



Company number: 02929267

Charity Number: 1039086

Mountbatten Group

Incorporating:

Earl Mountbatten Hospice

(Mountbatten Isle of Wight)

Countess Mountbatten Hospice Charity

(Mountbatten Hampshire)

**Report and financial statements for the
year ended 31 March 2021**

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Reference and administrative information

Status and structure	Earl Mountbatten Hospice (trading as Mountbatten, Isle of Wight) operates as a charitable company limited by guarantee
Company number	02929267
Charity number	1039086
Registered office and operational address	Earl Mountbatten Hospice - Halberry Lane NEWPORT, Isle of Wight PO30 2ER Countess Mountbatten Hospice - Botley Road, West End, Southampton, SO30 3JB.

Trustees Trustees are also Directors under company law:

¹ Resources Committee Member	Mr M Acland ^{1 4 5}	
² Patient Services Committee	Mrs C Alstrom ^{2 4 5}	
³ Trading Company Director	Sir I Cheshire	CHAIR
⁴ Isle of Wight Trustee	Mr M Hogg ^{1 5}	
⁵ Hampshire Trustee	Ms W Murwill ^{2 4}	
	Mr EAS Nicholson ^{1 2 4 5}	VICE-CHAIR
	Ms G Owton ^{1 4 5}	
	Mr Peter Pitcher ^{2 5}	
	Ms R Poncia ^{1 4 5}	
	Ms D Price ^{1 4 5}	
	Mr P Shears ^{2 3 4 5}	
	Ms J Smith ^{2 4}	
	Mr A Stables ^{2 4 5}	
	Mr JM Trotter ^{1 4 5}	
	Ms S Weech (resigned August 2020)	

Company Secretary Mr Michael Edmonds

Senior Management Team	Mr N Hartley Mrs L Arnold Dr P Howard Mr M Edmonds Mr J Tarttelin Dr J Hazeldine Mrs R McGregor	Chief Executive Director of Nursing Medical Consultant Director of Finance Director of Human Resources Director of Psychosocial Care Director of Operations, Mountbatten Hampshire.
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Bankers: Nat West, NatWest House, Riverway, NEWPORT, Isle of Wight, PO305UX

Investment Managers: Brewin Dolphin, Vantage Point, Woodwater Pk, Pynes Hill EXETER, EX2 5FD

Solicitors: Wilson's Solicitors LLP, Steynings House Summerlock Approach SALISBURY, Wilts. SP2 7RJs

Solicitors: Glanville's LLP St Cross Business Park, NEWPORT, Isle of Wight PO305BF

Auditor: Sayer Vincent LLP, Chartered Accountants and Statutory Auditor, Invicta House, 108-114 Golden Lane LONDON, EC1Y 0TL

Statement from the CEO

The presentation of the Annual Report and Financial Statements is always an important milestone in the life of the Mountbatten Hospice Group, which consists of Mountbatten, Isle of Wight and Mountbatten, Hampshire. To say that the last year has been one which none of us were expecting or prepared for is an understatement. The COVID-19 pandemic has challenged each and every member of our society to the core and it has been truly staggering to see how quickly our common human values and way of life can be challenged and changed.

Mountbatten's expert and compassionate care is based on the physical presence of the caregiver together with the care-receiver, convening to reciprocate, to create and to sustain meaningful and trusted relationships through direct contact and tangible connection. It has therefore been important that during the last year, wherever possible, our staff and volunteers have continued to be physically present with those that we care for, obviously adhering to the new infection control and social distancing measures which we have all become familiar with. Out of necessity, we have of course learned much about technology and how we can meet with people who need our support by virtual means. We have learned that for some people, virtual support works better than for others. For example, one-to-one bereavement counselling and even our dynamic Community Choir have functioned with some success by virtual means, enabling some of the more vulnerable and isolated people within our communities to remain mutually connected rather than face the terrifying prospect of being isolated and alone and potentially dying socially long before they die physically.

Although being able to offer support by more virtual means will now continue to be a necessity and something which will always be required of Health and Social care providers to some extent, we are adamant at Mountbatten that wherever possible, we will retain the possibilities and also the important healing opportunities that being physically present with those people we support brings. Throughout the pandemic, our Community Teams of trained carers, nurses, doctors and therapists have continued to visit people within their own homes and there has been no change to our normal practice. When people are nearing the end of their lives, in pain, distressed and more commonly alone, a telephone call or virtual meeting, although helpful, can never replace a visit in person. Taking care to follow strict guidelines of wearing full PPE, our experience has shown that high-quality face to face caring is still achievable both on our hospice Inpatient Units and also within the places that people live, even during a pandemic where the professional carer is as much at risk from infection as the cared-for. We know that when physically together with those needing us, we are not only able to utilise our extensive expertise and experience, but also to share our common humanity and vulnerability. Over the fifty-five years that the modern hospice movement has existed, we have learned that, as professional carers, sharing ourselves and our own experiences of being human is not only beneficial, but absolutely critical to the offer and to the commitment that we make both to and with our communities; we will never ignore those who need us and we will continue to visit twenty four hours a day, seven days a week in order to ensure that everyone has all of the attention, care and support that they really need.

