

COMPANY NUMBER: 02929267
CHARITY NUMBER: 1039086



Mountbatten Group

Incorporating:

Earl Mountbatten Hospice

(Mountbatten Isle of Wight)

Countess Mountbatten Hospice Charity (Mountbatten Hampshire)

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

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Mountbatten Group
Reference and administrative information

Status and structure: Earl Mountbatten Hospice (trading as Mountbatten, Isle of Wight) operates as a charitable company limited by guarantee

Company number: 02929267

Charity number: 1039086

Registered office and operational address: Earl Mountbatten Hospice
Halberry Lane
Newport
Isle of Wight
PO30 2ER

Trustees Trustees are also Directors under company law:

1 Resources Committee Member	Mr M Acland 1, 3, 4, 8	
2 Services Committee Member	Mrs C Alstrom 2, 3, 4	
3 Isle of Wight Trustee	Sir Ian Cheshire 3, 4	CHAIR
4 Hampshire Trustee	Mr M Hogg 1, 4, 6	
5 Isle of Wight Trading Company Director	Ms W Murwill 2, 3, 5,	
6 Hampshire Trading Company Director	Ms B Halliday 1, 2, 3, 4	(appointed July 2022)
	Mr EAS Nicholson 1, 2, 3, 4	VICE-CHAIR (resigned July 2022)
	Mr P Pitcher 2, 4	
	Mr A Stables 2, 3, 4	
	Mr A Neill 1,3, 4,7	(appointed July 2022)
	Mr S Izatt 1, 3	(appointed July 2022)
	Ms M Forrest-Charde 1, 3, 4	(appointed July 2022)
	Mr D Bennett 3, 4, 6	(appointed July 2022)
	Mr S Brookwell 1, 3, 4	(appointed July 2022)
	Ms R Poncia 1, 3, 4	(resigned July 2022)
	Mr P Shears 2, 3, 4, 5	(resigned July 2022)
	Mr JM Trotter 1, 3, 4	(resigned July 2022)
	Ms J Smith 2, 3	(resigned July 2022)

Company Secretary Mr M Edmonds

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

Mountbatten Group
Reference and administrative information

Bankers:	NatWest NatWest House Riverway Newport Isle of Wight PO30 5UX
Investment Managers:	Brewin Dolphin (Retired March 2023) Vantage Point Woodwater Park Pynes Hill Exeter EX2 5FD
Investment Managers:	CCLA Fund Managers Ltd (appointed April 2023) 85 Queen Victoria Street London EC4V 4ET
Investment Managers:	Ruffer LLP (appointed April 2023) 80 Victoria Street London SW1E 5JL
Solicitors:	Bates Wells LLP 10 Queen Street Place London EC4R 1BE
Solicitors:	Glanvilles LLP St Cross Business Park Newport Isle of Wight PO30 5BF
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

It is clear that the financial year 2022/23 has been one full of challenge and frustration. Unexpected and unplanned rises in costs in certain key areas has meant that it has been impossible to balance the books, leaving Mountbatten in financial deficit for the first time in eight years.

Like many, we have struggled to negotiate manageable deals on rising energy prices, with prices soaring above £200k additional cost per year for electricity alone on just one of our hospice buildings. We have also remained committed to matching the NHS Pay Award, as our staff work hard and deserve to be paid a fair and proper wage for the increasingly complex and difficult work that they do. The challenges of their work are relentless, and with growing numbers of people needing our care, they deserve to be applauded for how they cope with huge growth and demand without fuss or complaint within an increasingly disrupted wider Health and Social Care system. Due to complying with the NHS Pay Award rises, our annual costs now increase by around a further £1m per year. It is becoming increasingly clear, that with an NHS more cash-strapped than it has ever been, it will be challenging for the pay award percentage uplift to be passed on to Mountbatten from our commissioners through the NHS contracts that we deliver to. Although our fundraising income is slightly lower than usual our legacy pipelines thankfully remain strong. However, the release of cash from legacies due to more long-drawn-out probate processes caused by the COVID pandemic has also affected our ability to plan our future as effectively as we would like and to continue to develop our services in line with our innovative and bold strategic aims and the growing needs of our local populations.

We do remain grateful for the COVID-19 government support over the two years between 2020 – 2022, enabling a large surplus to be shown across Mountbatten for the financial year 2021/22. This cash benefit has enabled us to cope with the significant deficit which we now find ourselves with for the current financial year 2022/23, without yet dipping into any of our financial reserves. If the cost-of-living crisis continues, however, it will be unlikely that this will remain the case in future years.

It is an increasingly difficult time for each and every one of us, both personally and professionally. With this in mind, we are more proud than ever of the support that our local communities continue to give us. At a time when every individual across our communities is struggling financially, the commitment to Mountbatten, the local hospice for the Isle of Wight and large parts of Hampshire, continues to be extremely impressive. We remain very thankful and increasingly grateful. The NHS commissioners, as part of the new Integrated Care System, continue to review the services that we provide on their behalf, with an increasing and critical focus on 'value for money'. In many cases it is possible that they may need to reduce their financial commitment to Mountbatten's ongoing and growing work. This is certainly not comfortable. Providing only 35% of our annual funding, it is important that we all understand that the local NHS system pay for only a small part of the services we deliver. With the outstanding set of innovative and comprehensive 24/7 end of life care and bereavement services Mountbatten now provides reaching well over 3,000 on any one day across our communities and growing, it is the public who enable our services to remain at such a high-quality level and for us to reach more and more people. The NHS funding provides the tip of the iceberg of what is truly needed. We hope that like us, the NHS acknowledges a valiant public who never question the support we ask for, and therefore are able to sustain and grow the services that our communities need within the places that they live, twenty-four hours a day, seven days a week. It is the public themselves that continuously sustain Mountbatten and for our services to be available as and when people need us.

During the current climate of unprecedented challenge, I am reminded of the birth of the hospice movement, which grew as a result of the terrible deficits in end of life care as part of the new NHS of the 1940s. Dying was never part of the NHS vision, and we know that once people have died, they are not able to make themselves heard with regard to the treatment that they have received or the experiences they have gone through. Our responsibility to continue to challenge and to innovate in this particular arena is therefore huge.

In the 21st Century, those who are dying or who are bereaved in a first world country should be able to access the best possible care and support twenty-four hours a day, seven days a week. Mountbatten will not sit back and watch as this potentially diminishes and ultimately fails. It is our business to point out when things are wrong within the Health and Social Care sector. It is my view that hospices could support the local system even more and we will need to continue to articulate to all partners the true value of independent hospices and the real impact we bring to so many people. We know that there are still terrible deficits in end-of-life care in some parts of the UK. Those who allow this to continue should be ashamed and should receive little applause or credit. Mountbatten must continue to fight for the disadvantaged and will continue to be the voice of the ignored and the unheard. Mountbatten's role will also continue

Mountbatten Group
Statement from the CEO
For year ended 31 March 2023

to be one of disruption and one of challenge. We will continue to ask uncomfortable questions and to point out the deficits in both local and national systems and the wider structures and service provisions.

The way that people die in the UK has changed radically in the past twenty years. At Mountbatten, we have known for some years that we cannot continue to deliver services in the same way that they always have been. Due to the radical and innovative end of life and bereavement service model that Mountbatten has created in recent years, seeing people earlier in their illness journey, focusing on what matters to them and their loved ones and developing Advance Care Plans, 24/7 hands on support within the home thus enabling people to stay within the places that they live without unnecessary hospital admission, Mountbatten is now considered a leader in its field. People are living longer and therefore dying slower and the number of people we now support has gone up by over 250% in recent years.

We hope that people will therefore understand our complete and unwavering commitment and gratitude to our local communities, who financially support what we do and therefore what each member of that community needs. This year, even with the challenges we are all facing, the community's financial support and ongoing buy-in to our cause have assisted us to continue to grow and develop Mountbatten's work. You will read about all of these developments and achievements as part of this Annual Review.

Our message for the coming financial year therefore is one of caution, and we will regularly review income against cost making adjustments where necessary. We can only afford to deliver services that we have money to pay for. It seems unfair and it feels uncomfortable to continue to ask our local communities for more money, particularly at a time when many of them are also struggling personally. However, we currently have nowhere else to go. With our local community's support, we will try as hard as we can to continue to say yes to every individual who needs us. As a result of the public's ongoing commitment to Mountbatten's cause, we recommit to ensuring that every pound given to us is spent in the most effective and useful way possible.

Mountbatten's work really matters; those people who are living with death, dying and bereavement across our communities really matter. Dame Cicely Saunders, founder of the Modern Hospice Movement famously said:

'You matter because you are you and you matter until the last moment of your life'.

I hope that every person who is able will continue to stand alongside us in ensuring, that as we move forward into what is certainly an uncertain and unpredictable future, the consistency of Mountbatten's work and commitment to our local communities, our drive ambition and creative flair will continue to flourish and to challenge the status quo.

Thank you for all that you continue to do for us

Nigel Hartley
CEO Mountbatten
March 2023



Nigel Hartley
CEO
Mountbatten

Mountbatten Group
Statement from the Chair of Trustees
For year ended 31 March 2023

Mountbatten has continued to serve its local communities successfully in the last year as we start to see the post COVID new reality. We have been able to begin to operate more normally but remain vigilant to risks posed by COVID, and also dealing with some of the secondary effects of the NHS waiting lists and strikes. I would like to congratulate Nigel and this team on navigating the year despite all of this!

As you will see in the accounts we had a challenging year on the financial front, as reduced legacy and fundraising income, combined with higher operating costs as we raised wages, meant we recorded deficits on both sides of the Solent. The trustees concluded that this was manageable in year and decided to use established reserves to bridge the gap. I am encouraged that the more recent financial trend has been more positive, with some encouraging legacy income and we are starting the new year with renewed optimism.

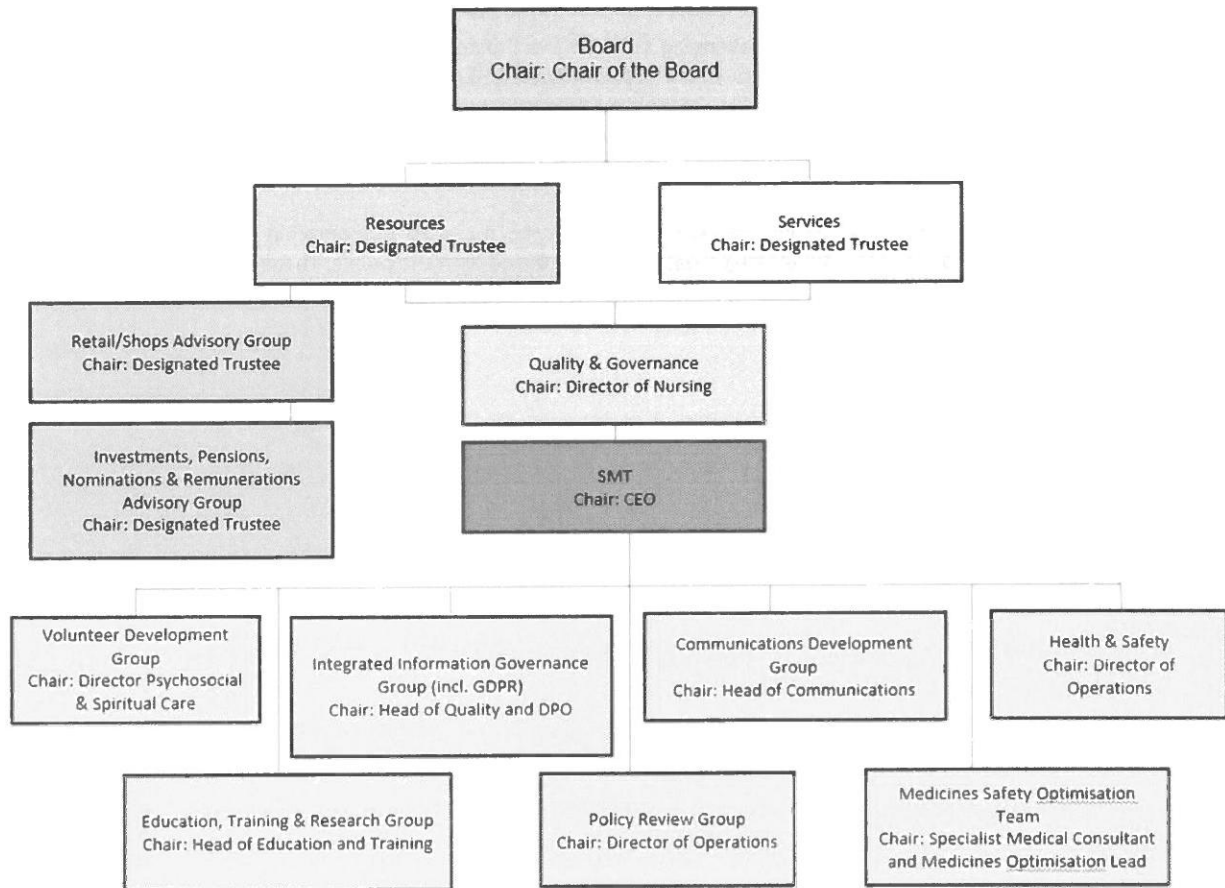
Finally, I am acutely aware that we depend on public generosity to maintain our amazing operation, which in turn depends on the quality of our brilliant teams that creates our reputation with the public. Thank you to all who supported us in this year and an especial thanks to all who walked with me on this year's Walk the Wight, the most public display of support we enjoy in the year!



Sir Ian Cheshire
Chair of Trustees
Mountbatten

Governance

The Governance of the Mountbatten Group is underpinned by a robust committee structure as below:



Trustee recruitment and appointment

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

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

Trustee induction and training

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

Management

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

Remuneration policy

The Charity operates a Remuneration policy under the regular review of the Investment, Pension Nominations and Remuneration Advisory Group. Clinical and Medical staff are paid in terms of the comprehensive provisions of their agreed remuneration structures such as the Agenda for Change scheme for non-medical clinical staff and the Medical Remunerations schemes agreed between the NHS and the British Medical Association. Staff not covered by these negotiated payment structures are paid according to a recently commissioned, developed and implemented 'Mountbatten Pay Scale', which has benchmarked all roles against with current market.

