse works both clinically and helping to support education within the team and developing skills around Advance Care Planning. She has also worked closely with partners, such as Red Funnel and South Coast Ambulance Service (SCAS) to improve timely and effective patient care.

Working alongside one of the Consultants in Palliative Medicine, the Consultant Nurse also delivers a weekly Enhanced



Supportive Care clinic. The concept of Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care.

### **Rehabilitation and Enablement Services**

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

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

Whilst continuing to provide clinical input, the Rehabilitation and Enablement team have persisted in developing services and enhancing its offering. The website now have a page dedicated to information and advice about living well with a life-limiting condition and associated symptoms, including videos with advice and demonstrations delivered by the team. Resources have been reviewed, developed and created to prepare for the launch of a six week 'Living Well Programme' that will be open for all to attend, delivering information about keeping active, managing symptoms such as breathlessness and fatigue, and preparing for the future.

### **Psychological, Bereavement and Spiritual Care Services**

#### **Psychology and Bereavement**

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

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

In Hampshire a team member has worked exclusively with Care Homes in Southampton to support with bereavement and well-being. The service has offered group, individual support as well training on mental health for staff and managers. The feedback on this service has been consistently positive. Mountbatten aims to engage as many care homes in the region as possible before the project ends in October 2023.

During this year Mountbatten Hampshire has received several training requests and have contacted over 150 schools to offer training for teachers on bereavement. As well as delivering internal training we have organised teaching on bereavement to schools and the Wessex Local Medical Committee and the Admiral Nurses. Mountbatten Hampshire has also offered to deliver the Schools Project to Hampshire schools, which introduces children to the hospice and aims to demystify death and dying, promoting healthy and honest conversations.

### **Social work**

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

### **Spiritual Care**

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

A workshop was held stakeholders were invited to discuss what the service should look like to meet the needs of the community and service users. The discussion was helpful in shaping the service going forward and a key message was the importance of having community links to ensure that the service is inclusive, diverse and represents the needs of all those with different faiths and none.

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

## Quality

### Quality Reporting

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

### Quality Account

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

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

### Complaints and concerns

During 2022/23 we have continued to report and respond robustly to concerns and complaints when they are received, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working and we hold Lessons Learnt sessions to help us identify learning points and associated actions.

### Feedback from Patients and Families

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

- *Due to unforeseen circumstances I have had to spend time with you as an inpatient, never in my life have I been made to feel the way your staff made me feel, I was appreciated, valued respected and more importantly I was made to feel as though despite being under the palliative care umbrella I DID MATTER.*
- *Thank you for the way you looked after her xx, the time taken to listen as she struggled to speak, the efforts made with the hoist to enable her to retain her dignity, the opportunity to enjoy a bath, the care with constantly making her comfortable moving pillows in all directions, day and night.*
- *A thank you from me for the way nothing was any trouble, the numerous cups of tea and coffee, the afternoon cake! Meals in the evening, looking after any concerns I may have had in respect to their wellbeing.*
- *Thank you for your incredible support over the last six months of her life. You all did so much to enable me to look after her and myself at home. You always treated her as an individual and with absolute dignity and you were unflappable when she was difficult and were creative in finding ways to accommodate her.*
- *You were always available when I needed advice or support, you always took me seriously and listened to my concerns. I never felt rushed, never felt ignored and felt supremely cared for throughout by everyone.*
- *I have been really impressed with the service provided. The rehabilitation sessions I have experienced have been tuned specifically to my needs and I have found them really helpful.*
- *Thank you for your wonderful care of our much-loved husband/dad. We will always be grateful to you all for looking after him so well, with such compassion, humour and patience to help make him as comfortable as possible. We have very special memories of our time with him over the summer in the beautiful garden.*

## Achievements and performance

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

- Treatment of disease, disorder or injury

Countess Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2022/23. The CQC has not taken enforcement action against Countess Mountbatten Hospice during 2022/23.

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

The CQC's findings are shown below:

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

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

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

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

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

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

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

(Care Quality Commission, 2021, p. 2)

### **Principal risks and uncertainties**

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

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

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

The principal strategic risks faced by Mountbatten are outlined below:

<b>Risk</b>	<b>Management – Current and planned</b>
Failure to raise funds (Integrated Care Board, fundraising and legacies)	<ul style="list-style-type: none"> <li>• Robust compliance with CCG contract monitoring and service excellence.</li> <li>• Public reputation.</li> <li>• Contract monitoring meetings.</li> <li>• Use of external fundraising expertise.</li> <li>• Reserves and investments.</li> <li>• Quarterly Resource Committee meetings.</li> <li>• Monthly Fundraising Report</li> <li>• New 5yr contract for IoW Clinical Commissioning Group.</li> <li>• Achieve and exceed target for reserves</li> <li>• A robust legacy campaign</li> </ul>
Major Patient Safety incident	<ul style="list-style-type: none"> <li>• Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health &amp; Safety Committee, Medicines Optimisation Team.</li> <li>• Regular robust training and education</li> <li>• Individual patient risk assessments.</li> <li>• Regular mock major incident procedures.</li> <li>• Safety attitudes survey carried out.</li> <li>• Medical Malpractice insurance in place to cover the financial consequences.</li> <li>• Medical staff covered by NHS insurance policy.</li> <li>• Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.</li> </ul>

Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property

- Robust governance structure.
- Strong communications processes and plan.
- Trademark agent commissioned to monitor applications which may infringe our rights.
- New branding with branding guidelines launched April 2018.
- Relationship management with stakeholders and media.
- Investment made in Communications Team.

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

- Quarterly report of people approaching normal retirement age to assist succession planning.
- Support, recognition, progression and development provided through appraisal, supervision and line management
- Clinical staff on Agenda for Change terms and conditions
- Employee benefits scheme in place
- Clear values created with employee input to create positive working culture.
- Aiming to become employer of choice on Isle of Wight.
- Expanding our geographical reach and influence.
- Working with academic partners to develop pathways.
- Developing workplace strategy.

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

- Robust governance planning, process and audit.
- Ongoing CPD programme, GDPR, Quality Improvement action plans.
- Annual external audits.
- Confirmation of planned dates for Trustee Provider visits by Chair of Trustees.

Risk that the Board does not have the appropriate balance of experience, skill mix and diversity, and fails to keep up to date with all mandatory training

- Skills mix review annually
- Targeted advertising for certain skills and headhunting
- Mandatory eLearning monitored monthly at Q&G committee
- New Chair of Trustees recruited.
- Higher profile of Mountbatten to enable recruitment of Trustees.

Risk of resource overload arising from operational expansion into Hampshire

- Weekly SMT discussions dedicated to the Southampton operation.
- Daily SMT presence in Southampton to closely monitor developments there.
- Regular review of detailed action plan.
- Develop Finance and other administration systems to the required standard for an independent operation.
- Development of management of clinical operations.