We have heard much of how our NHS colleagues have gone above and beyond over the past year, and all across the UK, we should be proud of a National Health Service which is rightfully the envy of the rest of the world. However, we cannot ignore the contributions made by Third Sector and charitable organisations such as Mountbatten, not only during the COVID-19 pandemic, but also as part of a more routine, but increasingly complex Health and Social Care system. Mountbatten brings around £15m charitable income to our local Health and Social Care system year on year and across our communities, we support over 2000 people on any one day. Mountbatten's work is therefore indispensable. We are also experienced in supporting people **whoever** they are, **however**, they have lived their lives and in **wherever** the bed they die in happens to be, with an ambitious aim to never ignore anyone who needs us. Throughout the pandemic, our expert teams have acted as a strong pillar of comfort and guidance to local care homes, relentlessly providing specialist support to those people coming to the end of their lives with COVID-19. We have also provided support and advice to our NHS colleagues and to those people that they have been caring for.

COVID-19 has hit at the very heart of Mountbatten's work; death, dying and bereavement have risen into the public psyche in a way which has not been as palpably present since the Second World War. Mountbatten's work has therefore never been more important. We will not be diminished by a pandemic which arrives without welcome and which challenges each and every one of us to think more acutely about our own mortality – this is Mountbatten's everyday business; we refuse to trivialise it and it will always be our mission to tackle it.

However, we know that even after fifty-five years of the Modern Hospice Movement, there is still much to be done and this last year has often threatened to overwhelm our confidence and drive. The COVID-19 pandemic has indeed been challenging, but combine this with a society which prefers not to talk about or even acknowledge death unless it stares them in the face, with a Health and Social Care system, which once again set for reform, cannot seem to get to grips with the integration of end-of-life care services for which a solution is so desperately needed to meet the unprecedented and growing demand, and the lack of enough basic health and social care services to keep people out of hospital as they are dying, and we might well feel our confidence and drive overwhelmed to the point of paralysis. Nonetheless, our mission and our values have somehow remained intact, possibly due to the incredible commitment and resilience of our expert and experienced staff and volunteers, and the truly humbling support of our local communities.

Dame Cicely Saunders, founder of the Modern Hospice Movement wrote 'How people die lives on in the memory of those left behind'. We are already seeing a huge rise in referrals for those people suffering with complex bereavement issues. During the last year, these people have not had the chance to say 'goodbye', 'I love you' or 'forgive me', due to the isolation and loneliness which has been ruthlessly driven by the pandemic. There is no possibility to change such experiences as there is only one chance to get this right. Our experience shows, however, that by expert and compassionate listening, we are able to help ease the burden that people carry and assuage the guilt which can often be so deeply embedded in people's experiences of not being able to say the things needed before someone they love dies. We also know that once people have died, they cannot return and tell us about their experiences. Professor John Hinton who wrote one of the first books about dying in the UK published in 1967 writes that 'the dissatisfied dead cannot noise abroad the negligence they have suffered'. Mountbatten's work is built around a very specific cause, underpinned by a mutually agreed set of values and behaviours. All of our staff and volunteers are joined up to this. We will ensure that all dying people, whichever bed they die in, together with those facing bereavement and grief, have access to expert, compassionate and cost-effective care of the highest quality. No-one will ever be forgotten and we will continue to be the voice of all those who have died.

We have also learned over the past year the true value of our communities. The financial support that our local communities have given us and the depth of feeling shown for the work that Mountbatten does has simply encouraged us to continue even when it has felt like we had no more energy to simply carry on. We are forever grateful to our communities' commitment to be there for us, just as we mutually commit to always be there for them. Financial support from a number of new major donors, together with financial support from the government via NHS England has helped our income over the last year, and because of the generosity of our donors and the commitment from the government to the work that hospices do, you will see that our finances look particularly healthy. We are concerned, however, that the new financial year will provide difficulties with income due to how quickly it will be possible for our normal fundraising streams to resume effectively and for them, once again to demonstrate success.

You will read that even though the COVID-19 pandemic has taken up much of our time and energy, we have nevertheless launched our new five-year strategy and pushed forward to develop our new Mountbatten model of care and support. After the first year of embedding our new strategy, we can now securely say that equitable services are available across all of our communities, including 24/7 rapid response services enabling us to visit people at home overnight and across the weekends. Holding the local contracts to

deliver Continuing Health Care packages with highly trained Mountbatten Carers, who enable people to stay within the places that they live without multiple and unnecessary admissions into hospital is now also

a critical part of our work. Our new model does not only provide the right services to those who need them, but also offers appropriate and mutually agreed solutions and support to our partners across the wider system.

It has been a difficult year; however, we remain optimistic. The support of our local communities and the passion and commitment of our wonderful staff and volunteers continue to push us forward, and we realise that even after the most difficult year that many of us have ever lived through, it is indeed still possible to envision a bright future for the Mountbatten Group.

A handwritten signature in dark ink, appearing to read 'Nigel Hartley', with a small horizontal line underneath the final 'y'.