Background and strategy

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

In addition to developing the organisational strategy with the CEO and Senior Team, trustees, and wider stakeholders, we regularly consider how planned services and developments will contribute to the defined objectives. All of our charitable objectives as agreed with the Charity Commission and are undertaken to further our charitable purposes for the public benefit. This Annual Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2023.

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

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

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

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

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

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

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

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

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

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

Mountbatten Group
Trustees' Report (including directors' report)
For year ended 31 March 2023

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

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

Strategic report - Objectives & Activities

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

Our Mission

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

Our Vision

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

Our Values

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

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

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

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

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

Strategic Aims

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

The people we serve:

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

Our Mountbatten Strategic Model explained – The Mountbatten Pyramid



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

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

- Developing an 'open to the public' Social programme of weekly events, including Community Choir, Concert Series, Death Chat events both at the hospices and across our local communities
- A drive to ensure that Advance Care Planning is available to those people who are healthy, as well as continuing to embed Advance Care planning in both Care Homes and local acute hospitals
- Continuing to embed our 'write a will' and legacy campaign
- An examination of all of our Communications functions across the hospices ensuring a common language and style based on our rebranding – workshops are organised both internally and externally with a variety of community groups
- Although most of our services are now face to face, we continue to develop 'virtual' services to enable more access for those who are unable to be seen in person
- Health and Social Care Apprenticeships, including the continuation of the successful Mountbatten Summer School for young people
- Volunteer training and development of enhanced roles for patient-facing volunteers, including further development and extension of our 'Mountbatten Neighbours' scheme. We also continue to work to reduce 'red tape' and to engage volunteers more quickly and for 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
- A Estates task and finish group ensures that our estate is 'fit for purpose' for future generations. Two Capital Appeals are now planned for the coming year, one for each site
- A bespoke 'sustainability' strategic implementation plan focusing on fundraising and financial resilience
- A detailed 'COVID-19' Action and Recovery Plan which has now been fully integrated into our strategic plans
- A new workforce development plan is in process
- Development of our ongoing education programmes both for our partners and our local communities
- A new shops strategy and a growth plan for our Hampshire shops headed up by the new Head of Retail Business Development and supported by the Retail/shops Advisory Group

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

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

We are also working with an external fundraising consultant Compton, who are leading and supporting our Fundraising Teams at both Mountbatten Isle of Wight and Mountbatten Hampshire as well as two ongoing Capital Appeals to ensure that both of our hospice sites are fit for the future through the refurbishment and development of our buildings to create a series of more flexible spaces for use for growing demand for Education, Bereavement Services, Volunteer Development and our new innovative Single Point of Contact/ Care Coordination Centre approach which has now been running for five years. An Estates Task and Finish Group, including staff, Trustees and external experts has continued during 2022/23 to secure designs and plans for each estate, along with the costs for each area, resulting in clear designs and costs for the two capital appeals.

Key achievements and performance

During 2022/23 Mountbatten Hospice provided specialist palliative care services within the following areas:

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

These areas are supported by the following services:

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

Services across the Mountbatten Group

24/7 Community Team and Care Coordination – Hampshire

During the last 12 months the community team in Hampshire has continued to develop and embed a flexible, responsive, expert palliative nursing service against a backdrop of rising demand and an increase in late referrals to the service as a direct result of the COVID-19 pandemic. The model has been based on the already successful 24/7 delivery model first introduced on the Isle of Wight some years ago. The number of people on the caseload has continued to increase. The Care Coordination Centre continues to develop and provides a single point of 24/7 telephone access for advice and support for patients, families and carers, as well as receiving professional referrals to the Mountbatten Hampshire services. Trained nurses also visit patients at home and in nursing and residential homes during the night when needed. Families can call for support at any time of the day or night enabling them to cope with caring for their loved one at home. In addition, the service supports health and social care professionals who may wish to seek advice and support for any questions or concerns regarding caring for people at the end of life.

Alongside this, a 24/7 community nursing service provision has been further developed to respond to calls for advice, support, symptom control and, nursing care. Our Community nursing team make regular visits to see patients in their homes across our region, including Southampton, Winchester, Romsey, Eastleigh and across other parts of North, Mid and South West Hampshire and Southampton City as outlined within our contracts with the local Integrated Care system. Operating in three localities, Southampton City, North and Mid-Hampshire and South West Hampshire enables team continuity of care and importantly, the development of professional relationships with primary care colleagues within these areas. This service operates 24/7 and offers rapid response visits overnight where needed. We collect extensive data on our developing and growing services which is presented later in this report.

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

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

Care at Home Team - Hampshire

The Care at Home service enables responsive discharge from the hospice and hospital, or for people to remain at home in the last phase of their life if this is their preferred place of care. In line with Mountbatten's five-year strategy, we will continue to develop a future workforce model that evolves to meet service needs, financial resource, and has the flexibility and resource to respond to the need for Fast Track Continuing Health Care packages as quickly as possible.

Discharge Coordinator - Hampshire

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

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

24/7 Community Team and Care Coordination – Isle of Wight

The Community team on the Isle of Wight continues to grow and develop and the caseload now holds around 2000 people. The Care Coordination Centre continues to take calls for support and advice 24/7 from patients, families and health and social care professionals. This is further supported by the clinical team who offer support via 24/7 visits enabling people to remain in their usual place of residence.

In order to support island people most effectively, the re-introduction of three geographical localities has been agreed. This will allow teams to work in the locality areas and respond more effectively and efficiently to the needs of patients and families making best use of the resources we have. Also in line with the Primary Care Networks on the Isle of Wight, locality working will continue to enhance the relationships between GPs, District Nursing and Mountbatten staff through staff and team continuity.

Through our ongoing relationship with the John Cheverton Estate, Mountbatten was gifted a new non-emergency ambulance in 2020. The purpose of the ambulance is to transport patients for admission to the hospice from home and from the hospice or local hospital to home (including nursing and Residential Homes) in cases when this is urgent. An example of its use is where a patient in the hospice Inpatient Unit wanted to die at home, and Mountbatten needed to get the person home at very short notice. There are occasions when the local ambulance service has other priorities and cannot always accommodate urgent requests. The ambulance is now one of Mountbatten Isle of Wight's regulated activities with the Care Quality Commission.

Care at Home Team – Isle of Wight

Mountbatten continues to be a formally appointed Domiciliary Care Service by the Local Authority to the approved supplier list to provide Fast-Track end of life care packages to people whose preferred place of death is home. Scoring was based on quality and value for money. As it is an ongoing approved supplier list, in March 2023, Mountbatten submitted the necessary documents for the re-tender for the preferred provider of the end-of-life care service.

In addition to business as usual, the Care at Home team also took on a Winter Pressure Pilot project which ran from November 2022 to March 2023. Commissioned and funded by the Hampshire and Isle of Wight Integrated Care Board, this project committed to supporting the rapid discharge from St Mary's Hospital to home to ease system pressures and create bed availability in the acute hospital. Patients in the last six months of life as opposed to specifically Continuing Health Care fast track patients in the last twelve weeks of life were eligible for this support.

Inpatient Unit (IPU) – Hampshire

Refurbishment of areas within the Inpatient Unit has continued. A refreshed information pack for inpatients and families has also been designed and is now available at all patient bedsides.

Nurse-led beds continue to develop and embed as a requirement of our contracts with the local Integrated Care Board. A new opportunity has been created for Advanced Nurse Practitioner (ANP) development.

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

Inpatient Unit (IPU) Isle of Wight

The Inpatient Unit on the Isle of Wight continues to be well utilised, often with all beds being used to capacity.

One significant achievement during the past year was the successful transition to using SystemOne electronic prescribing. The transition went smoothly, training was delivered and staff were prepared. In addition we have also supported other hospices who are exploring transition to electronic prescribing. This has been achieved through discussions and sharing of learnings and advice to those considering making the move.

A deep dive review of pressure ulcers has been undertaken. This work has involved a review of all pressure relieving mattresses and cushions, the introduction of a regular cushion and mattress audit, the review of the way pressure ulcers are documented within SystemOne and the exploration of enhanced tissue viability and pressure ulcer training for all nursing and care staff across Mountbatten Isle of Wight.

Consultant Nurse Working Across Hampshire and Isle Of Wight

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

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

Working alongside one of the Consultants in Palliative Medicine, the Consultant Nurse also delivers a weekly Enhanced Supportive Care clinic. The concept of Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care.

Working with Integrated Palliative and End of Life Care Team (IPET) at St Mary's Hospital Isle of Wight, the Consultant nurse supports the delivery of palliative and end of life care to patients within the hospital, alongside the development of clinical skills in practice and the education of the nursing teams within the hospital.

The Consultant Nurse also continues to work as part of the community rota at weekends as we strive to maintain the highest standards of care for those we care and support. During 2022 the Consultant Nurse worked alongside community nursing staff more closely in order to support the development of their competencies and confidence.

Our teams continue to support death, dying and bereavement within the Isle of Wight prisons, as the prisons form part of the community which we are commissioned to deliver end of life care services to.

Specialist Lymphoedema Service Isle of Wight

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

A member of the team has undertaken a Nursing Associate Practitioner course which was successfully completed in August 2022.

A recent patient satisfaction survey was very successful with 100% satisfaction in the service. The quotes below were received as part of this feedback:

"Thank you for your help, I can't imagine going through it without your help".

"A brilliant service. Fantastic and reassuring staff are compassionate".

Rehabilitation and Enablement Services Hampshire and Isle of Wight

The Rehabilitation and Enablement Team at Mountbatten provide services to individuals living with death and dying with the aim of enabling and empowering individuals to live well with their condition and symptoms, focusing on what matters to them. This input is delivered via clinics, one to one sessions, group classes, gym programmes, educational groups, and community visits. The team supports the Inpatient Units, Community teams and Outpatient Services focusing on a rehabilitation-specific model.

Our gym spaces are frequently in use under the supervision of the team and a range of other 'self-help' style groups are also continuing and remain popular. Virtual groups and classes are continuing to be delivered as a matter of course.

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

At Mountbatten Isle of Wight a community rehabilitation service, titled 'The Admission Avoidance Service', was piloted for four months during 2022. The service aimed to provide timely, responsive rehabilitation input to individuals who were having significant difficulties with mobility and/or function in order to prevent unnecessary admission to the Inpatient Unit. This was evaluated during 2022 and indicated clearly that this service did prevent avoidable admissions into the acute services. This positive outcome means this service is one that Mountbatten are keen to further explore and promote with local Commissioners.

Integrated Palliative and End Of Life Team (IPET) Isle of Wight

The IPET is based at St Mary's Hospital and provides palliative and end of life care specialist advice and care to the hospital and onsite mental health wards. The team is an integrated team that consists of Mountbatten and NHS staff and has been in place since 2019.

In 2020 the Trust opened a three bedded end of life care unit, to provide an alternative environment to a ward area for a patient who is dying within hours as opposed to days is supported to die as well as possible. This unit is led by a Consultant Nurse and supported daily by the IPET team. The team is a multi-disciplinary team that is made up of Consultants in Palliative Care Medicine, Specialist Doctors, Consultant Nurses, Clinical Nurse Specialists, a Discharge Coordinator and a Clinical Psychologist. Mountbatten funds a significant part of this service.

Key achievements over the past year include:

- Continued the delivery of an integrated specialist palliative and end life care team (IPET) in the hospital 7 days a week, 12 hours a day
- The IPET discharge co-ordinator continues to support patients and families to enable them to reach their preferred place of care for their death
- The roll out of guidance for Symptom relief in parallel to active ward-based care of adults in whom recovery is uncertain.
- Education for ward-based teams on the completion of advance care plan and skills to undertake an advance care plan conversation
- Joint training and delivery of training for advanced communications skills training
- Delivery of face-to-face training for overseas nurses in relation to EOLC at St Mary's.
- Development of "Taste or pleasure" information. – (This is currently being utilised as part of the clinical skills for mouthcare with HCA's)
- IPET continues to support the delivery of specified end of life beds for short-term admissions which accommodates patients that chose to die in hospital or cannot be discharged to die.
- The National Audit of Care at the End of Life (NACEL) Round 3 report scored the Trust above the national average in each area as well as scoring the highest mark in areas such as communication, involvement in decision making, governance and workforce.

Head of Innovation & Service Development

This role has continued to provide the group with an additional platform to drive innovation and support service development. The post-holder has provided a direct link with statutory organisations, raising the profile of the work of our hospices, demonstrating our position as integral partners within the health and social care sector.

Whilst this is a diverse role, the aims are clear – support development to ensure our services are sustainable and stay ahead of the curve and widen our reach. In order to do this, it's important to understand what our local communities need from us, and how our work supports the wider system pressures.

Targeted approaches have helped to cement relationships with Social Prescribers, Children and Adult Carer groups and supported housing groups, tailored awareness meetings have proved successful; insightful both for Mountbatten and the individuals accessing the sessions.

Developing trusted relationships with respected cultural leaders is helping to inform the model of our Spiritual Care offer and has led to a bespoke multi-cultural training package being developed for staff.

In addition, a previous end of life forum for hostel staff supporting homeless and substance users, has been re-established and enjoys a membership of over 40 people covering our entire geography.

Whilst we are proud of the services we provide, it was clear from the number of late referrals being received, that not all stakeholders were aware of the breadth of our services since becoming independent. An initial programme of engagement with health and social care partners soon grew to include interest from local community groups, all eager to understand the scope of service provision, the level of support available and curious about our determination to normalise conversations around death and the importance articulating this in a plan.

A resulting tailored training programme for paramedics has been introduced and attended by over 70 members from South Central Ambulance Service, the feedback has reinforced our belief that our 24/7 rapid response service is a valuable resource for system partners and the patients we are all striving to support.

The role also supports the work of the Hospice Collaborative, a combined group of five independent adult and children's hospices situated across Hampshire and the Isle of Wight. The collaborative work closely with Hospice UK and the ICB to inform the development of equitable, seamless access to the highest quality palliative and end of life care across the geographical footprint of Hampshire and the Isle of Wight.

The role represents the collaborative at the Hampshire & Isle of Wight ICB End of Life Board, providing a two-way conduit to inform all parties of opportunities, ideas and developments. One of the main workstreams of the ICB is to develop and implement a unified approach to providing 24/7 access to palliative and end of life care across the geography.