## **Information Governance**

During 2022/23 all standards were met within the Department of Health, Data Security and Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2022/23 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates the following:

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

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

Actions taken during 2022/23 to further improve information governance and data protection within the organisation have included:

- A new overarching data protection audit has been produced which covers a variety of standards including the management of paper records, security, back up and updates to Mountbatten's IT systems and appropriate access to IT systems
- An advanced data protection training was held in September 2022 which was attended by all employees with a responsibility for data security. The training was facilitated by 'Stay Compliant' who are Mountbatten's information Governance Consultants. After the training the slide deck was shared with attendees to enhance their learning.
- There have been 8 Data Privacy Impact Assessments (DPIAs) completed during 2022/23. These were completed for a range of projects and new IT systems. All DPIAs were reviewed at the Integrated Information Governance Committee and approved at the Quality and Governance Committee.
- Mountbatten has processed Access to Health Records requests during 2022/23. Due process was followed and information redacted where necessary and regulatory timeframes adhered to.
- A new CCTV phone application was introduced with key senior employees being able to access CCTV footage via the application in case of emergencies where a swift response is required. This was approved through Mountbatten's Integrated Information Governance Committee.
- A bespoke information governance online training session was produced for Trustees to provide an oversight of the subject and Mountbatten's procedures. This provided assurance to the Trustees and also helped to inform them of how Mountbatten managed information governance. This was especially useful due to a number of new Trustees commencing in post recently.
- A penetration test was completed by an external company in February 2023, testing the robustness of Mountbatten's ICT configuration against any potential threats. A small number of minor recommendations were made as a result of the test which have been actioned.
- The Integrated Information Governance Committee membership has increased to include a volunteer who has a wealth of experience of working within the field of data protection and risk.

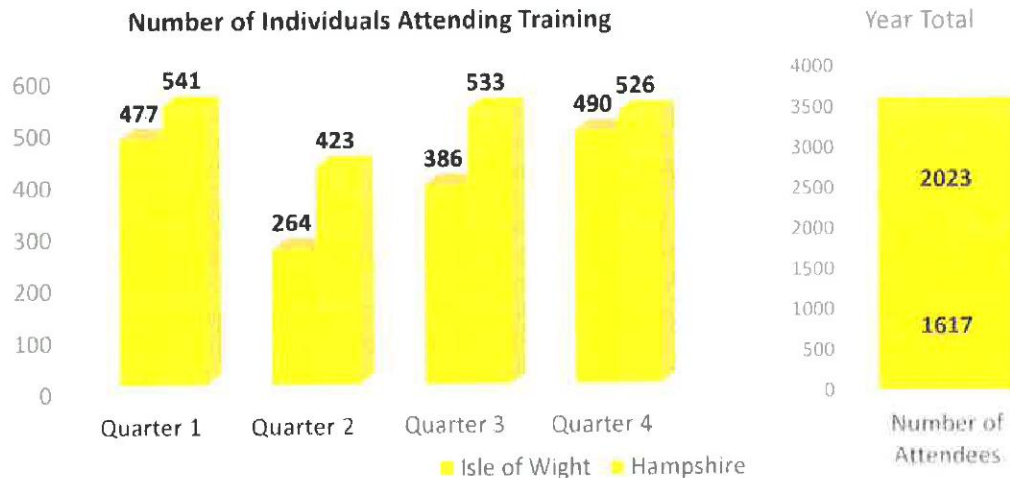


## Education and training

Mountbatten continues to provide a comprehensive training programme that cover all aspects of palliative, end of life and bereavement care. Training is provided to our local health and social care providers aiming to ensure that skill, confidence and knowledge is increased so that everyone, no matter where they are, receive the same quality of care we would expect at Mountbatten. Courses include, health and social care core skills, symptom control, recognising dying, care after death, use of syringe drivers, verification of death, caring for people with Dementia, an introduction to palliative and end of life care, end of life care champions, and bereavement for young people and adults. A range of communication skills programmes and advance care planning sessions are provided to ensure people feel confident to have end of life conversations. Within Mountbatten's advance care planning training sessions, a range of techniques are used to help people increase confidence in starting end of life conversations including the use of innovative games. The value of this method has been recognized and will be demonstrated within the virtual poster gallery presented at the 8th International conference on advance care planning in May 2023.

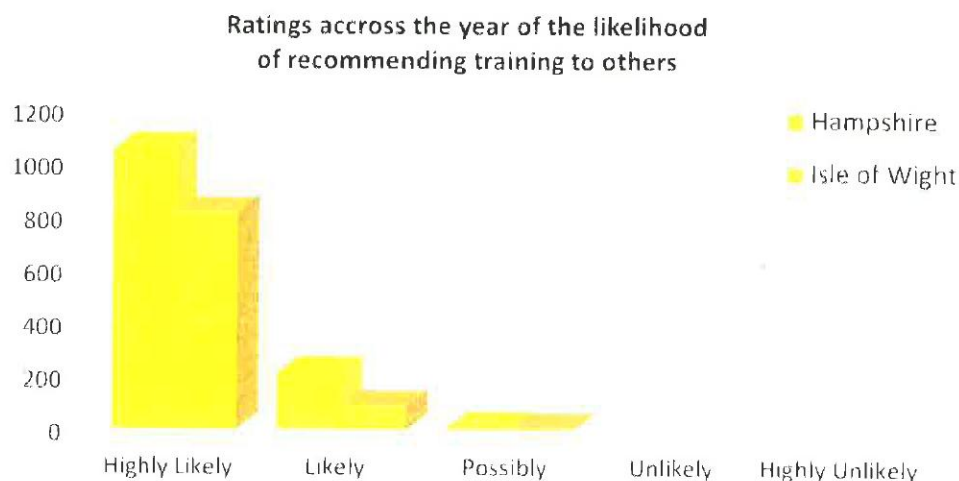
There has been a steady rate of attendance to training courses this year and interest in classroom training has increased which we hypothesis is due to individuals and organisations readjusting from the pandemic and starting to reengage in face-to-face work-based activity. As such Mountbatten's virtual training offer has reduced. However, an albeit reduced (well attended) virtual programme remains to ensure training is provided in a variety of formats for maximum reach. A specialist webinar series has also been introduced this year where Mountbatten specialists and guest speakers are invited to share case studies, clinical experience and evidenced based practice in relation to their specialist topic.

Attendance to training across the year is shown in the charts below.



Ensuring the quality of our training programmes is essential and feedback from attendees is reviewed regularly and responded to accordingly. Quality is further assured as many of our training programmes are accredited by the CPD Standards Office.





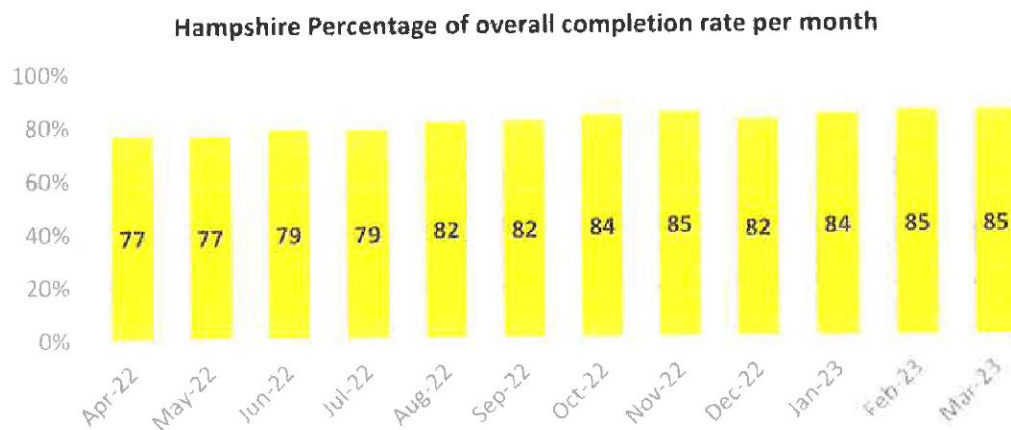
The value of education delivered by Mountbatten is recognised by service commissioners who support 'the Mountbatten end of life care programme' at Mountbatten Hampshire. The Mountbatten end of life care programme takes an organisational approach, inviting both managers and key staff from each care organisation to a programme that develops core end of life knowledge and skills and establishes end of life care champions. The programme aims to ensure lasting organisational change and requires attendees to identify, present and put into practice service improvement projects by the end of the course.

