



Mountbatten Group

Incorporating:

Mountbatten Isle of Wight Limited

(Formerly Earl Mountbatten Hospice)

**Mountbatten Hampshire Limited (Formerly Countess Mountbatten
Hospice Charity Limited)**

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

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Mountbatten Group
Reference and administrative information

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

Company number: 02929267

Charity number: 1039086

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

Trustees Trustees are also Directors under company law:

1 Resources Committee Member	Sir Ian Cheshire 3, 4	CHAIR
2 Services Committee Member	Mr M Acland 1, 3, 4	
3 Isle of Wight Trustee	Mrs C Alstrom 2, 3, 4	(resigned July 2023)
4 Hampshire Trustee	Mr M Hogg 1, 4, 6	(resigned December 2023)
5 Isle of Wight Trading Company Director	Ms W Murwill 2, 3, 5,	
6 Hampshire Trading Company Director	Ms B Halliday 1, 2, 3, 4	
	Mr A Stables 2, 3, 4	
	Mr A Neill 1,3, 4	
	Mr S Izatt 1, 3	
	Ms M Forrest-Charde 2, 3, 4	
	Mr D Bennett 2, 3, 4, 6	(resigned September 2023)
	Mr S Brookwell 1, 3, 4	(resigned December 2023)

Company Secretary Mrs W Wright (appointed September 2023)

Senior Management Team	Mr N Hartley MBE	Chief Executive
	Mrs L Smith	Director of Nursing
	Dr J Curtin	Medical Consultant
	Mrs W Wright	Director of Finance (appointed September 2023)
	Mr D Hodgkins	Director of People Services (appointed August 2023)
	Dr J Hazeldine	Director of Psychosocial and Spiritual Care
	Mrs R McGregor	Director of Operations

Mountbatten Group
Reference and administrative information

Bankers: NatWest
NatWest House
Riverway
Newport
Isle of Wight
PO30 5UX

Investment Managers: CCLA Fund Managers Ltd
85 Queen Victoria Street
London
EC4V 4ET

Investment Managers: Ruffer LLP
80 Victoria Street
London
SW1E 5JL

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

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

The impact of Mountbatten's innovative strategy has continued to grow over the past year during a time of significant disruption in the wider health service.

Mountbatten remains a local charity with being of service to local people at its heart, however both the vision and mission which drive our work continue to attract interest nationally and internationally, with recent inquiries coming from as far away as the USA, Singapore, South America, Australia, Japan and Europe.

Mountbatten's strength is rooted in a vision of a world where every dying person has access to the services they need, always and without fail. It also challenges each and every one of us to acknowledge and to prepare for death early, starting from a place of health rather than from the moment when a devastating terminal illness arrives unexpectedly. The specialty of palliative medicine has changed considerably over the past 25 years and by successfully focusing on earlier referral pathways, Mountbatten now has a track record of avoiding late-stage physical, social and psychological crises for people when they come to die whilst also controlling the workforce and financial stressors which derive from such crises.

Almost ten years ago, Mountbatten initiated a strategy in partnership with the local Acute and Primary Care sectors, which included NHS commissioners, patients and families, to prepare for the growing numbers of people who would need us as the future unfolded. This has been achieved by innovatively developing and successfully delivering a radical population-based care model. This model challenges the fact that dying is usually thought of as a moment in time and acknowledges that for the majority it is a long drawn-out and complex process. This is particularly true for a growing older population who need hospices to meet them earlier on their own terms within the places where they live. As people therefore live longer, they will inevitably die more slowly from a range of complex illnesses, and an ongoing obsession to deliver complex care in expensive hospice inpatient beds within buildings cannot be sustainable and warrants continuous scrutiny. Mountbatten is a pioneer in refocusing the need for 24/7 care for the majority of dying people back into the heart of the communities where they live. You will notice in this report that Mountbatten now touches the lives and deaths of more people than ever within their own homes, including Care Homes and other residential facilities, and we are now acknowledged as an exemplar in our field.

Mountbatten is not only 'for' the community but it is 'of' the community. Open access to our buildings as well as diverse public programmes to support such access offers engagement for all in the day-to-day life of Mountbatten in ways which are both life-changing and life-enhancing. This reciprocal community contract not only encourages earlier, less fearful and unencumbered access to Mountbatten's care and support services, but it challenges the very core of what people understand death, dying and bereavement to be. It also motivates people to support the organisation through fundraising, which in turn continues to secure Mountbatten's future at a time when funding from the NHS is under persistent threat.

Therefore, with the current NHS focus on saving money at all costs, Mountbatten insists that care of the dying and the bereaved is not a commodity and must remain freely available within people's own homes for the many rather than the few. We also maintain that to be cared for with expertise and kindness when we come to die or when we are bereaved is a basic human right.

Mountbatten's approach to never ignore anyone who needs us and to support them unconditionally and locally within the heart of their communities remains our biggest force for good and continued success. The Trustees' report shows example after example of how we sustain this momentum and culture which is so desperately missing in much of modern UK healthcare. The report also demonstrates the importance of continuing to point out when things are not right within the wider system and highlights the necessity to continue to fight for access to expert services delivered with kindness for each and every one of us as we inevitably move towards the end of our lives.



Nigel Hartley MBE
CEO Mountbatten
July 2024

Mountbatten Group
Statement from the Chairman
For year ended 31 March 2024

Mountbatten has managed its way through another challenging year and successfully supported its local communities on the Isle of Wight and Hampshire.

We have had a special challenge of dealing with a lack of NHS funding to fully cover the nationally mandated wage increases and other rising costs, which remains a vital issue for this coming year, and if not addressed will start to impact some of the services we provide to the NHS, as it does not seem appropriate for us to spend charitable income subsidising the NHS!

I am pleased to say we have just concluded a major recruitment of new trustees as we replace many long-standing board members - I would like to thank Tony Stables and Peter Pitcher for their many years of great service.

The Board remain extremely grateful to Nigel and his team for their successful steering of the organisation - it is a complex and challenging task to provide all the vital services we know are appreciated by so many.

Finally, I would like to thank our supporters in the community, especially our volunteers but also all those whose generosity allows us to continue to operate - contrary to some press reports we are majority funded by the public, not the Government, and we will never take that support for granted, but work hard to make sure we earn that trust.



Sir Ian Cheshire
Chair of Trustees
Mountbatten

Background and strategy

Mountbatten Isle of Wight was opened in 1982 and Mountbatten Hampshire 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 Trustees' Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2024.

Mountbatten's teams of staff and volunteers now support well over 5,000 people on any one day across the communities of the Isle of Wight, Southampton City, and large parts of 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.

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 250% 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.

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



2023/24 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document.

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

Working in partnership

Mountbatten Isle of Wight – working in partnership with IW Community Equipment Service

Patient equipment plays a crucial role in helping people remain at home and maintain their independence, comfort and safety, supporting informal and formal carers to assist someone to manage at home.

Over the past 15 years, Mountbatten Isle of Wight has had their own designated off-site equipment store with equipment purchased to provide equipment to palliative patients on the Mountbatten caseload. The reach of Mountbatten's services has increased from 630 people in April 2017 to over 2,200 in December 2023. The equipment provision at Mountbatten has been historically funded by charitable funding.

A collaborative piece of work was undertaken with the IW Community Equipment Service (CES) to consider service provision and reducing replication of services commissioned by the Local Authority and Health who provide equipment services across the Isle of Wight.

A new model of working was agreed to be fully implemented in April 2024 including:

- CES, the experts in equipment provision and supplies, will provide all community equipment. This will provide significant cost savings of charitable funding while maintaining our collaborative working opportunities through the health and care system with our Island CES provision to access necessary items of equipment to aid our community.
- Collaborative working and grant funding from the IW Council for Mountbatten to maintain sufficient expert and trained personnel to responsively provide same-day delivery of equipment from CES to patients' homes and move furniture where required, six days a week. This enables and assists responsive discharges from the hospital and the hospice and assists with the avoidance of unnecessary hospital/hospice admissions, particularly when a person's condition may suddenly deteriorate, and people would rather be cared for or die in the comfort of their home surroundings.
- Mountbatten retains sufficient expert and trained personnel to responsively collect equipment from families' homes after a person has died. Delayed collection of equipment can cause significant psychological and practical stress for bereaved families.

Ian Lloyd, Strategic Manager IW Council, Partnership & Support Services commented, "The recent partnership work between Mountbatten and the IW Council has sought to explore opportunities to review and develop greater collaborative 'system' working that further aids our Islands health and care partnership to achieve sustainable and effective approaches. These arrangements will ensure our services continue to support our Island's community collectively, utilising the right resources at the right time to provide safe and responsive provisions of community equipment that will maintain and protect vital support where it is most needed."

Mountbatten Hampshire - working in partnership to tackle the disparity in accessing our care

Mountbatten Hampshire has held independent status since April 2019 and during this time, changes have been made to broaden the services we provide to the population we support.

Our caseload has grown, the waiting list obliterated, referrals to our bereavement and psychosocial services have increased and the café in our Hazel Centre provides a social space for patients, their families, carers, and our community. Despite these achievements, we know an inequity exists within the populations we serve .

We are experts in our field, we know that, but we aren't yet experts in understanding the needs of under-represented groups. So, we talked to the experts - the people who know the communities; faith leaders; hostel workers; community groups; local clergy; homeless charities, and our own staff.

The effect has been tangible, relationships are beginning to form and trust in the knowledge that we genuinely want to be there for our entire population is being established.

One area of focus has been homelessness and users of substances. An end-of-life forum convened in February 2023 and continues to meet quarterly to discuss and understand the issues faced by this group of people and the challenges encountered by our Mountbatten nurses and the hostel workers who support them.

As a result, Mountbatten, in collaboration with the Homeless Healthcare team and hostel staff has produced a bespoke Advance Care Plan, established end-of-life training needs of hostel staff, and supported a monthly drop-in service at Patrick House. Issues surrounding the safe storage of controlled drugs and the efficacy of end-of-life medicines are just some of the challenges being worked through currently.

The impact of our nurses working alongside the homeless healthcare team has seen individuals' curiosity turn to trust, with opportunities taken to discuss individual personal experiences.

Early near-death events have resulted in conversations around end-of-life wishes and the reality of what their expectations might look like; the challenges of detox in difficult environments; and support to put Wills in place.

Dr Susan Goddard GP lead of the Homeless Healthcare team commented, "It's been great having the Mountbatten nurses at the hostel. Dying is on many of our patients' minds, even though they might not admit it. So, it is comforting for them to have the opportunity to explore their feelings about it."

Key achievements 2023/24 – Mountbatten Group

Inpatient unit electronic prescribing

The implementation of SystmOne electronic prescribing function was undertaken in 2023. This allows clinicians to use the same system to record all the information on the same patient record.

