

COMPANY NUMBER: 02929267
CHARITY NUMBER: 1039086



Mountbatten Isle of Wight Limited

Incorporating:

Mountbatten Isle of Wight Limited

Mountbatten Hampshire

**Report and financial statements for the
year ended 31 March 2025**

Contents

Reference and administrative information	1 - 2
Statement from the CEO	3
Statement from the Chair of Trustees	4
Governance	5 - 6
Background and Strategy	7 - 9
Strategic report – Objectives & activities	10
The Mountbatten pyramid	11 - 12
Key achievements and performance	13
Services across the Mountbatten Group	14 - 19
Rehabilitation and Enablement Services	19
Psychology and Bereavement Service	20 - 21
Public & Community Engagement	22
Quality	23 - 24
Achievements and performance	25 - 29
Information governance	30
Future plans	31
Information Technology	32 - 34
Education and Training	35 - 40
Communications	41 - 42
Retail	43 - 44
Commercial Development	44
Estates and Facilities	45 - 49
Catering and Hospitality	49
Mountbatten's People	50
Trustees' duty to promote the success of the Charity – Section 172 statement	51 - 53
Sustainability and carbon reporting	54 - 55
Financial review	56 - 57
Public benefit statement	57
Principal risks and uncertainties	58 - 59
Statement of trustees' responsibilities	60
Independent auditor's report	61 - 63
Consolidated statement of financial activities (incorporating an income and expenditure account)	64
Balance sheet	65
Consolidated statement of cash flows	66
Notes to the financial statements	67 - 93

Mountbatten Isle of Wight Limited
Reference and administrative information

Status and structure: Mountbatten Isle of Wight Limited operates as a charitable company limited by guarantee

Company number: 02929267

Charity number: 1039086

Registered office and operational address: Mountbatten Isle of Wight Limited
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	M Acland 1, 3, 4	Vice Chair
3 Isle of Wight Trading Company Director	A Neill 1,3, 4	Chair Resources Committee
6 Hampshire Trading Company Director	B Halliday 1, 2, 3, 4	
	A Stables 2, 3, 4	(resigned August 2024)
	W Murwill 2, 3, 5,	(resigned August 2024)
	S Izatt 1, 3	
	M Forrest-Charde 2, 3, 4	(resigned August 2024)
	K Collins	(appointed July 2024)
	V Hastings	(appointed July 2024)
	C L Panayi	(appointed July 2024)
	T Peachey	(appointed July 2024)
	J Sichel	(appointed July 2024)
	A Gornall	(appointed July 2024 and resigned October 2024)

Company Secretary	W Wright M Edmonds	(resigned July 2024) (appointed August 2024)
-------------------	-----------------------	---

Senior Management Team	N Hartley R McGregor L Smith M Edmonds D Hodgkins J Hazeldine D Fleming S Lewis	Chief Executive Deputy Chief Executive Director of Nursing Director of Finance Director of People Services Director of Psychosocial and Spiritual Care Director of Quality, Data and Information Director of Commercial (Appointed October 2024 and resigned July 2025)
------------------------	--	--

Mountbatten Isle of Wight Limited
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

Mountbatten Isle of Wight Limited
Statement from the CEO
For year ended 31 March 2025

As my final annual report as the CEO of Mountbatten Isle of Wight and Mountbatten Hampshire, there is an opportunity to reflect on the last ten years or so, a time to focus on what we have achieved together, our developments, our successes, our challenges and what still needs to be done. However, we stand at a crossroads, particularly with the future financial support of hospices under critical threat from the local NHS and it is clear that we stand on the edge of a fight to stand up for what is right and what dying and bereaved people should categorically expect from the statutory sector.

There is no question that Mountbatten has changed beyond all recognition in the last ten years, both the services that the organisation delivers on behalf of our local communities, but also the sheer numbers of people that we are reaching stretching the scale of our endeavours and our influence both in and beyond the sector. There is nothing wrong with us all being very proud of what we have and what we continue to achieve for those who are at their most vulnerable

Mountbatten's work really matters, particularly at this time when hospice and end of life care are under threat within the wider UK Health and Social Care system through disinvestment in funding and financial investment. It is also both disappointing and frustrating that it still remains significantly easy for the dying and the bereaved to be ignored within the NHS, highlighted by current funding cuts and the lack of understanding of the sector by commissioners who can no longer afford to deliver the services that our populations need and deserve. It is a sorry state of affairs to be reminded of the terrible deficits in end of life care which were rife in the new National Health Service of the 1940s where dying was not part of the vision and when the new modern hospice movement rose up in protest and rebellion.

The modern hospice movement has developed during the lifetime of many of us and will reach its sixtieth anniversary in 2027. Our generation should be so rightly pleased of this achievement, where we have protested against a Health and Social Care sector who in the past so easily misplaced and forgot the dying, foolishly thinking that they cannot come back and complain about the lack of care they have received. As the dying and the bereaved are marginalised once more, it is Mountbatten's job to both complain and to campaign and we must never stop doing this.

It has become clearer to me over the past decade, that through our public engagement work and Advance Care planning drive, our local communities understand Mountbatten's commitment and service to them more and more. Through listening to those who live locally and hence delivering both what our local population want and need when they and their loved ones are at their most vulnerable, Mountbatten remains firmly in the hearts and minds of those who are touched by our devastating duo of expertise and kindness. This web of intense and dedicated relationships remains Mountbatten's most powerful weapon. The support we have through our many fundraising and income generation activities is also quite simply extraordinary. As demand grows and Mountbatten's services become more stretched, the understanding and commitment from those who live across our catchment areas matters more than ever and will continue to do so whilst healthcare commissioners continue to ignore their responsibilities to those they are meant to be serving.

It seems to me that we are on the verge of a battle with our local healthcare commissioners. This battle will not be between Mountbatten and them, but between our local communities and them. I know that our local population will not sit back and see their commitment to Mountbatten's vision and mission be destroyed.

Dying and bereavement are major events in all of our lives and when we are facing both of these issues we deserve the very best from those who are trusted to both fund and to provide the care we need.

I wish Mountbatten well as it stands on the verge of a new era and wholeheartedly support the appointment of Becky McGregor as my successor. I will always continue to support this remarkable organisation from the sidelines and will always be prepared to take my place on the battlefield to ensure that our communities will always receive the expertise and kindness they deserve when they come to the end of their lives or when they face bereavement.



Nigel Hartley MBE
CEO Mountbatten

24 July 2025

Statement from the Chair of Trustees

Mountbatten continues to serve its users on both sides of the Solent, both in our hospices and more commonly in their homes, as demand for our services rises with every passing year. The quality of personal care our teams provide is simply outstanding and I would like to thank all our colleagues for their brilliant work.

We have also seen the announcement of a forthcoming change of leadership, with Nigel Hartley MBE stepping down as Chief Executive and Becky McGregor being confirmed as his successor, taking over in the autumn. Nigel has been a simply fantastic Chief Executive over his 11 years, transforming the organisation into the nationally recognised leader it is today. We will very much miss him but are also grateful that he has been able to develop such an able successor in the person of Becky. The charity is in good health thanks to Nigel's excellent stewardship, and I want to formally thank him for his great service.

As you will see in the accounts we had a more positive year on the financial front, reducing the deficits year on year, despite continuing challenges, especially in limited support from the NHS. Given new levels of national insurance costs, we face more headwinds this year with significant uncertainty on future NHS funding models.

All that means that we depend more than ever on public generosity to maintain our vital operations. Thank you to all who supported us in this year and an especial thanks to all who walked on this year's Walk the Wight, which again set a new record for money raised. Also this year we saw a change of Patron, with Sir Martin White handing over to Alan Titchmarsh CBE, and we very much appreciate Martin's many years of service. Finally, I would like to thank my board of trustees for their hard work and support over the year!

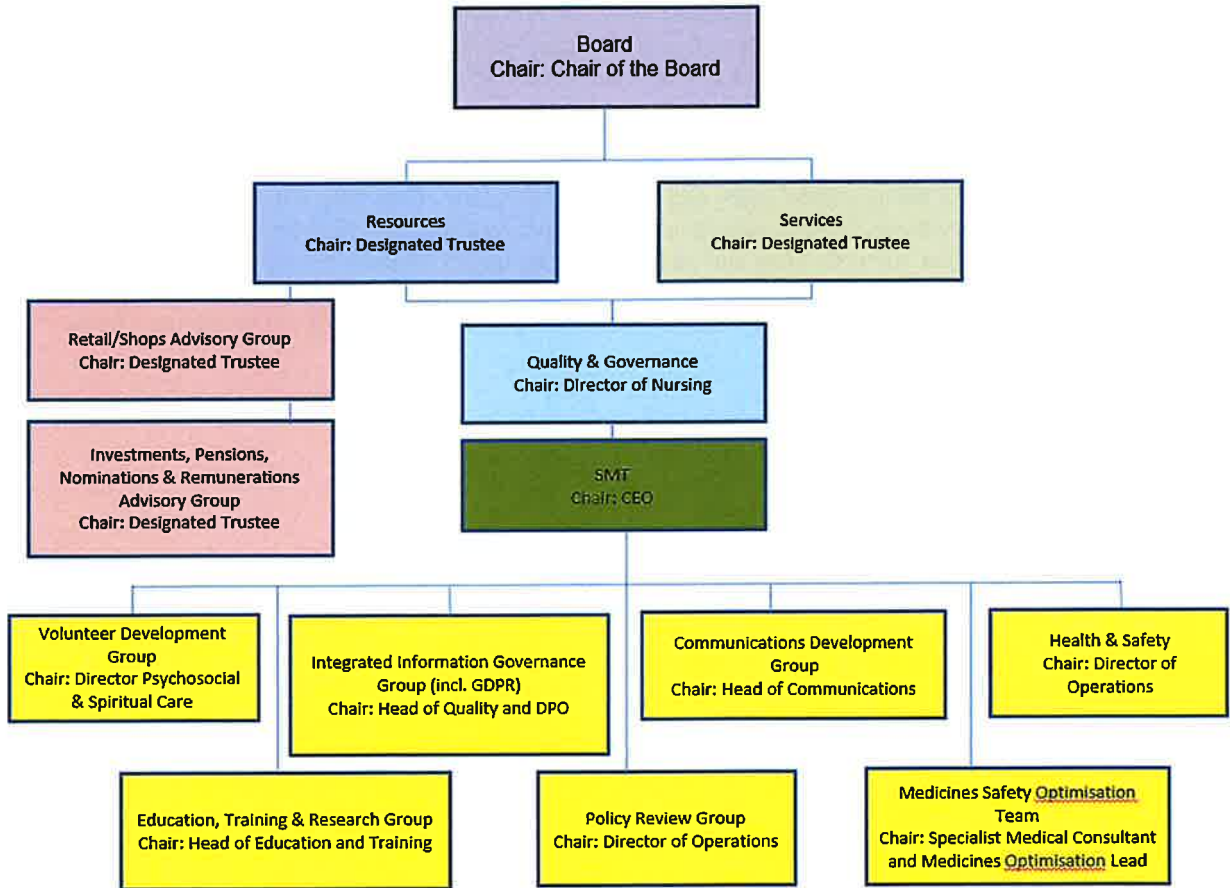


Sir Ian Cheshire
Chair of Trustees
Mountbatten

24 July 2025

Governance

The Governance of the Mountbatten Isle of Wight Limited 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

Mountbatten Isle of Wight Limited is the member and ultimate operator of Mountbatten Hampshire Limited. 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 Isle of Wight which is managed by one Senior Management Team. Each Charity has a Board of trustees whose members are largely but not wholly, common to both Charities. Details of the Governance arrangements are shown in the diagram above.

Remuneration policy

The Charity operates a Remuneration policy under the regular review of the Investment, Pension, Nominations and Remuneration Advisory Group. The charity aims to match Agenda for Change terms and conditions where it is financially viable to do so, as part of our recruitment and retention strategy for key clinical roles and this is reviewed on an annual basis. Staff not covered by this payment structure are paid following regular market surveys to ensure that the Charity pays fair, market linked salaries which are reviewed annually as part of the budgeting process for the Charity.

Background and strategy

Mountbatten Isle of Wight Limited was opened in 1982 and Mountbatten Hampshire Limited 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. A new strategy will be developed in the latter half of 2025.

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 our charitable objectives as agreed with the Charity Commission are undertaken to further our charitable purposes for the public benefit. This Annual Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2025.

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

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

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

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

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

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

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

There is still so much more to be done and we cannot afford to become complacent; currently, of those across our communities who would benefit from our services, but 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 that provide support across all areas of our services.

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. 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



2024/25 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document:

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

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

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

- Further development of a Children and Young Adults Service in partnership with Kissy Puppy (Isle of Wight) and Naomi House and Jack's Place (Hampshire)
- A continuation and further development of dementia services and services for older, frail people
- Advance Care Planning - continuing to identify people with long term conditions including older people with frailty
- Health and Social Care Education
- Mountbatten Coordination Centres - 24/7 telephone and visiting service across all our communities
- End of Life Domiciliary Care provision (Continuing Health Care packages)

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

- A robust reserves policy and Risk Register
- A capital programme of estates works to ensure that our estate is 'fit for purpose' for future generations. All works have been funded by capital trust and grants funding
- A bespoke 'sustainability' strategic implementation plan focusing on fundraising and financial resilience
- A new workforce development plan is in process
- Development of our ongoing education programmes both for our partners and our local communities
- A shops strategy and a growth plan headed up by the Head of Retail Business Development and supported by the Retail/shops Advisory Group

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

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

Key achievements and performance

During 2024/25 Mountbatten Hospice provided specialist palliative care services within the following areas:

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

These areas are supported by the following services:

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

Services across the Mountbatten Group

During 2024/2025, Mountbatten Group provided specialist palliative care services in the following areas of Hampshire and the Isle of Wight,

- Inpatient units
- Community
- Day services - John Cheverton and Hazel Centres
- St Mary's Hospital
- University Hospital Southampton
- Nursing and Residential homes across southwest Hampshire and the Isle of Wight
- Isle of Wight Prisons

Hampshire

Inpatient Unit

Inpatient beds have continued to be used during the last year, primarily for symptom management support, end of life care, support for those with psychological distress and support for those caring for people towards the end of their lives.

Over the last year Hampshire inpatient unit has been operating with 16 inpatient beds. These beds have been increasingly used, with an average bed occupancy of over 83%.

Despite building works, IPU has supported 445 admissions: 300 people at end of life and 145 people to achieve a safe discharge either home, or onto a nursing home placement.

24/7 Community team and Care Coordination

During the last year the Community Team has continued to deliver care over a 24 hour a day, 7 days a week model to a growing number of people. The number of people on the caseload has significantly increased from a total of 460 people in April 2020, to 1342 people in March 2025. The continued growth of the caseload is also anticipated as work continues to increase the awareness of the local health and social care professionals and community regarding the services and support Mountbatten Hampshire provides.

To help prioritise the caseload, a RAG (Red, Amber, Green) rating system has been introduced, guiding the complexity and frequency of input needed. A morning handover period is now established, allowing a multidisciplinary team approach to ensure a suitable management plan is in place for the most complex patients and guiding prioritisation on a day to day basis.

In response to feedback and the increasing numbers of people accessing the care coordination centre, changes to the phone system are in progress to help manage the call volume by using a queuing system. The aim of these changes is to enable people to reach a Mountbatten nurse as quickly as possible.

The last year has seen the introduction of the Community Engagement Vehicle in Hampshire. Clinicians from the community team have been integral in supporting the vehicle on its travels around the Southampton and Hampshire areas, raising awareness and understanding of Mountbatten, but also providing clinical advice and guidance closer to people's homes in their localities.