Mountbatten's Coordination Centre, provides an identifiable point of contact for patients, families and health and social care professionals and is recognised across H&IOW as a model to replicate across the ICB. Whilst access points currently exist in all hospices, the extent of support varies; the progression of this work is supported by Mountbatten's Head of Innovation and Service Development.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team

The Mountbatten Isle of Wight's Medical Team's year to date continues to be dominated by extreme pressures across the healthcare system arising from significant workforce, financial and clinical demands. Mountbatten clinical teams directly supported 66% (1275/1939) of those dying on the Isle of Wight. Further, the clinical teams indirectly supported many more people dying on the island through the education and influencing of other clinical teams providing end of life care. We continue to see exceptionally high numbers of people presenting with "late diagnoses" of cancer and the consequences of sub-optimally managed non-cancer illnesses resulting in an average 10% increase in the numbers of people dying since 2019. Further, the palliative care service continues to be significantly impacted by pressures throughout the wider system including workforce pressures, burnout, poor morale and physical fatigue. As a result, the palliative care service, jointly with colleagues from the ambulance service, are often providing a front-line response to issues traditionally dealt with by primary care resulting in considerable pressure not only to our community team, but to the senior medical on-call rota.

We continue to be an educational site for training grade doctors. This brings benefits to the wider team, as the trainees take the palliative care expertise they've learned out into the community and hospital. We have also continued to participate in other local education, including symptom control training for District Nurses and Ambulance colleagues.

Innovations within our service have resulted in considerable interest from elsewhere. We presented practices developed within our service at the UK Palliative Care Congress in March 2023 and the Oxford Advanced Symptom Management Course in July 2022; we have been invited to present our work in Australia (June 2023) and New Zealand (Sept 2023) and have been approached by delegations from Singapore and the South American Palliative Care Association. We have contributed to a BMJ opinion article (in press) and published 4 case series describing innovative practices in relation to the community management of bleeding, hypercalcaemia, agitation and opioid-resistant-pain, patterns of drug use.

The IoW Medicines Safety and Optimisation Team's year (MSOT) has similarly been dominated by the above system wide pressures. In particular;

- both hospital and community pharmacies have been significantly affected by workforce pressures, resulting in community closures, difficulty with out of hours access, and considerable vacancies within the hospital pharmacy team
- the UK medicines supply chain remains volatile requiring frequent substitutions for unavailable items. In addition to creating cost pressures, this also has significant safety implications as we attempt to rapidly familiarise colleagues with new substitute medicines
- medical staffing difficulties at St Mary's has caused delayed discharge communication with GPs resulting in frequent calls to us from patients running out of medication post-hospital-discharge
- the rising complexity of community patient's symptoms creates unprecedented demand for specialist drugs in the home setting.

A number of systems developed during 2020/2021 have allowed us to keep pace with the above pressures;

- Generalist colleagues prescribe palliative drugs electronically, enabling us to rapidly implement substitutions to address supply chain problems
- Our community medication stock system enables us to take specialist drugs out to patients without delay
- Our pharmacy team has continued to supply specialist medications to patients already at home using systems intended for supplying our inpatient service

Unfortunately, our lobbying of NHS England to ease the above pressures through basic reforms to systems and legislation have yet to take effect. In particular;

- NHSE continues to delay permission for UK palliative care teams to electronically convey prescriptions to community pharmacies; this would save time and unnecessary journeys for us, our patients and families, and GP colleagues
- Nursing Homes are unable to hold stocks of basic End of Life Care Drugs due to Home Office License restrictions, resulting in the unnecessary expense inherent in the UK's reliance on named patient supply

Despite the above pressures, MSOT, together with colleagues from IT and IG, have successfully implemented electronic prescribing within the inpatient hospice. This has resulted in a range of safety improvements and efficiency gains. For example, medications can be prescribed out of hours by off-site clinicians facilitating the urgent admission of patients to the hospice without onsite prescribers.

Our relationship with the Royal Pharmaceutical Society's "Palliative Care Formulary" textbook and website continues, with one of our team sitting on the editorial board, and two others providing specialist advice. In addition to keeping us abreast of developments elsewhere, this provides a further tool for disseminating innovations of the sort described above to others. We contributed a quarter of all entries to the UK National Syringe Driver Database.

In summary, this has been yet another extremely busy year for our medical and medicines teams. The clinical teams are directly reaching 66% of those dying on the island and indirectly more through education of other clinical teams. Innovations are enabling us to respond rapidly and enable people to remain at home if they wish; e.g. we remain in the lowest UK quintile for patients requiring Emergency Department care in the last 3 months of life and the percentage of hospital deaths (773, 39.8%) is lower than the national average. We are pleased to be able to share these innovations widely with other services. But the underlying pressures continue to build and require central steerage, reforms and solutions; we have largely reached the limits of innovative opportunities within the current legislative and regulatory framework.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team

Working closely with our colleagues across the multi-disciplinary team, the medical team continue to deliver specialist palliative medicine to our patients in the community, outpatients and the inpatient unit. Out-of-hours we also provide specialist advice to inpatients at Southampton General Hospital, and those on the Channel Islands of Jersey, Guernsey and occasionally Alderney. Dr Charlie Besley, Specialist Doctor, has visited Guernsey on 6 occasions in the past year to provide specialist advice and teaching to the palliative care teams there.

As a training unit for doctors, the General Medical Council annually surveys our doctors in training. We have achieved an excellent result with over a third of responses in the top quartile in a national sample. The Director of Medical Education at University Hospital Southampton commented, "In relation to the trainee survey – a huge congratulations goes out to you all in Palliative care. You were rated 'green' ie in the top quartile for clinical supervision, reporting systems, Teamwork, adequate experience, educational governance, local and regional teaching, study leave and rota design. This is a huge credit to you all." We have this year trained five Specialist registrars in palliative medicine, six GP registrars and welcomed three Foundation Year 2 doctors. This new post further increases training in palliative medicine for a range of doctors who are likely to specialize in other areas, which will be to the benefit of patient care. In addition, we have several medical students join us on placement each year, along with colleagues from other specialities including anaesthetics and oncology who wish to gain experience in palliative care.

In line with our aim to become increasingly research-active, we are pleased to have been accepted as a recruiting site for a research trial: A Cluster Randomised Trial of Clinically Assisted Hydration in Patients in the Last Days of Life (CHELseall). This study aims to determine whether providing parenteral hydration to patients within the last week of life reduces the incidence and severity of delirium. We have recruited four patients to date and aim to recruit 20 patients by September 2024. Our new Clinical Research Fellow is proving invaluable in delivering this. In addition, the medical team have presented two posters at Hospice UK Conference 2022. Dr Stark Toller and Dr Jones have had a letter published in the journal Palliative Medicine.

We provide a regular teaching programme for our community nursing team, as well as mentoring individual nurses as they complete their Non-Medical Prescribing Course. Dr Besley has presented several webinars on symptom management, and with the community team, a new training programme for nurses on resuscitation discussions. Dr Hume continues to deliver Botulinum toxin injections for patients with excessive drooling, and indeed delivers the only regional domiciliary service for this. She continues in her national representative work with the BMA. Dr Stark Toller has lectured on the nursing programme at Solent University and, continues work as an Editor for The Palliative Care Formulary. In July 2022, 8th edition of this book was published and is well reviewed.

Mountbatten Group
Trustees' Report (including directors' report)
For year ended 31 March 2023

The medical team continue to deliver an agreed Quality Programme including over 7 audits. The Medical Safety and Optimisation Team have developed a suite of SOPS to promote safe and rapid access to medicines for our patients in the community and hospice, working closely with local and regional partners to achieve this. Recent focus has been on switching from to a new electronic prescribing system to better integrate our prescribing across inpatient and community settings. Over the next year we aim to deliver our Community Drug Cupboard to improve access to medicines out of hours.

Psychology and Bereavement Service

Over the last year the Psychology and Bereavement service has seen ongoing and increased demand. We are still holding a short waiting list which is monitored weekly. We are managing to contact everyone within a week and the wait to be seen is still 4-6 weeks. We have reviewed the processes in the service to see if we can manage the demand any differently but it seems people value being seen individually which is resource heavy and therefore causes the wait in being seen. In order to help with this we do accept student placements and train new volunteers regularly to help support those with less complex grief. We have successfully reintroduced the bereavement group and we have groups running each week. The groups are well attended and valued by those that do attend. However, many find the idea of groups overwhelming and choose to be seen 1:1.

In Hampshire there is no waiting list and the referrals are managed well within the team. Again, the team is supported by students and volunteers which helps meet the demand.

We have developed our first Psychosocial dashboard which is shared with the CCG and Services Committee. This has helped us begin to monitor the responsiveness of the service and the quality of the service delivered. This feels particularly important considering the demand on the services. We will keep working on this to ensure the dashboard reflects the work in the Psychosocial services. Going forward the dashboard will include information on the children's service, as well as information on safeguarding.

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

During this year we have received several training requests and have contacted over 150 schools to offer training for teachers on bereavement. As well as delivering internal training we have organised teaching on bereavement to schools, Children's community and respite teams, the Wessex Local Medical Committee and the Admiral Nurses.

We have also offered and delivered the School's Project on the IOW and offered to deliver the project to Hampshire schools. We will build on this during the next year.

The Arts

During the year we have reestablished regular art groups for patients, carers and service users. The groups are going well and their Art work has been displayed in the gallery on the IOW. We have also had a exhibition of work created by Staff and Volunteers.

In the summer we worked with the Brit School on a joint project where the kids met with a worked with patients to create a show based on their life story. We will hold another joint event in Hampshire in the summer.

Social work

We managed to recruit to the vacant social work post in Hampshire the post holder is settling in well. We have worked, as a team, to improve the identification and reporting of safeguarding concerns. We have adjusted and promoted the safeguarding training for staff and worked to ensure all staff know how to report any safeguarding concerns. We will monitor the trend of safeguarding discussions and aim to ensure all concerns are captured appropriately.

Spiritual Care

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

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

Since this workshop we have worked with volunteers to provide a consistent, although more part time, service. We have reestablished regular memorial services in both Hampshire and IOW. We have regular local clergy and volunteers visiting the IPU on the island and we are working to establish the same service in Hampshire.

Transition Services

In the last year we have carried out a review to ensure the service is meeting the needs of the Young Adults. From this review we created an action plan. The Young Adults are growing up and their needs are changing and therefore it has been important to make sure the service continues to grow and evolve in line with the service users.

We have re-introduced health clinics for all Young Adults so there is a regular opportunity for health needs to be understood and met. We have contacted all the referrers and stakeholders, such as GPs, Pediatricians, Community nurses, tertiary services and local schools, to ensure we are aware of any new referrals.

We have worked to integrate the Young Adults into the wider hospice services, e.g. care co-ordination centre, this has resulted in one service user being reviewed regularly by one of the consultants to help address complex pain needs.

Volunteers

The volunteer service has had a busy year. The main focus for this year has been to grow the volunteer force and ensure all processes in the service are working effectively so the volunteer experience is a positive one.

We have reviewed all the administrative processes particularly in relation to recruitment. We have set ourselves standards to meet so new volunteers can start in their new role within 8 weeks of applying. This process is monitored and reviewed weekly.

We have introduced an online option for volunteer training and worked with the Education Department to create Blustream profiles for the volunteers. The vast majority of volunteers have embraced the online option, however, in person training is available for those who prefer to come in for training. For the first time we are able to confidently monitor and report on training compliance for volunteers.

Additionally, we are more accurately able to report on how many volunteers we have in both hospices and where the volunteer gaps are. This has helped us develop more targeted recruitment. We are focusing on filling gaps in the shops, community and in fundraising. We have developed the Volunteer Champion role to help with recruitment. This involves current volunteers building up local connections and advertising volunteer role. We have also begun to establish positive links with schools, colleges and university to encourage younger volunteers to join us.

Over the last year we have introduced regular social meetings for volunteers so they have an opportunity to meet together and we re-introduced the Long service awards last year – recognising the contribution of many volunteers who have been helping us for over 5, 10, 15 and 20 years. We will hold the next award service during Volunteers week in June to celebrate and thank the volunteers for their contribution to hospice services.

Quality

Quality Reporting across the Mountbatten Group

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

Quality Account

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

Mountbatten Isle of Wight's Quality Account can be found at:

<https://www.mountbatten.org.uk/quality-account>

and Mountbatten Hampshire's Quality Account can be found at:

www.mountbatten-hampshire.org.uk/quality-account

Complaints and concerns

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

Feedback from Patients and Families

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

Hampshire:

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

- *Thank you for your wonderful care of our much-loved husband/dad. We will always be grateful to you all for looking after him so well, with such compassion, humour and patience to help make him as comfortable as possible. We have very special memories of our time with xx over the summer in the beautiful garden.*

Isle of Wight:

- *We would like to thank you for your care. xx didn't want to be dependent on others, he didn't want to tell you how he felt. However one day he did say 'it's five star here', which I think sums up how he felt about you all. Thank you!*
- *To the Consultants and Doctors for your perception and understanding that we needed to know the realities. To the Sister's who gentle professionalism was outstanding, the nurses and carers for whom nothing was too much trouble. The Cleaning Team, who were quiet as mice, never a bang or scrape to alarm Geoff. The volunteers quietly offering any help they could. The Administrators quietly working away in their wing helping to make all this care possible. To the perceptive people who made the decision to allow pets in the hospice. The ground staff and volunteers who look after the gardens. In the five weeks I was at the hospice the daffodils came into bloom and the crocus changed from little shards of green into lovely violet flowers.*
- *The care, the dedication, the family feeling we were fortunate to experience from the staff was something I've never experience in my life. Outstanding is one word I could use but believe me I feel there are no words to express how amazing the staff are.*
- *At the end of his life he was in some more pain and the nurse came in and told him she was getting him extra pain relief - that's when he said his last word, that word was wonderful. So when I talk about the hospice that's how I describe you all -wonderful.*
- *My beloved father passed away last week at Orchard House. The all too brief weeks we spent in your music group really boosted dad and he really discovered a new talent drumming! Thank you for your patience and kindness to dad and for your expertise in giving him something new in his life.*
- *Although we now grieve for her loss, we are so very appreciative of the time she spent both using MND Hospice Services, and during her time as an inpatient to make her final days so comfortable. Equally, we are appreciative that we were allowed to be with her throughout her stay and continue to wrap our love and care around her. We created further lasting memories together to the very end with her, and her passing she had both myself and my sister beside her.*
- *Your staff and volunteers are truly amazing and very much promote Mountbatten vision and values. Their compassion and support was so supportive, not only to our mum but also in their dealings with us as a family, we are incredibly grateful to them all for the care and support provided.*