Brigid

The Brigid application has been introduced to enable clinicians to use SystmOne via their work mobile and tablets providing easier and quicker access to the system wherever they are working and providing care.

VR headsets

Virtual Reality headsets were introduced to the inpatient unit in 2023 and have positively impacted patients by providing opportunities to share and enjoy experiences they would not have otherwise had without the headsets.

Podcast

Six twenty-minute episodes were recorded in February 2024 to challenge some of the incorrect perceptions people have of hospices and in particular the work of Mountbatten. The topics were supporting young people, the social programme, care at home, bereavement, rehabilitation, and advance care planning.

Community Patient Group Directive

A Patient Group Directive (PGD) is now in place supporting the Community Team to take essential end-of-life medications from the hospice to people's homes when they are needed quickly. This is a positive move for the team, enabling the timely provision of improved symptom management and patient care for people dying at home.

Funding for refurbishing the inpatient unit

During the 2023-2024 financial year, increased funding has been secured to progress the refurbishment of the inpatient unit. This will result in a more fit-for-purpose inpatient unit with a more modern feel which will help Mountbatten's clinicians to provide the best experience possible for the people who are admitted.

Infection Prevention and Control external audit

An external Infection Prevention and Control audit was undertaken on the inpatient units in March 2024 and achieved a score of over 90% compliance.

Bereavement training for companies

We supported various private companies that experienced bereavement within their teams and asked for bereavement support for their staff. This has positively impacted the company's employee's mental health and allowed Mountbatten to build links with the community.

BRIT School

Students from the world-renowned BRIT School spent three days with patients and staff, collaborating to produce and perform a performance based on the stories shared by patients. We collaborated with local schools and delivered several schools' projects throughout the year. Patients and visitors thoroughly enjoyed the artistic experience and provided memories that will last forever.

Community team lead band 8a recruited

A new band 8a Community Team Lead joined the team in October 2023. This post now has operational responsibility for the Community Team, allowing the Consultant Nurse to work across clinical services, supporting patients and developing services and staff.

Community team pool cars

Through the generosity of funds from the John Cheverton estate, Mountbatten has been gifted 10 brand-new pool cars. This means that all clinical teams working in the community will always have available vehicles to visit and care for patients in their homes.

Community ambulance

The Mountbatten Ambulance remains in use for times when rapid transportation of patients is needed, either from hospice to home or vice versa. Currently, plans to secure funding to train additional staff members to drive the ambulance are in place.

Hospice Admission Avoidance Service

A community rehabilitation service, titled 'The Hospice Admission Avoidance Service', has been piloted. The service aims to provide timely, responsive rehabilitation input to individuals who are having significant difficulties with mobility and/or function to prevent unnecessary admission to the inpatient unit.

Collaborating to deliver 24/7 care to patients at home

Over the past year, the Mountbatten Group has expanded its reach, addressing the rising demand for palliative care in our community. This effort has led to a 26% increase in home visits by our community team and a 17% increase in calls to our 24/7 advice line, underscoring the growing need for comprehensive support services.

To ensure patients can remain at home, even as their conditions worsen, our community team has forged strong partnerships with nursing and care homes. These collaborations are crucial, particularly for patients whose advanced care plans indicate a preference to stay at home. By encouraging care homes to contact Mountbatten for support, we enable more patients to receive the care they need within familiar environments.

Our clinical team is dedicated to providing round-the-clock care, administering medication, and setting up syringe drivers to manage symptoms day or night. This approach allows individuals to maintain dignity and comfort, avoiding prolonged emergency department visits and ensuring they can spend their final days at home.

The complexity of our patients' conditions has increased, necessitating more intensive interventions. Many community patients are newly diagnosed with multiple symptoms and are approaching the end of life. For instance, we facilitated a patient's intravenous antibiotic treatment in the community by collaborating with the Outpatient Parenteral Antibiotic Therapy (OPAT) team, which traditionally only treated hospital-discharged patients. This unprecedented initiative had a profound impact, fulfilling the patient's wish to avoid hospitalisation while receiving necessary treatment.

Despite a reduction in the community teams' resources and challenges in accessing services, Mountbatten remains committed to providing 24-hour support. Our dedication ensures that individuals can receive care in their own homes, surrounded by loved ones and in the comfort of familiar surroundings.

Mountbatten's collaborative approach and unwavering commitment to patient care underscore our mission to meet the growing needs of our community. By working together with local care providers, we continue to enhance the quality of life for those facing death and dying, ensuring that everyone can access the compassionate care they deserve.

Our services in numbers

Mountbatten Isle of Wight

In 2023/24 we supported 4,375 people.

The inpatient unit

Our 16-bed inpatient unit provides 24/7 care in our hospice building. Patients are typically admitted for short stays or respite care. While some will die in the hospice, many are discharged having had their symptoms brought under control.

327 patients 366 admissions 14 the average length of days a patient stayed

Community team

Our specialised group of nurses and healthcare professionals support patients and their families at home and in local care homes 24/7. The team manages patients' pain and symptoms, administers medications, and coordinates with Primary Care Services to ensure comprehensive, patient-centred care.

4,722 home visits 1,671 patients supported

Care at home

The care-at-home teams deliver personal care to patients at home enabling them to remain in familiar and comfortable surroundings. They work under the supervision of the community team to ensure patients receive comprehensive, compassionate care tailored to their individual needs.

6,589 visits made 142 patients supported

Rehabilitation and enablement

The rehabilitation and enablement team provides physiotherapy and occupational therapy to enable people living with a life-limiting illness or condition to improve their quality of life and achieve the things that are most important to them.

422 people supported 3,566 contacts with people

24/7 advice line (care coordination centre)

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

14,846 outgoing calls

Patient and family support (psychology services)

Counsellors and trained volunteers provide emotional support to help patients manage the complex emotions accompanying end-of-life situations. They also offer counselling and bereavement support to children and families, helping them navigate the emotional challenges of their loved one's illness and death.

1,693 people supported across all services

5,031 adult contacts 931 child contacts in partnership with KissyPuppy

Mountbatten Hampshire

In 2023/24 we supported 3,403 people.

The inpatient unit

Our 21-bed unit provides 24/7 care in our hospice building. Patients are typically admitted for short stays or respite care. While some will die in the hospice, many are discharged having had their symptoms brought under control.

436 patients 506 admissions 12 the average length of days a patient stayed

Community team

Our specialised group of nurses and healthcare professionals support patients and their families at home and in local care homes 24/7. The team manages patients' pain and symptoms, administers medications, and coordinates with Primary Care Services to ensure comprehensive, patient-centred care.

11,149 home visits 2,717 patients supported

Care at home

The care-at-home teams deliver personal care to patients at home enabling them to remain in familiar and comfortable surroundings. They work under the supervision of the community team to ensure patients receive comprehensive, compassionate care tailored to their individual needs.

17,926 visits made 295 patients supported

Rehabilitation and Enablement

The rehabilitation and enablement team provides physiotherapy and occupational therapy to enable people living with a life-limiting illness or condition to improve their quality of life and achieve the things that are most important to them.

391 people supported 2,775 contacts with people

24/7 advice line (care coordination centre)

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

41,904 outgoing calls

Patient and family support (psychology services)

Counsellors and trained volunteers provide emotional support to help patients manage the complex emotions accompanying end-of-life situations. They also offer counselling and bereavement support to children and families, helping them navigate the emotional challenges of their loved one's illness and death.

723 people supported across all services

3,290 adult contacts 86 child contacts

Mountbatten Isle of Wight - Enhancing palliative care in Singapore: an educational visit to Mountbatten

Amongst a number of national and international visitors to Mountbatten during the last year, representatives from various Singaporean healthcare organisations to the UK visited Mountbatten. With our reputation for exemplary integrated and proactive care systems, our Mountbatten teams provided invaluable insights into community-centred palliative care, which the Singaporean delegation wanted to learn from.

Singapore boasts a first-world healthcare system with access to the latest medical advancements and one of the highest life expectancies globally.

However, similar to the Isle of Wight, people live longer, and they potentially face extended years of physical and cognitive decline, but, despite the need, local surveys in Singapore highlight inequitable and late access to palliative care, typically provided by specialist hospital teams, hospices, and specialist home care teams.

A Singapore Hospice Council survey of 2,326 healthcare professionals revealed that most feel unprepared to provide palliative care for patients with life-threatening illnesses. As the number of deaths is expected to rise rapidly over the next two decades, consistent with an ageing population, Singapore's National Strategy for Palliative Care aims to enhance access to quality palliative care and promote a conducive environment. However, Singapore faces barriers similar to those in the UK, such as low public awareness, societal taboos surrounding death, lack of confidence among primary care providers, rising healthcare costs, and complex care transitions. Therefore, with a similar ageing population, the Isle of Wight was a useful place for them to visit.

During the visit, our teams demonstrated the importance of a comprehensive and community-centred approach to palliative care. Key strengths and recommendations observed included:

- Public health approach: exemplifying a national strategy that translates to local interventions, focusing on proactive care to prevent crises.
- Core principles: emphasising proactive patient identification and earlier referral, personalised care, and coordinated care across providers.
- Person-centred care: tailored to meet patients' needs, expectations, and motivations.
- Collaboration: promoting synergism across health and social care networks, ensuring seamless care transitions.
- Education: prioritising training all health and social care providers in basic palliative care, fostering a culture of continuous learning.

The insights gained from Mountbatten and the UK will support Singapore in creating a more inclusive and effective palliative care system.

Mountbatten Hampshire - Training tomorrow's Consultants and GPs

Mountbatten Hampshire boasts a proud history of training future Consultants and GPs. Unusually for a hospice, most of our medical workforce comprises doctors in training (DiTs), due to our strong ties with University Hospital Southampton (UHS) and Southampton Medical School.

We train doctors in three programs: Specialty Registrars (SpRs) destined to become palliative medicine consultants, GP trainees, and Foundation Year 2 (FY2) doctors. FY2 doctors, at the start of their careers, may specialise in various fields.

Two years ago, SpR training was updated to accredit consultants in both Palliative and General Medicine, allowing them to work in hospital acute medical units. This comprehensive training extends palliative care to diverse patient settings. Trainees are selected through national interviews, ranked, and allocated via the Wessex Deanery, which funds half their salaries. Each program has a specific curriculum, workplace-based assessments, annual appraisals and exit exams (SpRs and GPs) to ensure satisfactory progress. The General Medical Council (GMC) conducts annual surveys and occasional site inspections for quality assurance. The Director of Medical Education at UHS oversees training quality.