Mountbatten Isle of Wight Limited
Trustees' Report (including the Directors' Report)
For year ended 31 March 2025

Care at Home

The Care at Home Team continue to provide practical hands-on care in the home for those people considered to be in their last 12 weeks of life. Working across West Hampshire and Southampton City, the team accept referrals for those people eligible for Continuing Health Care Fast track packages of care. Working in this way alongside the Community nursing team, enables people to rapidly return home from hospital or hospice, or to remain at home during their last phase of life.

Between the period of April 2024 to March 2025 the Care at Home Team have:

- Received 346 referrals
- 172 packages were put in place
- 74% of accepted referrals had care in place within 48 hours

Medical team

The medical team are continuing to deliver services across inpatient, community and outpatient settings. In August 2024 we welcomed new consultant Dr Laura Deacon who joined us from New Zealand. In Autumn 2024 we welcomed back Dr Sarah De Vos from a period of extended leave. One of our Specialist Doctors remains on long-term sick leave.

The medical team continue to deliver a range of audits and quality improvement projects as part of Mountbatten's quality programme. Further, we have participated in Quality Workshops on Outcome Measures and Advance Care Planning, participation in launch of NHS 10 Year Plan launch at the ICB.

With an Advance Nurse Practitioner undertaking maternity leave from January 2025, the medical team have adjusted their working patterns to deliver all the outpatient sessions.

With a reduction in number of inpatient beds, the medical team have reorganised to deliver increased community working through domiciliary visits and outpatients.

The medical team presented poster presentations at two national conferences

Hospice UK Conference 2024:

- IV ferric derisomaltose in the Inpatient Specialist Palliative Care Unit: Review of Indications and Response

European Association for Palliative Care May 2025

- Survey of Anaemia Management with Erythropoietin Stimulating Agents in Palliative Care
- Survey of Anaemia Management with Iron in Palliative care

Regional Meeting Presentations were showcased at:

March 2025: Wessex Physicians' Palliative Medicine Reference Group Meeting:

- Dr Laura Deacon, Consultant: Overview and Experience of working with Assisted Dying in New Zealand
- Dr Becky Smith, Specialty Doctor: Innovation in Practice: Introduction of Fentanyl for injection for PRN use and Syringe drivers for patients in the community

July 2024: London Palliative Medicine Registrars Training. Management of Anaemia. Dr C Stark Toller

We continue to provide training for tomorrow's Palliative Care Specialists, GPs and Medical Students. Our annual General Medical Council National Training Survey Report was positive and benchmarked well against similar hospices: Director of Medical Education Division B at UHS NHS Trust commented, "*Congratulations on a very positive GMC survey...Overall, the trainees seem very happy with their teaching, supervision and clinical environment. Just to say, keep up the good work!*"

Mountbatten Isle of Wight Limited
Trustees' Report (including the Directors' Report)
For year ended 31 March 2025

In a new step, have agreed to accept for placement over 80 third year medical students from Southampton and have received positive feedback from them – thanks to the MDT for support in delivering this. As well as increasing exposure and training in palliative medicine for all these doctors, this generates income for the hospice.

The medical team continue to deliver education and training and engage with research, which has included:

- Dr Charlie Besley has in the last year supported 3 community nurses on their Non-Medical Prescribing Qualification, and is currently supporting two others in their Advanced Clinical Practice Training. Dr Stark Toller and Dr Deacon have also supported nurses with their additional training
- The medical team are contributing 3-4 days teaching to the Solent Palliative Care Course on topics including ethics, symptom control and advance care planning
- One of our registrars Dr Serena Chew has completed Information leaflets for health professionals (GPs and District Nurses) on a range of newer palliative care medications, eg parecoxib, levetiracetam, that are now available for GPs to prescribe. These leaflets will be shared with Primary Care Networks and regionally via ICB Medicines Committee.
- The medical team have been working on an update to regional guidance The Wessex Palliative Care Handbook ('Green Book'), with Dr Claire Stark Toller on the editorial committee; due publication Summer 2025
- We have completed recruitment to CHELSEA-II study looking at fluids on delirium in patient who are dying. We were one of the top recruiters in the UKINDIGO Trial – we are actively working with Dr Mark Banting on this trial looking at use of intranasal diamorphine and midazolam as alternative to subcutaneous injections. At present, we are recruiting lay carers
- We have given Expressions of Interest in two trials, one on delirium management and another on an new and as yet unnamed drug
- We are participating in a Research into Practice Project on Eye Donation
- Dr Claire Stark Toller continues to Work as Senior Editor for Palliative Care Formulary textbook published by Royal Pharmaceutical Society. The next edition is due August 2025

The Medicines Safety and Optimisation Team has continued to be chaired by Dr Stark Toller, and to deliver on a programme of policies and audits. A mock CQC inspection conducted by independent pharmacy company Ashtons in November 2024 delivered very encouraging results showing significant progress rating our medicines service 'outstanding' in 4 domains and 'good' in the fifth.

The medical team are exploring developing and expanding the following services:

- Regional Interventional Pain Management – we have had an informal MDT with a pain anaesthetist for the last 4 years. We are starting work on a plan to formalize this with the aim of introducing intrathecal pumps and spinal cord stimulators for our patients experiencing intractable pain
- Heart Failure – we, with Mountbatten MDT, are meeting with UHS heart failure team to explore how to reach patients with heart failure who are currently not benefitting from support Mountbatten can provide.

University Hospital Southampton

Strong working relationships continue with the hospital through both the Mountbatten medical and nursing team.

One Mountbatten Consultant Nurse works one day a week at University Hospital Southampton with the Supportive and Palliative Care Team, providing expert clinical care across the site, including oncology wards. She also co-delivers the Enhanced Supportive Care clinic which runs on a Friday afternoon and her presence has doubled the capacity of the clinic. The numbers of people seen by the Consultant Nurse in this clinic are 4 a week (176 a year), alongside an average of 4 ward visits (176 a year). The people assessed and seen are from the Mountbatten catchment area across both Isle of Wight and Hampshire. The Consultant Nurse also reviews Island patients who are known to the team and often involves advising on transferring Island patients back to their homes or the hospice.

Isle of Wight

Inpatient Unit

Inpatient beds have continued to be used during the last year, primarily for symptom management support, end of life care, support for those with psychological distress and support for those caring for people towards the end of their lives. The 16 beds in Mountbatten Isle of Wight are frequently filled. This is evidenced in the consistently high bed occupancy data showing an annual bed occupancy average of 88%.

Over the last 12 months, two significant pieces of work have been achieved. Following the successful grant applications a second treatment room opened in January 2025 to provide adequate space for the preparations of complex medication regimens. This has greatly improved the environment for the safer storage and preparation of medications and has reduced the number of interruptions during these preparations.

The second project concerned the development of training and competencies to allow Mountbatten Healthcare Assistants to support Registered Nurses in the stock checking of Controlled drugs. This has now been introduced and has been a very positive development increasing efficiency and supporting staff in further development.

Isle of Wight Inpatient Unit continues to offer support for Island children's health services through the provision of a resting room. Should a child die on the Island, a room is offered, where appropriate, for the child to stay to lengthen the time that family can stay with the child following death. Although the need for this support is infrequent, the value and support it brings when it is needed and utilised is second to none.

24/7 Community team and Care Coordination

Over the last 12 months the community team have continued to deliver a 24/7 service. This provides assessment, support and advice either via the telephone or face to face. The community caseload continues to grow in numbers and in levels of complexity.

To help prioritise the caseload, a RAG (Red, Amber, Green) rating system has been introduced, guiding the complexity and frequency of care input. This aims to support the best use of human resource, enhancing efficiency and effective care input for those that require it the most.

During the last year, through the generosity of the John Cheverton Trust, Mountbatten received 10 brand new cars. These are now in use by all of the community clinicians and ensure Mountbatten has an improved presence, helping to raise awareness of hospice services even further.

The Mountbatten ambulance continues to be used for rapid discharge or transfer of patients when needed. Due to funding received through Trust donations, an additional number of staff have now been trained to drive the ambulance allowing even further use.

Care at Home

The Care at Home Team continue to provide practical hands-on care in the home for those people considered to be in their last 12 weeks of life. Working across the Island the team accept referrals for those people eligible for Continuing Health Care Fast track packages of care. Working in this way alongside the Community nursing team, enables people to rapidly return home from hospital or hospice, or to remain at home during their last phase of life.

Mountbatten Isle of Wight Limited
Trustees' Report (including the Directors' Report)
For year ended 31 March 2025

Between the period of April 2024 to March 2025 the Care at Home Team have:

- Received 166 referrals
- 157 packages were put in place
- 87% of accepted referrals had care in place within 48 hours

Lymphoedema

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

The caseload as of March 2025 is now over 430 patients.

A trained volunteer also now supports staff in the clinics, delivering certain treatments.

Medical Team

This last year has seen a lot of change in Isle of Wight Medical team. We were sorry to see Dr John Curtin and Dr Jenny Collier leave us, and grateful for the huge amount they've brought to the hospice over the years.

We have welcomed three new doctors to our team: Dr Steph Daly, Dr Marianne Broderick and Dr Jehane Le-Grange. All have completed their General Practitioner training, bringing valuable general experience at a time when we're seeing increasing numbers of people with frailty and multiple diagnoses. Dr Broderick and Dr Le-Grange will continue to work part time in general medical practice, and part time with Mountbatten. All also bring additional specific experiences, e.g. training in ultrasonography and injection techniques. We have an inhouse program to develop their specialist palliative pharmacotherapeutic skills with timetabled weekly study time and a weekly tutorial with Dr Paul Howard; Dr Daly and Dr Broderick are working towards their specialist exams to enable them to become palliative care consultants; Dr Howard edits the textbook (the Palliative Care Formulary) used by candidates studying for these exams, so is well placed to support their learning. They have also formed links with hospices elsewhere to familiarise them with the range of approaches used in the specialty.

Despite the above changes, the medical team has continued its longstanding efforts to innovate and disseminate practice. In the last year we've published a case series describing the advantages of a newer sodium channel blocker, lacosamide, for neuropathic pain; Dr Howard has lectured on this topic in the UK, Latin America, Australia and New Zealand; this drug is now starting to be adopted by other centres. We've published a review of the role of Hyperpolarisation-activated Cyclic-nucleotide-gated channels in neuropathic pain. Papers in press include an audit of just-in-case drugs use; rates of individualised prescribing and drug use are significantly higher than in comparable surveys; we've proposed that our 24 hour community team and Island-wide prescribing template potentially account for this. Lastly, we are just submitting a review of subcutaneous antibiotic use, a technique pioneered in France. To our knowledge we were the first UK centre to adopt this and so have already started to disseminate this via lectures and writing.

St Mary's Hospital

The Integrated palliative and End of Life Care Team (IPET) is based at St Marys Hospital and provides palliative and end of life specialist advice and care to the hospital and onsite mental health wards. The team is an integrated team that consists of Mountbatten and NHS staff and was integrated in 2019. The team is multi-disciplinary and consists of Consultants in Palliative Medicine, Specialist Doctors, Consultant Nurses, Clinical Nurse Specialists, a Discharge Coordinator and a Clinical Psychologist.

The team operates 7 days a week between the hours of 8:00am and 8:00pm.

Alongside patient assessments, reviews and the provision of advice to patients across the hospital, the team also supports Wellow Unit. Established in 2020, Wellow Unit provides an alternative environment to a ward area for patients to die who are unable to transfer out of the hospital setting.

Rehabilitation and Enablement Services

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

A grant from Hospice UK this year allowed for a year-long pilot project, embedding an Occupational Therapist in Mountbatten Hampshire's Community team. The aim was to build evidence for how one full-time post can impact service users, families and wider systems by being responsive to urgent community needs to prevent hospital admission and enable people to remain safely in their own home. The data and feedback is already surpassing expectations.

Day Services – John Cheverton Centre (Isle of Wight) and Hazel Centre (Hampshire)

The John Cheverton and Hazel Centers continue to offer social space for multiple purposes including, hosting outpatient activity, day services, clinics, social events, concerts, the rehabilitation and enablement gyms and housing the Mountbatten café's.

The Head of Rehabilitation and Enablement, and already Lead for the John Cheverton Centre, Isle of Wight, has in the last year taken on the leadership of Hampshire's Hazel Centre, with the aim of creating the same welcoming, empowering space with novel volunteer roles to expand the service's reach to many more people.

2024-2025 has seen the John Cheverton Centre continue to host the multidisciplinary Motor Neurone Clinic, in close collaboration with NHS colleagues. As a highly regarded monthly clinic, steps have recently been taken to expand this further than Motor Neurone Disease, to include other complex neurological conditions that also impact significantly on patients' quality and length of life. From a Hampshire perspective, plans have already started to develop a similar service in the Hazel Centre, for the benefit of those living in the Southampton and Hampshire areas covered by Mountbatten.

Psychology & Bereavement Service

The Psychology and Bereavement Service continues to be in demand. The referral rate has been steady over the last year with 1,358 referrals over the last year for both services.

We regularly review the demand, our resources and responsiveness of the service. Our average response time for both sites is between 5 and 7 days for initial contact and most people have their first session with a counsellor or volunteer within 2/3 weeks.

We continue to notice a change in the complexity of individuals presentation. Often people attend the service with additional needs including a background of mental health needs, neurodivergence, childhood trauma, or the need to work with interpreters. In response to this we have reviewed and discussed the educational and training needs for the team to ensure they can meet the changing needs of bereaved individuals.

We have also offered and delivered a wide range of training to others. We have worked with the University of Southampton, local schools, mental health services, carer services, and NHS teams.

Arts

Within the Arts service we have continued to offer art groups for patients and service users. These groups are well attended, and their work was displayed in the Art Gallery during January and February.

We have continued to collaborate with local artists over the last year. The gallery shows various artists' work throughout the year and any art sold benefits the hospice.

We continue to work with the Brit school. They visited over the summer in both Hampshire and the Isle of Wight. They worked with patients over the course of 3 days, and this culminated in a live performance of the stories and reflections of individuals' lives. Additionally, we have worked with local island schools and delivered some school projects. Both the children and patients gained a huge amount of value working together over 4 weeks and co-producing art and stories.

Transition

The Transition Service has had a steady caseload over the last year with a group of 29 Young Adults being supported by the Transition Coordinator.

The service continues to offer weekly group activities as well as regular social events for individuals and their families or carers. The feedback from these events is consistently positive.

The Transition Coordinator has spent time with the Hampshire Community team supporting them in working with younger adults. This is preparation for a closer working relationship with Naomi House. The transition service will be a quality priority for the next year.

Chaplaincy

This past year the Spiritual Care Service has seen some positive service developments. We have reintroduced communion for anyone wishing to receive it and increased the memorial services to monthly. The service is integrated with both the IPU, and community teams and spiritual care is offered to patients, families and service users at the hospice and within their home. Additionally, the service has regularly held reflective sessions for staff to support their wellbeing.

Over the last year we have led approximately 10 funerals, a service of thanks for a family, a marriage blessing and a baptism and confirmation.

In Hampshire a spiritual space, the Mountbatten Room, has been created. We held a workshop with local faith leaders to establish what is needed from the space and what resources are essential to support different cultures and faiths.

Safeguarding

We have continued to focus on safeguarding across all teams and both sites over the last year. As a result, we have seen an increase in reporting and discussion around safeguarding concerns and incidents which has been reassuring to see.

We hold regular meetings for staff across all service areas focusing on Safeguarding. We review the data, themes, any concerns and share learning. Safeguarding is now on the agenda for all relevant meetings, and we have information boards located in both hospices outlining updates and monthly themes to help inform staff and volunteers as well as members of the public. A quarterly safeguarding report is presented at both the Services Committee and the Board highlighting themes and concerns regarding safeguarding.