Mountbatten also aims to positively influence perceptions of hospices and hospice care through education by engaging and providing training courses for young people. Mountbatten supported a number of careers and information events for young people and facilitated bespoke education sessions for students aged 16-18 looking to enhance CVs for applications to university.

Mountbatten has seen a growth in its provision of student learning placements this year. Graduate and post graduate students from a range of disciplines, including social work, physiotherapy, occupational therapy, counselling, clinical psychology, and medicine are supported in clinical and practice placements with Mountbatten required for completion of their academic programmes. College and sixth form students starting to develop career interests are also offered placements with Mountbatten. The new T Level programmes for those aged 16-18, which have a 20 percent work placement requirement, commenced this year and Mountbatten is pleased to be hosting four T Level students for the duration of their two-year courses in health and social care, and non-clinical (administrative) services.

## Mandatory training

A routine review of mandatory training was conducted in December 2022 to ensure mandatory training continues to be tailored and appropriate to each job role. Mandatory training is provided via a blended approach of eLearning and Mountbatten specific classroom and practical sessions. An emphasis on learning through simulation and practice has been introduced to Mountbatten classroom training this year and eLearning modules are provided by Blue Stream Academy who offer a hospice specific suite of eLearning modules. Staff access eLearning, training requirements and their personal training records through the Blue Stream Academy portal. The Blue Stream Academy portal has also been extended for Mountbatten volunteers this year. Live data can be accessed at any time ensuring Mountbatten always has an up-to-date record of mandatory training compliance. Compliance rates are monitored closely and reported on monthly. A summary of compliance rates across the year are demonstrated in the charts below.



The personal and professional development of staff is assessed and discussed within appraisals and where possible staff are supported to participate in development opportunities at various qualification levels up to master's degree. Additionally, Mountbatten supports staff development through apprenticeship programmes and this year has supported more health care assistants on to nursing associate apprenticeships, and two other staff members on a digital and a fundraising apprenticeship programme. Two new members of staff (one clinical and one non-clinical) were recruited as apprentices and will shortly complete their apprenticeship programmes.

## Research

Mountbatten continues to strengthen its research activity and has supported a number of research projects through staff participation in studies, supporting recruitment of service users to studies, and acting as clinical supervisors to student projects.

Mountbatten was successful in its bid to act as recruitment sites for a large cluster randomised trial of clinically assisted hydration in patients in the last days of life led by the University of Surrey and supported by the National Institute for Health Research (NIHR). Recruitment has now commenced. Mountbatten is also currently involved in a further bid with the NIHR for a three-phase project investigating digital health technologies in hospice and palliative care.

Mountbatten submitted a number of abstracts to the Hospice UK annual conference. Nigel Hartley, CEO gave an oral presentation on the merger of two hospices and the following were presented as posters:

Duncan Fleming, Suzi Graves. Coordinating care, strategy and impact across two hospices. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Linda Prendergast, Louise Pickford. Improved outcomes for care homes Island Better Care: Moving Forward – reviewing, revamping, and revising. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Duncan Fleming, Richard Eason. How people use data and stories remains in the memory of those who live on. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Mary Banks. The Mountbatten rehab trifle recipe. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Mary Banks. 'There's no place like home': Pilot of a Hospice Admission Avoidance Service. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Jackie Whiller. The Mountbatten ambulance: Enabling, prioritising of patient wishes. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Chrissie Dawson. NHS commissioner to hospice innovation and service development: Are the goals the same on the other side of the fence? *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Linda Prendergast, Louise Pickford. School's out for summer, so come and join Mountbatten's summer school. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Kerry Buckley, Nigel Hartley. Wellbeing and bereavement support for care home staff. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Alex Maslen, Claire Stark Toller. Anaemia: Are we reversing the reversible to reduce need for blood transfusion. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

Anna Broadbent, Lynsey Clode, Claire Stark Toller. Improving education on low residue diets in palliative care. *BMJ Supportive & Palliative Care* Nov 2022, 12 (Suppl 3).

The Mountbatten annual conference was held in October 2022, titled 'The true value of hospices. Celebrating the impact of kindness and community'. 128 delegates were in attendance who experienced a selection of presentations and interactive sessions. Presentations were given by Nigel Hartley, CEO, Mountbatten; Professor Mari Lloyd-Williams, Director of Academic Palliative and Supportive Care Studies Group, University of Liverpool; Dr Lucy Pollock, Consultant Geriatrician, Somerset Foundation NHS Trust; Stuart Worden, Principal along with a performance from the students of the BRIT school; Maeve Butler, Assistant Director, Caroline Schofield, Visual Artist and Liam Merriman, Musician from the Waterford Healing Arts Trust; and Anthony Davison, Managing Consultant, Compton Fundraising Consultants Ltd.

## **Income generation**

While the impact of the pandemic has eased and we have seen an increase in events attendance and community engagement, a new challenge has arisen with the cost-of-living crisis. We have continued to regularly engage with our supporters and are hugely grateful for their time and ongoing generosity despite the economic climate.

Collaborative work across the two fundraising teams in Hampshire and the Isle of Wight has continued to increase this year. Sharing our resources and expertise in a much more effective way has made us more resilient to respond to the challenges of the cost-cost-of-living crisis, staff absences and vacancies.

The focus has been on donor retention and development. Extensive work has been completed to improve the quality of our data, in preparation to analyse donor-giving patterns and continuously improve our fundraising strategy.

In addition, all fundraising activity is scrutinised on an ongoing basis, and strategies are adjusted accordingly, ensuring the best return on investment is always achieved.

Mountbatten continued to engage the services of Compton Fundraising Consultants Ltd who lead on income generation to increase funds raised by exploring new avenues, implementing improved ways of working and developing stewardship. A process of reviewing and adapting, underpinned by Compton specialist knowledge and best practice, is now established, always with ROI and value for money in mind. In August 2022 a review of Individual Giving activities and opportunities was undertaken to inform strategy for 2023-24 and concluded the need to survey our supporters in March 2023. We have written agreements with Compton Fundraising Consultants Ltd as well as StarVale who administer our lotteries.

Mountbatten regularly monitors its fundraising activity, income and expenditure, compliments, complaints, and all communications with its supporters in a variety of ways, including but not limited to weekly one-to-one with the CEO, monthly reports reviewed at quality and governance meetings, quarterly review at Resources Committee meeting and Trustee Board meetings. Mountbatten Hampshire received 2 complaints and 2 concerns during the year under review.

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

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

At Mountbatten Hampshire, several income streams did not reach the target due to the ongoing impact of the cost-of-living crisis and low awareness of the charity, but, thanks to the generosity of our supporters, General Donations, In Memoriam Giving and Regular Giving income all achieved the original target.

Our community fundraising strategy was adjusted in the latter half of the year, moving the focus away from Mountbatten-organised events to challenges, third-party events and engagement with social groups such as Rotary Clubs, Masonic Lodges, and Lions clubs.

Our Light Up a Life campaign and event were a great success again this year, with 367 dedicating a light in memory of a loved one and 147 people attending the service. This year, Mountbatten Hampshire also held a summer remembrance campaign – Remembering with Ribbons - which received high levels of positive feedback and has the potential for significant growth in future years.

Both these campaigns, along with the Mountbatten Conference, attracted corporate sponsorship. Other corporate fundraising included Charity of the Year partnerships, donations and increased levels of employee fundraising within corporate supporter workplaces.

Hampshire's legacy pipeline has remained strong but has been slow-moving. With a number of legacies reliant on property sales and the ongoing impact of the pandemic causing delays in wills going through probate, income from gifts in wills has been low.