Supporting DiTs requires a committed senior medical team. For aspiring Palliative Medicine consultants, Mountbatten offers invaluable experience in managing an independent hospice. Our trainees benefit from the entire multidisciplinary team (MDT) and non-clinical leaders.

Palliative care is now a core part of curriculums for Oncology, Elderly Care Medicine, and General Medicine, aiming to improve end-of-life care. We host numerous doctors annually for placements and train non-formal program doctors (staff or trust grade doctors), with plans to include an Internal Medicine rotation for those considering palliative medicine careers.

In January 2025, we will welcome back third-year medical students, ensuring all Southampton graduates have hospice training. This initiative aims to attract future trainees and enhance end-of-life care for more patients.

Images of timeline from JRCPTB:

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



The impact of planned giving

Planned giving profoundly affects our community and the lives we touch. By committing to regular, ongoing donations, our supporters enable us to plan more effectively, ensuring that resources are available when they are most needed. This steady flow of support allows us to provide consistent, high-quality services and respond swiftly to emerging needs. Planned giving funds 17.2% of our services in Mountbatten Isle of Wight and 17.0% in Mountbatten Hampshire, and is the largest source of fundraised income for the charity.

Not only does planned giving benefit those we serve but it also fosters a deeper connection between donors and our mission. Regular contributions, no matter the size, create a sense of partnership and shared purpose, empowering donors to see the tangible difference their generosity makes over time.

There are many forms of sustainable giving, such as playing the lottery, leaving a gift of any size in your Will, or becoming a regular giver and donating to Mountbatten monthly, quarterly, or yearly.

Mountbatten Isle of Wight

In 2023/24, Mountbatten Isle of Wight received £1,956,623 in income from planned giving. This compares with £965,983 in 2022/23, an increase of 102%.

Planned giving in numbers

£1,765,468 of gifts in Wills, contributing 50% of fundraised income for the charity in 2023/24

400 regular givers contributing £64,014 of income in 2023/24

£128,283 of income from **1,881** lottery players in 2023/24

Mountbatten Hampshire

In 2023/24, Mountbatten Hampshire received £1,334,490 in income from planned giving. This compares with £614,662 in 2022/23, an increase of 117%.

Planned giving in numbers

£1,028,092 of gifts in Wills, contributing 47% of fundraised income for the charity in 2023/24

116 regular givers contributing £20,808 of income in 2023/24

£287,660 of income from 4,222 lottery players in 2023/24

Record-breaking fundraising successes

2023/24 was marked by the tremendous success of Walk the Wight and fundraising at the Isle of Wight Festival.

Walk the Wight 2023

Walk the Wight saw a healthy turnout and record-breaking fundraising, with around 7,800 participants completing various routes across the Island collectively raising £460,000 - around £130,000 more than any previous Walk the Wight event.

Isle of Wight Festival

Mountbatten's presence at the Isle of Wight Festival was another highlight. Our staff and volunteers engaged festival-goers, selling a bespoke festival sunflower, now an iconic symbol of the event, along with umbrellas and other items. A record amount of £60,000 was raised, surpassing the previous year's record by £25,000.

Trusts and grants – Mountbatten Group

We would like to take the opportunity to say thank you to the grant-making trusts and foundations who have generously supported our work during 2023/24.

Herapath-Shenton Trust
The Hospital Saturday Fund
The Clifford Charity Oxford
The Richard and Lillian Woods Charitable Trust
Yarmouth Harbour Commissioners
The James Wise Charitable Trust
Edgar Ralph Dore Charity Trust
The Tennyson Memorial Ambulance Trust
The Misselbrook Trust
The Sir Edward Lewis Foundation
The Elizabeth and Prince Zaiger Trust
Daisie Rich Trust
The Thomas J Horne Memorial Trust
FatFace Foundation
Sun Life Financial of Canada
The Worshipful Company of Cutlers
Rest-Harrow Trust
The Albert Hunt Trust
Morgan and Sarah Charitable Trust
Hospice Aid UK
Ardwick Trust
Greendale Foundation
The Rank Foundation
National Garden Scheme
Gallagher Community Fund
Linder Foundation
Wolfson Foundation
Masonic Charitable Foundation
Hospice UK
The Richard Kirkman Trust
The Francis Winham Foundation

Helen Robertson Charitable Trust
Carmichael and Mason Charitable Settlement
Colefax Charitable Trust
The Broyst Foundation
National Lottery Awards for All
The Hospital Saturday Fund
The Hedley Foundation
St James's Place Charitable Foundation
Jenna Marie Foundation
Dave Wellman Cancer Trust
The De Laszlo Foundation
The February Foundation
The Edwina Mountbatten and Leonora Children's Foundation
The Syder Foundation
R H S Spurgin Charitable Trust
Bayfield Charitable Trust

Growth in retail

Mountbatten shops provide a sustainable and affordable shopping experience predominantly selling donated goods and a small selection of brought-in goods at a profit, raising vital funds for the work of Mountbatten and its beneficiaries. The retail operation also functions as an important way of raising awareness of Mountbatten services and events locally on the high street.

Mountbatten Isle of Wight

Mountbatten Isle of Wight has ten well-established charity shops across all the main towns of the Isle of Wight, including a warehouse and furniture outlet.

In 2023/24, Mountbatten Isle of Wight shop income totalled £1,542k with a 26% contribution of £396k, a record-breaking year, and compares with a prior year contribution of £227k. A full pricing review was undertaken, consistently increasing the average sales value over the year. The shops opened on Good Friday this year for the first time, yielding an additional £5k in sales.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops and investment in 2024/25 will see the development of further charitable income from trading activities.

Retail in numbers

10 retail stores
37 staff
165 volunteers
£1,542 k income generated in 2023/24
£396k contribution to charitable funds a 77.7% increase on the previous year

Mountbatten Hampshire

Mountbatten Hampshire has a developing retail operation across the footprint of the community it serves in Southampton City and large parts of Hampshire; growing from only three stores in 2019 when Mountbatten Isle of Wight took on running Mountbatten Hampshire, to a total of nine charity shops by the end of 2023. Two new shops were opened in Hampshire during 2023/24.

In 2023/24, Mountbatten Hampshire shop income totalled £937k with a 26% contribution of £240k, compared to the prior year's contribution of £135k. The significant expansion of stores over the past two years and a focus on local volunteer recruitment campaigns have yielded exceptional results. The Above Bar store in central Southampton, Mountbatten's flagship store which opened in April 2022, remains the top-performing store. A new warehouse and furniture store in central Southampton is planned to open in July 2024 to grow the operational capacity of the stores further and enable the sale of furniture and house clearances.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops and investment in 2024/25 will see the development of further charitable income from trading activities.

Retail in numbers

9 retail stores
24 staff
95 volunteers
£937k income generated in 2023/24
£240k contribution to charitable funds a 77.7% increase on the previous year

Advancing conversations: A year of progress in Care Planning.

The past year has marked advancements in promoting Advance Care Planning (ACP), driven by our dedicated team and community partnerships. Several key achievements have brought us closer to ensuring everyone has the opportunity to make informed decisions about their future healthcare.

Innovative approaches to engagement

Our ACP training lead, Louise Pickford, had an abstract accepted at the 8th International Conference on Advance Care Planning in Singapore in May 2023. Louise's abstract, "The Art of Gaming: Finding a Common Language," showcased pioneering methods for making advance care planning more accessible and less intimidating, enhancing our ability to start critical conversations about future healthcare needs.

Enhanced educational materials

New leaflets and updated Advance Care Plan booklets were designed to reach a broader and more diverse audience. 2,000 booklets were printed for free distribution to our communities. These materials were prominently featured at the Mountbatten conference, where we presented to over 80 delegates, emphasising the essential role of advance care planning.

Expanding training and outreach

Our education team delivered 17 formal ACP training sessions, attended by over 220 health and social care sector professionals. Additionally, we hosted seven informal sessions for residents and their families within care organisations.

Community involvement and partnerships

We engaged directly with the public by delivering an ACP session during Open Week. Furthermore, our collaboration with organisations supporting people experiencing homelessness resulted in devising a bespoke ACP training program. This initiative will be implemented in the coming year, equipping staff with the skills and confidence needed to facilitate ACP discussions, ensuring that even the most vulnerable individuals have access to personalised care planning.

Celebrating life and changing perceptions

Our social programme plays a vital role in changing the way people view our work. By hosting regular events open to the public we demonstrate that our hospice is not just a place for end-of-life care but a vibrant community where life is celebrated.

This shift in perception is crucial in reducing the fear and stigma surrounding hospices, encouraging more people to engage with our services and support our mission.

Mountbatten Isle of Wight

Monthly concerts

Throughout the year, we have welcomed between 50 and 100 guests each month to the John Cheverton Centre in our hospice building to enjoy a variety of musical performances. These concerts feature an array of acts, including jazz, sea shanty, and acoustic sets performed by talented local musicians.

Guests enjoy wine and canapés, as part of the concert experience. Our inpatients are invited and encouraged to attend, often accompanied by their families.

Special performances by the Mountbatten Community Choir

A highlight of the concert series is the performances by the 100-strong Mountbatten Community Choir. Members include people supported by our bereavement services who have found a sociable and supportive environment within the choir. The group meets weekly and performs annual concerts at Christmas and in the summer.

Monthly quizzes

Volunteer-led monthly quizzes provide a fun and interactive way for people to engage with the hospice. Held in a lively, informal setting, the quizzes cover a wide range of topics, from general knowledge and pop culture to history and local trivia, ensuring there's something for everyone.

Mountbatten Hampshire

Mountbatten Community Choir

The Mountbatten Community Choir formed in 2023 and momentum has steadily built with the group now consisting of 40 singers that meet weekly. Members include people supported by our bereavement services who have found a sociable and supportive environment within the choir. The group performed at the 2023 Light up a Life service and hosted a special spring showcase in April 2024.

Concert series piloted

Following successful pilot events this year, held in the Hazel Centre of our hospice building, a monthly concert series will launch later in 2024. These concerts will feature an array of acts performed by talented local musicians.

Guests will enjoy wine and canapés, as part of the concert experience.

Monthly quizzes

Hosted by Lee Robinson who uses our services, these monthly events regularly welcome around 100 people and provide a fun and interactive way for people to engage with the hospice. Held in a lively, informal setting, the quizzes cover a wide range of topics, from general knowledge and pop culture to history and local trivia, ensuring there's something for everyone .

Mountbatten's people

Our people are at the heart of everything we do. Mountbatten Isle of Wight employs around 230 staff and is supported by over 500 volunteers. Mountbatten Hampshire employs around 200 staff and is supported by over 200 volunteers.

In 2023/24, our staffing and volunteer levels remained stable, with successful recruitment in key clinical and management roles. We focused on expanding our volunteer team in Hampshire and developing volunteer patient and bereavement support services, including our Mountbatten Neighbours scheme.