Social Work

The social work team are embedded within the Inpatient Unit and support all teams with differing concerns and needs. The social work service has helped facilitate challenging conversations amongst family members and ensure they advocate for the patient being cared for. Over the last year, the social work team has reviewed the safeguarding actions, delivered and reviewed training on DOLS, MCA and Safeguarding. A significant amount of their work involves safeguarding concerns, supporting discharges, benefits advice, hoarding assessments and working with external agencies such as environmental health, social services, and children's services.

Public & Community Engagement

Funding streams have always been central in Mountbatten's thinking, and ever more so over the past few years, as the public, like us, experience increases in day-to-day living expenses. This coupled with uncertainty around our statutory NHS funding has meant the landscape is changing and heightened our focus about difficult decisions which lie ahead.

As a result, a pre-engagement exercise commenced in October 2024, which allowed us to understand the views of our staff and volunteers; this was then followed by meetings with our Healthwatch colleagues and correspondence with the Health Overview Scrutiny Committee.

Full public engagement commenced in January 2025 with digital questionnaires accessible on our websites, on social media and in Insight; hard copies were available in the John Cheverton and Hazel Centres. The document was also sent to Healthwatch, the Integrated Care Board and local authority colleagues, primary care networks, voluntary services and various community groups.

Over the summer, an Options Proposal supported by a Quality Impact Assessment will inform the options and future direction. Our NHS colleagues will continue to be informed throughout the process.

Despite the torrid financial landscape, our vision of reaching more people has remained a priority. This year, our Community Engagement Vehicle (CEV) has become an established part of our 'structure'. Our aim of dispelling myths about hospice care and reducing disparity in accessing services has been underpinned by CEV being a regular visitor at community centres and religious venues within isolated and deprived areas.

During the past seven months, CEV has enabled interactions with more than 700 people who would otherwise not have had any contact with, or knowledge about our hospice. Interactions have enabled conversations and information to be given about advance care planning, bereavement, the hospice in general, and the care and support available. On occasion, support and advice has been provided in relation to a new diagnosis by an attending clinical nurse specialist and psychosocial and bereavement support by an attending bereavement counsellor.

Direct links with statutory organisations continue to provide the platform to raise the profile of the work of our hospices, demonstrating our position as an integral partner within the health and social care sector. Whilst this is recognised, the impact of work is still not truly acknowledged.

Our relationship with multi-faith leaders is firmly cemented and brings a richness to our work, their support has helped to inform our approaches by bringing a greater understanding about what is important to consider when caring for people from different faiths. Friendship lunches have expanded and attendance grown, membership provides opportunities for Mountbatten staff to engage with a variety of stakeholders, who help to raise our profile with local communities.

The Homeless & Substance Users Forum has been meeting for over 2 years; during this time membership has grown and now includes stakeholders from our broader geography. The impact of the networking is making a tangible difference to the staff supporting this cohort of people and the individuals accessing hostel services.

Bespoke Communications Skills training and Advance Care Plans (ACP) have been developed by our Head of Education in conjunction with staff working within this environment to support conversations, and capture information relevant to this group.

Engaging in their trust and understanding of our services has been challenging, our community nurses attended Patrick House for over a year, providing a consistent and reassuring presence; conversations around the implications of lifestyle choices and the opportunity for wishes to be known and recorded are beginning to unfold. This is currently on hold due to staffing resources, however, the Homeless Healthcare team nurse and GP in attendance continue to liaise with us on matters relating to end-of-life and palliative care.

Quality

Quality Reporting across the Mountbatten Isle of Wight

Across the Mountbatten Isle of Wight, 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>

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

Complaints and concerns

During 2024/25 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 logging and 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:

I'd like to thank you from the bottom of my heart for the love and dedication you all put in to the care of the most important man in our lives, our dad. He was a very special person to our whole family, immediate and extended and a great friend to many more. You all treated him and us with so much compassion and empathy which meant the world to us all and made what is one of the worst times imaginable so much easier to bear. I don't think words will ever show the extent of our appreciation. You all do such a wonderful job and I wish the best for each and everyone of you, we will never forget your kindness.

To all the wonderful staff and volunteers at Mountbatten. Thank you for all your care and consideration in looking after my dad. The hospice provided the most comfort which could be expected in the situation and it is a blessing that dad was safe, warm and cared for so thoroughly in his last days. The hospice is a haven for those of us who have to accept that death is a part of life and we both feel part of their loving and profound community. We'll be popping back to enjoy the peaceful surroundings and will be walking the Wight to raise funds. Our love and sincere thanks

On behalf of our extended family thank you so much for the care and attention you gave to our Dad, and indeed all of us. It is kind, caring people like you that make all the difference in what can sometimes be a troubling world.

To the whole MND team, As a family we want to thank you for your knowledge, kindness, compassion and support you gave xx. Sadly she passed in April. It was a devastating shock to us, but we take comfort in knowing you all made this cruel journey a little easier. She was so thankful for the time you spent with her and how you ensured explanations of this complicated disease was easily understood. As a team you all work beautifully together, which made the last year less scary. We have decided to raise money in the memory of xx for the MND clinic and Mountbatten. Please continue to be wonderful!

To all the wonderful staff at the hospice, You looked after our mum and wife. Your care and compassion not only for my

mum, but for myself and for my dad was outstanding and will never be forgotten. Every member of staff in your beautiful unit were so kind and caring, checking if we were okay, did we need anything, the kind smiles, the gentle hugs, even staff that were not directly caring for mum made us feel that nothing was too much. At a heart breaking time of our lives and at the end of mums, we felt that she was treated as a person, not just a number. What you all do is a very special gift to be treasured. Your care, your hugs, your kind words will never be forgotten.

Mountbatten Hampshire:

"I can honestly say the care, advise, support and compassion we received from the team at Mountbatten was second to none. When the time came when Nan needed end of life care she was admitted to Mountbatten Hospice Hampshire in West End. The week before admission included numerous night/early morning visits from the nurses and even lots of tissues and hugs for my Mum who was primary carer for Nan. In her short time at the hospice nothing was too much trouble, from the welcoming smiles at reception, the volunteers who delivered refreshments to the medical staff, everyone went the extra mile to support Nan and us as a small family. We had no idea in what to expect and thought of it as a place of sadness but in fact there were many special times that we spent as a family remembering the good times and even sharing some laughter.

I am writing to thank you enormously for the care I was given at home or the 10 days you came to our home. There are too many carers to name but you were all amazing. Your dedication to your work of looking after patients AND their relatives was just outstanding. The best compliment I can pay is that you are all round pegs in round holes and I couldn't have asked for more as her husband. I will never forget how you looked after my wonderful wife. I will be making a large donation in her memory and I have asked for donations at the funeral on 12th August to be earmarked for the hospice. I hope my gratitude for the amazing work you do somehow conveys how we feel as a family as words are totally inadequate. I am sure you will convey our thanks to the relevant staff.

To all the wonderful team at Mountbatten hospice. From the moment me and my sister came to you, you were so very welcoming to us & all her other family & friends. No matter day or night you were all there to offer every support we all needed (not just to our beautiful sister) to us all. Nothing was too much trouble even when things became very difficult. Your patience and understanding was heaven sent. From the bottom of mine and my families & her friends hearts, I'd like to thank you all. I know xx would have agreed with us, her last hours spent with people who really cared. God Bless you all.

To all the amazing people at Mountbatten's Hospice. My mum was recently a patient at Mountbatten's for nearly three weeks and sadly passed away in the early hours of Monday the 19th August. I just wanted to express our sincere appreciation and thanks for the care she received while she was in your care. There was not one member of staff that did not display the most amazing kindness and compassion when dealing with either my mum, myself and family. I cannot put into words how grateful we are that she was able to spend her final days in such a wonderful place. I know I speak for the whole family when I say it is a comfort to us that she could not have been cared for better.

To each and everyone of you. There are not enough Maltesers in the world to fully show our gratitude for the care you gave to mum. Not only did you bring much needed expertise and care but you also brought so much love and laughter into our home, at a time when it was much needed. You are all living legends.

Achievements and performance

Mountbatten's achievement against our Quality Account priorities for 2024/25:

Priority 1: Patient Safety

Target 1.1 To review the use of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in Mountbatten's Hampshire hospice, to include the process of recording information and clinicians decision making process

A review of the induction programme for junior doctors was undertaken. The programme was reorganised to ensure there was adequate time to talk through the importance of capturing DNACPR information in the patient record. The process of how to capture the information with the electronic patient record was also covered. Examples of good practice were shared.

The process of checking DNACPR form completion is now a routine part of the Senior Consultant review following admission, with forms being counter-signed within the required timeframe of twenty four hours.

The discharge procedure has been reviewed and amended to ensure the Ward Manager or lead nurse checks that the patient has their DNACPR form with them when they are discharged from the Inpatient Unit. If for any reason they do not have a form this is documented within the electronic patient record.

Clinician's competency for completion of forms has been addressed. Doctors in training need to have forms counter-signed (as is our practice); allied health professionals who have completed theoretical training and then had a witnessed assessment of competency, are then able to go ahead & sign forms 'solo'.

Two audits have been undertaken over the course of 2024/25, the second audit returned an improvement in results. The audit will be carried out annually moving forward.

Target 1.2 To review the Deprivation of Liberty (DoLs) and mental capacity process and practice across the Mountbatten Isle of Wight to identify where improvements can be made and align practice across both hospices

A meeting was held to discuss the role of leadership and agreed wider responsibility from a broader group of clinicians essential for effective embedding of training, daily operational discussions and encouraging awareness.

Two case studies were produced to provide an insight into practice and to be used as exemplars of good practice within training.

A piece of work was undertaken to review various different training packages that are available including the offer from the NHS. From this research a new training proposal has been made for internal consideration. This proposal was then approved at the Education and Research Committee.

Mountbatten's Mental Capacity Act (MCA) and DoLs Policy has been reviewed by a group of clinicians with amendments made prior to being approved at Mountbatten's Policy Review Group.

Safeguarding/MCA/DoLS Champions' have been identified champions and appropriate training will be provided to champions to ensure they feel confident and competent in the role.

Mountbatten continues to monitor for updates in terms of changes to the Liberty Protection Safeguards legislation.

Priority 2: Clinical Effectiveness

Target 2.1: To review what our beds on our Inpatient Units are used for to include investigating what the barriers are to discharging patients

A piece of work was undertaken to review data regarding the demographics of those people who are being admitted into

Mountbatten's Inpatient Units. This included looking at people's age, location, ethnicity and diagnosis.

A complexity visual has been developed to provide a live picture of the complexity of people currently admitted. This is updated daily and uses Phase of illness and Australian Karnofsky Performance Status outcome measures as the tools for assessing and calculating each person's current complexity of need. This is the screensaver on the computers in the nurse's office.

A discharge planning working party was set up to review the process for discharging. This included representation from the medical, nursing, rehabilitation and Psychosocial and spiritual teams.

A discharge planning template was created in the electronic patient record, SystemOne. This is used by clinicians to record information related to discharge planning on an ongoing basis. Once someone is admitted to the Inpatient Unit the template pops up every time the patient record is open to prompt clinicians to add any further pertinent information recording their discharge. This has helped with conversations around discharge and to remove some of the barriers to discharging people. Tasks are now set to clinicians to invite them to discharge planning meetings and to provide them with up to date information.

On the Isle of Wight further staff have completed ambulance driver training enabling them to drive the Mountbatten ambulance. The hope is this will enable more timely admission/discharges when external organisations are unable to support this.

We are now transferring patients who require complex discharge planning to nurse-led care so that nurse leads can facilitate their discharge in a more timely manner, along with the social worker.

There is still further work to clearly establish what Mountbatten's inpatient unit beds are used for, however following this piece of work we have a clear picture of who are using the beds and also who are not accessing them.

Target 2.2: 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 about what is available and how they can access this.

The Director of Quality met with the lead for this priority to discuss a plan. A review of the information within Mountbatten's current patient information leaflets has been undertaken. An action plan has been produced and reviewed by a working party with representation from the multi disciplinary clinical team.

A new information leaflet has been produced that can be talked through with the patient at their first assessment and then left with the patient after the appointment so they can look at this at their leisure and contact the Mountbatten Coordination Centre should they have any questions.

Priority 3: People's Experience

Target 3.1: To implement a new feedback portal that can be used by patients and families to provide real time feedback that can be reported.

Mountbatten was approached in 2023-24 by the Leicester University Survey Project (LeicSurvey) who have developed a free to access online survey portal for the hospice sector. The survey was developed with LOROS Hospice to support the hospice sector in understanding the thoughts and opinions of service users and families to help develop hospice care without additional cost. Comprising expertise in data analysis and collection, behavioural studies and law, the team developed sample survey templates that were shared with a small group of staff in both hospices for feedback on ease of use and to provide information for the in-built reports provided.

Other hospices making use of the LeicSurvey were contacted for possible collaboration, and useful experience was shared with Martletts Hospice in Brighton. The LeicSurvey Team also hosted a Community Event to share learning with other

hospices involved in the project, including overseas, and other community organisations who have been approached to help develop the tool. Further functionality allows for the survey to be accessed via an information point in an area of the hospice, or for the link to be sent to specific people by email or text.

The LeicSurvey portal was presented at Mountbatten's Quality and Governance Committee and a working party established to look at opportunities to best employ the survey. In discussion with the Head of Rehabilitation and Enablement, a pilot was designed to capture views of all types of visitors to the John Cheverton Centre on the Isle of Wight to help guide service development. The pilot survey was finalised with the team and made available to visitors in the John Cheverton Centre using two dedicated computer tablets. Staff and volunteers were trained to support people to complete the surveys over a period of one month, and the collated results were presented to the Quality and Governance Committee in February 2025.

The next steps to embed the LeicSurvey tool more widely have been led by discussions with Community and Psychology Team Leads with a view to superseding the existing methods of collecting people's experience of our services during 2025.

Target 3.2: Implement a new approach to reviewing incidents and the learning from them in line with the Patient Safety Incident Review Framework (PSIRF)

PSIRF webinars facilitated by NHS England and Hospice UK have been attended by the Director of Quality, Data and Information.

Contact was made with the PSIRF lead at Isle of Wight NHS Trust who were early adopters of PSIRF and several meetings have been held to discuss their approach and learning for Mountbatten's implementation was identified. The Director of Quality, Data and Information has observed Isle of Wight NHS Trust PSIRF meetings to get a clear understanding of the mechanics of these and how the data and discussions are used to inform learning for teams.

Data has been produced to review themes of incidents over the past year to inform what should be included in the Patient Safety Incident Review Plan (PSIRP).

A PSIRP has been written for Mountbatten for 2025/26. This was tabled at Mountbatten's Quality and Governance Committee for ratification. The plan details the types of incidents that Mountbatten will have a focus on for 2025/26. Discussions have been held to explore the potential for a collaboration with Oakhaven Hospice regarding Patient Safety training delivery. The training will be rolled out during 2025/26.

Target 3.3: To carry out refurbishment of the bays on the Inpatient Unit and to create a new spiritual space and waiting area at Mountbatten Hampshire

The capital projects went out to competitive tender in August 2024, with six contractors returned tenders. BFJ Connections Ltd were awarded the contract and commenced works on site October 2024. The projects were completed in March 2025, with the exception of ongoing snagging works to be completed in May/ June 2025. As part of the refurbishment works in the Education Centre, short-term enabling asbestos works have been completed by Westcross Environmental Services with Enviorntec Limited providing oversight and air sampling.