Whilst still a relatively new area of fundraising for Hampshire, there have been a significant number of applications to trusts and foundations resulting in support for core costs, a range of equipment and the Capital Appeal.

The number of players for the Lottery continues to decline and we have seen a combination of an increase in cancellations due to the cost-of-living crisis and expected attrition. With limited opportunity to recruit new players we have not been able to sustain income levels achieved in previous years. StarVale continues to give advice and guidance, and this is an area of activity that following the pandemic will be reviewed.

All income streams under Individual Giving offer opportunity to raise more in the short-term, to develop new and existing long-term sustainable relationships through in memory giving, to influence an increase to lifetime value of donors and increased income from gifts in wills in the next 5-20 years.

## **Communications**

Challenging perceptions around death, dying and bereavement and about the work Mountbatten does is one of our three strategic aims.

To help achieve this, one of our priorities over the last 12 months has been to support our workforce, volunteers and wider community to feel more confident talking about death, dying and bereavement.

We created a suite of assets to help articulate why it is important, as experts in our field, that we lead from the front. Using these resources, we introduced a series of workshops for colleagues to discuss together.

We have supplemented these workshops by regularly attending staff/volunteer induction and mandatory training sessions to provide presentations and promote discussion around our common Mountbatten language. We also provided a special language workshop at the 2022 Mountbatten Conference.

In addition, we are finalising a mandatory training Bluestream module on this topic, which will form part of the staff induction programme moving forward.

This work has been extended to our communities by using the experiences of people we have supported to share real-life examples of the positive impact planning ahead and talking about death can have.

These stories have been shared in our Connect magazines and across our website and social media platforms, giving us multiple opportunities to promote the conversation. A podcast series is among the future projects to continue this work.

After much consideration and cross-organisation involvement, we now have a clearer idea of our campaign messaging for Mountbatten Hampshire, which we intend to use to promote and highlight our cause.

Themed around our strapline, Living, dying, remembering, we have created some key messages to enable us to educate and inform our communities about who we are and what we do.

We intend to make the campaign as visible as possible, within the resources we have available.

Using our retail shops to help tell our story is one approach we have made progress in. TV screens have been installed in the shops and we rotate screen messages to promote our work and opportunities to support us. New information displays have also been put in the shops so customers can access our resources.

### **45 years of kindness**

Our 45th anniversary gave us a chance to celebrate and showcase Mountbatten, promoting key messages and themes.

As well as playing a key role in the logistical management of 45th-anniversary events, the communications team produced all the design assets and merchandise and led the Mountbatten and Me project, an exhibition of over 300 portraits celebrating our Mountbatten family of staff, volunteers, patients and supporters.

The images have remained on display in our hospice buildings, and the exhibition has attracted significant attention and PR coverage.



### **Storytelling**

In general, we have focused our messaging on stories of care and support as seen through the eyes of patients, service users, volunteers and staff, which demonstrates the difference people can make when they support Mountbatten. Our Connect magazine, new e-newsletters and social media content follow this approach.

Connect is sent to around 18,000 supporters and continues to be an effective tool for us to showcase Mountbatten. We produce two versions twice a year, with content themed around our Living, dying, remembering strapline.

While its primary purpose is to inform our supporters of how their money and time helps us, we have also introduced a 'soft ask' form for people to make a regular giving pledge, which has led to a steady number of financial commitments.

Video storytelling has continued to be an effective way of communicating our messages and working with Nosy Creative Agency, we made a succession of films to promote events and campaigns, including Walk the Wight and Remembering with Ribbons.

Our 2022 film, **Anyone. Anywhere. Anytime.** brought together Mountbatten Hampshire and Mountbatten Isle of Wight in one story for the first time.

The film is a resource to promote our work but also widely used by fundraising colleagues to bid for grant money and corporate support. It was shortlisted for an award at the Smiley Charity Film Awards, held in London, and we were delighted to gain bronze in the People's Choice category.

We have completed a significant amount of work in reviewing and updating our websites. This has complimented a more strategic approach to our social media activity, aiming to make our publicity more engaging and ensure the user journey between platforms is as seamless and informative as possible.

This work remains ongoing to bring all areas of our websites up to the same standard.

### **Working collaboratively with fundraising**

We have been working closely with fundraising colleagues to be more effective and consistent with our fundraising communications.

By upping our support to the fundraising teams, we have been able to work more collaboratively to plan communications and marketing activity for events and campaigns and ensuring consistency with our messaging and design assets.

### **Volunteer recruitment marketing**

We have been working closely with the volunteer development team to deliver the volunteer marketing recruitment strategy; working collaboratively with the volunteer team to understand their recruitment needs and source regular case studies and stories to use in marketing material across our various platforms, whilst ensuring consistency with our messaging and design assets.

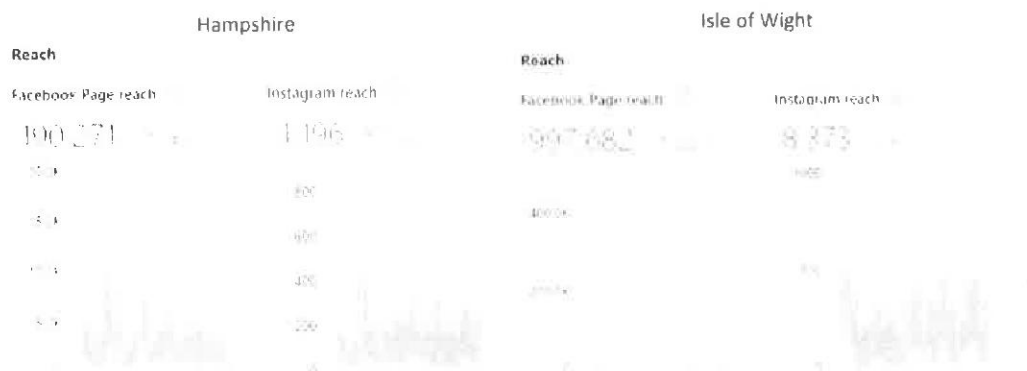
## Project Work

In general, the Communications team has supported the organisation with several significant projects in the last year.

These include developing our new employer brand to help us be more competitive in the recruitment market.

We produced new bereavement guides and a new welcome pack for the Inpatient Unit, while we are also in the process of reviewing and updating our suite of leaflets for patients and families.

## Social media



Generally, our social media engagement is up, compared to 2021/22.

It is worth noting that Facebook, in particular, continues to change its algorithms, making it more challenging to make organic posts visible, preferring to draw users to paid-for posts.

These charts show the performance across the year. The significant spike in the Isle of Wight statistics concern the visit of HRH The Princess Royal, which reached 633K after it was shared by the official account for the royal family.



## **Estates and facilities**

A number of key projects have been delivered during 2022-23, which have included: the replacement of the Inpatient Unit and Hazel Centre nurse call system, repainting of the Inpatient Unit main corridors, redecoration of the remaining side rooms and relatives rooms, the completion and commissioning of a new catering kitchen and Cafe in the Hazel Centre, repainting of the interior spaces of the Hazel Centre and, a focused remedial repair project based around our fire doors. Some of this work has been supported by our appointed architectural consultancy firm McAndrews Martin Ltd.

A full annual review has been undertaken of the asbestos containing materials (ACM's) and a full redevelopment and demolition Asbestos survey (R&D) completed as part of the phase 1 development works in the Education Centre which will take place in 2023. The asbestos that has been identified within the ceiling spaces of the Education Centre is now hampering the completion of regulatory required work, that includes the remedial repairs identified in the recent emergency lighting inspection and the Electrical Installation Condition Report. McAndrews Martin Ltd are assisting Mountbatten with project management expertise to facilitate and progress the asbestos removal project within the Education Centre.