Mountbatten invests in education and training for staff and volunteers, fostering internal development in clinical and non-clinical roles. This helps us address recruitment challenges in the health and social care sector and maintain high service quality. Our recruitment strategy emphasises our culture and values, which are integral to our hiring process, induction, and daily operations.

Our pay and reward strategy ensures competitive terms and conditions, fostering a supportive, involved, and motivated work environment. We annually review pay against other healthcare providers and the charity sector, balancing financial resources with the need to attract and retain skilled staff. In 2023/24, we matched the NHS consolidated pay award and secured Department of Health funding for a one-off pandemic payment to clinical staff. We introduced a new health cash plan for all staff, replacing the Death in Service Grant.

Our annual financial efficiency review resulted in a small number of staffing changes, prioritising minimal service impact and alternative roles for affected staff. We emphasise the well-being of our employees and volunteers, maintaining a fair approach to managing absence and supporting individuals to sustain their roles.

Volunteer impact in numbers

By donating their time for free, our shop volunteers contribute the equivalent of around £396,627 to Mountbatten Isle of Wight and £283,924 to Mountbatten Hampshire every year, which helps fund 24/7 care for our patients and their families.

Volunteers in administration, bereavement support, day services, rehabilitation and inpatient unit roles contribute around 253 hours each week to Mountbatten Isle of Wight and 76 hours each week to Mountbatten Hampshire to help our services run smoothly.

Our reception, café and gardening volunteers work hard to make our hospice a warm and welcoming space while saving us over £81,276 in Mountbatten Isle of Wight and £41,722 in Mountbatten Hampshire every year.

In one year, our volunteer drivers complete around 2,750 trips in Mountbatten Isle of Wight and 1,100 trips in Mountbatten Hampshire, and the Mountbatten Neighbours make approximately 1,750 cups of tea in Mountbatten Isle of Wight and 1,300 cups of tea in Mountbatten Hampshire, all to help fight loneliness and isolation in the community.

Royal recognition for Mountbatten CEO

Mountbatten Chief Executive Nigel Hartley was awarded an MBE (Member of the Order of the British Empire) in His Majesty the King's 2023 Birthday Honours List. He was recognised by King Charles III for his services to hospice and end-of-life care over the past 35 years.

Nigel said, "I am delighted and humbled to receive this award, and it is a testament to everything my Mountbatten colleagues and myself continue to achieve together, developing and delivering relevant and sustainable 24/7 services for the communities we are here to serve."

Mountbatten Isle of Wight – Transforming palliative and end-of-life care at St Mary's Hospital

Based at St. Mary's Hospital, the Integrated Palliative and End-of-Life Team (IPET) provides specialised palliative and end-of-life care advice and support to both the hospital and onsite mental health wards. Since its establishment in 2019, this collaborative team, consisting of professionals from Mountbatten and the NHS, has been dedicated to delivering high-quality care.

The IPET is a multi-disciplinary team comprising consultants in palliative medicine, specialist doctors, consultant nurses, clinical nurse specialists, a discharge coordinator, and a clinical psychologist. The team is available seven days a week from 8:00 am to 8:00 pm, ensuring continuous support for patients and their families.

In 2020, the Trust launched the Wellow Unit at St. Mary's Hospital, an acute end-of-life care unit designed to offer an alternative to the standard ward environment. This unit, led by a consultant nurse and supported daily by the IPET team, provides a compassionate space for patients in their final days and supports their loved ones during this critical time. In November 2023, the IPET team convened for a planning day to set key priorities for the future. Their goals include: Strengthening the collaborative relationship between IPET and the Mountbatten group.

Continuing to develop the IPET workforce and educational initiatives within St. Mary's Hospital

A significant focus is creating a new model of end-of-life care champions within the hospital and delivering comprehensive education programs for ward-based registered nurses. Collectively, these initiatives aim to enhance the recognition and support of dying patients, ensuring they receive the highest standard of care, and transforming the experience of palliative and end-of-life care for patients and their families.

Mountbatten Isle of Wight – Leading the way: elevating care across the Island to national excellence.

Our education team has pioneered a transformative seven-year program in partnership with Isle of Wight Adult Social Services, elevating the Island's standards of care from the bottom to the top of the national league table.

Following Mountbatten Isle of Wight's Outstanding rating from the Care Quality Commission in 2017, the Island's Head of Adult Social Care approached Mountbatten to develop an improvement program for the Island's care providers. At that time, only 62% of services were rated good or above, positioning the Isle of Wight at the bottom of the national league table.

The program received initial funding from the Isle of Wight Council for three years, allowing managers, deputy managers, and proprietors to participate in training sessions. These efforts resulted in ratings improving to over 81%. Additional funding extended the program for another year, boosting ratings to 86%.

In response to a request from a new Head of Social Services, an updated program was funded for an additional three years. By January 2023, the Isle of Wight achieved a remarkable milestone, ranking number one on the national league table with 97% of services rated good or above.

The final phase of the program involved six provider organisations, all of which reported substantial benefits from the shared learning and resources provided by Mountbatten and fellow care providers. They expressed hope for continued opportunities for collaboration in the future.

This program has not only strengthened our relationship with the care community but also solidified Mountbatten's role as the leading health and social care educator on the Isle of Wight.

Mountbatten Hampshire – Enhancing palliative care at University Hospitals Southampton (UHS)

Mountbatten is dedicated to improving palliative care through strategic collaborations, such as the partnership with University Hospitals Southampton (UHS). One of the two Mountbatten consultant nurses devotes time weekly to work at UHS, significantly enhancing the quality of care for patients associated with Mountbatten Hampshire or the Isle of Wight.

This consultant nurse plays a crucial role in patient care across the hospital, providing expert advice and facilitating smoother discharge processes. By working directly with patients, the nurse ensures that those known to Mountbatten receive consistent, high-quality care and support during their hospital stay.

In addition to these responsibilities, the consultant nurse actively participates in the weekly Enhanced and Supportive Care clinic at UHS. This clinic is a collaborative effort, jointly run by a palliative medicine consultant. It offers specialised, supportive care to patients, addressing complex needs and improving their overall quality of life.

This integrated approach fosters stronger relationships and better communication between the hospital's palliative care team and Mountbatten Hampshire. The presence of the consultant nurse at UHS provides continuity of care, offering a familiar and reassuring face to patients and their families during challenging times.

Through these efforts, Mountbatten is not only enhancing the immediate care environment for patients but also building a more cohesive and collaborative healthcare system. This partnership with UHS exemplifies Mountbatten's commitment to seamless, compassionate palliative care, ensuring that patients receive the best possible support whether they are in the hospital or transitioning back to their homes.

Quality

Quality Reporting 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 2023/24 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Feedback from Patients and Families

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

Mountbatten Isle of Wight:

- *There are no words to express the depth of my thanks and appreciation for the superb care you gave to my mum, to me and all of my family. You made it possible for mum to be at home until the end, and gave me the strength and support to be able to cope. You made a sad thing as beautiful and lovely as a sad thing can be. Your gentle kindness when tending to mum was a joy to behold. I know mum would have loved to have met you all under better circumstances.*
- *I would like to thank the member of staff at St. Marys who arranged for my uncle to be moved to the hospice. I saw my uncle Friday morning in St. Marys and then again Friday evening at the hospice and the difference was amazing. He had eaten a proper meal, he was sat up in bed with a glass of wine watching the football. it was like seeing a different person. thank you so much for making those last couple of days so much better for him, I know the hospital does its best but people who are dying deserve so much more and Mountbatten provide it. Thank you.*
- *During the nights leading up to my father's admission he became quite agitated and confused. I had cause to call the hospice in the early hours of the morning and the wonderful Mountbatten Nurse came out on both occasions and treated my father. Again, what a wonderful man, calm, caring and professional. Then the following morning another Mountbatten Nurse came to our address. By this time my father was very poorly and I was really struggling to deal with everything that was going on. The nurse was amazing, professional and so kind, she evaluated the situation and luckily there was a bed available at the hospice. My father was admitted that day. We stayed with him over the next 36 hours and during that time he was treated by two wonderful nurses, who was with us most of the night, amongst many others. My father sadly passed away at the hospice on 20/10/23.*

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- *I will be grateful every day for making my dad's last wishes come true - to pass peacefully in the comfort of his own home with his children and his cat. I'm utterly heartbroken to lose my dad but I couldn't have wished for a better passing for him with the most beautiful, caring people involved.*
- *I cannot fault the At Home team for both the times I needed them. They were so kind to both my parents and I. It was important to me that I kept my promise to them that I would care for them at home and I couldn't have done it without your At Home team. They were absolutely brilliant and in a strange sort of way I missed them when they stopped coming - it was so reassuring to have someone here who understood what I was going through.*
- *I am writing this letter, filled with sadness, but also with profound gratitude for the exceptional care and support you provided to my beloved father, during his last few days at your hospice. Words cannot fully express the depth of appreciation my family and I have for the compassionate and loving service we witnessed during our time with you.*

Mountbatten Hampshire:

- *I am writing on behalf our sons and myself for the care and kindness that your whole team gave to 'D' during her illness. When we talk of the whole team we would like to express our gratitude to all - that includes too many names to mention, but for the last couple of weeks that she was at home, the visiting nurse, who said we needed (and arranged for) a hospital bed and chased funding to enable you to take over her care. The doctors & nurses that came to physically ease her stomach pain. The carers that came twice daily to wash & settle her and who did it with kind humour and dignity.*
- *We are so grateful for all the exemplary care that our mum received. The kindness and compassion shown particularly by the nurse who cared for her at night was gratefully received. We also had a lovely nurse in the day with blond hair who was very kind. Even though it was really difficult to lose our mum, we all took comfort in the fact that she died peacefully at the hospice. She said she felt safe there and she kept saying how grateful she was to have been transferred to your care.*
- *In February our Uncle died in your care. He had come into the hospice in the January when he had become too ill to be at home. He was dying of cancer and lived alone. Three years earlier his wife and best friend, had died in the Hospice. They didn't have any children. We wanted to write and say a huge THANK YOU to every member of staff who cared for xx and xx as they were dying.*
- *Please find attached some photos from the walk. The photos are mainly of my granddaughter who walked with me, my son, daughter in law and my wife. I have stage 4 lung and brain cancer and over the last couple of years I have been coming out to Mountbatten for physiotherapy almost every week. When I started I could not really walk unaided so to complete 5 miles, actually I think it was a little over 5 miles was an achievement that I could have only dreamt about let alone complete and without the help of Mountbatten I'm sure this would not have been possible. I've been given incredible support from the team at West End, not only the physiotherapy department but also the counselling department and those who welcomed me into the Lego build and banter.*
- *The genuine compassion shown by everyone was such a comfort to us and the practical support was delivered in a practical and professional manner. We will be eternally grateful to you all. We feel privileged that we are able to make our father's last few days as comfortable as possible, at home and surrounded by love. With many many thanks to everyone at the Mountbatten Hospice. We wanted to express our most heartfelt gratitude for the support we received when our father, was making his final journey.*
- *I am writing this letter to everyone who assisted and help with the care of HB before she passed away just before Christmas. xx made a note of all the names of the kind and generous people but there are too many to mention but I hope you know who you are. xx and I were always so please seeing you arriving in the morning, you were all so bubbly, happy and cheerful like a breath of fresh air. You all really helped H who in herself was a very positive and cheerful person.*

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. The CQC has spent 2023/24 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/news/our-new-single-assessment-framework)).