Works on the supporting structures of the Inpatient Unit (IPU) Hampshire canopies completed and includes replacement and repair and this work was completed prior to the Inpatient Unit bay refurbishment during warm and dry weather conditions.

Care Quality Commission

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 Isle of Wight Limited
Trustees' Report (including the Directors' Report)
For year ended 31 March 2025

Mountbatten Hampshire did not participate in any special reviews or investigations by the CQC during 2024-25. The CQC has not taken enforcement action against Mountbatten Hampshire during 2024-25. 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 on 1 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?

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)

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 2024/25. The CQC has not taken enforcement action against Mountbatten Isle of Wight during 2024/25.

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:

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 ☆

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

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

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

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

Governance of the service was of a high standard and robust quality assurance systems were in place that showed people were right to have confidence in this local hospice"
(Care Quality Commission, 2017, p. 2)

Information Governance:

During 2024/25 all standards were met within the Department of Health, Data and Security 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 2024/25 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 and Security 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 Privacy Impact Assessment approval.

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

Actions taken during 2024/25 to further improve information governance and data protection within the organisation have included:

- Mountbatten has received 14 Access to health records requests during 2024/25. Due process was followed without appropriate information redacted where necessary and regulatory timeframes adhered to.
- Work continues on making improvements to IT networks, this has included replacing a router in Hampshire and the setup of automated fail over to a backup router.
- A new password management system has been implemented to offer improved security of Mountbatten's sensitive information.
- A new IT hardware asset management system has been introduced. All of Mountbatten's hardware is now logged on the system. The team are now easily able to check devices in and out to respective users. Mountbatten will also be able to use the software to assist its rolling replacement schedule.
- Mountbatten have taken the decision to move all employees to Microsoft Business Premium licenses, this offers greater security and allows the team to push out policies across teams in a managed way and ensure updates are adhered to correctly once tested by the IT team.
- A penetration test will be completed by an external company in May 2025, this will test the robustness of Mountbatten's ICT 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 2025/26.
- Mountbatten have undertaken a project in 2024/25 to move the telecommunications provision to Microsoft Teams. This allows employees to access calls and messages via a physical desk phone. Their laptop or their work mobile. The move has also meant a significant saving for Mountbatten.
- An Artificial Intelligence working party has been set up to explore opportunities that could be explored in this field. The group also reviewing the governance and risk which will help to structure an AI policy that will be produced in 2025/26.

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 April 2025, where we asked people to consider and discuss priorities for improvement for 2025/26 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:

- Review how patient nutrition processes currently work and as a result make recommendations regarding assessments, individualising care, education and assurance measures.
- Examine how Advance Care Plans are being documented in Hampshire with a focus on what is being issued to patients. Identify improvements in practice and work with external organisations to implement these
- Undertake a piece of work to review how Mountbatten use outcome measures. This will examine the consistency of use, frequency of completion and the development of clearer definitions.
- Successfully introduce a tool to measure the complexity of patients.
- Review the provision of service for those transitioning between child and adult palliative services in Hampshire and the Isle of Wight.
- Develop a multi-disciplinary complex neurological conditions clinic in the Hazel Centre at Mountbatten Hampshire.
- Investigate methods for Mountbatten to improve how they communicate with people who use their services to enhance the experience for people and promote a proactive approach to people's care.

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Team

Mountbatten's IT team have had a productive year with significant improvements made to the networks. The structure of the team has been reviewed with a new network engineer post been recruited into. The year has also seen the development of a successful collaboration with Oakhaven Hospice Trust regarding IT and data alignment.

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

- A project has been undertaken to move all of Mountbatten's hospice phone system to Microsoft Teams. This allows for much more flexibility for employees when needing to communicate with patients, colleagues and external stakeholders.
- There has been a change to the Coordination Centre phone set up with a call attendant function added to ensure people that their call will be answered.
- An initial assessment template has been produced on SystemOne and a SystemOne design review meeting has been to agree on what this needs to look like moving forward
- A new password management system has been implemented to ensure all of Mountbatten's critical system passwords are held securely.
- New IT asset register software has been rolled out, this allows the team to track all devices via QR codes and improves the process for onboarding and offboarding new employees
- A review of the IT hardware rolling replacement programme has been undertaken with a new approach agreed
- Microsoft business premium licenses have been rolled out to all employees this allows for improved security and ensures security updates are managed in an appropriate and tested manner
- A penetration test of Mountbatten's IT infrastructure was completed and minor remedial actions have been implemented
- Mountbatten successfully applied for the DCB1596 standard meaning Mountbatten's domain can be used to send and receive patient sensitive data
- Quality of Service function has been implemented on the Mountbatten network to ensure Microsoft Teams meetings are of good quality with minimal disruptions
- An Artificial Intelligence Group has been set up that has started to look at potential AI projects and also the governance and assurance measures to ensure these are carried out in a appropriate way
- A piece of work has been undertaken to map Mountbatten's networks to make cabling and network changes much more efficient
- Spoof phishing emails have been designed and sent out to targeted audiences to gauge the click rate and where training is required
- Mountbatten's Director of Quality, Data and Information was asked to speak at the Hospice UK national conference on the subject of Leveraging IT to support patient care

Mountbatten Isle of Wight

- Two T-level IT students completed a successful year long placement with the IT where they developed skills and knowledge in the field
- A complete reorganisation of the patch panel in the main server room. This has made tracing cables much more efficient with easier access to ports
- A refresh of using the Brigid application for SystmOne entries on the Inpatient Unit was undertaken with all the Healthcare Assistants receiving training in this

Mountbatten Hampshire

- IT team have supported with major room moves for Teams following refurbishment work in the education centre
- The Care at Home team are now successfully accessing and inputting their notes into SystmOne one via the Brigid application. They are using their work phones to do this. This allows for quicker and easier access whilst they are visiting patients.
- New Smart TVs have been installed in all patient rooms on the Inpatient Unit

Security and Service Availability

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

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

Collaboration

Mountbatten have entered into an IT and data collaboration with Oakhaven Hospice Trust. Mountbatten's Director of Quality, Data and Information now works across Mountbatten and Oakhaven hospices as does the network engineer. IT configuration and set up is being aligned to allow cross cover and flexibility across the three sites.

Mountbatten and Oakhaven are also in the process of aligning datasets and dashboards from SystmOne with a consideration for activity and themes to be shared across organisations.

Mountbatten has initiated and chairs the Isle of Wight SystmOne User Group, which seeks to improve the sharing, standardisation and integration of care across the Island. This group has now morphed into SystmOne cross organisational initiatives group which Mountbatten attend.

Mountbatten has worked with the Central Health Information Exchange (CHIE) Team to ensure clinicians have access to the data contained within the system that system partners have uploaded.

Resources

The IT team has gone through a transitional period with Mountbatten's Director of Quality, Data and Information taking on responsibility for IT provision across the Mountbatten Group. Initial discussions have been held regarding the structure of the team moving forward and how best to utilize and develop the current team, alongside identifying where there are any potential gaps. As a result of this a network engineer has been employed with the role of covering both Mountbatten and Oakhaven hospices.

New monthly IT meetings have been introduced with representation from the Mountbatten and Oakhaven teams, this has helped to build working relationships and share good practices. This includes network configuration, new software roll out

and SystemOne configuration and developments.

It is important to ensure that the IT Team can continue to provide reliable, flexible, resilient and effective solutions to support patient and employee requirements.

Future Plans

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

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

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

- Increased resilience in the IT networks to include automatic failover
- Completion of network mapping exercise across all hospices
- Implementation of AirMid patient application at hospices with priority given to rolling out the use of video consultation
- The roll out of Brigid on the Inpatient Unit in Hampshire and for the Care at Home team on the Isle of Wight
- Review internet provision for shops in Hampshire and on the Isle of Wight to ensure we are getting the best value and service
- To support with a review and potential implementation of a new Human Resources system
- Continue to develop AI work and to start using roll out initial projects once ratified through governance process

Education and Training

Education

Education at Mountbatten has a broad remit. This includes ensuring our own workforce is supported with a robust programme of mandatory training as well as having opportunities for learning and development so that staff are skilled, confident and valued in their roles. Mountbatten also raises awareness and interest in palliative and end of life care to a broader potential workforce by hosting a range of learning experiences.

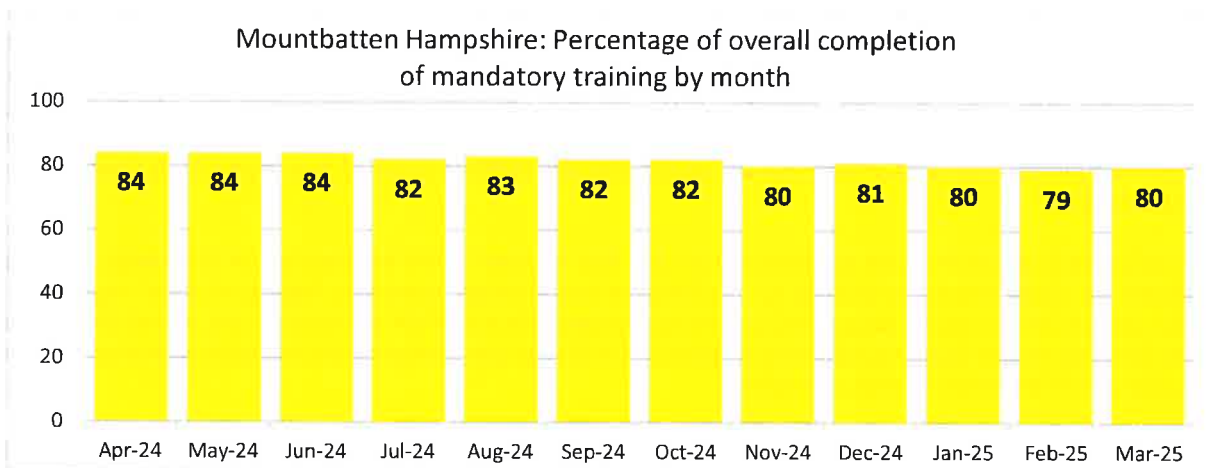
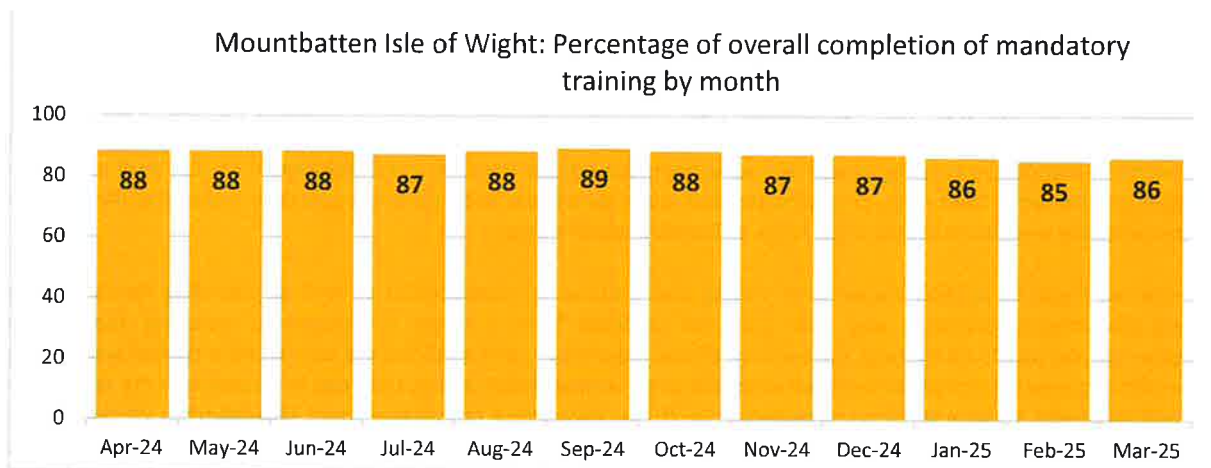
Mountbatten supports ad hoc requests for visiting and shadowing opportunities as well as providing formal student learning placements. Graduate and post graduate students from a range of disciplines, including social work, physiotherapy, occupational therapy, counselling, clinical psychology, and medicine are supported in clinical and practice placements required for completion of their academic programmes. Additionally, this year, in response to the recognition that undergraduate medical students have very little, if any, experience of palliative care, Mountbatten Hampshire has started to provide undergraduate medical students enrolled on the University of Southampton programme a day gaining experience through shadowing our multi-disciplinary team.

Mountbatten also supports work experience placements for college students in both clinical settings and in support services, for example work experience students have joined the inpatient unit, rehabilitation team, communications and fundraising teams this year. The Mountbatten summer school is a bespoke programme that also introduces young students to a range of health and social care and hospice careers through interactive talks and practical experiences. The feedback from the summer 2024 programme was exceptional with students reporting how enjoyable and valuable the experience was.

These educational placements and experiences not only help learners in the development of knowledge, skill and confidence but raises interest in working for Mountbatten and develops awareness, helping to dispel myths about hospices with an aim to support people feeling more comfortable with end of life and hospice care. We ask students to provide feedback on their experience with Mountbatten and in the last year all those who completed our evaluation rated the quality of their placement overall as excellent.

Mountbatten understands that good quality training can lead to improved safe and effective patient care. Thus, Mountbatten has a robust programme of mandatory training and other development opportunities available for our workforce. In the last year, two Mountbatten healthcare assistants successfully completed apprenticeships to become Nursing Associates, a new development role for our inpatient units. A third healthcare assistant is close to completion of the same Nursing Associate Apprenticeship in the community team (Isle of Wight). Four senior nurses are being supported to gain recognition as Advanced Clinical Practitioners via the 'e-portfolio' route with the Centre for Advancing Practice and Mountbatten has submitted its first application for a fully funded development role as an Advanced Clinical Practitioner. One nurse has completed a post graduate certificate (PG Cert) in practice education helping to ensure the quality in delivering knowledge and skills to others. Many other development opportunities have been supported for Mountbatten employees.

Mountbatten mandatory training data across the year is shown in the charts below.