During 2023 further work has been continued with Southern Health NHS Trust Estates Department to draft a streamlined 2023-24 Service Level Agreement as further estates work has been taken inhouse or contracted to specialist providers. Further cost savings have been identified within the Service Level Agreement and we continue to work to reduce Mountbatten's historical dependency on Southern Health. Southern Health continue to provide essential emergency support and have attended to a number of critical emergencies, ranging from leaking heating systems, responding to emergency Asbestos surveys to allow urgent works to be carried out and supporting the Estates team in managing water safety challenges.

Mountbatten has continued to work with our appointed architectural consultancy firm McAndrews Martin Ltd to assist with the planning of all large scale capital projects, including development of the car park, redevelopment of Inpatient Unit bays, a new external log cabin for groups and therapies, creation of a spiritual and reflective space, the redesign of the main entrances and, a link corridor between the buildings.

### **Fire Safety**

Work has been continued and completed to improve the fire safety standards of Mountbatten throughout the year, with the support of several specialised contractors, including Wight Fire doors and Wessex Fire who have provided Mountbatten with specialist advice and direct support, servicing or replacement of systems. The renewal of the Hazel and Education Centre fire detection and monitoring heads have been completed throughout these building as they had come to the end of their commercial and safe working life cycle. A new fire suppression system has also been installed within the new catering kitchen.

The main Fire Risk Assessment for the whole of the Hampshire site was reviewed during 2023 by Wessex Fire and significant progress has been made to the action plan, with no further concerns raised.

### **Water Safety**

Further work has been completed to build upon water safety management within Mountbatten Hampshire and a written scheme has been commissioned that will complement the renewed water risk assessment that is due to be carried out by Clear Water Technologies in May 2023. Southern Health has continued to carry out preventative maintenance regarding safe management of the water systems. Mountbatten has taken steps to improve these contracted responsibilities as part of the new revised 2023-24 Service Level Agreement with Southern Health.

The monitoring and testing of the hot and cold-water has continued across the site, using WSM Associates to assist with focused water sampling at regular points throughout the site. Only one Legionella sample from a non-patient facing area has been detected during the past year and this has been robustly managed to ensure water safety is maintained.

### **Security**

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

### **Utilities and energy**

Utilities and energy are not directly under the control of Mountbatten until the lease of the building is finalised, which is expected to be completed in 2023. Further work will be carried out once the utilities are under the control of Mountbatten to ensure the most competitive energy contracts are in place.

A programme of replacement of older inefficient lights within the interior of the main building with new cost effective LED replacement systems has continued throughout the year.

### **Medical Devices**

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

A combined equipment servicing event which involved Shepherds and Bio-Med attending the site to capture a large majority of equipment in an organised and efficient manner took place in December 2022. This exercise was very well supported by the clinical teams and an estimated 69% of the equipment servicing requirements were completed over a two-day period and further plans are in place to complete the outstanding items.

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

## Catering and Hospitality

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

The Cafes provide meals, snacks and drinks for visitors, staff, volunteers and are open to the local community. The Cafes are the heart of both hospices and create a welcoming, modern and bright social space where people can enjoy food together round the table. Mountbatten Hampshire Café with an adjoining full catering kitchen was designed and fitted in 2022 and opened in July 2022. This has enabled a more bespoke catering service to be developed from the past provision of only a regenerated food option for inpatients when the hospice was managed by the NHS. The Mountbatten Hampshire Café provision is over 5 days but further development during 2023 will see an extension of hours into the weekends as further staffing are recruited and trained.

The catering team also provide food and beverages for the wide range of internal events that Mountbatten holds, including educational events, monthly concerts, celebrations such as the Queens Platinum Jubilee and, staff and volunteer parties. The team are renowned for providing high quality and well-presented food that regularly receive accolades from those benefitting from the service:

'The chef, on hearing it was our 61st Wedding Anniversary, made a most lovely chocolate cake beautifully decorated with chocolates - Stan's favourites! Thank you Chef and all involved in making our day so special. With heartfelt gratitude.'

'I just wanted to say thank you all so much for all you did to help my husband Stewart in providing such lovely and appetising meals whilst he was an inpatient. It was such a positive thing, looking at your menu we enjoyed choosing and Stewart always looked forward to his meals which was a great bonus in his care.'

The catering service has received a five-star food hygiene rating from the Local Authority.

## People Services

### COVID-19

Our hospice teams have continued to provide high standards of care despite the ongoing impact of the pandemic. Thankfully, this year we have seen a slowly decreasing number of COVID-19 cases affecting our patients, carers and staff allowing us to return to more normal ways of working and caring. Nevertheless, the Human Resources team, alongside staff and managers, have regularly reviewed the latest guidance to ensure we operate a safe working environment for everyone and that all employees continued to follow the COVID-19 testing protocols to maintain their COVID-19 immunisation and minimise risk. National guidance now allows for staff to stop wearing masks and COVID-19 is now managed through our mainstream sickness absence policy.

We continue to monitor staff COVID-19 vaccination levels (currently at over 90% for both hospices) at Senior Management Team and provide this information to the Board quarterly. In addition, and mindful of the wellbeing of our staff more broadly, we also regularly maintain and review our approach to winter flu prevention, offering all staff the latest flu vaccine in all our locations.

### Cascade (Human Resources Information System)

Last year saw the introduction of the Cascade human resources system, enabling staff and managers to access and use the self-service benefits of the system and thus reducing the need and time for People Services to update an individual's personal data. This has proved to be a valuable addition to the information/data monitoring now available particularly at senior level and further work has taken place this year to ensure data accuracy and improved reporting. Developing the functionality of the system further remains a clear objective for People Services and in the next 12 months we will be transitioning staff/manager appraisals online and recorded directly onto Cascade. This together with a refresher of the appraisal process will ensure improved compliance and quality of appraisals.

### Occupational Health

Working closely with our new Occupational Health provider, Drayton Medical, we have supported a number of our staff through a range of health conditions and helping bring them back to work when appropriate. Drayton have also supported our staff flu vaccination programme and provided medical advice and opinion where ill health retirement has been necessary. We have extended our wellbeing provision for staff with the introduction of our Employee Assistance Programme (EAP) that gives staff access to independent counselling, free financial advice, and mental health support when needed.

### People Services process improvements

Improving the processes that take place within the People Services directorate has been a feature of the team over the last 12 months. Aside from policy/procedure improvements we have implemented changes to the onboarding process and established maximum timescales for recruitment. The team now works to an 8-week average for recruiting to roles in the Group and this is reviewed monthly; current performance is at 80% for all vacancies. There have also been improvements in the management of sickness absence by developing online reporting and establishing better communication between managers and the People Services team.

### New Pay Structure

Last year we introduced salary bands for non-Agenda for Change roles. The objective was to design a pay structure that fairly rewarded our employees for the work they do and recognising the need for to be competitive in the job market. Taking this approach has helped improve the retention of our current staff (i.e. the new pay structure was applied to 112 employees across the group, of which 70 received an increase with the remaining 42 employees pay remaining the same) and to help in the attraction of new talent and skills into the organisation by having competitive pay and a transparent process pay structure.

### Recruitment

The past 12 months have seen the Mountbatten Group become stronger in relation to attracting and retaining employees, partially as a result of the implementation of the new pay structure for non-Agenda for Change staff but also because we have maintained pay parity with our NHS colleagues and continued to promote the organisation through the work of the Chief Executive, senior management team and providing an attractive work environment.