Achievements and performance

Mountbatten Isle of Wight achievement against our Quality Account priorities for 2022/23:

Priority 1: Safety

Priority 1: Safety	
Target	How we measure success
1.1 The implementation of electronic prescribing on the Inpatient Unit at Mountbatten Isle of Wight Hospice	<p>All necessary drug formularies are built in SystmOne, the electronic patient record</p> <p>All appropriate employees are trained in the use of the Electronic Prescribing function in SystmOne – do we need to explain what this means?</p> <p>Other health professionals, including GP's and community nurses are notified of the move to electronic prescribing in SystmOne</p> <p>Electronic Prescribing module in SystmOne goes live.</p>
1.2 Development of robust Pharmacy provision at Mountbatten Hampshire Hospice with the introduction of a Band 8a Specialist Pharmacist role.	<p>Pharmacist is in post, has completed an induction, and has clear objectives set.</p> <p>Retain and develop links with the Royal South Hants Pharmacy service, building links to enable rotational staff exposure to the specialism of palliative care Pharmacy and provide cover in Band 8a Pharmacist's absence.</p> <p>Develop and agree robust medicines management audit programme working in conjunction with the Medicines Safety and Optimisation team.</p>

Priority 2: Clinical Effectiveness

Priority 2: Clinical Effectiveness	
Target	How we measure success
2.1 The implementation of rehabilitation-led beds on the Inpatient Unit at Mountbatten Isle of Wight Hospice	<p>Rehabilitation-led beds are available and robust procedures are in place to inform and support employees in the provision of patient care</p> <p>Awareness training is provided so employees understand why rehabilitation-led beds are appropriate at a particular stage of patient care</p> <p>Training on the processes and procedures is provided to medics and nurses</p> <p>Data dashboard in place to monitor progress that is reported monthly at the Quality and Governance Committee</p> <p>Evaluate and share the outcomes of setting up rehabilitation-led beds with other hospices</p>

<p>2.2 The implementation of Nurse-Led beds on the Inpatient Unit at Mountbatten Hampshire Hospice</p>	<p>Mountbatten non-medical prescribing education programme is approved by Health Education England There is a clinical supervision structure in place for Advanced Nurse Prescribers facilitated by the Medical Team Nurse-led beds expanded from respite patients to include patients admitted for iron-infusions and step down beds An evaluation of the nurse-led bed project will be completed and results included in the Quality Report and presented at Quality and Governance Committee.</p>
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Priority 3: People's experience

<p>Priority 3: People's Experience</p>	
<p>Target</p>	<p>How we measure success</p>
<p>3.1 Purchase additional land on the Mountbatten Isle of Wight Hospice site to allow for the reconfiguration of car parking which will create increased capacity</p>	<p>Land required to extend the car park has been purchased The Gables and Oak House buildings have been demolished by an approved contractor Design and layout for the car park has been approved and shared with staff, volunteers and stakeholders A robust tender process has been carried out which meets the requirements of the project and the successful contractor appointed Extended car park is in use and meets needs of the service users</p>
<p>3.2 Refurbishment of the Hazel Centre to include a new Café and commercial Kitchen area</p>	<p>Refurbishment work is completed, commissioned, and signed off, including compliance registration of fire safety Redecoration of the Hazel Centre communal areas and refurbishment of outdoor areas of the café including the purchase of new furniture Café opening hours increased in a staged approach aiming for opening seven days a week, including Christmas Day Feedback from employees, patients and visitors regarding their experiences of the Café gathered and a report produced.</p>

<p>3.3 Develop a portfolio of language that staff, volunteers and our community are comfortable with using regarding death, dying and bereavement</p>	<p>Programme of workshops is in place to discuss with employees and volunteers about the importance of having a common language about death and dying, which gives them confidence when speaking to their networks</p> <p>Mandatory training on the use of a common language about death and dying is in place for all employees and volunteers</p> <p>Employees and volunteers are surveyed to assess their understanding of the common agreed language and the results analysed to ensure that it is embedded in the culture</p> <p>Plan is in place to communicate our ethos for a common language about death and dying both internally and to the wider health community.</p>
<p>3.4 Ensure Mountbatten's reach is wider and equitable in terms of access to services and support</p>	<p>Develop links across all communities, attending meetings and events where possible within the communities we support</p> <p>Strengthen links with Homelessness support services including misuse of substance services and support their development around end-of-life care and provision</p> <p>Build on development of support/information clinics within the Hazel Centre and widen the network</p> <p>Produce a Equality, diversity and inclusion policy</p> <p>Provide teaching sessions for Mountbatten employees related to the cultural beliefs of all community groups and what is important to them</p> <p>Develop a procedure to support staff when caring for members of any under-represented group</p> <p>Explore opportunities to utilise the Hazel Centre for diverse means</p>

Care Quality Commission (CQC) Inspection

Statement from the Care Quality Commission

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

The changes see the Key Lines of Enquiry being replaced with Quality statements and the different categorization of evidence. Despite this change not officially coming into play autumn 2023, Mountbatten has embraced the information and taken action to raise awareness of the changes. During 2022 and early 2023, the following actions have taken place:

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

Mountbatten Isle of Wight (Earl Mountbatten Hospice)

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

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

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

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

The CQC's findings are shown below:

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

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

Mountbatten Group
Trustees' Report (including directors' report)
For year ended 31 March 2023

"The Earl Mountbatten Hospice provided an outstanding service that creatively enabled people to choose where they wanted to receive end of life care. People spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs and that of their families. Earl Mountbatten Hospice has developed services innovatively with local agencies to ensure their population received the support they needed at the time they needed it and in a place that best suited them.

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

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

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

(Care Quality Commission, 2017, p. 2)

Mountbatten Hampshire (Countess Mountbatten Hospice)

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

- Treatment of disease, disorder or injury

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

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

The CQC's findings are shown below:

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

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

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

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

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

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

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

(Care Quality Commission, 2021, p. 2)

Principal risks and uncertainties

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

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

- Full Risk Register to the Board annually
 - Changes to Risk Register reviewed by Senior Management Team quarterly
 - Changes to Risk Register reviewed at Quality and Governance Committee quarterly
- The principle strategic risks faced by Mountbatten are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies)	<ul style="list-style-type: none"> • Robust compliance with CCG contract monitoring and service excellence. • Public reputation. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Monthly Fundraising Report • New 5yr contract for IoW Clinical Commissioning Group. • Achieve and exceed target for reserves • A robust legacy campaign
Major Patient Safety incident	<ul style="list-style-type: none"> • Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team. • Regular robust training and education • Individual patient risk assessments. • Regular mock major incident procedures. • Safety attitudes survey carried out. • Medical Malpractice insurance in place to cover the financial consequences. • Medical staff covered by NHS insurance policy. • Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	<ul style="list-style-type: none"> • Robust governance structure. • Strong communications processes and plan. • Trademark agent commissioned to monitor applications which may infringe our rights. • New branding with branding guidelines launched April 2018. • Relationship management with stakeholders and media. • Investment made in Communications Team.

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

- 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 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.

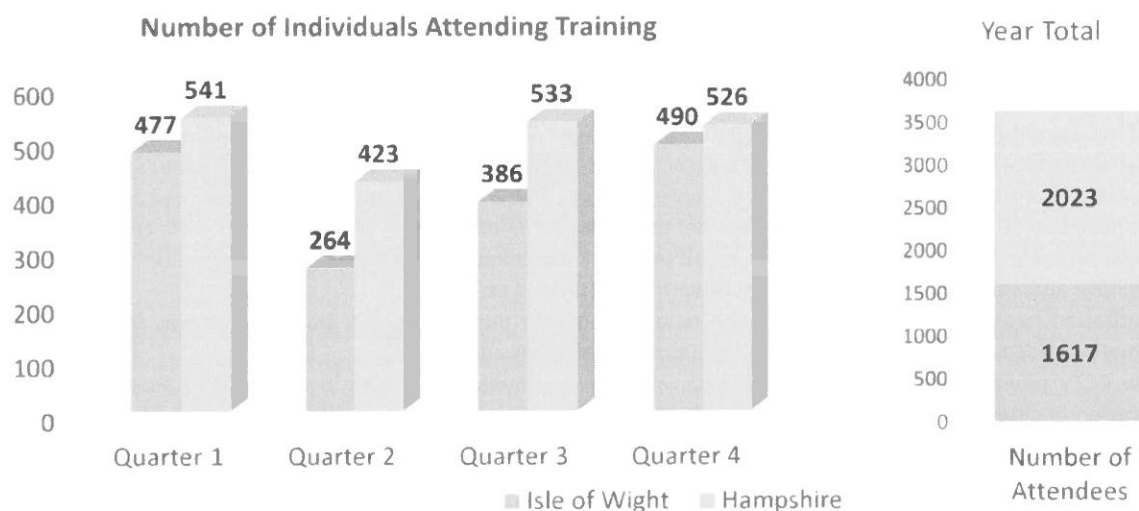
Education and Training

Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire

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

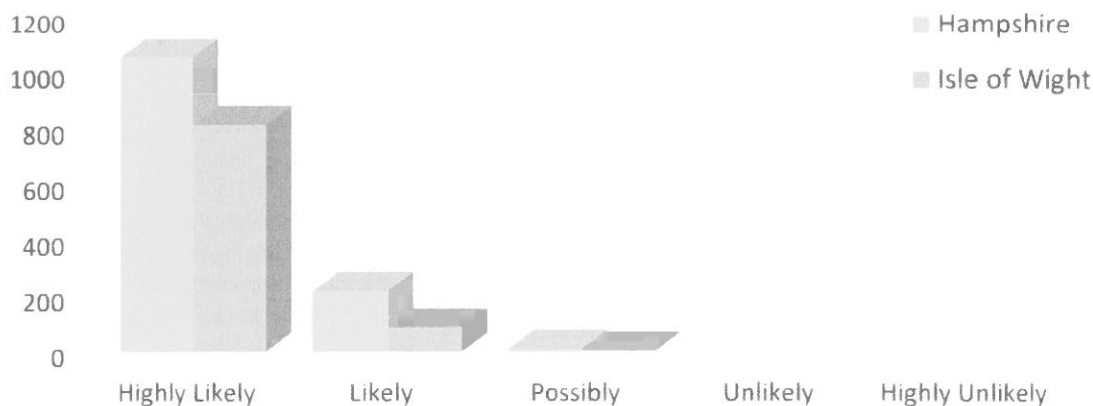
There has been a steady rate of attendance to training courses this year and interest in classroom training has increased which we hypothesis is due to individuals and organisations readjusting from the pandemic and starting to reengage in face-to-face work-based activity. As such Mountbatten's virtual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

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



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

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



The value of education delivered by Mountbatten is recognised by service commissioners who support, ‘the Island better care moving forward programme’ at Mountbatten Isle of Wight and ‘the Mountbatten end of life care programme’ at Mountbatten Hampshire. The Island better care moving forward programme builds on the foundation of a programme that helped to raised care standards and CQC ratings for care providers on the Isle of Wight, and has shifted to a quality framework, including subjects on workforce development, staff wellbeing, interoperability, and developing community connections. The Mountbatten end of life care programme in Hampshire takes an organisational approach, inviting both managers and key staff from each care organisation to a programme that develops core end of life knowledge and skills and establishes end of life care champions. The programme aims to ensure lasting organisational change and requires attendees to identify, present and put into practice service improvement projects by the end of the course.

Mountbatten also aims to positively influence perceptions of hospices and hospice care through education by engaging and providing training courses for young people. The Mountbatten Summer School ran for the second time on the Isle of Wight during the summer of 2022. This 3-day programme for young people aged 16-19 enables those attending to experience Mountbatten services and care, challenging perceptions and building confidence, and also introduces students to the full range of career opportunities available at Mountbatten through presentations and interactive practical demonstrations. Mountbatten has also supported a number of careers and information events for young people and facilitated bespoke education sessions for students aged 16-18 looking to enhance CVs for applications to university.

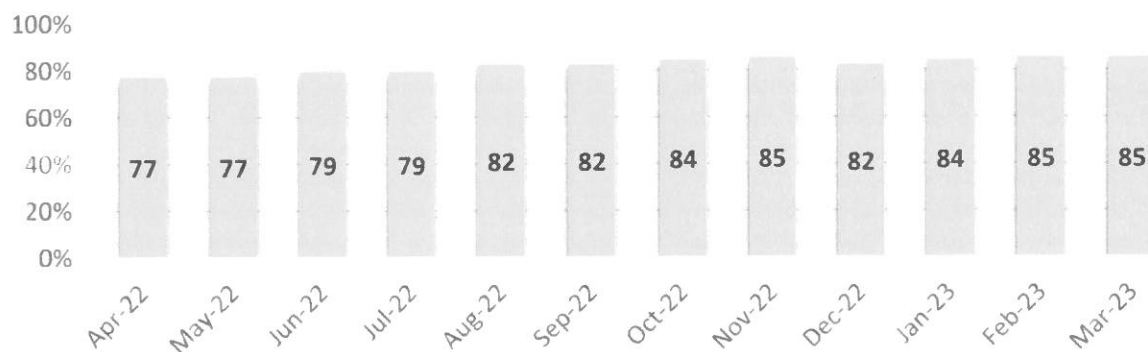
Mountbatten has seen a growth in its provision of student learning placements this year. Graduate and post graduate students from a range of disciplines, including social work, physiotherapy, occupational therapy, counselling, clinical psychology, and medicine are supported in clinical and practice placements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

Mandatory Training

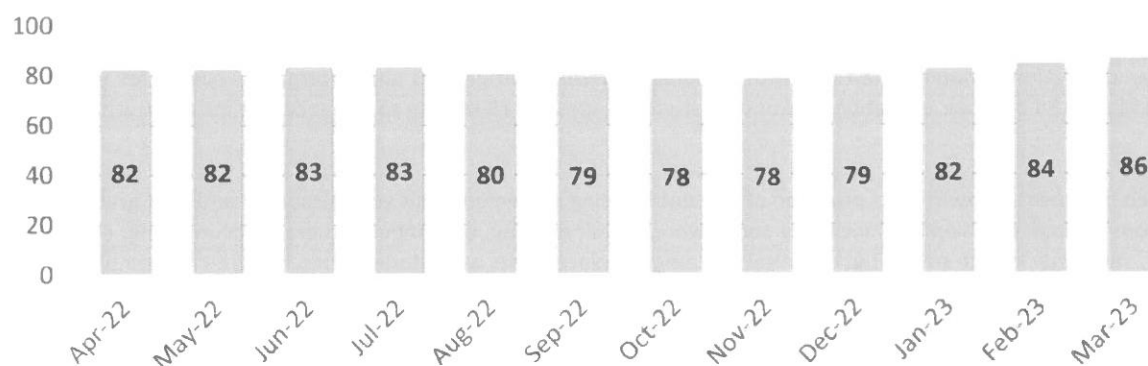
Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight

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

Hampshire Percentage of overall completion rate per month



Isle of Wight Percentage of overall completion rate per month



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

Research

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Income Generation

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

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

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

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

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

Mountbatten regularly monitors its fundraising activity, income and expenditure, compliments, complaints, and all communications with its supporters in a variety of ways, including but not limited to weekly one-to-one with the CEO, monthly reports reviewed at quality and governance meetings, quarterly review at Resources Committee meeting and Trustee Board meetings. Mountbatten Isle of Wight received 5 complaints and 7 concerns in the year for fundraising. Mountbatten Hampshire received 2 complaints and 2 concerns.