Nigel Hartley

CEO Mountbatten

Statement from the Chair of Trustees

My First year as Chairman has not been anything as expected, and yet it has confirmed for me the underlying strengths of Mountbatten, especially the quality and commitment of all our teams, together with the support of the wider communities we serve. On behalf of the whole Board I want to formally thank everyone, staff and volunteers, who has worked for us and those that have supported us through this extraordinarily difficult period. We should also note the substantial financial support provided by the Government, via Hospice UK, which helped replace lost fundraising and shop income in the year. I should also thank all those who helped turn our main fundraising event, Walk the Wight, from physical to virtual and who succeeded in almost raising as much money as the real walk did last year.

We now face the new challenge of operating in the 'Covid world', trying to build on the positives from the pandemic, such the greater use of technology, but also recognising the sad impact it has produced for so many families who had loved ones who died. The Mountbatten mission to help with death, dying and bereavement is even more needed in the coming year, and we look forward to being able to continue to make a positive difference for our communities.

A handwritten signature in black ink, appearing to be 'Sir Ian Cheshire', with a long horizontal stroke extending to the right.

Sir Ian Cheshire
Chair of Trustees
Mountbatten

Governance

The trustees present their report and the audited financial statements for the year ended 31 March 2021.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

This report and the accompanying financial information is presented for the Mountbatten Group. This Group comprises 4 separate companies including :-

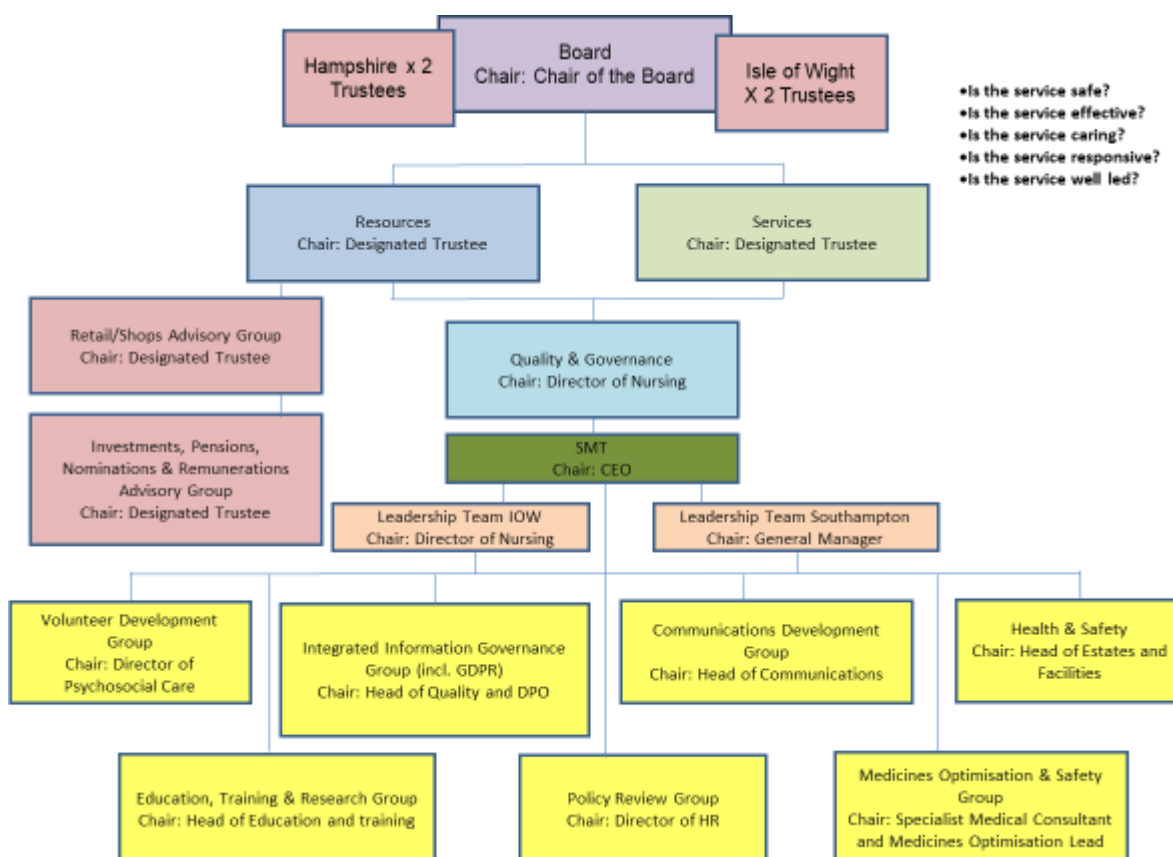
Earl Mountbatten Hospice Charity Limited, the ultimate Group holding company and provider of hospice services on the Isle of Wight,

Earl Mountbatten Hospice Trading Limited, a wholly owned trading subsidiary of the Group holding company which carries out non primary purpose trading operations on behalf of the Group holding company. All profits of this company are gifted annually to the Group holding company. This company is governed by its own Board of Directors.

Countess Mountbatten Hospice Charity Limited, a wholly owned charitable subsidiary of the Group holding company which delivers hospice services in Southampton, Hampshire and

Countess Mountbatten Hospice Promotions Limited, a wholly owned trading subsidiary of Countess Mountbatten Hospice Charity Limited responsible for the running of the lottery operation which supports its holding company and for any non-primary purpose trading operations on behalf of its holding company. All profits of this company are gifted annually to its holding company. This company is governed by its own Board of Directors.