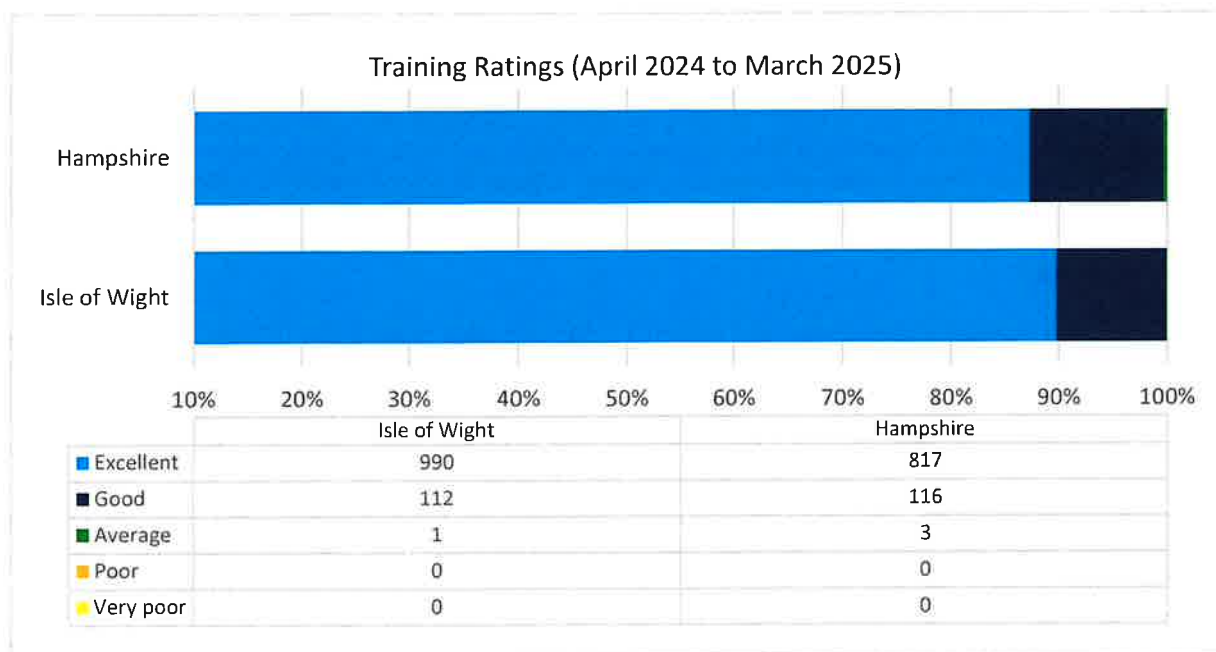
Training

Mountbatten has a full training programme available to our local health and social care providers to ensure good care and practice in palliative and end of life care to those who chose to die in the community, either in their own homes or local care and residential homes. Mountbatten provides a complete End of Life Care programme covering all key aspects of palliative and end of life care. This programme also requires attendees to present and implement a development project in their organisations, thus focusing on applicability of learning to practice. Mountbatten also provides a number of half day and full day sessions on individual subjects. As well as core teaching in palliative, end of life and bereavement care, our training programme also includes speciality subjects including, dementia, frailty and Motor Neurone Disease. Mountbatten continues to provide in person and virtual training to ensure training is widely accessible. This year Mountbatten has been awarded 4 grants from Hospice UK and the 'Wolfsan Hospice Care Home Training Programme' to support the delivery of our highly valued and accredited 'caring for people with dementia' half day experiential training session to broaden knowledge and skill in the care home sector.

Additionally, specialist webinars are available facilitated by the full range of multi-disciplinary professionals at Mountbatten who are able to share their expertise. Mountbatten is also in process of writing a post graduate module in palliative and end of life care that will be hosted and supported by Southampton Solent University and expected to launch in September 2025.

Training quality can be assured as many of our training programmes are accredited by the CPD Standards Office and is

robustly evaluated. Attendees are asked to rate the quality of the training session they have attend and the chart below shows the ratings obtained across the year.



Research and Conferences

Mountbatten understands the importance of research within palliative and hospice care and actively pursues opportunities to engage in valuable research activity. This year Mountbatten Hampshire and Mountbatten Isle of wight concluded participation as recruitment sites for the National Institute for Health Research (NIHR) study, ‘a cluster randomised trial of clinically assisted hydration in patients in the last days of life’. Mountbatten also contributed to ‘Shaping the Conversation’; a project developed by Action Hampshire, Hampshire and Isle of Wight Integrated Care Board, University Hospital Southampton, University of Winchester and funded by NIHR. The purpose of this project was to empower communities to develop research priorities and questions that reflect community needs and interests.

Mountbatten continues to disseminate good practice and hospice innovations and submitted five abstracts to the Hospice UK annual conference, which were presented as posters. These were:

- Sarah Hazell-Ravel. Mountbatten neighbours: tackling loneliness and isolation in the community. *BMJ Supportive & Palliative Care* Nov 2024, 14 (Suppl 4) A26; DOI: 10.1136/spcare-2024-HUNC.64
- Duncan Fleming, Becky McGregor. Stronger together – the benefits of collaboration. *BMJ Supportive & Palliative Care* Nov 2024, 14 (Suppl 4) A100; DOI: 10.1136 /spcare-2024-HUNC.252
- Nigel Hartley, Lorraine White, Becky McGregor. ‘Walk the Wight’ – how the income from a hospice fundraising walk doubled during the cost-of-living crisis. *BMJ Supportive & Palliative Care* Nov 2024, 14 (Suppl 4) A102-A103; DOI: 10.1136 /spcare-2024-HUNC.258
- Vera Mircescu. Food for thought: extending hospice catering services. *BMJ Supportive & Palliative Care* Nov 2024, 14 (Suppl 4) A103; DOI: 10. 1136/spcare-2024-HUNC.260
- Claire Stark Toller, Caitlin McDonald. IV ferric derisomaltose in the inpatient specialist palliative care unit: review of indications and response. *BMJ Supportive & Palliative Care* Nov 2024, 14 (Suppl 4) A72; DOI: 10.1136/spcare-2024-HUNC.181

Medical Consultant, Dr Paul Howard has presented on 'Hot Topics in Palliative Pharmacology' at many International Conferences across the year including the Palliative Care Congress in March this year in Belfast. Further education work of Mountbatten demonstrating the impact of training in improving oral healthcare at end of life was also shown at the congress as a poster presentation.

Mountbatten's own annual conference was held on the Isle of Wight in October 2024. The theme of the conference in 2024 was 'Achievement in Adversity' and key speakers and attending delegates examined how we develop and sustain resilience in hospice care? Key speakers included Tia DeNora, Professor of Cultural Sociology, University of Exeter, Craig Duncan, Chief Operating Officer, Hospice UK, and Laura Gaudian, Strategic Director for Adult Social Care and Housing, Isle of Wight Council.

Fundraising Strategy

In the autumn we launched a consultation with supporters, staff and other stakeholders to invite their views on our Fundraising approach. The feedback from consultation helped us develop the priorities for a new Fundraising strategy to increase income and maximise cost-effective fundraising opportunities. The new strategy includes a focus on our stewardship approach and group structure, to provide an improved supporter experience and higher voluntary income generation.

We have structured the Fundraising team to grow our regular supporter numbers and introduce new mid-level and major donor stewardship programmes, also increasing our legacy marketing activity to provide greater confidence in our longer term income generation needs.

In Hampshire, we launched a new corporate partnership scheme with three tiers of engagement for local businesses. We developed a Corporate Development Group which is focused on making introductions and raising funds through Solent business networks.

On the Isle of Wight, we made some investment in the Fundraising team to protect and strengthen our events portfolio and build on the significant support we receive from our community.

Highlights

- We participated in The Big Give Christmas Challenge for the first time. Our supporters responded positively to this match giving campaign, and we exceeded our targets (£20,000 each hospice) within 48 hours of the campaign launch.
- Community fundraising income exceeded budget by £22,000 in Hampshire and by over £100,000 on Isle of Wight. Charity of the Year partnerships with local clubs and community groups have delivered income from new supporters.
- We invited supporters and volunteers to a Summer event at Broadlands to thank them for their contribution and update them on our plans and vision.
- We launched the Corporate Partnerships Scheme in Hampshire and over 20 companies joined within the first six months.
- We streamlined our Gift Aid claims process to maximise income from tax payer donations. Income from Gift Aid in Hampshire grew by 59% compared with 2023/24.
- Trusts and individual supporters provided valuable support for the capital building works of Mountbatten Hampshire.

Mountbatten Isle of Wight Limited
Trustees' Report (including the Directors' Report)
For year ended 31 March 2025

- In February we participated in a national initiative to encourage the public to leave a gift in their will to their local hospice. We employed targeted social media and advertising channels to engage our supporters with the legacy message.
- We welcomed 9500 supporters to 'Walk the Wight' in support of the Isle of Wight's hospice. The event won Gold in the Red Funnel Awards for Best Island Event for the second year running. 'Schools Walk the Wight' had its most successful year ever, with local primary school children and their families raising £40,413 in May.
- We appointed a Group Head of Fundraising to deliver the new Fundraising strategy. We invested in data expertise to support the Fundraising team to provide the highest standards of supporter care and stewardship.

Trusts and Grants – Mountbatten Isle of Wight

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 2024/25.

Mountbatten Hampshire

- The Albert Hunt Trust
- Barker-Mill Foundation
- Belvedere Trust
- The Broyst Foundation
- Carmichael & Mason Charitable Settlement
- Colefax Charitable Trust
- The De Laszlo Foundation
- The Ennismore Charitable Trust
- The Green Hall Foundation
- The Hobson Charity Limited
- Hospice UK
- The James Tudor Foundation
- Jenna Marie Foundation
- The Masonic Charitable Foundation
- The O'Sullivan Family Charitable Trust
- RHS Spurgin Charitable Trust
- The Richard Kirkman Trust
- Souter Charitable Trust
- NPT Transatlantic

Mountbatten Isle of Wight

- Albert Hunt Trust
- Chale Horticultural Society
- Daisy Rich Trust
- Edgar Ralph Dore Charitable Trust
- Elvetham Charitable Trust
- Gledswood Charitable Trust
- Misses Ward Charity
- Morrisons Foundation
- Rest-Harrow Trust
- Richard & Lilian Woods Charitable Trust

- Sir Edward Lewis Foundation

Government Funding

£333,865 Government capital funding as part of an emergency and vital government allocation of funds to hospices announced in December 2024 was received on 31st March 2025, based on the Mountbatten Group's previous years charitable spend. This has enabled the progression of some key capital projects and purchase of essential equipment, which has included essential refurbishment of clinical areas, provision of additional car parking and the purchase of IT and clinical equipment.

Communications

From annual stalwart fundraising events, like Walk the Wight and the Southampton Marathon, to pop-up bonus stories, like the creation of a music video in aid of Mountbatten, an appeal for photos for the 2026 Mountbatten calendars and even picking up two accolades at the Smiley Film Awards, the communications department has been involved in a plethora of activities.

Noting a number of staffing changes in the department, over the 2024/5 period, our mission is to develop and grow our website and social media presence, to maximise our audience (which includes supporters and potential fundraisers); to create easy-to-understand, high quality assets for patients and their families; to promote complex messaging around Mountbatten's wide-ranging role in our communities; and to ensure the language we all use around death and dying is unambiguous, enabling easier and earlier conversations about what can be very challenging subjects to talk about.

Our streamlined team has continued to use familiar communication tools, including Insight (for staff and volunteers) and Connect (for supporters), alongside new digital approaches.

Connect is sent to around 18,000 supporters twice a year, while Insight is monthly and has grown to include regular columns about IT, sign language and photos of highlights from the month.

Mountbatten Hampshire

We have ensured Mountbatten Hampshire events are promoted with press releases and website coverage.

Highlights have included the launch of our community engagement vehicle, 'CEV', which garnered coverage in Southampton's biggest newspaper; Walk the Test Way, which, in 2024, saw Mountbatten Hampshire enjoy the event's highest number of fundraising walkers. Through increased and strategic promotion, we hope to grow this in 2025; and Duncan Fleming's appearance on Awaaz FM and its sister station, Fiesta FM — an opportunity to speak directly to people who may need to use Mountbatten Hampshire's services in future.

In shops, TV screens have been used to promote key messages to customers and we have engaged in a regular digital advertising commitment with the Southern Daily Echo, with the potential to reach up to 100,000 people across Hampshire.

We have taken strides to introduce a small gallery space at Mountbatten Hampshire, and to start regular concert events (following the deliver of two sell-out events in December 2024).

We have been present on Easy Radio, Heart Radio and BBC Radio Solent, in print, in the WI Magazine and in the Hampshire Chamber of Commerce magazine, as well as in a number specialist magazines handed out in healthcare settings.

Mountbatten Isle of Wight

With a mix of strategically placed adverts, embracing digital to ensure we reach new audiences, we have set out to grow awareness of the range of services provided by Mountbatten Isle of Wight, also ensuring support remains strong across the Island.

We continue to promote challenge events, including dog-sledding across Lapland (which exceeded its sign-up target) and Wing Walking, as well others events including our annual fireworks event and the Halberry Lane art gallery.

Our concerts have become mainstay events, with regular ticketholders and new faces, boasting a wide-range of performers. We continue to build on our relationship with the Isle of Wight Jazz Weekend.

We have tweaked how we advertise, post about and cover Walk the Wight, on our websites and working alongside a wide range of media organisations. 2024's proved to be record-breaking in terms of the amount raised and 2025's is already showing signs of equal success.

Group work

Leaflets have been rewritten and updated and work is underway to streamline the websites, making them more visual and accessible, and cutting the number of clicks before information is found. This work will continue into 2025/6.

We have increased our use of video on social media, with much success. We note tens of thousands of viewers for a combination of home-produced and professionally-crafted films, as well as live streams. Significantly, 2024's Without Mountbatten picked up silver and bronze awards at the Smileys – known as the charity film Oscars.

Significant SEO work has been underway to improve the searchability of our brand, with measurable results.

While we have taken a step away from using Twitter/X (as this was no longer felt to be a good brand fit), we have joined Bluesky, Threads and TikTok and we have plans to create a WhatsApp channel. These will be fully integrated into our social media schedule and used with best impact.

Our Facebook profiles have recorded significant growth, due to some proactive work in terms of when, what and how we post and through inviting new followers. Our Instagram profiles have also continue to grow.

Data (April 1 to March 31)

Facebook

Isle of Wight

2023/4: Reach 383.3K, Visits 71.8K.

2024/5: Reach 317.1K (reflecting fewer paid ads, algorithm changes and a decline in Facebook use), Visits 136.5K, Views 1.8m.

Overall to date, followers have grown to nearly 15,500.

Hampshire

2023/4: Reach 174.1K, Visits 32.7K

2024/5: Reach 238.1K, Visits 35.9K, Views 769.4.

Overall to date, followers have grown to over 10,500.

Instagram

A growing voice for both charities, but significantly for Mountbatten Hampshire. This continues to remain a smaller referrer to our websites. Continued growth in followers.

Website (Google Analytics/Similar Web)

Isle of Wight

2023/4: Active users 84K, New users 82K.

2024/5: Active users 98K, New users 88K.

Hampshire:

2023/4: Active users 39K, New users 37K.

2024/5: Active users 53K, New users 45K.

Both:

Improvements in bounce rate.

Improvements in rankings (Hampshire: Global 5,271,296 (May 2025) compared to 10,621,770 (Dec 2024) and Country 433,688 (May 2025) compared to 738,272 (Dec 2024); Isle of Wight: Global 1,245,474 (May 2025) compared to 3,470,764 (Dec 2025); Country 83,603 (May 2025) compared to 238,428 (Dec 2024).

Retail

Mountbatten shops provide a sustainable and affordable shopping experience, predominately 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.

Mountbatten Isle of Wight shop income totalled £1,567k with a 27% contribution of £421k, another record-breaking year, and compares with a prior year contribution of £396k. We have been able to maintain our pricing review and consistently increase the average sales value over the year. We continue to look for additional ways of generating income including extended opening hours and additional Sundays in some shops.

The improved contribution has been achieved despite a rise in costs, including staffing costs due to minimum wage and national insurance rises. RAG income has also decreased to the tune of £40k in line with the national reduction in RAG.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops, from a baseline of generating just over £2k per year. In 2024/25 we made a claim for 22K, we expect to be claiming approximately £47k for 2025/26.

We are planning some mini refits of some of our older shops and to open an exciting new outlet store in Sandown during 2025/26 to further grow and secure our presence and reputation on the high street in a positive way for years to come.

Retail in numbers

10 retail stores

37 staff

185 volunteers

£1,567 k income generated in 2024/25

£421k contribution to charitable funds, a 6% increase on the previous year

Mountbatten Hampshire

Mountbatten Hampshire has a developing retail operation across the footprint of the community that 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. In line with Mountbatten's strategic plan, two new shops were opened in Hampshire during 2024/25.

Mountbatten Hampshire shop income totalled £1,063k with a 20% contribution of £210k, compared to the prior year contribution of £240k, exceeding the budget by £2k. The phasing and the late completion of the Furniture store and Warehouse had a slight bearing on the growth as we had provisioned to open the store in April 2024, but this was delayed until late July.