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

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

Many of the non-clinical/specialist roles are now advertised using Indeed, which has proven to attract a wider range of individuals across all sectors, rather than just healthcare. However, on occasion, the quality of applicants has been lower than those applying on NHS Jobs, but this could also be attributed to the low movement of individuals between employers and the limited talent pool available in relation to the jobs being advertised.

There continue to be challenges impacting on recruitment e.g. the ongoing effect of some European employees returning to their country of origin following BREXIT, the war in Ukraine and increases in the cost of living. These factors tend to reduce movement in the job market as people become nervous about moving to new roles. However, following a brief period where turnover increased to nearly 10%, we have now seen this decrease to a consistent 5% overall and in line with current plans.

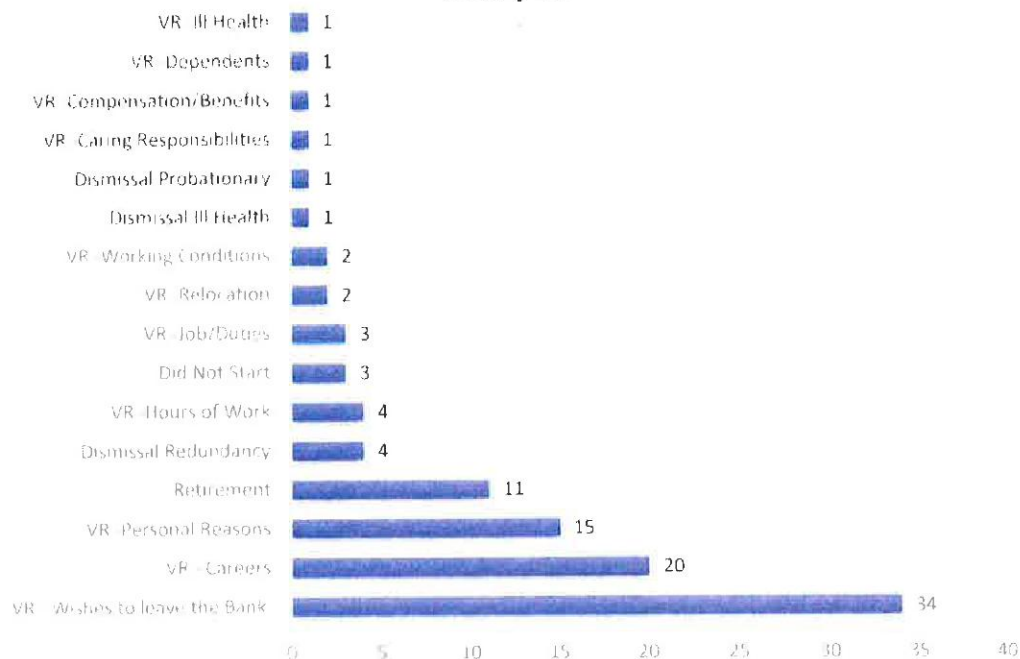
### Headcount and Turnover

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

The end-of-year turnover for Mountbatten Hampshire sits at 5.84%. Mountbatten Hampshire and Isle of Wight have seen 11 retirements over the past 12 months, with 5 of these individuals electing to "retire and return".

The Total number of individuals who left Mountbatten over the past 12 months was 104, which can be attributed to the following reasons: (VR = Voluntary Resignations)

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

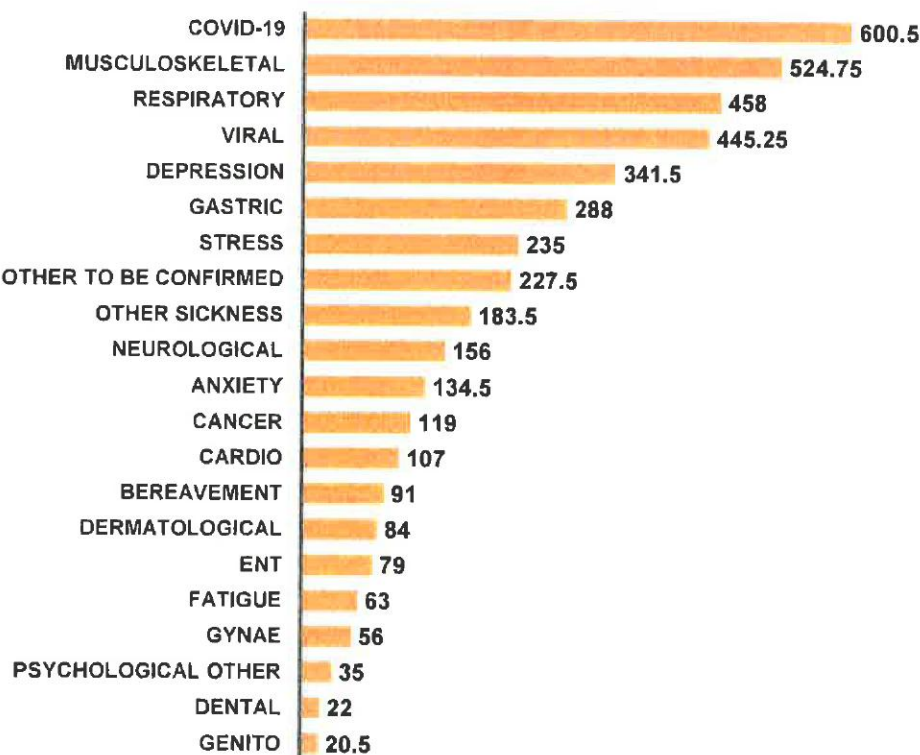


#### Sickness management

During 2022/23 we have seen some increases in the duration of employee's sickness for the reasons covered in the table below, this information now includes all employees who were unable to work due to COVID symptoms and testing positive. This was also the highest reason for absence compared to the previous year when gastric related sickness at 458.5 days lost was the highest reason given; pleasingly, the latter has significantly reduced over the same 12-month period.

As part of our approach to sickness management we continually look for trends that may be of concern. An example of this being the increase in the number of days lost relating to psychological e.g. stress, fatigue, and depression. In light of this we have used the introduction of the Employee Assistance Programme to help to support employees' mental wellbeing. Staff have found this to be a useful addition to our wellbeing plan and is widely used. We now receive quarterly reports from the programme to help spot other trends so that we can respond positively to them.

### Duration of Sickness Days April 2022 to March 2023





#### **Outsourcing of Payroll**

The People Services team led the implementation of a new payroll contract with an external supplier in 2022/23. This involved a great deal of data cleansing and aligning budgets correctly to staff in post. The implementation has been very successful with payroll errors reducing significantly as a result of improved internal checks. The team are also able to report more effectively on pay related management decisions and help with analyzing the impact of potential pay awards. The service to staff has also improved with their pay slips being accessible online.

#### **Resource Bank – Employer branding project**

To improve our employer branding, we have worked closely with an external branding company who have supported us in creating a new and fresh look for our recruitment materials. This has been designed to address our standing in the employment marketplace and promoting the Group in a more effective and attractive way. This has also helped us to streamline our recruitment processes and enhance the candidate to employee / volunteer experience.

#### **Employment practices**

In achieving the Charity's vision, we must continue to attract and retain a diverse pool of skilled and talented people. It is therefore important that the working environment we create is welcoming of people for all walks of life, where they can be themselves and enjoy being part of the Mountbatten team.

#### **Dignity at work**

All our staff have the right to be treated with fairness, dignity and respect. We do not tolerate bullying or harassment. It is only through treating everyone fairly and that we will enable our people to perform at their best. The Charity's values outline the ways in which we interact with one another and the behaviours that all patients, carers, staff and volunteers can expect whilst working for the Mountbatten Group.