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



Trustee recruitment and appointment

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

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

Trustee induction and training

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

Background and new strategy

Mountbatten Isle of Wight (registered as Earl Mountbatten Hospice) was opened in 1982 and Mountbatten Hampshire (registered as Countess Mountbatten Hospice) was opened in 1977. Our Mountbatten Group strategy is set on a five-yearly basis and reviewed regularly by the Board and its committees. March 2020 saw the culmination of our initial five-year strategy covering the period 2015 to 2020, which we have worked hard to implement together with our staff, volunteers and local community.

In addition to developing the organisational strategy with the CEO and Senior Team, the trustees, CEO and Senior Team regularly consider how planned services and developments will contribute to the defined objectives. All of our charitable activities focus on the relief of sickness, primarily, but not exclusively amongst persons diagnosed as suffering from a terminal illness and are undertaken to further our charitable purposes for the public benefit. This Annual Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2021.

Mountbatten's teams of staff and volunteers now support well over 2,000 people a day across the communities of the Isle of Wight, Southampton city, and west Hampshire. This past year, despite the challenges of COVID-19, has continued to see a substantial growth in the numbers of people benefitting from our support and care. This growth has mainly been managed by a series of new and innovative services in line with our new 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. 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 neurone 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. 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 Hazel 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. 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). Our aim is to achieve an outstanding CQC rating for our hospice services in Hampshire as soon as possible. Although we are proud to be rated 'Outstanding', we continue to strive to become even better as we focus on serving more and more people who need our care and support.

Our aim is to ensure that Mountbatten Hampshire is rated as 'Outstanding' at the next inspection. During the COVID period, CQC inspections have not happened in the usual way, although we have been involved in a number of in-depth virtual checks and balances together with our local CQC inspector.

A new strategy from 2020 onwards has been developed and was launched at our AGM in 2020. This new 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 (Page 7). 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 as follows:

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

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

We identified five 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 trialling new ways of offering support to a growing number of people over the past five years, we have achieved much. We are currently reaching over 200% more people who need us than we were even three years ago. We have also managed to achieve this growth with a limited human and financial resource, mostly due to a new model which focusses on providing the right 'dose' of care for our users at the right time, rather than always giving a smaller number of people access to everything we do. Our work and developments are underpinned by a set of strong and mutually agreed values which drive our mission to meet the requirements of everyone who needs us, whoever they are, wherever they live and however they have lived their lives. Our absolute aim is never to ignore anyone who could benefit from our devastating duo of expertise and kindness and always to work as hard as we can to achieve our objective. Another major problem which we face is the lack of engagement and understanding that local communities have with and about death,

dying and bereavement. We know from our experience that this lack of engagement and understanding has a direct and negative impact on people's experiences when they come to the end of life, or when they are bereaved, as well as on the resources Mountbatten needs to utilise in order to deal with the crises that inevitably come with people's lack of planning or understanding about what is happening to them.

There is still so much more to be done and we cannot afford to become complacent; currently, of those across our communities who would benefit from our services, two out of three people do not access them. Although this is for a number of reasons, it is clear that one of the main barriers is that many of our stakeholders do not grasp the extent of Mountbatten's care and support and are unable to articulate the reality or indeed efficacy of what we do and what we achieve.

We have therefore embarked on a bold expedition to redesign our Mountbatten model and to deliver our services in new ways. The new 2020 strategy presents our new Mountbatten model, outlining how we will now move forward, achieve scale and meet the challenges which we have identified within a more stable financial envelope. This new plan outlines the ways in which we are going to achieve our ambitious aim of never ignoring anyone who needs us. The strategy also focusses on financial stability and sustainability over the longer term, through delivering our services more efficiently whilst planning new and effective services and partnerships which could lead to new funding prospects.

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

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

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

Strategic Report – Objectives & Activities

As already mentioned, in 2020 Mountbatten published its new strategy, outlining its future direction and aspirations against a backdrop of challenges and demands faced by our services over the next five years. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees whilst evaluating the public benefit provided by Mountbatten's Mission, Vision and Values

Our Mission

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

Our Vision

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

Our Values

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

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

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

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

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

Strategic Aims

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

The people we serve:

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

During 2020/21 Mountbatten Isle of Wight and Mountbatten Hampshire provided specialist and increasingly more supportive and generalist hospice/end of life care provision within the following areas:

- At Home
- Within our Inpatient Units
- Day and Outpatient Services at John Cheverton Centre (Isle of Wight) and Hazel Centre (Hampshire)
- St Mary's Hospital (Isle of Wight)
- University Hospital Southampton (in partnership with the Hospital Palliative Care Team)
- Nursing/residential homes

These areas are supported by the following services:

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

The diagram below represents the Mountbatten Group model of service delivery and is used as a framework to inform service developments which are aligned to our three strategic aims. As already mentioned, the strategy is underpinned by robust and detailed Strategic Implementation Plans which are reviewed and revised quarterly and monitored by Mountbatten's Resources and Services sub-committees.