The contribution has been achieved despite a rise in costs, including staffing costs due to minimum wage and national insurance rises. RAG income has also decreased to the tune of in line with the national reduction in RAG.

The significant expansion of stores over the past three years and a focus on local volunteer recruitment campaigns has 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 was opened in July 2024 to further grow the operational capacity of the stores and enable the sale of furniture and house clearances. Our warehouse and donation centre goes from strength to strength, and we are looking to utilise the stock we have collated to further expand in 2026/27. We implemented an outlet theme in our Portswood store in September 2024 as the market had shifted to lower pricing with all of our competitors and this has yielded on average a 25% increase in trade.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops from a baseline of £4k in 2022. In 2024/25 we made a claim for 35K and we expect to be claiming approximately £55k for 2025/26.

Retail in numbers

10 retail stores
26 staff
140 volunteers
£1,063k income generated in 2024/25
£210k contribution to charitable funds

Commercial Development

Mountbatten has recognised the risk around running a financial deficit, and the advantages of replenishing reserves. Looking five to ten years ahead it is clear that both demand for services and the cost of delivering those services are likely to continue to increase. Margin pressure on traditional charity retail operations and uncertainty around fundraising growth in the UK has led to a search for new income sources.

In the second half of 24/25 Mountbatten employed a Commercial Director to develop new revenue streams. An approach has been established to find opportunities that fit Mountbatten's values, with these propositions passing through a gate system to give our organisation a pipeline of potential income sources. In March 2025 the first viable projects were identified; Sitting with a new group in our existing governance framework it is anticipated that they could be ready to start trading in the first half of 25/26.

The commercial projects in the pipeline cover both Hampshire and the Isle of Wight, involve supporter businesses and give significant benefit to our core charitable work and community.

Estates and Facilities

Staffing

The Head of Estates & Facilities retired in March 2024 and was not replaced to manage costs within the Estates budget. The Facilities Manager has managed a lean Facilities team across both hospices, overseen by the Director of Operations/Deputy CEO.

A self-employed contracted project manager was appointed in April 2024, overseen by the Director of Operations/Deputy CEO, to assist with the oversight of the significant workload of the capital projects in Mountbatten Hampshire. This support has been funded by restricted funding for the capital projects.

A part time Fleet Coordinator was recruited to Mountbatten Isle of Wight with funding from the John Cheverton estate funding, along with funding for 10 new pool cars for community clinicians to use to visit patients in their own homes.

Facilities Management System

A new Facilities Management system was implemented in 2024, Safety Culture. This has proved to be a more cost effective, efficient and adaptable solution for the hospice as a Facilities Management system. Initial work focused on using Safety Culture to manage the fleet across both hospices, followed by building facilities inspection templates. Work is well underway, with support from the Clinical Administration team, to log all medical device assets on Safety Culture firstly on the Isle of Wight and then in Hampshire.

Medical Devices and Equipment

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

Policies and Procedures

A backlog of estates policies and procedures reviews have been carried out by the Facilities Manager and Director of Operations/Deputy CEO and are now all updated.

Health and Safety

Mountbatten have engaged a new company called HCS Safety to provide some external health and safety expertise. This includes attendance at Mountbatten's quarterly Health and Safety Committee meeting chaired by the Deputy CEO, an annual review of health and safety across the organisation and ongoing guidance and support. The HSC advisor has reviewed Mountbatten's Health and Safety Policy and statement of intent.

The Deputy CEO completed 'ISOH Leading Safely' training in February 2025 and is nearing completion of 'ISOH Managing Safely' training as Health and Safety Lead.

The Facilities Manager has developed a Health and Safety audit that is being rolled out across our retail shops, working with our external Health and Safety advisor from HCS Safety to refine the inspection.

Trustee Provider Visits

A Trustee Provider Visit to the estates and facilities and estates department in Mountbatten IW in August 2024 and Mountbatten Hampshire in December 2024. Comprehensive reports have been provided for both visits that have been reviewed by the Senior Management Team and the Quality and Governance Committee, with action plans in place.

Mountbatten Isle of Wight

The Estates and Facilities team have achieved a number of key projects during 2024/25 which have included: replacement of clinical hand basin sinks within the Inpatient Unit to meet current infection prevention and control requirements and creation of a second treatment room to manage safely the increasingly complex Controlled Drug regimes. The Treatment Room works were funded by the Morrison Foundation, B & Q, Screwfix and Southern Vectis.

Fire Safety

Fire Safety compliance has been maintained to a very high standard during this reporting year. The annual fire risk assessment review has been carried out at Mountbatten IW in September 2024, with no actions to progress.

Ongoing work with out of hour fire evacuation practice continues and an out of hour flowchart has been devised to aid staff. Additional fire wardens have been trained and the Facilities Manager is working with the Head of Retail Development to review the fire warden cover and training across the Mountbatten shops.

Water Safety

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

The annual water safety risk assessment in Mountbatten IW was completed in October 2024 by Clear Water Technologies and the Facilities Manager has developed an action plan with a small number of actions to complete.

COSHH Management

The COSHH Register has been updated and is available for all staff on the Mountbatten intranet.

Asbestos

There are no asbestos materials in the fabric of the Mountbatten Isle of Wight hospice buildings.

Security

Athena Security Services Ltd have supported the needs of the Mountbatten Isle of Wight site, predominately overnight, in an appropriate and professional manner during this reporting period.

Patient Equipment Services and Medical Devices

All equipment (apart from a small number of bespoke items) are now managed, cleaned and serviced by the Isle of Wight Community Equipment Service delivered by the Isle of Wight Council, with a significant cost and resource saving to Mountbatten. A sub-store of equipment supplied by the Isle of Wight Community Equipment Service is also now held at Mountbatten for urgent equipment needs. An additional 0.75 WTE Facilities/Community Equipment Assistant was recruited in April 2024 with secured grant funding from the IW Council. This has enabled Mountbatten to continue to provide a responsive equipment delivery and collection service on the IW over 6 days of the week, in collaboration with the IW Community Equipment Service. The collaborative approach with the IW Council is working extremely well and is a good example of what can be achieved by services working together to minimise duplication and cost of services, whilst maintaining high quality of service.

Mountbatten continues to work with Island Mobility and Isle of Wight NHS Trust Medical Physics department to support in the maintenance of medical and patient equipment.

Mountbatten Isle of Wight Limited
Trustees' Report (including the Directors' Report)
For year ended 31 March 2025

Out of Hours Provision Isle of Wight

Mountbatten Isle of Wight's previous out of hours cover was provided by Isle of Wight NHS Healthcare Trust through a Service Level Agreement, but they gave notice that they could no longer provide this service from July 2024. The Facilities Manager has set up out of hours agreements with a number of local trusted key trade companies with a clear contact list for nursing staff. This arrangement is being monitored and working well.

Mountbatten Hampshire

A number of key capital projects have been delivered during 2024/25, which have included: refurbishment of Inpatient Unit bays with accessible wet rooms and equipment storage, creation of a spiritual space, redecoration of the Reception area, and relocation of Community teams in the Education Centre. The capital projects went out to competitive tender in August 2024, with six contractors returned tenders. BFJ Connections Ltd were awarded the contract and commenced works on site October 2024. The projects were completed in March 2025, with the exception of ongoing snagging works to be completed in May 2025. The Controlled Drugs cupboard works will be progressed once expert advice is confirmed on the correct fixings due to complexities of asbestos in the Education Centre.

As part of the refurbishment works in the Education Centre, short term enabling asbestos works have been completed by Westcross Environmental Services with Enviorntec Limited providing oversight and air sampling.

Works on the supporting structures of the Inpatient Unit (IPU) Hampshire canopies completed and includes replacement and repair and this work was completed prior to the Inpatient Unit bay refurbishment during warm and dry weather conditions.

Corporate Volunteer Support

Mountbatten Hampshire has had significant corporate support during 2024/25 to deliver some key facilities projects that include:

Milestones Infrastructure carried out clearance work to some disused land, utilised for car temporary car parking, providing all labour and machinery free of charge – August 2024

Southampton City Council painted staff WC's - October 2024

Ridge and Partners carried out a refurbishment of the Inpatient preparation kitchen providing all materials and labour free of charge

Relocated Fundraising Office was redecorated and carpeted by B&Q with all labour free of charge.

The Facilities Manager and Director of Operations/Deputy CEO have planned a bespoke programme of corporate supporter facilities tasks for 2024/25 and will develop an updated one for 2025/26.

Fire Safety

Work has been continued and completed to improve the fire safety standards of Mountbatten throughout the year, with the support of several specialised contractors, including Wight Fire doors and Wessex Fire who have provided Mountbatten with specialist advice and direct support, servicing or replacement of systems.

The annual fire risk assessment review in Mountbatten Hampshire was carried out in January 2025 and the Facilities Manager has developed an action plan with 2-3 items only requiring attention.

Ongoing work with out of hour fire evacuation practice continues and an out of hour flowchart has been devised to aid staff and practice scenarios have been developed for the nursing staff to run through to ensure the practices are well embedded. Additional fire wardens have been trained and the Facilities Manager is working with the Head of Retail Development to review the fire warden cover and training across the Mountbatten shops.

Water Safety

Further work has been completed to build upon water safety management. Southern Health has continued to carry out preventative maintenance regarding safe management of the water systems throughout 2024/25. Mountbatten has taken steps to improve these contracted responsibilities as part of the revised Service Level Agreement with Southern Health.

The annual water risk assessment was completed in Mountbatten Hampshire by Clear Water Technologies in October 2024 and the Facilities Manager has developed an action plan. The actions relate in the main to evidencing and documenting the water testing adequately.

WSM Associates have been engaged to take over the water management at Mountbatten Hampshire, in line with the Isle of Wight to ensure we have robust water management processes and testing in place.

A sink hole appeared in the car park at Mountbatten Hampshire. This complex and prolonged work was fully repaired and completed over a weekend in March 2025 by NHS Property Company, which necessitated shutting off all running water to the site for a day. A comprehensive plan and control measures were put in place in order for this to go ahead safely, working with staff internally, NHS Property Company and Southern Water. The works went smoothly and no further issues since to date.

COSHH Management

Work in Hampshire has been completed to ensure robust COSHH management in line with Mountbatten IW. The COHH Register is on the Mountbatten intranet available to all staff.

The Mountbatten Facilities team will carry out annual COSHH reviews in-house in both hospices moving forwards to save on costs of external contractors.

Asbestos

There are asbestos materials above the ceiling tiles and in columns of the building within the Education Centre at Mountbatten Hampshire, which was not removed during the NHS tenure of the building over 35 years.

Envirotec Limited, an asbestos consultancy company, have provided some external scrutiny of the Asbestos Policy, asbestos action plan and detailed management plan. They have also advised on the longer term asbestos remedial works required and advised Mountbatten should seek to complete these within 12-18 months, which is planned as part of the Government capital funding announced in December 2024 for the financial year of 2025/26.

Mountbatten has now engaged Envirotec Ltd to carry out the annual asbestos survey moving forwards and they have completed this in March 2025. There is one recommendation which we are currently progressing. Southern Health have historically carried out the survey work for many years as part of a Service Level Agreement.

Envirotec will also be reviewing the management of asbestos in our retail shops in 2025/26.

Security

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

Medical Devices

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

Service Level Agreement with Southern Health

During 2024/25 further work has been continued with Southern Health NHS Trust Estates Department to draft a streamlined Service Level Agreement as further estates work has been taken inhouse or contracted to specialist providers, reducing Mountbatten's historical dependency on Southern Health. Southern Health continue to provide essential emergency support and provide essential out of hours cover.

Catering and Hospitality

Catering services were provided by Mountbatten's partner organisation Compass, a specialist food and hospitality company, during 2024/25. The Catering team, working closely with the clinical teams, providing fresh, nutritious and appetising bespoke food for patients, families and visitors on the Inpatient Unit. The menu is adapted to suit the needs and wishes of individual patients and meals are provided flexibly where required so patients can eat at a time that suits them best.

The Mountbatten Cafes provide meals, snacks and drinks for visitors, staff, volunteers and are open to the local community. The Cafes are the heart of both hospices and create a welcoming, modern and bright social space where people can enjoy food together round the table. Mountbatten Isle of Wight has a long-established thriving cafe that is well supported by those visiting the hospice as well as the local community and is open 365 days a year, including for popular Sunday lunches and Christmas Day dinners. The Mountbatten Hampshire Cafe provision which opened in July 2022 is open over 6 days but further development during 2025/6 will see an extension of hours into the weekends as further staffing and volunteers are recruited and trained.

The catering team also provide food and beverages for the wide range of internal events that Mountbatten holds, including educational events, monthly concerts, celebrations such as staff and volunteer parties. Increasingly, the Catering team are also providing buffets for external events that have ranged from funerals, weddings and anniversaries both on and off site, generating some income for the hospice. The team are renowned for providing high quality and well-presented food that regularly receive accolades from those benefitting from the service.

The Catering team have been brought in-house from April 2025 with all staff who worked with Compass being TUPE across to the Mountbatten. This will enable Mountbatten to further develop the Catering team and increase efficiencies of cost during 2025/26. Mountbatten Isle of Wight and Mountbatten Hampshire are awaiting inspection by the respective Local Authorities for their food hygiene ratings as they are classed as new establishments now that Mountbatten has taken the Catering service in-house.

Mountbatten's people

Our people are at the heart of everything we do and without our employees, volunteers and trustees we could not deliver the wide range of services and the vital care and support we offer to our local community. 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 300 volunteers.

In 2024/25, our staffing and volunteer levels remained stable with a 15% increase in regular volunteers in Hampshire and we have continued to develop our volunteer roles across both hospices in a wide range of roles, including supporting our Inpatient Unit, bereavement support and our Neighbours Scheme. We have also recruited to a number of key employee roles to support commercial and fundraising activity and we commenced an external competitive recruitment process for a new Chief Executive Officer, which was successfully completed in April 2025 with the appointment of the current Deputy CEO. This follows the decision of the current CEO to retire this coming September 2025. Our Board of Trustees welcomed five new Trustees with a wide range of backgrounds and experience and who replace a number of existing Trustees who have or will shortly reach the end of their term of office after making a significant contribution to the work of the charity. Like many health and social care providers Mountbatten continues to face workforce challenges, in particular due to the age demographics of our staff and the geographical restrictions on the labour market on the Isle of Wight, together with a more competitive labour and pay market in Hampshire. In 2024/25, we were able to match the overall pay increase for NHS agenda for change and this was achieved with a staggered implementation during the year. In addition, over 200 eligible employees in some clinical roles benefited from a one-off non-consolidated pay award. Mountbatten was one of a small number of providers nationally who were able to secure this funding from the Department of Health, which was a legacy payment relating to the pandemic.

Our pay and reward strategy also seeks to ensure our terms and conditions are competitive while equally focusing on creating a special place to both work and volunteer. Our shared values and culture play a key role in fostering a supportive, involved, and caring work environment which encourages everyone to be experts in their field. The well-being of our staff and employees is also an important part of creating a positive environment and we support individuals through a wide range of measures. Examples include from encouraging open communication and engagement with staff and volunteers to help understand and resolve problems, to ensuring our appraisal and sickness management processes are supportive and nurture our staff, to recognising and valuing our volunteers through thank you events, and through the introduction of a new health cash plan for employees with access to a wide range of physical and mental health benefits.

In addition, Mountbatten invests in education and training for staff and volunteers, with a particular focus on fostering internal development in clinical and non-clinical roles and helping to grow and support future talent as part of our approach to succession planning. This helps us to address recruitment challenges and to help retain and develop our staff.