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

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

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

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

Our Light Up a Life campaign and event were a great success again this year, with 367 dedicating a light in memory of a

Mountbatten Group
Trustees' Report (including directors' report)
For year ended 31 March 2023

loved one and 147 people attending the service. This year, Mountbatten Hampshire also held a summer remembrance campaign – Remembering with Ribbons - which received high levels of positive feedback and has the potential for significant growth in future years.

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

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

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

At **Mountbatten Isle of Wight**, several income streams did not reach target due to the wider economic effects of COVID, cost of living crisis and war in Ukraine. Although in the areas of Major Gifts, Trusts, Direct Mail Appeals, In Memory and Lottery Fundraising targets were not met, thanks to the generosity of support from the Island community, income from Regular and Community Giving, Collection Boxes, General Donations and Major Events have all exceeded target, which indicates a strong recovery from the effects of social distancing during the pandemic and that regular gifts are holding up despite of the cost-of-living crisis. There are strategies in place to increase all income and continue to develop sustainable long-term relationships with donor.

Some activities and achievements of note during the year include: the Isle of Wight Festival which raised the most in its history - £35,364; Fairlee Fireworks event organized with Isle of Wight Festival and Isle of Wight Radio raised £38,000 (gross) in its inaugural year; Walk the Wight registrations exceeded pre-pandemic numbers despite changes to registration options; Remembering with Ribbons income exceeded £10,000 target plus corporate sponsorship, and attendance to the Light Up A Life remembrance service in December attracted close to pre-COVID numbers, and a team of supporters raised £31,242 summiting Kilimanjaro in memory of a loved one.

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

While the legacy pipeline in Hampshire has remained strong, and on the Isle of Wight the pipeline has reduced, income from Gifts in Wills has been slow to be realised for both charities as the continuing backlog in probate continues to affect all charities. Legacy income was lower than in recent years, in part due to the delays in probate administration, and highlights the unpredictability of this income stream.

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

Communications

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

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

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

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

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

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

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

Mountbatten Hampshire

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

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

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

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

45 years of kindness

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

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

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

Storytelling

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

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

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

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

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

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

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

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

Working collaboratively with fundraising

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

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

We also led the communications and event planning activity for the 2022 Walk the Wight to help support the fundraising team in what was a challenging time.

In addition, we secured charity status for Mountbatten Isle of Wight to be the chosen cause of the Isle of Wight leg of the Tour of Britain cycle race, though this had to be cancelled following the death of the Queen.

Volunteer recruitment marketing

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

Concerts

Our Concert Series at Mountbatten Isle of Wight has recovered well after the Covid pandemic, and we now have a waiting list of acts who have asked to perform for us. We filled the regular programme for 2022/23, and we are introducing additional events to cater for demand.

The audiences have been steadily increasing, and in some cases, we have sold out. We are also in discussions about introducing a Concert Series in Hampshire in the future.

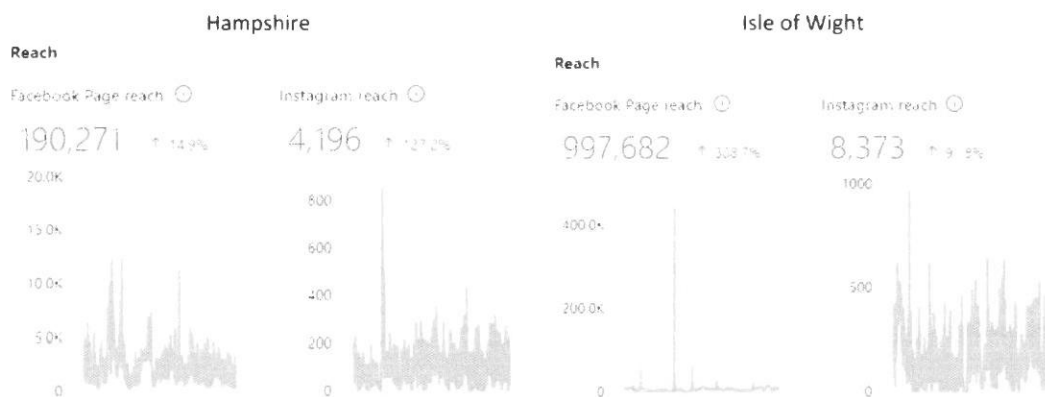
Summary

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

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

We produced new bereavement guides and a new welcome pack for our inpatient units, while we are also in the process of reviewing and updating our suite of leaflets across the group.

Social media



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

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

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

Estates and Facilities

Mountbatten Isle of Wight

The Estates and Facilities team have achieved a number of key projects during 2022-23 which have included: the replacement of the Oak Garden decking and retaining walls, re-painting of the main corridors throughout the site and, completion and commissioning of the children's play area with support from Kissy Puppy charity and Bradings Builders. We have been successful in our grant application to the National Garden Scheme for the repair and replacement of the Chelsea Garden decking, which will be undertaken during 2023. The first successful achievement of a satisfactory electrical Installation Condition report since 2018 has been completed, involving a significant amount of remedial work that has been carried out by FM Marsh on behalf of Mountbatten.

The subsidence project that has been identified in the Seminar Room link corridor has been handed to the Mountbatten approved insurance providers and all of our costs to date in regards to structural surveys and assessments will be reimbursed as the insurance providers have accepted the claim. We are still, however, waiting on a quantity surveyors report to be raised on the repair quotations before any remedial repairs will be undertaken during 2023.

Mountbatten has continued to work with our appointed architectural consultancy firm McAndrews Martin Ltd to assist with all large scale capital projects, including the redevelopment of the car park and Oak House and, changes to the design of the main reception and entrances to improve flow and capacity throughout the buildings.

Fire Safety

Fire Safety compliance has been maintained to a very high standard during this reporting year and the main efforts have continued to be focused on rationalisation of the sites' fire doors and firefighting equipment servicing. The installation of a new fire suppression system for the main kitchen has been commissioned which will be fully operational by the end of May 2023, ensuring a higher level of fire safety.

Water Safety

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

Security

V&G Security Solutions Ltd have continued to support the needs of the Mountbatten Isle of Wight site, predominately overnight, in an appropriate and professional manner during this reporting period.

Utilities and energy

During 2022-23 a new 6-month electric contract was secured for the main hospice site, as our 1-year fixed term contract ended in January 2023. The provision of a fixed 6-month contract will allow for the energy market to hopefully stabilise allowing Mountbatten Isle of Wight to approach a new contract in the summer months as opposed to the winter months, with the aim of securing a better ongoing electric unit price.

A programme of replacement of older inefficient lights within the interior of the main building with new cost effective LED replacement systems has continued. Mountbatten has been successful in securing grant funding to enable the John Cheverton Centre carpark lights to be changed to LED systems and to replace the old inefficient lighting in the Inpatient Unit area corridors, enabling a reduction in our energy consumption and Mountbatten to become more energy efficient in the future.

The Estates team has also commissioned a number of electrical usage surveys across key points within the building, to

gain a better understanding of where and how we use our energy and this data has been used to report our overall usage of electricity across the site, including the Laundry, Kitchen and the John Cheverton Centre. A trend analysis of the data has been carried to identify further energy saving measures. This has included simple small changes to the John Cheverton Centre heating system time clocks to delay the electrical driven heating system starting up too early in the morning before the building is utilised, saving electricity and cost whilst still maintaining a safe and warm place for patients, visitors, employees and volunteers.

Patient Equipment Services

During 2022-23 Patient Equipment Services have continued to adapt and grow to meet changing needs and the focus of work has been centered on equipment life cycling, smarter purchasing and renewal of medical devices and community equipment as they require replacement. A new medical devices policy for the IOW has been written which now includes elements such as decontamination of equipment prior to repair and the changes to be made in the processes of how medical equipment is fault reported, enabling equipment to enter the repair chain faster and safer than before.

Mountbatten continues to work with Island Mobility and Isle of Wight NHS Trust Medical Physics department to support in the maintenance of medical and patient equipment. A recent change in contracted services for the maintenance of the Inpatient Unit beds has achieved a significant saving in the overall maintenance expenditure. New testing equipment has been invested in that allows trained Estates staff to carry out essential electrical safety tests on medical equipment that is not covered under the portable appliance testing regulations and guidance.

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

Mountbatten Hampshire

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

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

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

Mountbatten has continued to work with our appointed architectural consultancy firm McAndrews Martin Ltd to assist with the planning of all large scale capital projects, including development of the car park, redevelopment of Inpatient

Unit bays, a new external log cabin for groups and therapies, creation of a spiritual and reflective space, the redesign of the main entrances and, a link corridor between the buildings.

Fire Safety

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

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

Water Safety

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

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

Security

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

Utilities and energy

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

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

Medical Devices

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

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

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

Catering and Hospitality

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

The Mountbatten Cafes provide meals, snacks and drinks for visitors, staff, volunteers and are open to the local community. The Cafes are the heart of both hospices and create a welcoming, modern and bright social space where people can enjoy food together round the table. Mountbatten Isle of Wight has a long-established thriving café that is well by those visiting the hospice as well as the local community and is open 365 days a year, including for popular Sunday lunches and Christmas Day dinners. Mountbatten Hampshire Café with an 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 Diamond Jubilee and, staff and volunteer parties. Increasingly, the Catering team are also providing buffets for external events that have ranged from funerals, weddings and anniversaries both on and off site, generating some income for the hospice. The team are renowned for providing high quality and well presented food that regularly receive accolades from those benefitting from the service:

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

'Thank you all so much for our lovely tea last week. It was a total surprise from our wonderful family. Your afternoon teas are the best.'

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

The catering service has received a five-star food hygiene rating at Mountbatten Isle of Wight and Hampshire from the respective Local Authorities.

People Services

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department

COVID-19

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

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

Cascade (Human Resources Information System)

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

Occupational Health

Working closely with our new Occupational Health provider, Drayton Medical, we have supported a number of our staff through a range of health conditions and helping bring them back to work when appropriate. Drayton have also supported 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 teams in Hampshire and the Isle of Wight now work to an 8-week average for recruiting to roles in the Group and this is reviewed monthly; current performance is at 80% for all vacancies. There have also been improvements in the management of sickness absence by developing online reporting and establishing better communication between managers and the People Services team.

New Pay Structure

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

Recruitment

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

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

Mountbatten Isle of Wight			
Media/Sites	Vacancies	Applications	Hits
NHS Jobs	47	517	31,232
Indeed	40	378	47,512
IOW jobs	17	72	4,868
Other Platforms	5	40	2,152

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

Mountbatten Group			
Media/Sites	Vacancies	Applications	Hits
NHS Jobs	112	867	83,407
Indeed	105	900	122,902
IOW Jobs	17	72	4,868
Other Platforms	8	41	2,404

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

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

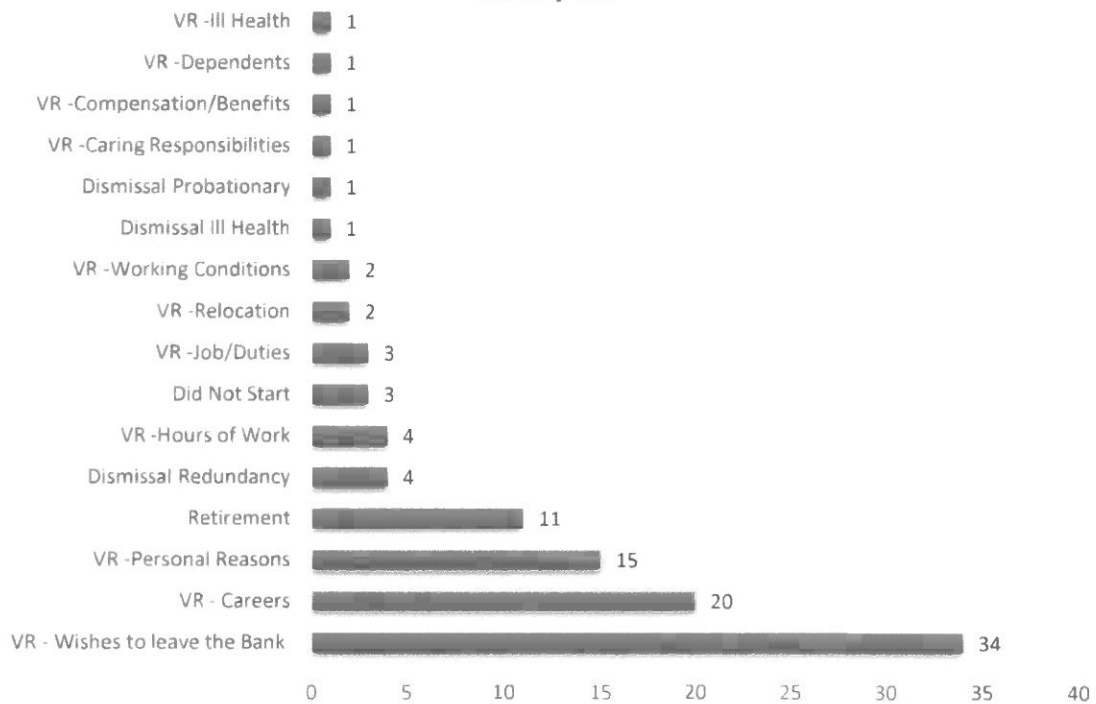
Headcount and Turnover

Mountbatten Group's establishment at the end of March 2023 stood at 439 (234 Mountbatten IOW and 205 Mountbatten Hampshire), an increase in establishment from 2021/22 by 65 people (in whole time equivalent terms this is a total of 277.92 WTE for the same period i.e. 152.48 WTE Mountbatten Isle of Wight and 125.44 WTE Mountbatten Hampshire and overall growth of 36.92 WTE).