Mountbatten Pyramid



2020/21 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments as follows:

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

- 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
- A new '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
- Developing 'virtual' services due to the COVID-19 pandemic which will stay with us into the future to enable more access for those who are unable to be seen in person
- Health and Social Care Apprenticeships, including a new 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
- All new service developments have been fully funded with new money from a variety of statutory bodies, trusts, grants and major individual donors

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 KissyPuppy (Isle of Wight)
- A continuation and further development of dementia services and services for older, frail people
- Advance Care Planning – identifying people with long term conditions including older people with frailty
- Health and Social Care Education
- Rapid Palliative Care Discharge Facilitator (A new post created and based at University Hospital Southampton)
- Mountbatten Coordination Centres
- End of Life Domiciliary Care provision (Continuing Health Care packages)
- New charity shop model (a programme to open new shops opened across Hampshire)

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

- A robust reserves policy
- A new Estates task and finish group to ensure that our estate is 'fit for purpose' for future generations
- A bespoke 'sustainability' strategic implementation plan focussing on fundraising and financial resilience
- A new workforce development plan
- Development of our ongoing education programmes both for our partners and our local communities
- A new shops strategy and the appointment of a new Head of Retail Business Development

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
 - KissyPuppy Charity
 - Isle of Wight Local Authority
 - Isle of Wight NHS Trust
 - Isle of Wight Integrated Care Partnership
 - University of Southampton – joint teaching posts
 - Dementia UK
 - Hospice UK
 - CQC
 - Isle of Wight Clinical Commissioning Group
 - University Hospital, Southampton
 - Southampton City CCG
 - West Hampshire CCG
 - Hampshire and Isle of Wight End of Life Care Board
 - A range of Third Sector partners

We are also working with an external fundraising consultant Compton, who are leading and supporting our Fundraising Teams at both Mountbatten Isle of Wight and Mountbatten Hampshire as well as a new Capital Appeal to ensure that both of our hospice sites are fit for the future through the refurbishment and development of our buildings to create a series of more flexible spaces for use for growing demand for Education, Bereavement Services, Volunteer Development and our new innovative Care Coordination Centre approach.

Key Achievements and Performance

Services across Mountbatten Isle of Wight and Mountbatten Hampshire

Community Team Hampshire

Specialist Community Team

Within the Clinical Commissioning Group service specification for Mountbatten Hampshire, there are several locally defined outcomes which are required to be achieved. These include:

- Increase the number of people being cared for and dying in their preferred place of care.
- Fewer avoidable hospital admissions and a reduction in the number of patients who die in hospital.
- 24/7 access to timely support and care including information for carers, and families prior to death and at the time of bereavement.

In August 2020 Mountbatten appointed a new Consultant Nurse, Head of Community Services to lead the strategic and operational development of Hampshire's community team. A £10k grant from Health Education Wessex has enabled a number of the team to access academic training modules to enhance their practice. Seven members of the community team have completed the Non-Medical prescribing training which enables patients to receive a timely response to appropriate medications for symptom management.

During the last 12 months the community team has been re-shaped in order to provide a flexible, responsive, and expert palliative nursing service. A rapid response element has been developed from 8am-8pm with plans to provide a full 24/7 service. The Clinical Nurse Specialists work alongside other teams such as Therapies, Psychosocial and Bereavement Services. Band 5 and 6 registered nursing staff have been recruited in order to respond to the needs of patients on the caseload in the death and dying phase and to deliver upon the Rapid Response element. Nurse specialist teams in both localities (Southampton City and West Hampshire) have utilised a 'one team, one caseload' approach to the management of the caseload with the aim that this will provide more flexibility within the team's capacity leading to the ability to deliver a more responsive and effective service i.e., ensuring our resources are used wisely.

24/7 Community Team and Care Coordination

Plans have been underway over the past year and from April 1st, 2021, Mountbatten will provide 24/7 community nursing cover across Southampton City, closely followed by West Hampshire. Funding to set up this service has been agreed following conversations with the Clinical Commissioning Groups. This means that Mountbatten will be delivering the same service model across both hospices which will have been achieved within two years of managing Mountbatten Hampshire. The community team moved to a new caseload approach with one overarching caseload for Southampton City and one for West Hampshire. This allows the team to triage patients each morning and ensures resources are used effectively to support patients and families at home. The Care coordination Centre across Southampton City and west Hampshire will also be launched in April 2021, ensuring that equitable services will be available to those who need them across all of our catchment areas.

Domiciliary Care at Home Team

In September 2020, the Palliative Care Support Worker Team from NHS Solent were assigned to Mountbatten Hampshire under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE'd), to work as the new Mountbatten 'Care at Home' team. The team have settled in extremely well and are proud to be working for Mountbatten. This team has helped support the Specialist Community Team through creating a more integrated approach to the delivery of care for people in the last weeks of life. In line with Mountbatten's five-year strategy, we will continue to develop a future workforce model that evolves to meet service needs, financial resource, and has the flexibility and resources to respond to the need for Fast Track Continuing Health Care packages for people at the end of life as quickly as possible. This will include the flexibility to enable rapid discharge from local hospitals for those people who do not need or want to be there. This service will expand into west Hampshire in April 2021.

Community Team Isle of Wight

Specialist Community Team

Over the last year the team has managed a number of changes to staffing. These changes have provided an opportunity to create a diverse mix of clinical skills and experience by appointing two paramedics and a neurology nurse specialist to the team.