Volunteer impact in numbers

By donating their time for free, our shop volunteers contribute the equivalent of around £416,458 to Mountbatten Isle of Wight and £298,120 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, cafe and gardening volunteers work hard to make our hospice a warm and welcoming space while saving us over £85,339 in Mountbatten Isle of Wight and £43,808 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 improve social interaction and to fight loneliness and isolation in the community.

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 Isle of Wight, 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 stakeholder, s" on page 59 . At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

The likely consequences of any decision in the long term

The Charity 's strategy is based on our vision of expanding our serv ices acro ss 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.

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 behavior. Areas covered include fundraising, conflicts of interest, safeguarding, dignity at work and whistleblowing.

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>

Sustainability and carbon reporting

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

Consumption of Electricity - KWh / Tons of CO2 equiv	2024/25	2023/24
Isle of Wight Hospice and associated buildings	449,544 / 104.81	464,727 / 108.35
Retail outlets Isle of Wight	85,002 / 19.82	77,181 / 17.99
Hampshire Hospice and associated buildings	116,662 / 27.20	Not recorded
Retail outlets Hampshire	69,634 / 16.23	70,735 / 16.49
Consumption of Gas - KWh Equiv.		
Retail outlets Isle of Wight	138,018 / 32.18	102,208 / 23.83
Isle of Wight Hospice and associated buildings	554,397 / 129.25	772,487 / 180.10
Hampshire Hospice and associated buildings	472,448 / 110.15	Not recorded
Consumption of fuel in vehicle fleet		
Consumption of fuel in Vehicles	16,347 / 43.81	6,898 / 18.49

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 in the Group is the premises at Halberry Road, Newport, Isle of Wight which consumes approximately 47.6% (2024 88%) of gas consumption and 62.3% (2024 82%) of electricity consumption.

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. This does include the Hampshire Hospice premises for which we are not directly responsible for the Energy contracts.

Our fleet includes our company cars and vans. This fleet was substantially expanded during the year by the addition of 10 fleet vehicles for the use of our community clinical staff and this is reflected in the 137% increase in fuel consumption. However, this increase is balanced by a commensurate reduction in the mileage done by Community clinical staff in their private vehicles. This compensatory usage reduction is not apparent from the above figures. The primary sources used for energy and fuel are billing data and reports from our energy supplier.

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 2024/25

Our energy saving actions in our shops and offices include a continued programme of replacement LED- lighting installations and appliances, improving building insulation where applicable, installation of an electric vehicle charging point at the Isle of Wight hospice site and continuing to impress on all staff the necessity to reduce energy consumption whenever possible. We continue to focus on improving our energy efficiency and awareness of our consumption of energy across our entire estate. We are developing a Mountbatten Sustainability policy and have an Environmental Sustainability Group, which is planned to be relaunched in 2025 and which will develop an action plan to monitor and aim to achieve the maximum energy efficiency possible within the constraints of delivering a consistently high quality service to all our beneficiaries.

Mountbatten Isle of Wight was successful in an application for an electric Toyota Community Loan Vehicle for a period of two years and we received the vehicle in February 2025. The vehicle will be used to extend our community outreach and to transport patients to the hospice outpatient and day services. An electric charging point has also been installed in the car park.

Our fleet includes our company cars and vans.

Financial review

The financial result for the year for the Mountbatten Group, whilst still a deficit of over £700k, is a big improvement over the prior year result and a demonstration that our recovery plans are effective and are working.

Results were affected by a number of factors. All income categories apart from trading activities showed no real increase or growth over the prior year. Trading activities did show a small increase over the prior year, in particular due to the expansion of the Hampshire retail estate.

Resources expended by the Group for the year were very tightly controlled and in fact decreased compared to the prior year by over £400k as detailed in Note 6 to these Accounts. The total resources expended by the Group decreased to an amount of £18,623k compared to £19,099k in 2024. An analysis of Group Resources expended by activity is as follows:

18% (2024 - 19%) of our expenditure was on the cost of generating funds.

59% (2024 - 58%) of our expenditure was directly incurred in the carrying out of our charitable activities.

23% (2024 - 23%) of our expenditure was incurred in 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 for the charity. This policy recognises that the charity is exposed to the risk of sharp income fluctuations due to the variability of legacy income and donations and uncertainties surrounding NHS funding. The investment level adopted by the Board is one of a Moderate risk profile with income and capital growth. 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 loss of £38,960 (2024 – gain of £273,879) was achieved through the two management companies, this was a result of a gain of £86,835 (2024 – loss of £218,584) with funds invested in Ruffer and loss of £125,795 (2024 – gain of £492,463) from the funds invested in CCLA. The return in the year shows the benefit of utilising two investment managers and the differing portfolios to reduce the impact of changing markets.

The portfolio continues to be managed by Ruffer LLP and CCLA Investment Management. The joint management strategy is intended to provide broad risk management to protect the portfolio from extreme moves in investment sentiment and world events in all foreseeable circumstances.

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 £0.8m finishing the year at £13.4m (2024 £14.2m). Budgeted expenditure for 2025/26 is £17.9m, so total unrestricted reserves equate to approximately 9 months of budgeted expenditure as at March 2025. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £3.8m, which equates to just over 4.5 months' expenditure.

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

Public benefit statement

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

Principal risks and uncertainties

There are 19 current risks and 11 static risks (where the target rating has been achieved but monitoring still required). Mountbatten's Deputy CEO holds responsibility for the risk register, which was fully reviewed and revised during 2024/5 and provided training to the Board.

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

- Full Risk Register reviewed by the Board annually
- Changes to Risk Register reviewed by Senior Management Team quarterly
- Changes to Risk Register reviewed at Quality and Governance Committee quarterly and on the agendas of all seven governance committees.

The principle five strategic risks faced by Mountbatten are outlined below:

Risk	Management – current and planned
Financial stability from contracts with a lack of appropriate financial uplift	<ul style="list-style-type: none"> - Clinical services costed and regular reviews planned - Review of priority areas of service delivery ongoing - Ongoing detailed review of financial structure and a programme of actions with the Board of Trustees - Ongoing lobbying with local MP's and other key stakeholders to highlight key challenges - Public consultation undertaken and further work on outcome ongoing - 2.8% Integrated Care Board (ICB) uplift agreed for 2025/2026 - Providing data to ICB in terms of forward planning - Robust compliance with ICB contract monitoring and quality reporting - Contract monitoring meetings with ICB in place
Failure to raise funds (fundraising and gifts in wills)	<ul style="list-style-type: none"> - New fundraising strategy and action plan now in place - Fundraising section of Sustainability Strategic Implementation Plan updated in line with fundraising strategy - Review of Fundraising Team roles and skill sets has taken place - Plans in place to reduce spend - Participation in national Hospice UK legacy campaign - Commercial Director commenced employment October 2024 and new Head of Fundraising commenced employment January 2025 - Commercial Development Group set up - New data controller role in place - Regular reporting of Fundraising through governance structure
Financial risks of additional costs of employment and retention (rises in national insurance (NI) contributions, national minimum wage and NHS pay awards)	<ul style="list-style-type: none"> - People services completed piece of work on lowest paid roles - Paid 3% pay rise from April 2024 and 2.5% pay rise from January 2025 for all staff - Budgeted 2025/2026 for NI increases and 2.8% staff pay rise alongside reviewing minimum wage

Mountbatten Isle of Wight Limited
Trustees' Report (including directors' report)
For year ended 31 March 2025

	<ul style="list-style-type: none"> - Ongoing close monitoring of staffing budget / establishments by the Senior Management Team - Lobbying local MPs and other stakeholders around implications of NI increases and NHS pay awards
<p>Unique demographics and stretched health and care services creating additional increased demand on Mountbatten services</p>	<ul style="list-style-type: none"> - Working in partnership with local NHS, ICB, Care Homes and Third Sector - Active membership of relevant local working parties - Continue to enhance close working relationships with Stakeholders and providers locally and nationally - Evaluation of services and impact of changing demographics - Evaluation of roles and responsibilities of volunteers - Update referrers to encourage earlier referral and update on service offer - Forecasting and levels of service work commenced with focus on Hampshire growth - Robust data collection and dashboards in place - Ongoing further development and review of Mountbatten Coordination Centre - As part of new strategic plan to be developed in 2025, consider how to further achieve scale and influence
<p>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</p>	<ul style="list-style-type: none"> - Robust governance structure - Strong communications processes and plan, led by Communications team - Trade Mark agent appointed - Trade Mark agent commissioned to monitor applications which may infringe our rights - Relationship management with stakeholders and media - Legal advice sought as required - Public consultation undertaken and further work on outcome ongoing - Continue to maintain public story about our changing services to increase confidence in the local population - Mountbatten continues to manage the public message - Appointment of new CEO providing stability

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: 24 July 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 2025 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 2025, 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

7 August 2025

Mountbatten Isle of Wight Limited
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2025

	Note	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Income from:							
Donations and legacies	2	4,392,562	77,030	4,469,592	4,332,484	99,216	4,431,700
Charitable activities							
Inpatient / Day Care	3	8,131,273	492,753	8,624,026	8,478,864	201,810	8,680,674
Community Care	3	233,035	-	233,035	232,616	-	232,616
Other trading activities	4	4,533,474	-	4,533,474	4,108,627	-	4,108,627
Investments	5	64,875	-	64,875	22,086	-	22,086
Total income		17,355,219	569,783	17,925,002	17,174,677	301,026	17,475,703
Expenditure on:							
Raising funds		4,426,263	-	4,426,263	4,623,280	-	4,623,280
Charitable activities:							
Inpatient / Day Care		6,891,793	552,023	7,443,816	8,669,571	232,472	8,902,043
Community Care		6,752,490	-	6,752,490	5,574,091	-	5,574,091
Total expenditure	6	18,070,546	552,023	18,622,569	18,866,942	232,472	19,099,414
Net (expenditure)/income before net (losses)/gains on investments		(715,327)	17,760	(697,567)	(1,692,265)	68,554	(1,623,711)
Net gains/(losses) on investments		(38,960)	-	(38,960)	273,879	-	273,879
Net (expenditure)/income for the year and net movement in funds		(754,287)	17,760	(736,527)	(1,418,386)	68,554	(1,349,832)
Transfer between funds		-	-	-	-	-	-
Net movement in funds		(754,287)	17,760	(736,527)	(1,418,386)	68,554	(1,349,832)
Reconciliation of funds:							
Total funds brought forward		14,177,514	3,484,288	17,661,802	15,595,900	3,415,734	19,011,634
Total funds carried forward	21	13,423,227	3,502,048	16,925,275	14,177,514	3,484,288	17,661,802

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 Isle of Wight Limited
Balance Sheet
As at 31 March 2025

	Note	The Group		Mountbatten Isle of Wight	
		2025	2024	2025	2024
		£	£	£	£
Fixed assets:					
Tangible assets	12	11,890,386	11,629,418	11,216,576	11,285,274
Investments	13	5,437,701	5,912,002	4,654,598	4,884,659
		<u>17,328,087</u>	<u>17,541,420</u>	<u>15,871,174</u>	<u>16,169,933</u>
Current assets:					
Stocks		58,632	20,210	40,251	51
Debtors	16	1,888,850	546,242	1,782,705	580,427
Cash at bank and in hand		1,005,003	2,179,415	757,627	1,354,164
		<u>2,952,485</u>	<u>2,745,867</u>	<u>2,580,583</u>	<u>1,934,642</u>
Liabilities:					
Creditors: amounts falling due within one year	17	(3,355,297)	(2,625,485)	(1,978,505)	(1,051,983)
Net current assets		<u>(402,812)</u>	<u>120,382</u>	<u>602,078</u>	<u>882,659</u>
Total net assets	20	<u>16,925,275</u>	<u>17,661,802</u>	<u>16,473,252</u>	<u>17,052,592</u>
Funds:					
Restricted funds MIOW		3,186,885	3,236,179	3,186,885	3,236,180
Restricted funds MH		315,163	248,109	-	-
Total restricted funds		<u>3,502,048</u>	<u>3,484,288</u>	<u>3,186,885</u>	<u>3,236,180</u>
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		3,849,792	4,604,079	4,212,932	4,742,977
Total unrestricted funds		<u>13,423,227</u>	<u>14,177,514</u>	<u>13,286,367</u>	<u>13,816,412</u>
Total funds	21	<u>16,925,275</u>	<u>17,661,802</u>	<u>16,473,252</u>	<u>17,052,592</u>

The financial statements were approved by the Board of Trustees on 24 July 2025 and were signed on its behalf by:



 Sir Ian Cheshire
 Chair of the Board of Trustees

Registered Company Number: 02929267

The notes form part of these financial statements

Mountbatten Isle of Wight Limited
Consolidated Statement of Cash Flows
For year ended 31 March 2025

	Note	2025		2024	
		£	£	£	£
Net cash used in operating activities	22		(1,124,585)		(809,166)
Cash flows from investing activities:					
Purchase of property, plant and equipment		(550,043)		(291,849)	
Proceeds from disposal of property, plant and equipment		-		2,730	
Proceeds from sale of investments		770,318		1,881,000	
Purchase of investments		-		(7,487,494)	
Movement in portfolio cash held for investment		(270,102)		-	
Net cash used in investing activities			(49,827)		(5,895,613)
Change in cash and cash equivalents in the year			(1,174,412)		(6,704,779)
Cash and cash equivalents at the beginning of the year			2,179,415		8,884,194
Cash and cash equivalents at the end of the year			1,005,003		2,179,415

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 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	22%
• Inpatient / Day Care	37%
• Community Care	41%

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 Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

3. Income from charitable activities

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
NHS ICB						
Mountbatten Isle of Wight	3,260,681	314,040	3,574,721	3,314,149	201,810	3,515,959
Mountbatten Hampshire	4,835,456	178,713	5,014,169	5,136,868	-	5,136,868
Other grant income						
Mountbatten Isle of Wight	35,136	-	35,136	27,847	-	27,847
Mountbatten Hampshire	-	-	-	-	-	-
Sub-total for inpatient/Day Care	8,131,273	492,753	8,624,026	8,478,864	201,810	8,680,674
Isle of Wight ICB						
Mountbatten Isle of Wight	233,035	-	233,035	232,616	-	232,616
Sub-total for Community Care	233,035	-	233,035	232,616	-	232,616
Total income from charitable activities	8,364,308	492,753	8,857,061	8,711,480	201,810	8,913,290

Mountbatten Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

4. Income from other trading activities

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
Fundraising activities						
Mountbatten Isle of Wight	1,386,135	-	1,386,135	1,038,488	-	1,038,488
Mountbatten Hampshire	374,635	-	374,635	490,786	-	490,786
Shops, café and other income						
Mountbatten Isle of Wight	1,682,082	-	1,682,082	1,621,179	-	1,621,179
Mountbatten Hampshire	1,090,622	-	1,090,622	958,174	-	958,174
	4,533,474	-	4,533,474	4,108,627	-	4,108,627

5. Income from investments

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
Income from quoted investments						
Mountbatten Isle of Wight	53,505	-	53,505	16,179	-	16,179
Mountbatten Hampshire	11,370	-	11,370	5,907	-	5,907
	64,875	-	64,875	22,086	-	22,086