The end-of-year turnover for Mountbatten Isle of Wight stands at 9.83%, whilst Mountbatten Hampshire sits at 5.84%. Mountbatten has seen 11 retirements over the past 12 months, with 5 of these individuals electing to "retire and return".

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

Mountbatten Group - Employee Reason for Leaving
2022/23

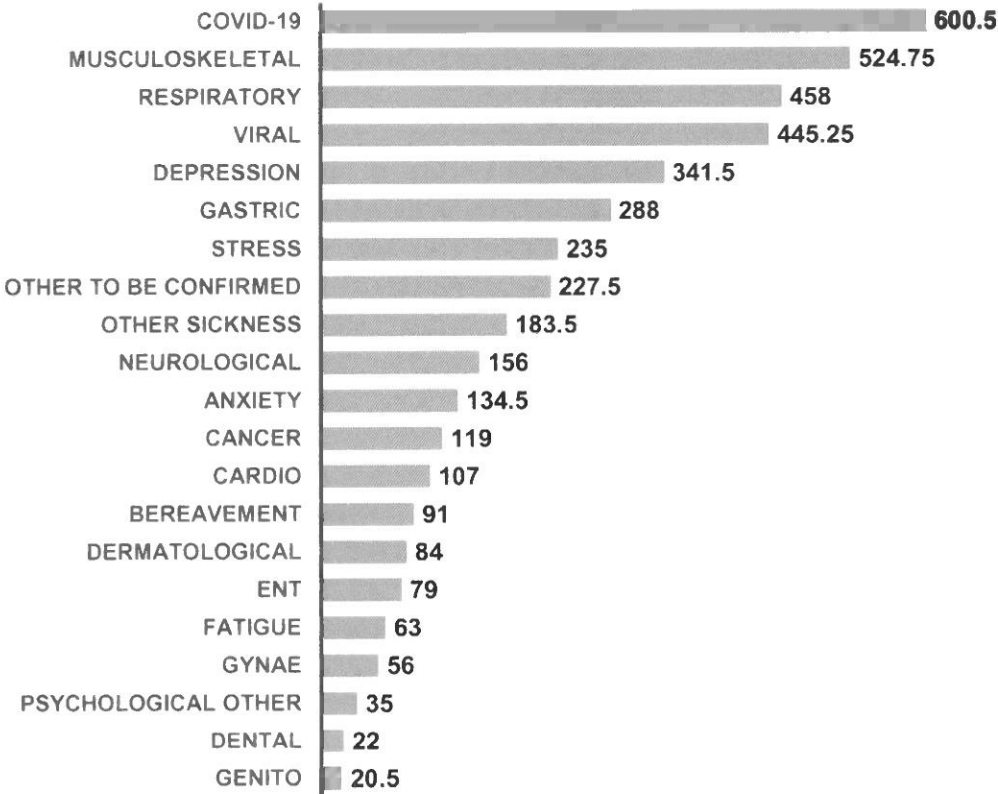


Sickness management

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

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

Equality, diversity and inclusion (EDI)

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

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

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

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

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

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

Pay

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

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

Salaries are set on two different systems:

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

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

Senior executive pay

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

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Team

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

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

- Assisted the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based solution.
- Continued development of the Mountbatten Intranet, extending its use for individual teams and services - providing a repository of knowledge, document storage, information, and a way of communicating with staff.
- The continued improvement of the SystmOne Shared Electronic Health Record, including the introduction of an admission template and overhaul of several other templates
- Moved to a new Smartcard authority, this is now undertaken by the Commissioning Service Unit, this offers a more timely service and provides the local authority agent with more access to update staffs cards and make access changes to these when required
- All of Mountbatten's IT infrastructure is now cloud-based with the exception of one server, this will be moved into the cloud by the end of 2023.
- New out of hours emergency process flowcharts have been produce to improve resilience should there be a loss of services

Mountbatten Isle of Wight

- The successful roll out of SystmOne electronic prescribing medication administration module on the Inpatient Unit
- The initialisation of a patient application project (AIRMID) which has the capability to allow patients to view their patient record and also enter into the record. It will also for video consultations, booking of appointments and the completion of surveys
- New WiFi installed on the Inpatient Unit which provides better coverage and a more stable solution for patients and staff.
- All patient rooms now have Smart TV's within them, this allows patients to view online channels such as YouTube and also streaming services such Netflix and Amazon Prime.
- Mobile phone signal boosters have been installed to increase coverage across the site

Mountbatten Hampshire

- New WiFi installed on the Inpatient Unit which provides better coverage and a more stable solution for patients and staff.
- An overhaul of the server room and the main server cabinet was carried out. All cabling is now cable managed with a new accurate patch panel record created. The room is now clear of any clutter and has been cleaned
- All meeting rooms have now been set up with their own computers with specific logins created for each computer for ease of access when using the rooms for video conferencing
- The successful roll out of SystmOne electronic prescribing medication administration module on the Inpatient Unit
- Smart TV's have been purchased for all patient rooms

Security and Service Availability

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

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

Collaboration

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

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

Mountbatten has initiated and chairs the Isle of Wight SystemOne User Group, which seeks to improve the sharing, standardisation and integration of care across the Island and, in part, has assisted in persuading the Island's NHS Trust to move to SystemOne. Mountbatten also chairs a smaller Isle of Wight SystemOne Working Party designed at aligning function and process across the various organisations who use SystemOne on the Island.

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

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

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

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

Resources

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

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

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

Future Plans

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

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

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

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

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

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

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

Our governance processes

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

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

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

The likely consequences of any decision in the long term

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

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

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

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

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

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

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

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

Engaging with our stakeholders

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

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

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

Principal decisions

Maintaining services to our beneficiaries

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

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

Sustainability and carbon reporting

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

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

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

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

Commentary on emissions

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

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

Our fleet includes our company cars and vans.

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

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

Energy-saving actions undertaken in financial year 2022/23

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

Financial review

The financial result for the year for Mountbatten Group was very disappointing and the Group produced a significant deficit for the year amounting to £3,887,537. Results were adversely affected by a number of factors. Legacy receipts were just about £200k less than the level of the prior year, Fundraising efforts in aggregate realized almost £350k less than the prior year and large pay settlements within the NHS pay arrangements, to which we are bound, created almost £1m of extra payroll costs for the Charity. Finally, the general inflationary environment, and energy costs in particular created extra unanticipated cost pressures for the Charity.

Resources expended by the Group for the year increased substantially due to the factors explained above and full details of expenditure for the Group are disclosed in Note 6 to these Accounts. The total resources expended by the wider Group increased to an amount of £18,630,507 compared to £16,679,353 in 2022. An analysis of Group Resources expended by activity is as follows:

- 21% (2022 – 17%) of our expenditure was on the cost of generating funds. The increase reflects the increased level of fundraising activity and resourcing that increase.
- 56% (2022 – 59%) of our expenditure was directly incurred in the carrying out of our charitable activities. This small decrease is within the range of expected operating variation due to normal demand fluctuations and levels of resourcing in place across the year.
- 23% (2022 – 24%) of our expenditure was incurred in the support of the carrying out of our charitable activities and our governance.

Investment Policy and Performance

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

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

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

Reserves Policy

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

During the financial year, unrestricted reserves decreased by £3.84m finishing the year at £15.60m (2022 £19.44m). Budgeted expenditure for 2023/24 is £10.2m, so total unrestricted reserves equated to approximately 18 months of budgeted expenditure as at March 2023. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £3.9m, which equates to just over 4.5 months' expenditure.

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

Public benefit statement

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

Statement of trustees' responsibilities

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

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

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

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

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

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

Auditor

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

Disclosure of information to auditor

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

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



Sir Ian Cheshire
Chair of the Board of Trustees

Dated: 10/8/23

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 64, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

Use of our report

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

Azets Audit Services

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

Debra Saunders BSc FCA (Senior Statutory Auditor)

6 September 2023

For and on behalf of Azets Audit Services, Statutory Auditor

Mountbatten Group
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2023

	Note	2023 Unrestricted £	2023 Restricted £	2023 Total £	2022 Unrestricted £	2022 Restricted £	2022 Total £
Income from:							
Donations and legacies	2	2,332,465	430,170	2,762,635	3,370,808	386,845	3,757,653
Charitable activities							
Inpatient / Day Care	3	8,634,255	39,038	8,673,293	8,489,640	3,808,269	12,297,909
Community Care	3	154,838	-	154,838	242,753	-	242,753
Other trading activities	4	3,246,383	129,724	3,376,107	2,614,974	254,490	2,869,464
Investments	5	197,097	-	197,097	138,425	-	138,425
Total income		14,565,038	598,932	15,163,970	14,856,600	4,449,604	19,306,204
Expenditure on:							
Raising funds		4,953,213	-	4,953,213	3,633,753	-	3,633,753
Charitable activities:							
Inpatient / Day Care		8,053,573	643,703	8,697,276	5,760,313	4,521,553	10,281,866
Community Care		4,980,018	-	4,980,018	2,763,734	-	2,763,734
Total expenditure	6	17,986,804	643,703	18,630,507	12,157,800	4,521,553	16,679,353
Net (expenditure)/income before net (losses)/gains on investments		(3,421,766)	(44,771)	(3,466,537)	2,698,800	(71,949)	2,626,851
Net (losses)/gains on investments		(421,000)	-	(421,000)	285,201	-	285,201
Net (expenditure)/income for the year and net movement in funds	7	(3,842,766)	(44,771)	(3,887,537)	2,984,001	(71,949)	2,912,052
Transfer between funds		-	-	-	-	-	-
Net movement in funds		(3,842,766)	(44,771)	(3,887,537)	2,984,001	(71,949)	2,912,052
Reconciliation of funds:							
Total funds brought forward		19,438,666	3,460,505	22,899,171	16,454,665	3,532,454	19,987,119
Total funds carried forward	21	15,595,900	3,415,734	19,011,634	19,438,666	3,460,505	22,899,171

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

Mountbatten Group
Balance Sheet
As at 31 March 2023

	Note	The Group		Earl Mountbatten Hospice	
		2023	2022	2023	2022
		£	£	£	£
Fixed assets:					
Tangible assets	12	11,693,046	11,718,873	11,217,448	11,282,700
Investments	13	31,629	7,810,840	2	5,910,849
		<u>11,724,675</u>	<u>19,529,713</u>	<u>11,217,450</u>	<u>17,193,549</u>
Current assets:					
Stocks		9,598	2,229	-	-
Debtors	16	689,763	3,819,692	542,822	1,922,060
Cash at bank and in hand		8,884,194	1,076,983	6,446,730	563,622
		<u>9,583,555</u>	<u>4,898,904</u>	<u>6,989,552</u>	<u>2,485,682</u>
Liabilities:					
Creditors: amounts falling due within one year	17	(2,296,596)	(1,529,446)	(938,949)	(596,973)
Net current assets		<u>7,286,959</u>	<u>3,369,458</u>	<u>6,050,603</u>	<u>1,888,709</u>
Total net assets	20	<u>19,011,634</u>	<u>22,899,171</u>	<u>17,268,053</u>	<u>19,082,258</u>
Funds:					
Restricted funds		3,194,784	3,221,019	3,194,784	3,221,019
Restricted funds CMH		220,950	239,486	-	-
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		6,022,465	9,865,231	4,999,834	6,787,804
Total unrestricted funds		<u>15,595,900</u>	<u>19,438,666</u>	<u>14,073,269</u>	<u>15,861,239</u>
Total funds	21	<u>19,011,634</u>	<u>22,899,171</u>	<u>17,268,053</u>	<u>19,082,258</u>

The financial statements were approved by the Board of Trustees on ...10/8/23... and were signed on its behalf by:



Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 02929267

The notes form part of these financial statements

Mountbatten Group
Consolidated Statement of Cash Flows
For year ended 31 March 2023

	Note	2023		2022	
		£	£	£	£
Net cash provided by (used in) operating activities	22		613,088		(351,464)
Cash flows from investing activities:					
Dividends and interest		197,097		138,425	
Purchase of property, plant and equipment		(361,185)		(535,835)	
Proceeds from disposal of property, plant and equipment		-		26,833	
Proceeds from sale of investments		7,190,429		1,383,104	
Purchase of investments		(1,257,072)		(1,689,251)	
Movement in portfolio cash held for investment		1,424,854		(793,704)	
Net cash used in investing activities			7,194,123		(1,470,428)
Change in cash and cash equivalents in the year			7,807,211		(1,821,892)
Cash and cash equivalents at the beginning of the year			1,076,983		2,898,875
Cash and cash equivalents at the end of the year			8,884,194		1,076,983

1. ACCOUNTING POLICIES

a) Statutory information

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

b) Basis of preparation

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

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

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

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

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

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

c) Public benefit entity

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

d) Going concern

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

e) Income

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

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

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

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

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

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

g) Donations of gifts, services and facilities

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

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

h) Interest receivable

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

i) Fund accounting

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

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

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

j) Expenditure and irrecoverable VAT

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

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

1. ACCOUNTING POLICIES (continued)

k) Allocation of support costs

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

• Cost of raising funds	21%
• Inpatient / Day Care	48%
• Community Care	31%

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

l) Operating leases

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

m) Tangible fixed assets

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

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

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

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

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

n) Listed investments

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

o) Investments in subsidiaries

Investments in subsidiaries are at cost.