COVID-19 brought many challenges for healthcare professionals and Mountbatten's community team had to adjust to a very different way of working at the height of the pandemic. As the pandemic's first wave approached in late March 2020, reports from Italy and London suggested that some patients died very rapidly and with distressing symptoms. It was clear that both above limitations were likely to preclude us offering effective palliation for some patients with COVID-19. To address this, several measures were urgently implemented and led by one of our Consultants in Palliative Medicine in conjunction with Pharmacy colleagues and partnership working with the local hospital trust:

- a Patient Group Direction (PGD) was developed to enable clinicians with sufficient clinical experience to identify the imminently dying to administer appropriate symptom-relief medications. A competency assessment was developed to ensure that its use was restricted to clinicians with the necessary competencies.
- a Prepack System was used to rapidly mobilise the medicines which included Controlled Drugs, (CDs) specified in the PGD.
- the community team stock medicines cupboard was expanded to include a small selection of additional CDs that were expected to be required less often, but none-the-less urgently when the need arose.

24/7 Community Team and Care Coordination

The Care Coordination Centre continues to adapt with the changing landscape ensuring patients, families and carers have support available 24/7. It has become apparent over the past year the importance of this resource as other services have not been available or provided in the same way as pre-COVID-19. One area which has been severely affected by the Pandemic are Nursing and Residential Homes where there have been a large number of deaths; the Care Coordination Centre and Team have provided ongoing support for residents and staff.

The number of patients on the Mountbatten End of Life Register continues to increase. Scheduled follow-up review calls have been maintained and the feedback received from patients, carers and professionals has been extremely positive, as the feeling of isolation has had a significant impact during the Pandemic.

Following a number of Community Team workshops looking at our strategy and the way forward, it was identified that we must continue to reach as many people who need our services as possible, and to ensure we continue to meet those needs and develop this aspect of service provision. As a result, Mountbatten is appointing four Band 4 clinicians to enhance and extend Mountbatten's community service and reach. Following a robust induction, these roles will provide support in the 24/7 Care Coordination Centre, carry out initial patient assessments and provide regular support to Care Homes. These roles will be supported by clinicians in the Community Team.

Domiciliary Care at Home Team

In November 2020, Mountbatten submitted a tender for the provision of specialist homecare services. Historically, Mountbatten has been commissioned by the Isle of Wight Clinical Commissioning Group to provide Fast-Track end of life care packages to people whose preferred place of death is home. Commissioning of this service has been transferred to the Isle of Wight Council, which instigated the open tendering process for the continued delivery of this specialist service.

Following a robust tender submission, Mountbatten was formally appointed on the approved supplier list along with two other external providers of this service. The scoring was based on quality and value for money. As it is an ongoing approved supplier list, the opportunity for re-tendering opens annually and any other provider, including Mountbatten may re-tender for the 'Rank 1' provider of the end-of-life care service.

Inpatient Unit Hampshire

Beds have continued to be used in the normal way during the COVID-19 months, with a number of admissions supported for patients who have been COVID-19 positive. Visiting to the unit had to be restricted in line with government guidance but was managed well which helped to create a more relaxed atmosphere and experience for everyone.

During the COVID crisis, Mountbatten has been fortunate to receive funding for specific capital projects, including the replacement of the entire flooring in the unit, refurbishment of single rooms, including installing new wet rooms, and the redecoration of some rooms to make them more suitable for dementia patients. We have also been able to refurbish the main shower room and make some significant improvements regarding infection control.

Some changes with staffing and staff absences have impeded the development of nurse-led beds, however, and a plan and timeline is in place for 2021/22.

Catering was brought in-house from April 2020 through a contract with HOST (the same company as utilised on the Isle of Wight). Previously catering was provided by a historical Service Level Agreement with Southern Health. Despite the challenges of setting this service up during the COVID-19 pandemic there has been improvements in the quality of food that patients and families receive, with greater choice and flexibility. The current Kitchen facilities are somewhat limited and future planning will consider adequate kitchen facilities to enable further improvements.

Staff have been very flexible during the COVID-19 pandemic, for example our Rehabilitation team supported the Care Coordination Centre Hub and the Inpatient Unit, and we have had a staff nurse from the Hazel Centre join the IPU to cover furloughed staff.

Several new supporter volunteers joined us during the pandemic, as well as those who have continued to support us throughout the pandemic. Their support in the Inpatient Unit and covering Reception has been invaluable to maintaining the care of patients and visitors.

Inpatient Unit Isle of Wight

Over the last 12 months COVID-19 has impacted in many ways, personally and professionally, but the Inpatient Unit team have successfully adapted to these changes and continued to provide excellent care and support to many Island patients and their loved ones. Although managing visiting arrangements has been a significant challenge at times, staff have managed to continue this as safely as possible, supporting those who have felt anxious. Feedback regarding this has been that patients and their loved ones are incredibly grateful that they have been able to physically see each other, when for some this has not been possible for many months. Staff have learned to support patients in communicating differently with their relatives, setting up video calls via Skype or FaceTime, also supporting people to send written messages to those who are important to them who have been unable to visit.

The team have felt very supported throughout this time and consider they have had a voice throughout with concerns being listened to. Staff have been very flexible in times of need, for example one of our nurses temporarily supported the Care Coordination Centre Hub for a few months, and we have had a Healthcare Assistant (HCA) from the John Cheverton Centre join the IPU to cover furloughed staff.