Mountbatten Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

6. a) Analysis of expenditure - current year

	Cost of raising funds	Charitable activities				Support costs	2025 Total	2024 Total
		Inpatient / Day Care	Community Care	Governance costs				
	£	£	£	£	£	£	£	
Staff costs (Note 8)	2,626,548	4,160,988	4,722,452	-	2,684,914	14,194,902	14,406,995	
Medical consumables	-	216,984	245,505	-	-	462,489	464,315	
Volunteer expenses	-	-	-	-	30,796	30,796	24,428	
IT and administrative costs	-	-	-	-	236,204	236,204	218,954	
Trading activities	42,976	-	-	-	-	42,976	33,174	
Fundraising costs	302,211	-	-	-	-	302,211	263,643	
Lottery costs	125,519	-	-	-	-	125,519	224,972	
Investment managers' fees	(32,852)	-	-	-	-	(32,852)	29,690	
Audit and accountancy fees	-	-	-	80,054	-	80,054	53,601	
Legal and professional	-	-	-	-	231,304	231,304	317,841	
Trustee costs	-	-	-	875	-	875	329	
Catering	-	714,894	-	-	-	714,894	707,059	
Premises	198,508	559,890	-	-	326,336	1,084,734	1,106,426	
Bank Charges	-	-	-	-	18,818	18,818	9,840	
Depreciation and loss on disposal	-	-	-	-	289,076	289,076	353,529	
Insurance	7,774	-	-	-	66,082	73,856	104,499	
Maintenance and repairs	-	95,191	-	-	229,506	324,697	284,001	
Subscriptions and publications	-	-	-	-	20,749	20,749	27,654	
Irrecoverable VAT	22,522	-	-	-	-	22,522	24,125	
Consumables	106,285	188,574	-	-	103,886	398,745	444,339	
	3,999,491	5,936,521	4,967,957	80,929	4,237,671	18,622,569	19,099,414	
Support costs - MIOW	760,959	926,385	1,224,151	-	(2,911,495)	-	-	
Support costs - MH	247,661	551,241	527,274	-	(1,326,176)	-	-	
Governance costs - MIOW	10,644	12,958	17,124	(40,726)	-	-	-	
Governance costs - MH	7,508	16,711	15,984	(40,203)	-	-	-	
Total expenditure 2025	4,426,263	7,443,816	6,752,490	-	-	18,622,569	-	
Total expenditure 2024	4,623,280	8,902,043	5,574,091	-	-	-	19,099,414	

Mountbatten Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

6. b) Analysis of expenditure - prior year

	Cost of raising funds £	Charitable activities				Support costs £	2024 Total £	2023 Total £
		Inpatient / Day Care £	Community Care £		Governance costs £			
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	353,529	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	
Support costs - MIOW	3,543,890	6,957,399	4,115,296	53,930	4,428,899	19,099,414	18,630,507	
Support costs - MH	816,674	1,296,027	940,951	-	(3,053,652)	-	-	
Governance costs - MIOW	250,045	625,112	500,090	-	(1,375,247)	-	-	
Governance costs - MH	8,950	14,202	10,311	(33,463)	-	-	-	
Governance costs - MH	3,721	9,303	7,443	(20,467)	-	-	-	
Total expenditure 2024	4,623,280	8,902,043	5,574,091	-	-	19,099,414	-	
Total expenditure 2023	4,953,213	8,697,276	4,980,018	-	-	-	18,630,507	

7. Net income / (expenditure) for the year

This is stated after charging

	2025	2024
	£	£
Depreciation	289,075	353,977
Operating lease rentals:		
Property - MIOW	198,508	198,505
Property - MH	257,628	182,383
Auditor's remuneration (excluding VAT):		
Audit - MIOW	24,200	22,750
Audit - MH	22,175	19,500
Other services - MIOW	6,450	975
Other services - MH	4,950	1,725
	<u>289,075</u>	<u>353,977</u>

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

Staff costs were as follows:

Current year	2025		
	MIOW	MH	Total
	£	£	£
Staff under service level agreement with NHS	761,983	595,820	1,357,803
Wages and salaries	5,675,935	3,808,358	9,484,293
Employer's national insurance	553,017	312,134	865,151
Pension costs	583,009	401,189	984,198
Temporary and agency staff	528,364	613,460	1,141,824
Other staff costs	177,771	183,862	361,633
	<u>8,280,079</u>	<u>5,914,823</u>	<u>14,194,902</u>

Prior year	2024		
	MIOW	MH	Total
	£	£	£
Staff under service level agreement with NHS	678,736	653,781	1,332,517
Wages and salaries	5,276,550	4,220,974	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>

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:

	2025	2024
	No.	No.
£60,000 - £69,999	3	-
£70,000 - £79,999	3	3
£80,000 - £89,999	2	1
£90,000 - £99,999	2	1
£100,000 - £109,999	-	1
£110,000 - £119,999	1	-

In addition to employed staff costs, there were costs relating to 2 (2024: 2) seconded medical professional staff of £295,191 (2024: £217,026).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £771,815 (2024: £708,683).

No charity trustees were paid nor received any other benefits from employment with the charity in the year (2024: none). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £875 (2024: £329) incurred by 4 (2024: 4) trustees.

9. Staff numbers

	2025	2025	2024	2024
	Employed by Charity No.	Recharged to Charity No.	Employed by Charity No.	Recharged to Charity No.
Fundraising - MIOW	9	-	9	-
Fundraising - MH	5	-	5	-
In patient unit / Patient services - MIOW	45	8	55	8
In patient unit / Patient services - MH	67	-	67	-
Community	140	-	113	-
Day unit / JCC	5	-	26	-
Retail	63	-	62	-
Support	78	-	77	-
	<u>412</u>	<u>8</u>	<u>414</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 (2024: £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	462,875	2,761,409	472,081	14,729,534
Additions in year	-	460,928	59,247	29,868	550,043
Disposals in year	-	-	-	-	-
At the end of the year	11,033,169	923,803	2,820,656	501,949	15,279,577
Depreciation					
At the start of the year	50,233	318,548	2,466,692	264,643	3,100,116
Charge for the year	1,531	75,952	157,734	53,858	289,075
Depreciation eliminated on disposal	-	-	-	-	-
At the end of the year	51,764	394,500	2,624,426	318,501	3,389,191
Net book value					
At the end of the year	10,981,405	529,303	196,230	183,448	11,890,386
At the start of the year	10,982,936	144,327	294,717	207,438	11,629,418
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	2,087,101	442,281	13,647,336
Additions in year	-	-	12,977	9,000	21,977
Disposals in year	-	-	-	-	-
At the end of the year	10,981,014	136,940	2,100,078	451,281	13,669,313
Depreciation					
At the start of the year	-	132,938	1,965,961	263,163	2,362,062
Charge for the year	-	1,069	45,882	43,724	90,675
Depreciation eliminated on disposal	-	-	-	-	-
At the end of the year	-	134,007	2,011,843	306,887	2,452,737
Net book value					
At the end of the year	10,981,014	2,933	88,235	144,394	11,216,576
At the start of the year	10,981,014	4,002	121,140	179,118	11,285,274

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	
	2025	2024	2025	2024
	£	£	£	£
Listed investments				
Fair value at the start of the year	5,912,002	31,629	4,884,657	-
Additions at cost	64,875	7,487,494	53,505	5,688,901
Disposal proceeds	(770,318)	(1,881,000)	(250,000)	(1,047,831)
Net (loss)/gain on change in fair value	<u>(38,960)</u>	<u>273,879</u>	<u>(33,566)</u>	<u>243,587</u>
	5,167,599	5,912,002	4,654,596	4,884,657
Cash held by investment broker pending reinvestment	270,102	-	-	-
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	<u>5,437,701</u>	<u>5,912,002</u>	<u>4,654,598</u>	<u>4,884,659</u>
			2025	2024
			£	£
Charity Trusts			5,135,970	5,880,373
Overseas Bonds			31,629	31,629
Cash held by investment broker pending reinvestment			<u>270,102</u>	<u>-</u>
			<u>5,437,701</u>	<u>5,912,002</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 2025	Mountbatten Hampshire Limited	Mountbatten Hampshire Promotions Ltd	Mountbatten Isle of Wight Trading Ltd
	£	£	£
Income / turnover	8,357,683	382,886	141,927
Cost of sales	-	(92,714)	(11,668)
Net income / gross profit	<u>8,357,683</u>	<u>290,172</u>	<u>130,259</u>
Net expenditure / administrative expenses	(8,780,227)	(19,417)	(36,739)
Distribution from subsidiary	270,755	-	-
Gain on investment assets	(5,394)	-	-
Net income/(expenditure)/profit/(loss) for the financial year	<u>(157,183)</u>	<u>270,755</u>	<u>93,520</u>
Funds/retained earnings brought forward	683,001	-	-
Net income/(expenditure)/profit/(loss) for the financial year	(157,183)	270,755	93,520
Distribution under Gift Aid to parent charity	-	(270,755)	(93,520)
Reserves/retained earnings carried forward	<u>525,818</u>	<u>-</u>	<u>-</u>
The aggregate of the assets, liabilities and funds was:			
Assets	2,191,742	49,655	14,675
Liabilities	(1,665,924)	(49,653)	(14,673)
Funds	<u>525,818</u>	<u>2</u>	<u>2</u>

14. Subsidiary undertakings (continued)

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>

Intercompany transactions

Included within administrative expenses for Mountbatten Hampshire Limited is a management charge of £882,424 (2024: £933,426) 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 (2024: £30,000) from Mountbatten Isle of Wight Limited. Included within administrative expenses for Mountbatten Isle of Wight Limited is a management charge of £34,960 (2024: £129,200) 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.

Stephen Izatt & Wendy Murwill are trustees and directors 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:

	2025	2024
	£	£
Gross income	9,959,988	10,061,618
Result for the year	<u>(579,340)</u>	<u>(215,461)</u>

16. Debtors

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Amounts due from group entities	-	-	307,412	163,111
Trade debtors	1,055,806	93,128	1,010,647	48,693
Accrued income and other debtors	298,042	102,676	210,522	64,586
VAT recoverable	234,267	103,902	38,557	87,634
Prepayments	300,735	246,536	215,567	216,403
	<u>1,888,850</u>	<u>546,242</u>	<u>1,782,705</u>	<u>580,427</u>

17. Creditors: amounts falling due within one year

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Trade creditors	937,485	1,266,421	276,453	325,921
Deferred income	991,796	156,910	974,806	155,870
Other creditors and accruals	1,426,016	1,202,154	613,277	570,192
Amounts due to group entities	-	-	113,969	-
	<u>3,355,297</u>	<u>2,625,485</u>	<u>1,978,505</u>	<u>1,051,983</u>

18. Deferred income

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

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Balance at the beginning of the year	156,910	69,718	155,870	69,718
Amount released to income in the year	(3,039,929)	(3,625,204)	(3,038,889)	(3,625,204)
Amount deferred in the year	3,874,815	3,712,396	3,857,825	3,711,356
Balance at the end of the year	<u>991,796</u>	<u>156,910</u>	<u>974,806</u>	<u>155,870</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 2020. The results of this valuation set the employer contribution rate payable from April 2024 to 23.7% of pensionable pay.

The total pension contributions payable for the NHS pension scheme in the year were £984,198 (2024: £985,785).

20. a) Analysis of group net assets between funds - 2025

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	348,800	9,073,435	2,468,151	11,890,386
Investments	5,437,701	-	-	5,437,701
Net current assets	(1,936,709)	500,000	1,033,897	(402,812)
Net assets at the end of the year	3,849,792	9,573,435	3,502,048	16,925,275

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	4,604,079	9,573,435	3,484,288	17,661,802

Mountbatten Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

21. a) Movement in funds - 2025

	At 1 April 2024 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2025 £
Restricted funds						
Capital funds						
John Cheverton Estate fixed Asset Fund	22,087	-	-	-	-	22,087
John Cheverton Estate Pool Vehicle Fund	240,891	-	(50,471)	-	-	190,420
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Hospice UK Grant	-	155,151	(155,151)	-	-	-
Revenue funds						
Clinical Co-ordination Centre	41,213	-	-	-	-	41,213
iBCF	26,667	-	(26,667)	-	-	-
Kelly donation	505	-	-	-	-	505
Young adult services	22,709	-	(22,709)	-	-	-
NHS CCG - CQUINs	38,931	-	(38,931)	-	-	-
KissyPuppy restricted fund	465,380	130,232	(54,072)	-	-	541,540
Advanced communication	3,748	-	(3,748)	-	-	-
MND Clinic	4,173	-	(4,173)	-	-	-
Mountbatten young adults	1,822	-	-	-	-	1,822
Barclays donation	58,511	-	-	-	-	58,511
Ward Furniture	1,012	-	(1,012)	-	-	-
Bladder Scanners	6,083	-	(1,900)	-	-	4,183
Hoist Pods for IPU	2,720	-	-	-	-	2,720
Essential Equipment for patient Care	24,538	-	-	-	-	24,538
Daisy Rich Trust	1,000	-	-	-	-	1,000
Hospital Saturday Fund	2,000	-	(2,000)	-	-	-
Children's Service	-	28,657	-	-	-	28,657
Other restricted funds	16,545	-	(2,500)	-	-	14,045
Total restricted funds MIOW	3,236,179	314,040	(363,334)	-	-	3,186,885

Mountbatten Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

21. a) Movement in funds – 2025 (cont.)

	At 1 April 2024 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2025 £
Restricted funds - MH						
NHSE	28,818	-	-	-	-	28,818
Other	219,291	255,743	(188,689)	-	-	286,345
Total restricted funds	3,484,288	569,783	(552,023)	-	-	3,502,048
Unrestricted funds - MIOW						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - MIOW	9,073,435	-	-	-	-	9,073,435
Designated funds - MH	500,000	-	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	-	9,573,435
General funds – MIOW group	911,052	8,870,393	(9,366,878)	(33,566)	-	381,001
General funds – MH group	3,693,027	8,484,826	(8,703,668)	(5,394)	-	3,468,791
Total unrestricted funds	14,177,514	17,355,219	(18,070,546)	(38,960)	-	13,423,227
Total funds - MIOW	13,220,665	9,184,433	(9,730,212)	(33,566)	-	12,641,320
Total funds - MH	4,441,137	8,740,569	(8,892,357)	(5,394)	-	4,283,955
Total funds	17,661,802	17,925,002	(18,622,569)	(38,960)	-	16,925,275

Mountbatten Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

21. b) 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
DC clinical teaching post	-	-	-	-	-	-
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 MIOW	3,194,784	201,810	(160,415)	-	-	3,236,179

Mountbatten Isle of Wight Limited
Notes to the Financial Statements
For year ended 31 March 2025

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	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	3,163,956	8,944,265	(11,440,756)	243,587	-	911,052
General funds – MH group	2,858,509	8,230,412	(7,426,186)	30,292	-	3,693,027
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. 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.

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 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.

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.

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.

Hospice UK Capital Grant

Grant funding was provided to help the hospices improve their facilities, increase capacity and enhance digital technology.

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

	2025	2024
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	(736,527)	(1,349,832)
Depreciation charges	289,075	353,977
Profit on disposals of fixed assets	-	(1,230)
Losses/(gains) on investments	38,960	(273,879)
Interest received and dividends from investments	(64,875)	-
Increase in stocks	(38,422)	(10,612)
(Increase)/decrease in debtors	(1,342,608)	143,521
Increase in creditors	729,812	328,889
Net cash used in operating activities	<u>(1,124,585)</u>	<u>(809,166)</u>

Analysis of cash and cash equivalents

	2025	2024
	£	£
Cash in hand	<u>1,005,003</u>	<u>2,179,415</u>

Analysis of changes in net debt

	1 April 2024	Cash flows	31 March 2025
	£	£	£
Cash in hand	<u>2,179,415</u>	<u>(1,174,412)</u>	<u>1,005,003</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	
	2025	2024	2025	2024
	£	£	£	£
Less than one year	229,599	395,140	155,712	184,315
One to five years	1,291,593	1,214,317	536,509	562,817
Over five years	432,881	705,417	205,510	302,167
	<u>1,954,073</u>	<u>2,314,874</u>	<u>897,730</u>	<u>1,049,299</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.