#### **Safeguarding**

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

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

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

#### **Equality, diversity and inclusion (EDI)**

We value, celebrate and embrace diversity and believe the inherent benefits of an equal, diverse and inclusive organisation will enhance the care we provide and how staff / volunteers behave towards each other.

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

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

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



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

Within recruitment, we have a recruitment and selection policy and accompanying guidance which provides structure and criteria for the shortlisting of applicants. As part of this policy, we ask job applicants whether adjustments are needed to support them so we can provide these where required.

### Pay

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

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

Salaries are set on two different systems:

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

We carry out an annual salary review for all staff and take guidance for the NHS, Charity sector and local market forces. Our aim is always to be competitive and to reward staff fairly for the work they do. Therefore, we review our remuneration policy and positioning regularly to ensure we are paying appropriately to attract and retain skilled and experienced people, while making best use of supporters donations. Information regarding our remuneration spend and the number of employees with pay over £60,000 is included in Note 8 to the financial statements.

### Senior executive pay

To achieve our objectives, we need to attract and retain high-performing senior leaders. Each position on the Senior Management Team is individually benchmarked using external advisers and taking into account local economic conditions as well as the market rate for similar jobs across the sector.

## **Information technology**

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

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

- Assisted the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based solution.
- Continued development of the Mountbatten Intranet, extending its use for individual teams and services - providing a repository of knowledge, document storage, information, and a way of communicating with staff.
- The continued improvement of the SystmOne Shared Electronic Health Record, including the introduction of an admission template and overhaul of several other templates
- Moved to a new Smartcard authority, this is now undertaken by the Commissioning Service Unit, this offers a more timely service and provides the local authority agent with more access to update staffs cards and make access changes to these when required
- All of Mountbatten's IT infrastructure is now cloud-based with the exception of one server, this will be moved into the cloud by the end of 2023.
- New out of hours emergency process flowcharts have been produce to improve resilience should there be a loss of services
- New wifi installed on the Inpatient Unit which provides better coverage and a more stable solution for patients and staff.
- An overhaul of the server room and the main server cabinet was carried out. All cabling is now cable managed with a new accurate patch panel record created. The room is now clear of any clutter and has been cleaned
- All meeting rooms have now been set up with their own computers with specific logins created for each computer for ease of access when using the rooms for video conferencing
- The successful roll out of SystmOne electronic prescribing medication administration module on the Inpatient Unit
- Smart TV's have purchased for all patient rooms

## **Security and Service Availability**

There have been minimal and few IT security issues and / or network outages over the year.

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

## **Collaboration**

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

The group is piloting three initiatives which are designed to produce a proof of concept as to how key end of life information can be shared. Mountbatten are leading on one of these projects, to demonstrate how information can be shared between organisations using the same electronic patient record.

Mountbatten are part of the Hampshire PCN North One Team approach, one of the objectives of this team is to share end of life information between a Mountbatten, a GP surgery and Community Nursing through the use of one template within SystmOne.

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

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

The 12 Key Measures have been shared with and discussed with other hospices with the long term aim to see if these can be used as a benchmarking tool for hospices in England.

### **Resources**

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

As we return to a more normal work pattern, it is important to ensure that the IT Team can continue to provide reliable, flexible, resilient and effective solutions to support patient and staff requirements.

The team is currently going through a transitional period with Mountbatten's Head of Quality, Data and Information taking on responsibility for IT provision across the Mountbatten Group. Initial discussions have been held regarding the structure of the team moving forward and how best to utilize and develop the current team, alongside identifying where there are any potential gaps.

### **Future Plans**

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

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

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

- The use of Virtual Reality headsets for various patient groups across Mountbatten
- The roll out of the Electronic Prescribing Service function within SystmOne which will allow clinicians to send prescriptions directly to pharmacists
- Improving the network speed and stability in Hampshire
- Further collaborations with other hospices regarding IT advancements and innovations
- A review and rationalization of the phone system
- The roll out of the SystmOne Brigid application which will allow clinicians to input into SystmOne via the smart phone

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

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

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

### **Our governance processes**

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

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

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section "Engaging with our stakeholders" on page 39. At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

### **The likely consequences of any decision in the long term**

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

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

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

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

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

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

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

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

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

### Engaging with our stakeholders

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

Our Stakeholders	How we engage them on key decisions
<p><b>People affected by death, dying or bereavement.</b></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><b>Our Supporters</b></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><b>Our Workforce</b></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><b>Suppliers</b></p> <p>We work with a range of suppliers but given our location and what it is that we do, they are mostly local suppliers. They do range from small independents to members of large and sometimes international corporate groups. We value our relationships with all of our suppliers and try hard to build good relationships with all of our suppliers.</p>	<p>While the nature of our activities means that our largest expense is Human Resources we still spend significant amounts with external suppliers. We are committed to treating them fairly and ensure that as far as possible we pay them promptly and deal with them equitably. We run two creditor payment runs every month to ensure that we are able to pay suppliers promptly and within agreed credit terms.</p>

## Principal decisions

### Maintaining services to our beneficiaries

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

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

## Sustainability and carbon reporting

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

	2022/23	2021/22
<b>Consumption of Electricity – KWh / Tons of CO2 equiv</b>		
Retail outlets Isle of Wight	82,852 / 19.32	62,836 / 14.65
Isle of Wight Hospice and associated buildings	466,282 / 108.71	558,506 / 130.21
Retail outlets Hampshire	94,508 / 22.03	53,786 / 12.54
<b>Consumption of Gas – KWh Equiv.</b>		
Retail outlets Isle of Wight	158,355 / 36.92	102,208 / 23.83
Isle of Wight Hospice and associated buildings	489,572 / 114.14	772,487 / 180.1
<b>Consumption of fuel in vehicle fleet</b>		
Consumption of fuel in Vehicles	6,712 / 17.99	6,944 / 18.61

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

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

### Commentary on emissions

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

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

Our fleet includes our company cars and vans.

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

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

### Energy-saving actions undertaken in financial year 2022/23

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



## Financial review

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

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

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

### Investment Policy and Performance

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

A total return of -3.42% (2022 7.1%) was achieved for the year comprising -5.85% (2022 5.1%) of capital losses and 2.43% (2022 2.0%) of income yield generated in the portfolio. The total return benchmark for the portfolio for the year was -1.8%.

The portfolio management was moved from Brewin Dolphin at the end of the financial year and transferred in part to Ruffer LLP with the balance invested with CCLA Investment Management. The move was a result of a change in investment philosophy within the Board of Trustees consequent on the prevailing economic circumstances and following an open competitive tender process the new managers were selected and appointed. The process of transferring the portfolio from Brewin Dolphin was carried out at the end of the financial year for purposes of clarity of reporting but it did have the consequence of reducing the entire portfolio, at the year end date, to cash. This was a transitory position on that date as shown below and the portfolio was fully re-invested by the new managers in terms of their respective briefs during early April 2023.

### **Reserves Policy**

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

During the financial year, unrestricted reserves decreased by £2.05m finishing the year at £1.53m (2022 £3.58m). Budgeted expenditure for 2023/24 is £9.7m, so total unrestricted reserves equated to approximately 3 months of budgeted expenditure as at March 2023. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £1.06m, which equates to just under 2 months' expenditure.

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

### **Public benefit statement**

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

### **Statement of trustees' responsibilities**

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

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

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

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

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

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

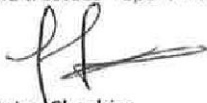
**Auditor**

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

**Disclosure of information to auditor**

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

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



**Sir Ian Cheshire**

Chair of the Board of Trustees

Dated: 10/08/2023

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

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**Opinion**

We have audited the financial statements of Countess Mountbatten Hospice Charity Limited (the 'parent' charitable company') and its subsidiary (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and charitable company balance sheets, the consolidated statement of cashflow and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2023, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

**Basis for opinion**

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

**Conclusions relating to going concern**

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

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

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

**Other information**

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

We have nothing to report in this regard.