1. ACCOUNTING POLICIES (continued)

p) Stocks

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

q) Debtors

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

r) Cash at bank and in hand

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

s) Creditors and provisions

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

t) Financial instruments

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

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

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

Basic financial assets

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

Other financial assets

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

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets

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

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

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

Derecognition of financial assets

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

Classification of financial liabilities

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

Basic financial liabilities

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

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

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

Derecognition of financial liabilities

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

1. ACCOUNTING POLICIES (continued)

u) Pensions

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

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

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

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2023

2. Income from donations and legacies

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Gifts						
Earl Mountbatten Hospice	837,978	98,733	936,711	905,676	333,587	1,239,263
Countess Mountbatten Hospice	728,881	81,437	810,318	687,973	53,258	741,231
Legacies						
Earl Mountbatten Hospice	502,684	250,000	752,684	1,146,794	-	1,146,794
Countess Mountbatten Hospice	262,922	-	262,922	630,365	-	630,365
	<u>2,332,465</u>	<u>430,170</u>	<u>2,762,635</u>	<u>3,370,808</u>	<u>386,845</u>	<u>3,757,653</u>

In addition to the above, there was an estimated £1,220,000 for EMH and £905,000 for CMH (2022: £387,000 for EMH and £825,000 for CMH) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2023

3. Income from charitable activities

	2023		2022	
	Unrestricted £	Restricted £	Unrestricted £	Restricted £
				2022 Total £
NHS CCG				
Earl Mountbatten Hospice	3,568,876	39,038	3,289,306	41,139
Countess Mountbatten Hospice	5,019,013	-	5,138,409	-
NHSE*				
Earl Mountbatten Hospice	-	-	-	1,489,796
Countess Mountbatten Hospice	-	-	-	2,267,249
Other grant income				
Earl Mountbatten Hospice	46,366	-	61,925	10,085
Countess Mountbatten Hospice	-	-	-	-
Sub-total for inpatient/Day Care	8,634,255	39,038	8,489,640	3,808,269
Isle of Wight Clinical Commissioning Group				
Earl Mountbatten Hospice	154,838	-	242,753	-
Sub-total for Community Care	154,838	-	242,753	-
Total income from charitable activities	8,789,093	39,038	8,732,393	3,808,269
				12,540,662

*All NHSE income was received via Hospice UK

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2023

4. Income from other trading activities

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Fundraising activities						
Earl Mountbatten Hospice	701,815	16,182	717,997	599,447	94,188	693,635
Countess Mountbatten Hospice	534,855	-	534,855	366,774	67,141	433,915
Shops, café and other income						
Earl Mountbatten Hospice	1,312,569	113,542	1,426,111	1,181,170	93,161	1,274,331
Countess Mountbatten Hospice	697,144	-	697,144	467,583	-	467,583
	<u>3,246,383</u>	<u>129,724</u>	<u>3,376,107</u>	<u>2,614,974</u>	<u>254,490</u>	<u>2,869,464</u>

5. Income from investments

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Income from quoted investments						
Earl Mountbatten Hospice	150,426	-	154,426	107,873	-	107,873
Countess Mountbatten Hospice	46,671	-	46,671	30,552	-	30,552
	<u>197,097</u>	<u>-</u>	<u>197,097</u>	<u>138,425</u>	<u>-</u>	<u>138,425</u>

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2023

6. a) Analysis of expenditure - current year

	Cost of raising funds	Charitable activities				Governance costs	Support costs	2023 Total	2022 Total
		Inpatient / Day Care	Community Care	Community Care	Governance costs				
	£	£	£	£	£	£	£	£	
Staff costs (Note 8)	2,580,586	5,417,265	3,541,152	-	-	2,664,609	14,203,612	12,541,030	
Medical consumables	-	234,077	153,047	-	-	-	387,124	362,898	
Volunteer expenses	-	-	-	-	-	18,971	18,971	6,481	
IT and administrative costs	-	-	-	-	-	213,564	213,564	277,958	
Trading activities	32,741	-	-	-	-	-	32,741	19,307	
Fundraising costs	339,209	-	-	-	-	-	339,209	325,053	
Lottery costs	207,705	-	-	-	-	-	207,705	198,470	
Investment managers' fees	43,400	-	-	-	-	-	43,400	36,456	
Audit and accountancy fees	-	-	-	-	49,023	-	49,023	50,318	
Legal and professional	-	-	-	-	-	303,721	303,721	141,748	
Trustee costs	-	-	-	-	619	-	619	12,218	
Catering	372,810	1,439	-	-	-	-	374,249	315,750	
Premises	199,539	762,684	-	-	-	335,476	1,297,699	1,080,253	
Depreciation and loss on disposal	-	-	-	-	-	387,012	387,012	298,014	
Insurance	7,716	-	-	-	-	58,797	66,513	46,468	
Maintenance and repairs	-	69,354	-	-	-	173,361	242,715	299,818	
Subscriptions and publications	-	-	-	-	-	38,573	38,573	32,783	
Irrecoverable VAT	20,266	-	-	-	-	-	20,266	36,727	
Consumables	82,067	228,704	-	-	-	93,020	403,791	597,603	
Support costs - EMH	3,886,039	6,713,523	3,694,199	49,642	-	4,287,104	18,630,507	16,679,353	
Support costs - CMH	867,406	1,198,597	757,008	-	-	(2,823,011)	-	-	
Governance costs - EMH	188,363	762,013	513,717	-	-	(1,464,093)	-	-	
Governance costs - CMH	8,633	11,929	7,534	(28,096)	-	-	-	-	
Governance costs - CMH	2,772	11,214	7,560	(21,546)	-	-	-	-	
Total expenditure 2023	4,953,213	8,697,276	4,980,018	-	-	-	18,630,507	-	
Total expenditure 2022	3,633,753	10,281,866	2,763,734	-	-	-	-	16,679,353	

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2023

6. b) Analysis of expenditure - prior year

	Cost of raising funds £	Charitable activities			Governance costs £	Support costs £	2022 Total £
		Inpatient / Day Care £	Community Care £				
Staff costs (Note 8)	1,670,808	6,567,346	1,834,613	-	2,468,263	12,541,030	
Medical consumables	-	278,471	84,427	-	-	362,898	
Volunteer expenses	-	-	-	-	6,481	6,481	
IT and administrative costs	-	-	-	-	277,958	277,958	
Trading activities	19,307	-	-	-	-	19,307	
Fundraising costs	325,053	-	-	-	-	325,053	
Lottery costs	198,470	-	-	-	-	198,470	
Investment managers' fees	36,456	-	-	-	-	36,456	
Audit and accountancy fees	-	-	-	50,318	-	50,318	
Legal and professional	-	-	-	-	141,748	141,748	
Trustee costs	-	-	-	12,218	-	12,218	
Catering	313,280	2,470	-	-	-	315,750	
Premises	196,550	586,842	-	-	296,861	1,080,253	
Depreciation and loss on disposal	-	-	-	-	298,014	298,014	
Insurance	8,399	-	-	-	38,069	46,468	
Maintenance and repairs	-	99,593	-	-	200,225	299,818	
Subscriptions and publications	-	-	-	-	32,783	32,783	
Irrecoverable VAT	36,727	-	-	-	-	36,727	
Consumables	59,428	409,333	-	-	128,842	597,603	
Support costs - EMH	2,864,478	7,944,055	1,919,040	62,536	3,889,244	16,679,353	
Support costs - CMH	757,857	921,316	832,157	-	(2,511,330)	-	
Governance costs - EMH	11,418	1,377,914	12,537	(37,836)	(1,377,914)	-	
Governance costs - CMH	-	13,881	-	(24,700)	-	-	
	-	24,700	-	-	-	-	
Total expenditure 2022	3,633,753	10,281,866	2,763,734	-	-	16,679,353	

7. Net income / (expenditure) for the year

This is stated after charging

	2023	2022
	£	£
Depreciation	387,012	298,014
Operating lease rentals:		
Property - EMH	199,539	196,550
Property - CMH	147,335	109,647
Auditor's remuneration (excluding VAT):		
Audit - EMH	24,650	22,250
Audit - CMH	20,600	18,750
Other services - EMH	1,300	1,250
Other services - CMH	1,300	1,250

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

Staff costs were as follows:

Current year	2023		
	EMH	CMH	Total
	£	£	£
Staff under service level agreement with NHS	732,360	3,597,801	4,330,161
Wages and salaries	4,898,863	1,308,906	6,207,769
Employer's national insurance	466,615	368,934	835,549
Pension costs	545,763	419,656	965,419
Temporary and agency staff	907,991	400,014	1,308,005
Other staff costs	333,373	223,336	556,709
	<u>7,884,965</u>	<u>6,318,647</u>	<u>14,203,612</u>

Prior year	2022		
	EMH	CMH	Total
	£	£	£
Staff under service level agreement with NHS	731,585	3,079,246	3,810,831
Wages and salaries	4,351,522	1,333,403	5,684,925
Employer's national insurance	396,510	291,718	688,228
Pension costs	495,878	388,283	884,161
Temporary and agency staff	745,748	268,681	1,014,429
Other staff costs	224,077	234,379	458,456
	<u>6,945,319</u>	<u>5,595,710</u>	<u>12,541,030</u>

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

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

	2023	2022
	No.	No.
£60,000 - £69,999	1	1
£70,000 - £79,999	1	1
£80,000 - £89,999	2	1
£90,000 - £99,999	1	1
£100,000 - £109,999	-	1
£110,000 - £119,999	1	-

In addition to employed staff costs, there were costs relating to 2 (2022: 2) seconded medical professional staff of £207,163 (2022: £189,343).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £778,066 (2022: £755,005).

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

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £619 (2022: £113) incurred by 4 (2022: 1) trustees.

9. Staff numbers

	2023	2023	2022	2022
	Employed by Charity	Recharged to Charity	Employed by Charity	Recharged to Charity
	No.	No.	No.	No.
Fundraising - EMH	11	-	10	-
Fundraising - CMH	5	-	32	-
In patient unit / Patient services - EMH	68	8	52	8
In patient unit / Patient services - CMH	79	-	137	-
Community	107	-	56	-
Day unit / JCC	18	-	10	-
Retail	61	-	41	-
Support	80	-	43	-
	<u>429</u>	<u>8</u>	<u>381</u>	<u>8</u>

10. Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties (2022: £nil) not already disclosed.

11. Taxation

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

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2023

12. Tangible fixed assets

Group	Land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,112,676	250,674	2,454,453	261,197	14,079,000
Additions in year	57,433	35,858	265,394	2,500	361,185
Disposals in year	-	-	-	-	-
Transfers	(136,940)	136,940	-	-	-
At the end of the year	11,033,169	423,472	2,719,847	263,697	14,440,185
Depreciation					
At the start of the year	153,372	43,126	1,961,745	201,884	2,360,127
Charge for the year	13,042	75,746	271,939	26,285	387,012
Depreciation eliminated on disposal	-	-	-	-	-
Transfers	(122,951)	122,951	-	-	-
At the end of the year	43,463	241,823	2,233,684	228,169	2,747,139
Net book value					
At the end of the year	10,989,706	181,649	486,163	35,528	11,693,046
At the start of the year	10,959,304	207,548	492,708	59,313	11,718,873

Earl Mountbatten Hospice	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,062,094	-	2,031,583	261,197	13,354,874
Additions in year	55,860	-	27,555	-	83,415
Disposals in year	-	-	-	-	-
Transfers	(136,940)	136,940	-	-	-
At the end of the year	10,981,014	136,940	2,059,138	261,197	13,438,289
Depreciation					
At the start of the year	122,951	-	1,747,339	201,884	2,072,174
Charge for the year	-	7,760	115,117	25,790	148,667
Depreciation eliminated on disposal	-	-	-	-	-
Transfers	(122,951)	122,951	-	-	-
At the end of the year	-	130,711	1,862,456	227,674	2,220,841
Net book value					
At the end of the year	10,981,014	6,229	196,682	33,523	11,217,448
At the start of the year	10,939,143	-	284,244	59,313	11,282,700

All of the above assets are used for charitable purposes.

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

Mountbatten Group
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13. Investments

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Listed investments				
Fair value at the start of the year	6,385,986	5,794,747	4,827,958	4,462,912
Additions at cost	1,257,071	1,689,251	955,107	1,319,277
Disposal proceeds	(7,190,428)	(1,383,104)	(5,463,195)	(1,078,776)
Net (loss)/gain on change in fair value	(421,000)	285,092	(319,870)	124,545
	<u>31,629</u>	<u>6,385,986</u>	-	<u>4,827,958</u>
Cash held by investment broker pending reinvestment	-	1,424,854	-	1,082,889
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	<u>31,629</u>	<u>7,810,840</u>	<u>2</u>	<u>5,910,849</u>
			2023	2022
			£	£
UK Bonds			-	497,542
Overseas Bonds			31,629	426,507
UK Equities			-	1,662,869
North American Equities			-	1,560,358
European Equities			-	407,543
Japanese Equities			-	220,427
Asia Pacific Equities			-	523,137
Emerging Market Equities			-	99,881
Global Investments			-	298,476
Absolute Return			-	208,631
Property Trusts			-	212,522
Other			-	268,093
Cash			-	1,424,854
			<u>31,629</u>	<u>7,810,840</u>

14. Subsidiary undertakings

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

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

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

	Countess Mountbatten Hospice Charity Limited	Countess Mountbatten Hospice Promotions Limited	Earl Mountbatten Hospice Trading Limited
	£	£	£
Year ended 31 March 2023			
Income / turnover	6,968,189	402,733	104,069
Cost of sales	-	(131,389)	(8,461)
Net income / gross profit	<u>6,968,189</u>	<u>271,344</u>	<u>95,608</u>
Net expenditure / administrative expenses	(9,182,898)	(18,202)	(36,158)
Distribution from subsidiary	482,590	-	-
Loss on investment assets	(101,130)	-	-
Net income/(expenditure)/profit/(loss) for the financial year	<u>(1,833,249)</u>	<u>253,142</u>	<u>59,450</u>
Funds/retained earnings brought forward	3,339,377	477,536	-
Net income/(expenditure)/profit/(loss) for the financial year	(1,833,249)	253,142	59,450
Distribution under Gift Aid to parent charity	-	(482,590)	(59,450)
Reserves/retained earnings carried forward	<u>1,506,128</u>	<u>248,088</u>	<u>-</u>
The aggregate of the assets, liabilities and funds was:			
Assets	2,927,144	288,307	27,333
Liabilities	(1,421,016)	(40,217)	(27,331)
Funds	<u>1,506,128</u>	<u>248,090</u>	<u>2</u>

14. Subsidiary undertakings (continued)

Year ended 31 March 2022	Countess Mountbatten Hospice Charity Limited £	Countess Mountbatten Hospice Promotions Limited £	Earl Mountbatten Hospice Trading Limited £
Income / turnover	9,335,716	373,587	78,305
Cost of sales	-	(118,092)	(6,699)
Net income/gross profit	<u>9,335,716</u>	<u>255,495</u>	<u>71,606</u>
Net expenditure/administrative expenses	(8,028,476)	(26,047)	(35,893)
Distribution from subsidiary	57,660	-	-
Gain on investment assets	160,547	-	-
Net (expenditure)/profit for the financial year	<u>1,525,447</u>	<u>229,448</u>	<u>35,713</u>
Funds/retained earnings brought forward	1,813,930	305,748	(2,195)
Net income/(expenditure)/profit/(loss) for the financial year	1,525,447	229,448	35,713
Distribution under Gift Aid to parent charity	-	(57,660)	(33,518)
Reserves/retained earnings carried forward	<u>3,339,377</u>	<u>477,536</u>	<u>-</u>
The aggregate of the assets, liabilities and funds was:			
Assets	4,738,226	535,666	37,019
Liabilities	(1,398,849)	(58,128)	(37,017)
Funds	<u>3,339,377</u>	<u>477,538</u>	<u>2</u>

Intercompany transactions

Included within administrative expenses for Countess Mountbatten Hospice Charity Limited is a management charge of £1,005,974 (2022: £829,903) from Earl Mountbatten Hospice to Countess Mountbatten Hospice Charity Limited. Included within administrative expenses within Earl Mountbatten Hospice Trading Company Limited is a management charge of £30,000 (2022: £30,000) from Earl Mountbatten Hospice.