The changes see the Key Lines of Enquiry being replaced with Quality statements and the different categorization of evidence. Mountbatten has embraced the information and taken action to raise awareness of the changes. During 2023/2024, 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

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

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

Mountbatten Isle of Wight did not participate in any special reviews or investigations by the CQC during 2023/24. The CQC has not taken enforcement action against Mountbatten Isle of Wight during 2023/24.

Mountbatten Isle of Wight 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 Isle of Wight 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. Mountbatten Isle of Wight has developed services

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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

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

- Treatment of disease, disorder or injury

Mountbatten Hampshire did not participate in any special reviews or investigations by the CQC during 2023/24. The CQC has not taken enforcement action against Mountbatten Hampshire during 2023/24.

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

The CQC's findings are shown below:

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

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

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

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

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

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

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

(Care Quality Commission, 2021, p. 2)

Sustainability and carbon reporting

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

	2023/24	2022/23
Consumption of Electricity – KWh / Tons of CO2 equiv		
Retail outlets Isle of Wight	77,181 / 17.99	82,852 / 19.32
Isle of Wight Hospice and associated buildings	464,727 / 108.35	466,282 / 108.71
Retail outlets Hampshire	70,735 / 16.49	94,508 / 22.03
Consumption of Gas – KWh Equiv.		
Retail outlets Isle of Wight	102,208 / 23.83	158,355 / 36.92
Isle of Wight Hospice and associated buildings	772,487 / 180.10	489,572 / 114.14
Consumption of fuel in vehicle fleet		
Consumption of fuel in Vehicles	6,898 / 18.49	6,712 / 17.99

The conversion rate of KWh to tons of carbon dioxide is 0.23314 kg CO2 per KWh.

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

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

Commentary on emissions

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

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

Our fleet includes our company cars and vans. The primary sources used for energy and fuel are billing data and reports from our energy supply broker.

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

Energy-saving actions undertaken in financial year 2023/24

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

During 2023/24 we as a group formed an Environmental Sustainability Group, this group has formulated a Sustainability Action Plan to which we are working achieve, meetings to discuss progress and agree actions are held regularly.

Financial review

The financial result for the year for Mountbatten Group was, whilst a considerable deficit, encouraging showing improvements in legacy and fundraising activities, the Group produced a deficit for the year amounting to £1,349,832. Results were adversely affected by a number of factors; the NHS pay arrangements, to which we are bound along with, 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 £19,099,414 compared to £18,630,507 in 2023. An analysis of Group Resources expended by activity is as follows:

19% (2023 – 21%) of our expenditure was on the cost of generating funds.

58% (2023 – 56%) of our expenditure was directly incurred in the carrying out of our charitable activities.

23% (2023 – 23%) 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 Moderate risk profile with income and capital growth.

The charity is continuing to develop a policy on Environmental, Social and Governance influences in its investing practices and will implement that as it evolves, currently the Group does not invest in Tobacco based equities.

During the year a return of £273,879 (2023 £(421,000)) was achieved through the two management companies, this was a result of a gain of £492,463 from the funds invested with CCLA investment management and a loss of £(218,584) with funds invested with Ruffer LLP, the return in the year showing the benefit of utilising two investment managers and the differing portfolios to reduce the impact of changing markets.

The portfolio management was moved from Brewin Dolphin at the start of the financial year and transferred in part to Ruffer LLP with the balance invested with CCLA Investment Management. The move was a result of a change in investment philosophy within the Board of Trustees as a consequence of the continuing economic circumstances and following an open competitive tender process the new managers were selected and appointed.

Reserves Policy

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

During the financial year, unrestricted reserves decreased by £1.4m finishing the year at £14.2m (2023 £15.6m). Budgeted expenditure for 2024/25 is £19.1m, so total unrestricted reserves equated to approximately 9 months of budgeted expenditure as at March 2024. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £4.6m, which equates to 3 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.

Future plans

At Mountbatten, we continually review the quality of our services to improve and develop them according to the needs of the community we serve. Understanding what is important to our local community is critical to developing future priorities. As part of this process, we have discussed our priorities with a wide range of people.

This has included holding a series of virtual workshops during March 2024, where we asked people to consider and discuss priorities for improvement for 2024/25 and how we measure their success. Staff, volunteers, trustees, representatives from the NHS Hampshire and Isle of Wight Integrated Care Board, and Healthwatch attended the virtual workshops. The Quality and Governance Committee will monitor progress, it will be reported on in Mountbatten's quarterly Quality Report.

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

- To review the use of DNACPR forms in Mountbatten's Hampshire hospice, to include the process of recording information and clinicians decision making process;
- To review the deprivation of liberty and mental capacity process and practice across the Mountbatten Group to identify where improvements can be made and align practice across both hospices;
- To review what our beds on our Inpatient Units are used for to include investigating what the barriers are to discharging patients;
- Review the way information at first assessments for routine referrals by Community and Psychosocial and Spiritual Services teams is provided. Make agreed changes to practice to ensure patients are clear of what is available and how they can access this;
- To implement a new feedback portal that can be used by patients and families to provide real time feedback that can be reported;
- To Roll out a new approach to reviewing incidents and the learning from them in line with the Patient Safety Incident Review Framework (PSIRF);
- To carry out refurbishment of the bays on the Inpatient Unit and to create a new spiritual space and waiting area at Mountbatten Hampshire.

Principal risks and uncertainties

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

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

- Full Risk Register to the Board annually
 - 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)

- 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

- Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team.
- Regular robust training and education
- Individual patient risk assessments.
- Regular mock major incident procedures.
- Safety attitudes survey carried out.
- Medical Malpractice insurance in place to cover the financial consequences.
- Medical staff covered by NHS insurance policy.
- Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.

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

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

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

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

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

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

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

- Skills mix review annually
- Targeted advertising for certain skills and headhunting
- Mandatory eLearning monitored monthly at Q&G committee
- Successful recruitment of new trustees in 2022 and 2024
- Higher profile of Mountbatten to enable recruitment of Trustees.

Risk of resource overload arising from operational expansion into Hampshire

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

Information Governance

During 2023/24 all standards were met within the Department of Health Data Security and Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2023/24 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates review of compliance with the Data Security and Protection Toolkit, review of all Information Governance incidents, including the identification of themes and lessons learnt, review of all Information Governance and Caldicott Guardian decisions, monitoring of our firewall report, Subject Access Requests, Access to Health Records Requests and Data Protection Impact Assessment approval.

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

Actions taken during 2023/24 to further improve information governance and data protection within the organisation have included:

- A review of third party data processors was undertaken during 2023/24. The central log of these organisation's was updated
- A survey was devised to send to third party data processors to provide Mountbatten with assurance regarding how they process data and the security measures they have in place. This will be sent to all of Mountbatten's third party data processors during 2024/25
- An advanced data protection training session was held during 2023/24, this was attended by all employees with a responsibility for data security. The training was facilitated by Stay Compliant who are Mountbatten's information governance consultants. After the training the slide deck was shared with attendees for their information.
- Mountbatten's Data Protection Impact Assessment template has been reviewed and improvements made to it to make it more logical and understandable for employees to complete
- There have been three Data Protection Impact Assessments (DPIAs) completed during 2023/24. These were completed for a range of projects and new IT systems, reviewed at the Integrated Information Governance Committee and ratified at the Quality and Governance Committee.
- Mountbatten has received 11 Access to Health Records requests during 2023/24. Due process was followed with appropriate information redacted where necessary and regulatory timeframes adhered to.
- Considerable work has been carried out at both hospices on their IT network resilience. This has included a reliable uninterruptible power supply set up, improved WiFi and cable management in Hampshire. On the Isle of Wight a new router has been installed, all remaining services have been moved off the physical server on the premises and cable management has been improved.
- A penetration test was completed by an external company in May 2024, this tested the robustness of Mountbatten's IT configuration against any potential threats.
- The application process for allowing Mountbatten domain emails to send and receive NHS related emails was successfully completed and will be applied for again during 2024/25.

Mountbatten have held discussions with an external company about a Security Information and Event Management (SIEM) Service. This would offer another level of cyber security by proactively alerting Mountbatten to any potential threats and weaknesses. Discussions are ongoing and decision will be made during the early part of 2024/25.

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

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

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

Our governance processes

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

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

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section "Engaging with our stakeholders" on page 38. 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