The Mountbatten Care Certificate has now been completed by all of our HCAs, who, along with the nursing staff, are now supporting our bank HCAs to complete theirs.

Despite the challenges, we continue to develop nurse-led roles with one of our Senior Staff Nurses who is now on a pathway to become a non-medical prescriber alongside our Deputy Sister, Ward Sister, and Nurse Consultant. The IPU are caring for more complex patients as a nurse-led team, and often lead the care when complex discharge planning is required. Recently with our Consultant Nurse working within the community team, we admitted a patient directly under nurse-led care, and she remained under this team until she died.

Several new volunteers joined us during this challenging time, due to us being able to offer volunteer experiences for those who had been furloughed from their day-to-day jobs due to COVID-19. We also enabled those volunteers who regularly support us to continue to do so due to extra training in COVID awareness and infection control.

Throughout the Pandemic, their support has been invaluable to the staff and patients. We have facilitated a wedding in our chapel during lockdown, which was a very special time for one of our patients and her loved ones. Also, to lift the mood and have something fun and positive to focus on we had our very own 'IPU Bake Up' with many staff and volunteers taking part – this was a fabulous success, which we will hope to continue with on an annual basis.

Specialist Lymphoedema Service Isle of Wight

During lockdown and the changes to the way the staff normally work, the team were able to keep in contact with patients by telephone to offer support and advice and telephone consultations. In exceptional cases patients were visited at home. From July 2020, the team were able to resume clinics in the John Cheverton Centre with appropriate restrictions in place.

The Lymphoedema caseload is over 300 patients Island-wide. There has been an increase in patients that have other complex health issues.

The Lymphoedema Nursing Assistant is currently undertaking a course to become a Nursing Associate and will be working on placements around the Island during her course.

The team has been able to provide their regular Newsletter four times a year, this contains information relevant to our patient group and includes helpful ways to manage their condition and shares patients' own contributions.

We are expecting the service to increase in referrals over the next year and are beginning to plan ahead in order for the team to meet the anticipated service demand.

Rehabilitation and Enablement Services Hampshire and Isle of Wight

The Rehabilitation and Enablement Team at Mountbatten provide physiotherapy and occupational therapy input, including clinics, one to one sessions, groups, education, and community visits. The Teams support the Inpatient Units, Community Teams and Day Services, as well as carrying a therapy-specific outpatient caseload. In December 2020, a new Rehabilitation and Enablement Lead commenced in post whose role is to lead the development of physiotherapy, occupational therapy, and a new model for day service provision.

Since April 2020 the Rehabilitation and Enablement Team's usual working model has been challenged due to having to cease group sessions, and not being able to operate the Day Centres in order to comply with COVID-19 restrictions. Flexibility and innovation have become key to adapt our services within the current climate and still support those who require therapy input.

The pressures of the Pandemic brought about an increased demand on the therapy teams on the Inpatient Units. Earlier intervention and increased joint working with nursing colleagues have enhanced working relationships and increased efficiency. It has also identified a need for raising awareness of therapy interventions for symptom control and a training package is being developed.

Outpatient services have temporarily expanded, offering double the usual number of available appointments to enable those who require therapy input to access a one-to-one session, compliant with the restrictions.

A host of written and recorded resources have been created which will be available on the Mountbatten website to increase our reach, allow our colleagues to signpost service users to useful information, and to empower individuals to manage their symptoms and condition.

A virtual therapy timetable is being created, with the support of a successful Innovation Bid from Wessex Cancer Alliance, which will see live group sessions facilitated over an online platform, enabling people to access groups from home.

The opportunity has been taken to re-launch our Day Services, focusing on a proactive approach, with three core components: Preparation, Prevention and Prehabilitation. This model is being spearheaded by the Rehabilitation and Enablement Lead; a new role with the purpose of promoting these key elements as part of Mountbatten's values.

Integrated Palliative and End of Life Team (IPET) Isle of Wight based at St Mary's Hospital

The IPET is based at St Mary's hospital and provides palliative and end of life care specialist advice and support to the hospital and onsite mental health wards. The team is an integrated team that consists of Mountbatten and NHS staff and has been in place since 2019. The team is multi-disciplinary and comprises consultants in palliative care medicine, specialist doctors, consultant nurses, clinical nurse specialists and a clinical psychologist.

The team operates 7 days a week between the hours of 08:00am and 20:00hrs.

Achievements during 2020/21 include:

- Supported the clinical care of patients on the new acute hospital nurse led end of life care unit based at St Mary's hospital called Wellow Unit.

- Supported ward teams during COVID 19 pandemic with increased demand regarding palliative and end of life care.
- Development of hospital-based guidelines to support teams in managing symptoms effectively in COVID 19 patients that are for active treatment and also at end-of-life care.
- Delivered an educational programme to the community nursing team to enhance end of life care in the community.
- Maintained the discharge coordinator role at St Mary's hospital

During 2021/22 the IPET team plan to:

- Re-establish education programme for end-of-life care in the Trust.
- Develop rotation of clinical nurse specialists between IPET and Mountbatten to build resilience of the workforce, while also educating and upskilling the workforce.
- Expand the discharge coordinator role to 7 days a week.