Shared trustees/directors

All trustees of Earl Mountbatten Hospice are also trustees of Countess Mountbatten Hospice, with the exceptions of Stephen Izatt and Wendy Murwill, who are only trustees of Earl Mountbatten Hospice, and Malcolm Hogg and Peter Pitcher, who are only trustees of Countess Mountbatten Hospice.

Malcolm Hogg and David Bennett are trustees/directors of both Countess Mountbatten Hospice and Countess Mountbatten Hospice Promotions Limited.

Wendy Murwill is a trustee and director of both Earl Mountbatten Hospice and Earl Mountbatten Hospice Trading Company Limited.

15. Earl Mountbatten Hospice

The parent charity's (Earl Mountbatten Hospice) gross income and the results for the year are disclosed as follows:

	2023	2022
	£	£
Gross income	8,784,402	10,471,563
Result for the year	<u>(1,814,204)</u>	<u>1,272,168</u>

16. Debtors

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Amounts due from group entities	-	-	22,732	211,712
Trade debtors	243,165	81,012	203,812	24,034
Accrued income and other debtors	168,864	3,418,215	130,330	1,452,771
VAT recoverable	99,956	148,381	59,140	97,057
Prepayments	177,778	172,084	126,808	136,486
	<u>689,763</u>	<u>3,819,692</u>	<u>542,822</u>	<u>1,922,060</u>

17. Creditors: amounts falling due within one year

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Trade creditors	447,381	556,061	246,376	258,256
Deferred income	69,718	69,718	69,718	69,718
Other creditors and accruals	1,779,497	903,667	613,781	268,999
Amounts due to group entities	-	-	9,074	-
	<u>2,296,596</u>	<u>1,529,446</u>	<u>938,949</u>	<u>596,973</u>

18. Deferred income

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

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Balance at the beginning of the year	69,718	623,041	69,718	318,041
Amount released to income in the year	-	(553,323)	-	(248,323)
Amount deferred in the year	-	-	-	-
Balance at the end of the year	<u>69,718</u>	<u>69,718</u>	<u>69,718</u>	<u>69,718</u>

19. NHS Pension Scheme

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

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

a) Accounting valuation

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

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

b) Full actuarial (funding) valuation

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

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

The total pension contributions payable for the NHS pension scheme in the year were £965,419 (2022: £884,123).

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20. a) Analysis of group net assets between funds - 2023

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	372,201	9,020,915	2,299,930	11,693,046
Investments	31,629	-	-	31,629
Net current assets	5,618,635	552,520	1,115,804	7,286,959
Net assets at the end of the year	6,022,465	9,573,435	3,415,734	19,011,634

20. a) Analysis of group net assets between funds - 2022

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	368,040	9,020,915	2,329,918	11,718,873
Investments	7,310,840	500,000	-	7,810,840
Net current assets	2,186,351	52,520	1,130,587	3,369,458
Net assets at the end of the year	9,865,231	9,573,435	3,460,505	22,899,171

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21. a) Movement in funds - 2023

	At 1 April 2022 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2023 £
Restricted funds						
Capital funds						
John Cheverton estate fixed asset fund	74,274	-	(29,988)	-	-	44,286
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Revenue funds						
Community equipment	2,678	-	(2,678)	-	-	-
Clinical Co-ordination Centre	192,057	-	(150,844)	-	-	41,213
iBCF	97,227	80,000	(143,223)	-	-	34,004
Kelly donation	505	-	-	-	-	505
Young adult services	56,584	-	(33,875)	-	-	22,709
DC clinical teaching post	-	15,171	(15,171)	-	-	-
NHS CCG - CQUINs	-	39,038	-	-	-	39,038
KissyPuppy restricted fund	341,513	113,591	(55,524)	-	-	399,580
Advanced communication	4,651	-	(903)	-	-	3,748
MND Clinic	9,451	-	(2,524)	-	-	6,927
Responsible communities	65,075	-	(65,075)	-	-	-
Mountbatten young adults	5,114	-	(2,645)	-	-	2,469
Barclays donation	75,276	-	(8,998)	-	-	66,278
Ward Furniture	4,616	-	(3,604)	-	-	1,012
Oak Garden Decking	5,500	-	(5,500)	-	-	-
Butterfly & Chelsea Garden Maintenance	5,000	-	(5,000)	-	-	-
Bladder Scanners	8,000	-	(917)	-	-	7,083
Hoist Pods for IPU	4,560	-	(880)	-	-	3,680
Essential Equipment for patient Care	4,618	2,200	(2,555)	-	-	4,263
Gen Don-Community	-	12,681	(12,681)	-	-	-
Gen Don-Lymphoedema	-	100	(100)	-	-	-
Donations for Staff	-	703	(703)	-	-	-
JC Pool Vehicle Fund	-	250,000	-	-	-	250,000
Daisy Rich Trust	-	1,000	-	-	-	1,000
Hospital Saturday Fund	-	2,000	-	-	-	2,000
Other restricted funds	8,676	1,011	(342)	-	-	9,345
Total restricted funds EMH	3,221,019	517,495	(543,730)	-	-	3,194,784

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21. a) Movement in funds – 2023 (cont.)

	At 1 April 2022 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2023 £
Restricted funds - CMH						
NHSE	98,870	-	(27,070)	-	-	71,800
Other	140,616	81,437	(72,903)	-	-	149,150
Total restricted funds	<u>3,460,505</u>	<u>598,932</u>	<u>(643,703)</u>	<u>-</u>	<u>-</u>	<u>3,415,734</u>
Unrestricted funds -EMH						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - EMH	<u>9,073,435</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,073,435</u>
Designated funds - CMH	<u>500,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>500,000</u>
Total designated funds	<u>9,573,435</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,573,435</u>
General funds – EMH group	5,957,898	7,275,552	(9,749,624)	(319,870)	-	3,163,956
General funds – CMH group	3,907,333	7,289,486	(8,237,180)	(101,130)	-	2,858,509
Total unrestricted funds	<u>19,438,666</u>	<u>14,565,038</u>	<u>(17,986,804)</u>	<u>(421,000)</u>	<u>-</u>	<u>15,595,900</u>
Total funds - EMH	<u>18,252,351</u>	<u>7,793,047</u>	<u>(10,293,354)</u>	<u>(319,870)</u>	<u>-</u>	<u>15,432,174</u>
Total funds - CMH	<u>4,646,820</u>	<u>7,370,923</u>	<u>(8,337,153)</u>	<u>(101,130)</u>	<u>-</u>	<u>3,579,460</u>
Total funds	<u>22,899,171</u>	<u>15,163,970</u>	<u>(18,630,507)</u>	<u>(421,000)</u>	<u>-</u>	<u>19,011,634</u>

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21. b) Movement in funds - 2022

	At 1 April 2021 £	Income £	Expenditure £	Gain on revaluation £	At 31 March 2022 £
Restricted funds					
Capital funds					
John Cheverton estate fixed asset fund	111,576	-	(37,302)	-	74,274
Fixed Asset Fund	2,255,644	-	-	-	2,255,644
Revenue funds					
Community equipment	12,475	-	(9,797)	-	2,678
Clinical Co-ordination Centre	333,521	-	(141,464)	-	192,057
iBCF	159,566	73,333	(135,672)	-	97,227
Kelly donation	505	-	-	-	505
Young adult services	68,967	20,000	(32,383)	-	56,584
DC clinical teaching post	-	13,246	(13,246)	-	-
NHS CCG - CQUINs	-	41,139	(41,139)	-	-
Hospital discharge co-ordinator grant	1	-	(1)	-	-
KissyPuppy restricted fund	269,148	100,810	(28,445)	-	341,513
Advanced communication	4,651	-	-	-	4,651
MND Clinic	12,205	-	(2,754)	-	9,451
Responsible communities	66,750	-	(1,675)	-	65,075
Mountbatten young adults	5,144	-	(30)	-	5,114
Barclays donation	92,156	-	(16,880)	-	75,276
NHSE	-	1,439,619	(1,439,619)	-	-
Ward Furniture	-	8,707	(4,091)	-	4,616
Education Fund	-	4,215	(4,215)	-	-
Oak Garden Decking	-	5,500	-	-	5,500
Butterfly & Chelsea Garden	-	-	-	-	-
Maintenance	-	5,000	-	-	5,000
Online Bereavement support	-	2,584	(2,584)	-	-
Infection Control Salary Costs	-	14,366	(14,366)	-	-
Bladder Scanners	-	9,000	(1,000)	-	8,000
Hoist Pods for IPU	-	5,520	(960)	-	4,560
Essential Equipment for patient Care	-	4,954	(336)	-	4,618
SPOC/Palliative Care Hub	-	47,593	(47,593)	-	-
Music Therapy	-	3,000	(3,000)	-	-
Rodwell donation	-	250,000	(250,000)	-	-
Other restricted funds	8,211	13,371	(12,906)	-	8,676
Total restricted funds EMH	3,400,520	2,601,957	(2,241,458)	-	3,221,019

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2023

21. b) Movement in funds – 2022 (cont.)

	At 1 April 2021 £	Income £	Expenditure £	Gain on revaluation £	At 31 March 2022 £
Restricted funds - CMH					
NHSE	-	2,267,249	(2,168,379)	-	98,870
Other	131,934	120,398	(111,716)	-	140,616
Total restricted funds	<u>3,460,505</u>	<u>4,449,604</u>	<u>(4,521,553)</u>	<u>-</u>	<u>3,460,505</u>
Unrestricted funds -EMH					
Designated funds:					
Fixed Asset Fund	9,073,435	-	-	-	9,073,435
Total designated funds - EMH	<u>9,073,435</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,073,435</u>
Designated funds - CMH	500,000	-	-	-	500,000
Total designated funds	<u>9,573,435</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,573,435</u>
General funds – EMH group	5,393,484	7,534,944	(7,095,184)	124,654	5,957,898
General funds – CMH group	1,487,746	7,321,656	(5,062,616)	160,547	3,907,333
Total unrestricted funds	<u>16,454,665</u>	<u>14,856,600</u>	<u>(12,157,800)</u>	<u>285,201</u>	<u>19,438,666</u>
Total funds - EMH	<u>17,867,439</u>	<u>9,596,900</u>	<u>(9,336,642)</u>	<u>124,654</u>	<u>18,252,351</u>
Total funds - CMH	<u>2,119,680</u>	<u>9,709,304</u>	<u>(7,342,711)</u>	<u>160,547</u>	<u>4,646,820</u>
Total funds	<u>19,987,119</u>	<u>19,306,204</u>	<u>(16,679,353)</u>	<u>285,201</u>	<u>22,899,171</u>

21. Movement in funds (continued)

Purposes of restricted funds

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

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

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

Community Equipment - This funding was provided specifically for the acquisition of new equipment to replace worn out equipment no longer fit for use in the community. At the date of this report the acquisition of this equipment was partially complete and this process will be completed during the financial year ending March 2023.

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

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

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

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

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

The Children's Palliative Care represents funds towards the children's palliative care services.

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

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

21. Movement in funds (continued)

Purposes of restricted funds (continued)

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

DC Clinical Teaching Post supported the deployment of one of our senior Nurse Specialists into a teaching role at the University of Southampton for two days per week.

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

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

Responsible Communities – is a grant made to fund the creation and nurturing of caring communities through the recruiting and training of neighbourhood volunteers who will monitor and assist those in community groups who have need of such care. It is led by our Volunteer management department.

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

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

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

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

Purposes of designated funds

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

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

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

The trustees established the CMH designated fund for use in future projects to extend the services of Countess Mountbatten House.

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

	2023	2022
	£	£
Net (expenditure)/income for the reporting period (as per the statement of financial activities)	(3,887,537)	2,912,052
Depreciation charges	387,012	311,608
Profit on disposals of fixed assets	-	(13,594)
(Gains)/losses on investments	421,000	(285,092)
Dividends, interest and rent from investments	(197,097)	(138,425)
(Increase)/decrease in stocks	(7,369)	1,205
Decrease/(increase) in debtors	3,129,929	(2,559,546)
Increase/(Decrease) in creditors	767,150	(579,672)
Net cash (used in)/provided by operating activities	<u>613,088</u>	<u>(351,464)</u>

Analysis of cash and cash equivalents

	2023	2022
	£	£
Cash in hand	<u>8,884,194</u>	<u>1,076,983</u>

Analysis of changes in net debt

	1 April 2022	Cash flows	31 March 2023
	£	£	£
Cash in hand	<u>1,076,983</u>	<u>7,807,211</u>	<u>8,884,194</u>

23. Operating leases commitments

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

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Less than one year	347,398	306,275	156,898	160,441
One to five years	1,276,558	805,333	593,725	382,667
Over five years	784,117	11,250	355,200	-
	<u>2,048,073</u>	<u>1,122,858</u>	<u>1,105,823</u>	<u>543,108</u>

24. Legal status of the charity

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