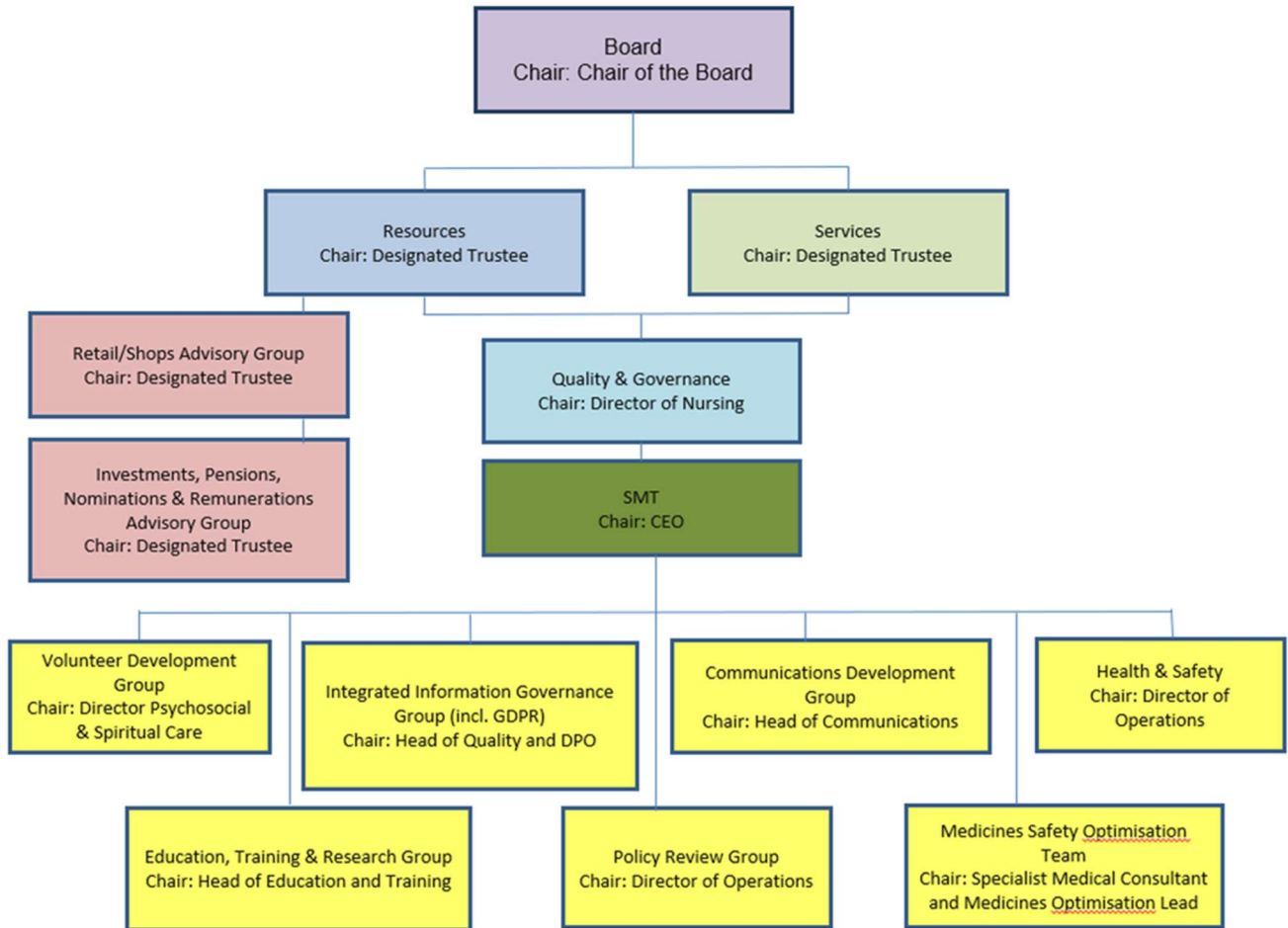
The Group takes care to maintain positive relationships with suppliers and stakeholders and endeavours to ensure that all contractual and general business terms and conditions are adhered to at all times. In particular with regard to smaller companies and suppliers but also in general with regard to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

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 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 on page 40.

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 NHS Agenda for Change scheme for 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 'Mountbatten Pay Scale', which has benchmarked all roles against with current market.

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 Mountbatten Isle of Wight Limited for the purposes of company law, are responsible for preparing the Trustees' Report (which includes the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

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

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

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

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

Auditor

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

Disclosure of information to auditor

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

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



Sir Ian Cheshire
Chair of the Board of Trustees

Dated: 14 January 2025

Opinion

We have audited the financial statements of Mountbatten Isle of Wight Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2024 which comprise the consolidated statement of financial activities, the group and charitable company balance sheets, the consolidated statement of cashflow and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2024, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 42, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

Use of our report

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

Azets Audit Services

Debra Saunders BSc FCA (Senior Statutory Auditor)

For and on behalf of Azets Audit Services, Statutory Auditor

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

15 January 2025

Mountbatten Group
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2024

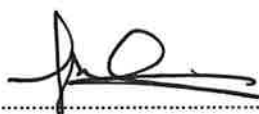
	Note	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Income from:							
Donations and legacies	2	4,332,484	99,216	4,431,700	2,332,465	430,170	2,762,635
Charitable activities							
Inpatient / Day Care	3	8,478,864	201,810	8,680,674	8,634,255	39,038	8,673,293
Community Care	3	232,616	-	232,616	154,838	-	154,838
Other trading activities	4	4,108,627	-	4,108,627	3,246,383	129,724	3,376,107
Investments	5	22,086	-	22,086	197,097	-	197,097
Total income		<u>17,174,677</u>	<u>301,026</u>	<u>17,475,703</u>	<u>14,565,038</u>	<u>598,932</u>	<u>15,163,970</u>
Expenditure on:							
Raising funds		4,623,280	-	4,623,280	4,953,213	-	4,953,213
Charitable activities:							
Inpatient / Day Care		8,669,571	232,472	8,902,043	8,053,573	643,703	8,697,276
Community Care		5,574,091	-	5,574,091	4,980,018	-	4,980,018
Total expenditure	6	<u>18,866,942</u>	<u>232,472</u>	<u>19,099,414</u>	<u>17,986,804</u>	<u>643,703</u>	<u>18,630,507</u>
Net (expenditure)/income before net (losses)/gains on investments							
		(1,692,265)	68,554	(1,623,711)	(3,421,766)	(44,771)	(3,466,537)
Net gains/(losses) on investments		273,879	-	273,879	(421,000)	-	(421,000)
Net (expenditure)/income for the year and net movement in funds							
	7	<u>(1,418,386)</u>	<u>68,554</u>	<u>(1,349,832)</u>	<u>(3,842,766)</u>	<u>(44,771)</u>	<u>(3,887,537)</u>
Transfer between funds		-	-	-	-	-	-
Net movement in funds		<u>(1,418,386)</u>	<u>68,554</u>	<u>(1,349,832)</u>	<u>(3,842,766)</u>	<u>(44,771)</u>	<u>(3,887,537)</u>
Reconciliation of funds:							
Total funds brought forward		15,595,900	3,415,734	19,011,634	19,438,666	3,460,505	22,899,171
Total funds carried forward	21	<u>14,177,514</u>	<u>3,484,288</u>	<u>17,661,802</u>	<u>15,595,900</u>	<u>3,415,734</u>	<u>19,011,634</u>

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

Mountbatten Group
Balance Sheet
As at 31 March 2024

	Note	The Group		Mountbatten Isle of Wight	
		2024	2023	2024	2023
		£	£	£	£
Fixed assets:					
Tangible assets	12	11,629,418	11,693,046	11,285,274	11,217,448
Investments	13	5,912,002	31,629	4,884,659	2
		<u>17,541,420</u>	<u>11,724,675</u>	<u>16,169,933</u>	<u>11,217,450</u>
Current assets:					
Stocks		20,210	9,598	51	-
Debtors	16	546,242	689,763	580,427	542,822
Cash at bank and in hand		2,179,415	8,884,194	1,354,164	6,446,730
		<u>2,745,867</u>	<u>9,583,555</u>	<u>1,934,642</u>	<u>6,989,552</u>
Liabilities:					
Creditors: amounts falling due within one year	17	(2,625,485)	(2,296,596)	(1,051,983)	(938,949)
Net current assets		<u>120,382</u>	<u>7,286,959</u>	<u>882,659</u>	<u>6,050,603</u>
Total net assets	20	<u>17,661,802</u>	<u>19,011,634</u>	<u>17,052,592</u>	<u>17,268,053</u>
Funds:					
Restricted funds MIOW		3,236,179	3,194,784	3,236,180	3,194,784
Restricted funds MH		248,109	220,950	-	-
Total restricted funds		<u>3,484,288</u>	<u>3,415,734</u>	<u>3,236,180</u>	<u>3,194,784</u>
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		4,604,079	6,022,465	4,742,977	4,999,834
Total unrestricted funds		<u>14,177,514</u>	<u>15,595,900</u>	<u>13,816,412</u>	<u>14,073,269</u>
Total funds	21	<u>17,661,802</u>	<u>19,011,634</u>	<u>17,052,592</u>	<u>17,268,053</u>

The financial statements were approved by the Board of Trustees on 14 January 2025 and were signed on its behalf by:



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

Registered Company Number: 02929267

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

	Note	2023		2022	
		£	£	£	£
Net cash (used in)/provided by operating activities	22		(809,166)		613,088
Cash flows from investing activities:					
Dividends and interest		-		197,097	
Purchase of property, plant and equipment		(291,849)		(361,185)	
Proceeds from disposal of property, plant and equipment		2,730		-	
Proceeds from sale of investments		1,881,000		7,190,429	
Purchase of investments		(7,487,494)		(1,257,072)	
Movement in portfolio cash held for investment		-		1,424,854	
Net cash (used in)/generated by investing activities			(5,895,613)		7,194,123
Change in cash and cash equivalents in the year			(6,704,779)		7,807,211
Cash and cash equivalents at the beginning of the year			8,884,194		1,076,983
Cash and cash equivalents at the end of the year			2,179,415		8,884,194

1. ACCOUNTING POLICIES

a) Statutory information

Mountbatten Isle of Wight Limited 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, Mountbatten Isle of Wight Trading Company Limited, and Mountbatten Hampshire Group on the basis that the charitable companies are under common control. Mountbatten Hampshire Group includes the parent charity, Mountbatten Hampshire Limited, and its subsidiary, Mountbatten Hampshire 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.

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

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.

f) 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.

g) 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.

h) Fund accounting

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

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

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

i) Expenditure and irrecoverable VAT

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

- Costs of raising funds relate to the costs incurred by the 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)

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, 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.

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £2,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

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 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.

m) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities 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.

n) Investments in subsidiaries

Investments in subsidiaries are measured at cost.

1. ACCOUNTING POLICIES (continued)

o) Stocks

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

p) Debtors

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

q) Cash at bank and in hand

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

r) Creditors and provisions

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

s) Financial instruments

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

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

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

Basic financial assets

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

Other financial assets

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

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets

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

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

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

Derecognition of financial assets

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

Classification of financial liabilities

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

Basic financial liabilities

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

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

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

Derecognition of financial liabilities

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

1. ACCOUNTING POLICIES (continued)

t) Pensions

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

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

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

u) Judgements and key sources of estimation uncertainty

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Management do not consider there to be any key estimates or judgements in the preparation of these financial statements.