#### **Opinions on other matters prescribed by the Companies Act 2006**

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

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

#### **Matters on which we are required to report by exception**

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

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

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

#### **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement set out on page 39, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

#### **Auditor responsibilities for the audit of the financial statements**

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

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

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

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

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

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

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

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

#### Use of our report

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

*Azets Audit Services*

*6 September 2023*

Ashcombe Court  
Woolsack Way  
Godalming  
Surrey  
GU7 1LQ

Debra Saunders BSc FCA (Senior Statutory Auditor)

For and on behalf of Azets Audit Services, Statutory Auditor

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

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

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



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

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

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



Sir Ian Cheshire  
Chair of the Board of Trustees

Registered Company Number: 06539641

The notes form part of these financial statements

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

	Note	2023		2022	
		£	£	£	£
<b>Net cash provided by /(used in) operating activities</b>	22		403,187		(62,506)
<b>Cash flows from investing activities:</b>					
Dividends and interest from investments		46,671		30,552	
Purchase of fixed assets		(277,770)		(400,056)	
Proceeds from sale of investments		1,727,234		304,328	
Net Cash invested					
Purchase of investments		(301,965)		(369,974)	
Movement in portfolio cash held for investment		341,965		(341,965)	
<b>Net cash used in investing activities</b>			<u>1,536,135</u>		<u>(777,115)</u>
<b>Change in cash and cash equivalents in the year</b>			1,939,322		(839,621)
Cash and cash equivalents at the beginning of the year			476,989		1,316,610
<b>Cash and cash equivalents at the end of the year</b>			<u><u>2,416,311</u></u>		<u><u>476,989</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 Group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

**1. ACCOUNTING POLICIES (continued)**

**e) Income (continued)**

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

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

**f) Donations of gifts, services and facilities**

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

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

**g) Interest receivable**

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

**h) Fund accounting**

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

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

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

**i) Expenditure and irrecoverable VAT**

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

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

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

**1. ACCOUNTING POLICIES (continued)**

**j) Allocation of support costs**

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

• Cost of raising funds	13%
• Hospice services	87%

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

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

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

**k) Operating leases**

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

**l) Tangible fixed assets**

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

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

• Leasehold property	Over the term of the lease
• Leasehold improvements	Over the term of the lease
• Fixtures, fittings and equipment	Between 3 and 10 years
• Motor vehicles	Between 5 and 7 years

**m) Listed investments**

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

**n) Investments in subsidiaries**

Investments in subsidiaries are at cost.

**1. ACCOUNTING POLICIES (continued)**

**o) Stocks**

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks.

**p) Debtors**

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

**q) Cash at bank and in hand**

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

**r) Creditors and provisions**

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

**s) Financial instruments**

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

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

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

**Basic financial assets**

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

**Other financial assets**

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

**1. ACCOUNTING POLICIES (continued)**

**Impairment of financial assets**

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

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

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

**Derecognition of financial assets**

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

**Classification of financial liabilities**

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

**Basic financial liabilities**

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

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

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

**Derecognition of financial liabilities**

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



**1. ACCOUNTING POLICIES (continued)**

**t) Pensions**

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

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

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

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

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

In addition to the above, there was an estimated £905,000 (2022: £825,000) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

**3. Income from charitable activities**

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Hospice services – NHS CCG	5,019,013	-	5,019,013	5,138,409	-	5,138,409
NHSE grant income*	-	-	-	-	2,267,249	2,267,249
	<u>5,019,013</u>	<u>-</u>	<u>5,019,013</u>	<u>5,138,409</u>	<u>2,267,249</u>	<u>7,405,658</u>

\*All NHSE income was received via Hospice UK

4. Income from other trading activities

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

5. Income from investments

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

**Countess Mountbatten Hospice Charity Limited**  
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**6. a) Analysis of expenditure - current year**

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

**Countess Mountbatten Hospice Charity Limited**  
**Notes to the Financial Statements**  
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**6. b) Analysis of expenditure - prior year**

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

**Countess Mountbatten Hospice Charity Limited**  
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**7. Net (expenditure) / income for the year**

This is stated after charging

	2023	2022
	£	£
Depreciation	238,345	142,689
Operating lease rentals:		
Property	147,335	109,647
Auditor's remuneration (excluding VAT):		
Audit	20,600	18,750
Other services	1,300	1,250

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

Staff costs were as follows:

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

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

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

No charity trustees were paid nor received any other benefits from employment with the charity in the year (2022: none). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £51 (2022: £nil) incurred by 1 (2022: none) trustee.

**9. Staff numbers**

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

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

#### 10. Related party transactions

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

#### 11. Taxation

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

#### 12. Tangible fixed assets

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

All of the above assets are used for charitable purposes.



### 13. Investments

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

The investments comprise:

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

#### **14. Subsidiary undertakings**

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

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

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

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

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

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

#### **15. Parent Charity**

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

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

**Countess Mountbatten Hospice Charity Limited**  
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**16. Debtors**

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

**17. Creditors: amounts falling due within one year**

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

**18. Deferred income**

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

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

## 19. NHS Pension Scheme

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

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

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

### a) Accounting valuation

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

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

### b) Full actuarial (funding) valuation

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

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

The total pension contributions payable in respect of Countess Mountbatten Hospice Charity of £419,656 (2022: £388,057).

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

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

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

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

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

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

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

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

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

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

	At 1 April 2021 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2022 £
<b>Restricted funds:</b>						
<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)	-	-	-
<b>Total restricted funds</b>	<b>131,933</b>	<b>2,387,648</b>	<b>(2,280,095)</b>	<b>-</b>	<b>-</b>	<b>239,486</b>
<b>Unrestricted funds:</b>						
<i>Group and charity</i>						
<b>Designated funds:</b>						
Development fund	500,000	-	-	-	-	500,000
Total designated funds	500,000	-	-	-	-	500,000
<b>General funds:</b>						
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
<b>Total funds</b>	<b>2,119,679</b>	<b>9,709,304</b>	<b>(8,172,617)</b>	<b>160,547</b>	<b>-</b>	<b>3,816,913</b>



**21. Movement in funds (continued)**

**Purposes of restricted funds**

*Education fund*

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

*Summer House*

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

*NHSE*

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

*Coronavirus appeal*

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

*Capital Campaign*

For the upcoming capital projects.

*Carmichael and Mason Charitable settlement*

To purchase specific equipment for the hospice.

*Southampton City Council Bereavement Support*

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

*NHSE BID1*

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

*NHSE BID2*

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

**Purposes of designated funds**

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

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

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

	2023	2022
	£	£
<b>Net (expenditure) / income for the reporting period (as per the statement of financial activities)</b>	(2,062,697)	1,697,234
Depreciation charges	238,345	142,689
Losses/(gains) on investments	101,130	(160,547)
Dividends, interest and rent from investments	(46,671)	(30,552)
(Increase)/ Decrease in stocks	(1,835)	1,037
Decrease/(increase) in debtors	1,920,061	(1,599,362)
Increase/(decrease) in creditors	254,854	(113,005)
<b>Net cash provided by/(used in) operating activities</b>	<b>403,187</b>	<b>(62,506)</b>

**Analysis of cash and cash equivalents**

	2023	2022
	£	£
Cash in hand	2,416,311	476,989

**Analysis of changes in net debt**

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

**23. Operating leases commitments**

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

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

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

**24. Legal status of the charity**

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

**25. Ultimate controlling party**

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