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

2. Income from donations and legacies

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Gifts						
Mountbatten Isle of Wight	860,241	-	860,241	837,978	98,733	936,711
Mountbatten Hampshire	889,785	99,216	989,001	728,881	81,437	810,318
Legacies						
Mountbatten Isle of Wight	1,704,366	-	1,704,366	502,684	250,000	752,684
Mountbatten Hampshire	878,092	-	878,092	262,922	-	262,922
	<u>4,332,484</u>	<u>99,216</u>	<u>4,431,700</u>	<u>2,332,465</u>	<u>430,170</u>	<u>2,762,635</u>

In addition to the above, there was an estimated £1,265,000 for MIOW and £770,000 for MH (2023: £1,220,000 for EMH and £905,000 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 2024

3. Income from charitable activities

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
NHS CCG						
Mountbatten Isle of Wight	3,314,149	201,810	3,515,959	3,568,876	39,038	3,607,914
Mountbatten Hampshire	5,136,868	-	5,136,868	5,019,013	-	5,019,013
Other grant income						
Mountbatten Isle of Wight	27,847	-	27,847	46,366	-	46,366
Mountbatten Hampshire	-	-	-	-	-	-
Sub-total for inpatient/Day Care	<u>8,478,864</u>	<u>201,810</u>	<u>8,680,674</u>	<u>8,634,255</u>	<u>39,038</u>	<u>8,673,293</u>
Isle of Wight Clinical Commissioning Group						
Mountbatten Isle of Wight	232,616	-	232,616	154,838	-	154,838
Sub-total for Community Care	<u>232,616</u>	<u>-</u>	<u>232,616</u>	<u>154,838</u>	<u>-</u>	<u>154,838</u>
Total income from charitable activities	<u><u>8,711,480</u></u>	<u><u>201,810</u></u>	<u><u>8,913,290</u></u>	<u><u>8,789,093</u></u>	<u><u>39,038</u></u>	<u><u>8,828,131</u></u>

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

4. Income from other trading activities

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Fundraising activities						
Mountbatten Isle of Wight	1,038,488	-	1,038,488	701,815	16,182	717,997
Mountbatten Hampshire	490,786	-	490,786	534,855	-	534,855
Shops, café and other income						
Mountbatten Isle of Wight	1,621,179	-	1,621,179	1,312,569	113,542	1,426,111
Mountbatten Hampshire	958,174	-	958,174	697,144	-	697,144
	<u>4,108,627</u>	<u>-</u>	<u>4,108,627</u>	<u>3,246,383</u>	<u>129,724</u>	<u>3,376,107</u>

5. Income from investments

	2024			2023		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Income from quoted investments						
Mountbatten Isle of Wight	16,179	-	16,179	150,426	-	150,426
Mountbatten Hampshire	5,907	-	5,907	46,671	-	46,671
	<u>22,086</u>	<u>-</u>	<u>22,086</u>	<u>197,097</u>	<u>-</u>	<u>197,097</u>

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

6. a) Analysis of expenditure - current year

	Cost of raising funds £	Charitable activities		Governance costs £	Support costs £	2024 Total £	2023 Total £
		Inpatient / Day Care £	Community Care £				
Staff costs (Note 8)	2,654,957	5,134,185	3,914,078	-	2,703,775	14,406,995	14,203,612
Medical consumables	-	263,097	201,218	-	-	464,315	387,124
Volunteer expenses	-	-	-	-	24,428	24,428	18,971
IT and administrative costs	-	-	-	-	218,954	218,954	213,564
Trading activities	33,174	-	-	-	-	33,174	32,741
Fundraising costs	263,643	-	-	-	-	263,643	339,209
Lottery costs	224,972	-	-	-	-	224,972	207,705
Investment managers' fees	29,690	-	-	-	-	29,690	43,400
Audit and accountancy fees	-	-	-	53,601	-	53,601	49,023
Legal and professional	-	-	-	-	317,841	317,841	303,721
Trustee costs	-	-	-	329	-	329	619
Catering	-	707,059	-	-	-	707,059	374,249
Premises	198,505	539,233	-	-	368,688	1,106,426	1,297,699
Bank Charges	-	-	-	-	9,840	9,840	-
Depreciation and loss on disposal	-	-	-	-	353,529	535,529	387,012
Insurance	5,692	-	-	-	98,807	104,499	66,513
Maintenance and repairs	-	81,576	-	-	202,425	284,001	242,715
Subscriptions and publications	-	-	-	-	27,654	27,654	38,573
Irrecoverable VAT	24,125	-	-	-	-	24,125	20,266
Consumables	109,132	232,249	-	-	102,958	444,339	403,791
	<u>3,543,890</u>	<u>6,957,399</u>	<u>4,115,296</u>	<u>53,930</u>	<u>4,428,899</u>	<u>19,099,414</u>	<u>18,630,507</u>
Support costs - MIOW	816,674	1,296,027	940,951	-	(3,053,652)	-	-
Support costs - MH	250,045	625,112	500,090	-	(1,375,247)	-	-
Governance costs - MIOW	8,950	14,202	10,311	(33,463)	-	-	-
Governance costs - MH	3,721	9,303	7,443	(20,467)	-	-	-
Total expenditure 2024	<u>4,623,280</u>	<u>8,902,043</u>	<u>5,574,091</u>	<u>-</u>	<u>-</u>	<u>19,099,414</u>	<u>-</u>
Total expenditure 2023	<u>4,953,213</u>	<u>8,697,276</u>	<u>4,980,018</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>18,630,507</u>

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

6. b) Analysis of expenditure - prior year

	Cost of raising funds £	Charitable activities		Governance costs £	Support costs £	2023 Total £
		Inpatient / Day Care £	Community Care £			
Staff costs (Note 8)	2,580,586	5,417,265	3,541,152	-	2,664,609	14,203,612
Medical consumables	-	234,077	153,047	-	-	387,124
Volunteer expenses	-	-	-	-	18,971	18,971
IT and administrative costs	-	-	-	-	213,564	213,564
Trading activities	32,741	-	-	-	-	32,741
Fundraising costs	339,209	-	-	-	-	339,209
Lottery costs	207,705	-	-	-	-	207,705
Investment managers' fees	43,400	-	-	-	-	43,400
Audit and accountancy fees	-	-	-	49,023	-	49,023
Legal and professional	-	-	-	-	303,721	303,721
Trustee costs	-	-	-	619	-	619
Catering	372,810	1,439	-	-	-	374,249
Premises	199,539	762,684	-	-	335,476	1,297,699
Depreciation and loss on disposal	-	-	-	-	387,012	387,012
Insurance	7,716	-	-	-	58,797	66,513
Maintenance and repairs	-	69,354	-	-	173,361	242,715
Subscriptions and publications	-	-	-	-	38,573	38,573
Irrecoverable VAT	20,266	-	-	-	-	20,266
Consumables	82,067	228,704	-	-	93,020	403,791
	<u>3,886,039</u>	<u>6,713,523</u>	<u>3,694,199</u>	<u>49,642</u>	<u>4,287,104</u>	<u>18,630,507</u>
Support costs - MIOW	867,406	1,198,597	757,008	-	(2,823,011)	-
Support costs - MH	188,363	762,013	513,717	-	(1,464,093)	-
Governance costs - MIOW	8,633	11,929	7,534	(28,096)	-	-
Governance costs - MH	2,772	11,214	7,560	(21,546)	-	-
Total expenditure 2023	<u>4,953,213</u>	<u>8,697,276</u>	<u>4,980,018</u>	<u>-</u>	<u>-</u>	<u>18,630,507</u>

7. Net income / (expenditure) for the year

This is stated after charging

	2024	2023
	£	£
Depreciation	353,977	387,012
Operating lease rentals:		
Property - MIOW	198,505	199,539
Property - MH	182,383	147,335
Auditor's remuneration (excluding VAT):		
Audit - MIOW	22,750	24,650
Audit - MH	19,500	20,600
Other services - MIOW	975	1,300
Other services - MH	1,725	1,300
	<u> </u>	<u> </u>

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

Staff costs were as follows:

Current year

	2024		
	MIOW	MH	Total
	£	£	£
Staff under service level agreement with NHS	678,736	4,127,373	1,332,517
Wages and salaries	5,276,550	747,381	9,497,524
Employer's national insurance	533,839	412,132	945,971
Pension costs	549,463	436,322	985,785
Temporary and agency staff	623,114	588,549	1,211,663
Other staff costs	249,837	183,699	433,536
	<u>7,911,539</u>	<u>6,495,457</u>	<u>14,406,996</u>

Prior year

	2023		
	MIOW	MH	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>

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:

	2024	2023
	No.	No.
£60,000 - £69,999	-	1
£70,000 - £79,999	3	1
£80,000 - £89,999	1	2
£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 (2023: 2) seconded medical professional staff of £217,026 (2023: £207,163).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £708,683 (2023: £778,066).

No charity trustees were paid nor received any other benefits from employment with the charity in the year (2023: none). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £329 (2023: £619) incurred by 4 (2023: 4) trustees.

9. Staff numbers

	2024	2024	2023	2023
	Employed by Charity	Recharged to Charity	Employed by Charity	Recharged to Charity
	No.	No.	No.	No.
Fundraising - MIOW	9	-	11	-
Fundraising - MH	5	-	5	-
In patient unit / Patient services - MIOW	55	8	68	8
In patient unit / Patient services - MH	67	-	79	-
Community	113	-	107	-
Day unit / JCC	26	-	18	-
Retail	62	-	61	-
Support	77	-	80	-
	<u>414</u>	<u>8</u>	<u>429</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 (2023: £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 Mountbatten Isle of Wight Trading Limited and Mountbatten Hampshire Promotions Limited gift aid available profits to their immediate parent charities.

12. Tangible fixed assets

Group	Land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,033,169	423,472	2,719,847	263,697	14,440,185
Additions in year	-	39,403	41,562	210,884	291,849
Disposals in year	-	-	-	(2,500)	(2,500)
At the end of the year	11,033,169	462,875	2,761,409	472,081	14,729,534
Depreciation					
At the start of the year	43,463	241,823	2,233,684	228,169	2,747,139
Charge for the year	6,770	76,725	233,008	37,474	353,977
Depreciation eliminated on disposal	-	-	-	(1,000)	(1,000)
At the end of the year	50,233	318,548	2,466,692	264,643	3,100,116
Net book value					
At the end of the year	10,982,936	144,327	294,717	207,438	11,629,418
At the start of the year	10,989,706	181,649	486,163	35,528	11,693,046
Mountbatten Isle of Wight					
	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	10,981,014	136,940	2,059,138	261,197	13,438,289
Additions in year	-	-	27,963	181,084	209,047
Disposals in year	-	-	-	-	-
At the end of the year	10,981,014	136,940	2,087,101	442,281	13,647,336
Depreciation					
At the start of the year	-	130,711	1,862,456	227,674	2,220,841
Charge for the year	-	2,227	103,505	35,489	141,221
Depreciation eliminated on disposal	-	-	-	-	-
At the end of the year	-	132,938	1,965,961	263,163	2,362,062
Net book value					
At the end of the year	10,981,014	4,002	121,140	179,118	11,285,274
At the start of the year	10,981,014	6,229	196,682	33,523	11,217,448

All of the above assets are used for charitable purposes.

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

13. Investments

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Listed investments				
Fair value at the start of the year	31,629	6,385,986	-	4,827,958
Additions at cost	7,487,494	1,257,071	5,688,901	955,107
Disposal proceeds	(1,881,000)	(7,190,428)	(1,047,831)	(5,463,195)
Net (loss)/gain on change in fair value	273,879	(421,000)	243,587	(319,870)
	<u>5,912,002</u>	<u>31,629</u>	<u>4,884,657</u>	<u>-</u>
Cash held by investment broker pending reinvestment	-	-	-	-
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	<u>5,912,002</u>	<u>31,629</u>	<u>4,884,659</u>	<u>2</u>
			2024	2023
			£	£
Charity Trusts			5,880,373	-
Overseas Bonds			31,629	31,629
			<u>5,912,002</u>	<u>31,629</u>

14. Subsidiary undertakings

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

Mountbatten Hampshire 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 Mountbatten Hampshire 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:

Year ended 31 March 2024	Mountbatten Hampshire Limited	Mountbatten Hampshire Promotions Ltd	Mountbatten Isle of Wight Trading Ltd
	£	£	£
Income / turnover	8,091,363	367,466	148,132
Cost of sales	-	(121,095)	(10,842)
Net income / gross profit	<u>8,091,363</u>	<u>246,371</u>	<u>137,290</u>
Net expenditure / administrative expenses	(9,419,803)	(19,438)	(37,043)
Distribution from subsidiary	475,021	-	-
Gain on investment assets	30,292	-	-
Net income/(expenditure)/profit/(loss) for the financial year	<u>(823,127)</u>	<u>226,933</u>	<u>100,247</u>
Funds/retained earnings brought forward	1,506,128	248,088	-
Net income/(expenditure)/profit/(loss) for the financial year	(823,127)	226,933	100,247
Distribution under Gift Aid to parent charity	-	(475,021)	(100,247)
Reserves/retained earnings carried forward	<u>683,001</u>	<u>-</u>	<u>-</u>
The aggregate of the assets, liabilities and funds was:			
Assets	2,341,866	148,090	54,567
Liabilities	(1,658,865)	(148,088)	(54,565)
Funds	<u>683,001</u>	<u>2</u>	<u>2</u>

14. Subsidiary undertakings (continued)

Year ended 31 March 2023	Mountbatten Hampshire Limited	Mountbatten Hampshire Promotions Ltd	Mountbatten Isle of Wight Trading Ltd
	£	£	£
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	-	-
Gain on investment assets	(101,130)	-	-
Net (expenditure)/profit 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>

Intercompany transactions

Included within administrative expenses for Mountbatten Hampshire Limited is a management charge of £933,426 (2023: £1,005,974) from Mountbatten Isle of Wight Limited to Mountbatten Hampshire Limited. Included within administrative expenses within Mountbatten Isle of Wight Trading Limited is a management charge of £30,000 (2023: £30,000) from Mountbatten Isle of Wight Limited. Included within administrative expenses for Mountbatten Isle of Wight Limited is a management charge of £129,200 (2023: £Nil) from Mountbatten Hampshire Limited to Mountbatten Isle of Wight Limited.

Shared trustees/directors

All trustees of Mountbatten Isle of Wight Limited are also trustees of Mountbatten Hampshire Limited, with the exceptions of Stephen Izatt and Wendy Murwill, who are only trustees of Mountbatten Isle of Wight Limited, and Peter Pitcher, who is only trustee of Mountbatten Hampshire Limited.

Peter Pitcher is a trustee and director of both Mountbatten Hampshire Limited and Mountbatten Hampshire Promotions Limited.

Stephen Izatt is a trustee and director of both Mountbatten Isle of Wight Limited and Mountbatten Isle of Wight Trading Limited.

15. Mountbatten Isle of Wight Limited

The parent charity's (Mountbatten Isle of Wight Limited) gross income and the results for the year are disclosed as follows:

	2024	2023
	£	£
Gross income	10,061,618	8,784,402
Result for the year	<u>(215,461)</u>	<u>(1,814,204)</u>

16. Debtors

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Amounts due from group entities	-	-	163,111	22,732
Trade debtors	93,128	243,165	48,693	203,812
Accrued income and other debtors	102,676	168,864	64,586	130,330
VAT recoverable	103,902	99,956	87,634	59,140
Prepayments	246,536	177,778	216,403	126,808
	<u>546,242</u>	<u>689,763</u>	<u>580,427</u>	<u>542,822</u>

17. Creditors: amounts falling due within one year

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Trade creditors	1,266,421	447,381	325,921	246,376
Deferred income	156,910	69,718	155,870	69,718
Other creditors and accruals	1,202,154	1,779,497	570,192	613,781
Amounts due to group entities	-	-	-	9,074
	<u>2,625,485</u>	<u>2,296,596</u>	<u>1,051,983</u>	<u>938,949</u>

18. Deferred income

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

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Balance at the beginning of the year	69,718	69,718	69,718	69,718
Amount released to income in the year	(3,625,204)	-	(3,625,204)	-
Amount deferred in the year	3,712,396	-	3,711,356	-
Balance at the end of the year	<u>156,910</u>	<u>69,718</u>	<u>155,870</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 £985,785 (2023: £965,419).

20. a) Analysis of group net assets between funds - 2024

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	89,881	9,020,915	2,518,622	11,629,418
Investments	5,912,002	-	-	5,912,002
Net current assets	(1,397,804)	552,520	965,666	120,382
Net assets at the end of the year	<u>4,604,079</u>	<u>9,573,435</u>	<u>3,484,288</u>	<u>17,661,802</u>

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	<u>6,022,465</u>	<u>9,573,435</u>	<u>3,415,734</u>	<u>19,011,634</u>

21. a) Movement in funds - 2024

	At 1 April 2023 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2024 £
Restricted funds						
Capital funds						
John Cheverton Estate fixed Asset Fund	44,286	-	(22,199)	-	-	22,087
John Cheverton Estate Pool Vehicle Fund	250,000	-	(9,109)	-	-	240,891
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Revenue funds						
Clinical Co-ordination Centre	41,213	-	-	-	-	41,213
iBCF	34,004	-	(7,337)	-	-	26,667
Kelly donation	505	-	-	-	-	505
Young adult services	22,709	-	-	-	-	22,709
NHS CCG - CQUINs	39,038	44,202	(44,309)	-	-	38,931
KissyPuppy restricted fund	399,580	129,306	(63,506)	-	-	465,380
Advanced communication	3,748	-	-	-	-	3,748
MND Clinic	6,927	-	(2,754)	-	-	4,173
Mountbatten young adults	2,469	-	(647)	-	-	1,822
Barclays donation	66,278	-	(7,767)	-	-	58,511
Ward Furniture	1,012	-	-	-	-	1,012
Bladder Scanners	7,083	-	(1,000)	-	-	6,083
Hoist Pods for IPU	3,680	-	(960)	-	-	2,720
Essential Equipment for patient Care	4,263	21,102	(827)	-	-	24,538
Daisy Rich Trust	1,000	-	-	-	-	1,000
Hospital Saturday Fund	2,000	-	-	-	-	2,000
Other restricted funds	9,345	7,200	-	-	-	16,545
Total restricted funds EMH	3,194,784	201,810	(160,415)	-	-	3,236,179

21. a) Movement in funds – 2024 (cont.)

	At 1 April 2023 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2024 £
Restricted funds - MH						
NHSE	71,800	-	(42,982)	-	-	28,818
Other	149,150	99,216	(29,075)	-	-	219,291
Total restricted funds	<u>3,415,734</u>	<u>301,026</u>	<u>(232,472)</u>	<u>-</u>	<u>-</u>	<u>3,484,288</u>
Unrestricted funds - MIOW						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - MIOW	<u>9,073,435</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,073,435</u>
Designated funds - MH	<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 – MIOW group	<u>3,163,956</u>	<u>8,944,265</u>	<u>(11,440,756)</u>	<u>243,587</u>	<u>-</u>	<u>911,052</u>
General funds – MH group	<u>2,858,509</u>	<u>8,230,412</u>	<u>(7,426,186)</u>	<u>30,292</u>	<u>-</u>	<u>3,693,027</u>
Total unrestricted funds	<u>15,595,900</u>	<u>17,174,677</u>	<u>(18,866,942)</u>	<u>273,879</u>	<u>-</u>	<u>14,177,514</u>
Total funds - MIOW	<u>15,432,174</u>	<u>9,146,075</u>	<u>(11,601,171)</u>	<u>243,587</u>	<u>-</u>	<u>13,220,665</u>
Total funds - MH	<u>3,579,460</u>	<u>8,329,628</u>	<u>(7,498,243)</u>	<u>30,292</u>	<u>-</u>	<u>4,441,137</u>
Total funds	<u>19,011,634</u>	<u>17,475,703</u>	<u>(19,099,414)</u>	<u>273,879</u>	<u>-</u>	<u>17,661,802</u>

21. b) Movement in funds - 2023

	At 1 April 2022 £	Income £	Expenditure £	Gain on revaluation £	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 MIOW	3,221,019	517,495	(543,730)	-	3,194,784

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

	At 1 April 2022 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2023 £
Restricted funds - MH						
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 - MIOW						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - MIOW	<u>9,073,435</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,073,435</u>
Designated funds - MH	500,000	-	-	-	-	500,000
Total designated funds	<u>9,573,435</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,573,435</u>
General funds – MIOW group	5,957,898	7,275,552	(9,749,624)	(319,870)	-	3,163,956
General funds – MH 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 - MIOW	<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 - MH	<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>

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.

Mountbatten Hampshire's 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 MH designated fund for use in future projects to extend the services of Mountbatten Hampshire.

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

	2024	2023
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	(1,349,832)	(3,887,537)
Depreciation charges	353,977	387,012
Profit on disposals of fixed assets	(1,230)	-
(Gains)/losses on investments	(273,879)	421,000
Dividends, interest and rent from investments	-	(197,097)
(Increase)/decrease in stocks	(10,612)	(7,369)
Decrease in debtors	143,521	3,129,929
Increase in creditors	328,889	767,150
Net cash (used in)/provided by operating activities	<u>(809,166)</u>	<u>613,088</u>

Analysis of cash and cash equivalents

	2024	2023
	£	£
Cash in hand	<u>2,179,415</u>	<u>8,884,194</u>

Analysis of changes in net debt

	1 April 2023 £	Cash flows £	31 March 2024 £
Cash in hand	<u>8,884,194</u>	<u>(6,704,779)</u>	<u>2,179,415</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		Mountbatten Isle of Wight	
	2024 £	2023 £	2024 £	2023 £
Less than one year	395,140	347,398	184,315	156,898
One to five years	1,214,317	1,276,558	562,817	593,725
Over five years	705,417	784,117	302,167	355,200
	<u>2,314,874</u>	<u>2,408,073</u>	<u>1,049,299</u>	<u>1,105,823</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.