Consultant nurse working across Hampshire and Isle of Wight

Following an 18-month secondment into the community team at Mountbatten Hampshire to lead the development of the community team, one of Mountbatten's Consultant Nurses has commenced a multi-faceted role in order to build new relationships with our partner organisations working with the Hospital Palliative Care Teams at St Mary's Hospital Isle of Wight and University Hospital Southampton (UHS). Alongside this, our nurse has also returned to the University of Southampton as a Clinical Teaching Fellow one day a week.

A community nurse by background, this consultant nurse can facilitate a consideration of the community perspective in influencing and developing palliative nursing care in an acute setting. Working at UHS two days a week, Mountbatten's Consultant Nurse works both clinically and helping to support education within the team and developing skills around Advance Care Planning. She is working in collaboration with other senior nursing and medical colleagues in respect of the 'Shared Decision Making' initiative within the Trust and works closely with one of the Consultants in Palliative Medicine to deliver a weekly Enhanced Supportive Care (ESC) clinic. The concept of Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care.

Working with the Integrated Palliative and End of Life Care Team (IPET) at St Mary's Hospital Isle of Wight, two days a week, the Consultant Nurse supports the development of clinical skills in practice and the education of the nursing team on the End of Life Care unit within the hospital.

The return to the Clinical Fellow role at the University of Southampton has been a new challenge, as the impact of COVID-19 has changed the delivery of education considerably.

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

The Mountbatten Isle of Wight's Medical Team's year to date has continued to be strongly influenced by the Covid Pandemic, both directly and through indirect effects on other aspects of healthcare.

In January 2021, the Isle of Wight experienced its largest outbreak so far. Those dying from Covid exhibit a range of rapidly progressive symptoms (breathlessness, agitated delirium, retained chest secretions) that would cause considerable distress if left untreated. The majority of such symptoms respond well to conventional symptom management approaches; the challenges arise from the numbers of people affected and the rapidity with which they deteriorate.

In the hospital, many colleagues seconded from other areas were not familiar with end-of-life care. A palliative care doctor thus visited every ward every day to review people dying from Covid pneumonia and deliver opportunistic bedside teaching and support to colleagues, familiarising them with the step-by-step covid end of life guidance that we have refined throughout the year as our own experience grew. We reduced our reliance syringe driver pumps during this period because there were insufficient pumps for the numbers of people dying during the peak of this 'wave'.

A further need emerged in those still receiving active treatment but who were too delirious and/or frightened to tolerate non-invasive ventilatory support. We worked with colleagues from intensive care, respiratory medicine and psychiatry to produce joint symptom control guidance for such patients that could be safely used in parallel with ongoing attempts aimed at recovery.

Not all of the pandemic's impact on healthcare has been negative. It has provided an impetus to change things that were previously seen as 'too difficult'. For example, this year has seen paramedics and senior nurses become empowered to make decisions with patients and families about remaining at home and resuscitation, which previously would have required 'authorisation' from a doctor. Nurses are now also authorised to confirm when death has occurred without needing prior confirmation from doctors that death is expected. New systems for rapidly mobilising symptom relieving medications to people at home, although initially a response to the rapidity development of covid pneumonia, have proved themselves of benefit to people dying from other illnesses too. These measures are described in more detail below (see 'Mountbatten Isle of Wight's Medicines Safety and Optimisation Team').

Education has remained important throughout, although it is pleasing to start our return to face-to-face teaching. We have continued our regular educational events with colleagues within our service, junior doctors at St Mary's, GPs in training, and District nursing. Regionally, we are sharing some new innovations and techniques adopted from our intensive care colleagues with other Wessex hospices. Nationally, we delivered a session to the Association for Palliative Medicine conference based on one of our consultants' PhD research.

We have a new Foundation Year 2 doctor. In addition to providing valuable exposure to symptom control and person-centred care at an early stage in their training, this has also enabled us to relocate our GP trainee to spend more time with the Community Palliative Care Team, providing greater medical support to them and more relevant community experience to the GP trainee.

We are developing links with the new Medical Examiners, and will be their first community pilot site. Our electronic patient record (SystmOne) allows them full access all aspects of the persons care. They will provide valuable external scrutiny of our care around death, and an important additional safeguard against the 'professional group think' that contributed to such disasters as the events in Gosport Memorial Hospital.

The pandemic has impacted upon many other aspects of healthcare. Our decision to continue to see patients and families in person throughout the pandemic, a necessity for palliative medicine, has sometimes created extra pressures for our team. For example, in addition to seeing illnesses presenting much later than normal,

we are often the first doctors that families have met, and so they understandably have numerous questions to ask, and sometimes anger to express. Further, the reliance on telehealth by oncologists sometimes means a greater degree of liaison from ourselves to highlight that the patient is less well than was apparent during remote-consultations. General practices have operated different policies, but some care homes have lowered

their threshold to call our community service because, for some, we are their only remaining access to face-to-face clinical assessments.

We have described SystmOne's significant benefits to patient care in previous reports. We are therefore cautiously excited to report that St Mary's hospital is considering adopting SystmOne too. Whilst this will require careful planning, the potential gains to joining-up patient care cannot be overstated. We hope to bring further news in our next report.

Many of the changes and innovations described above relied upon significant changes to how we obtain and administer medicines. The care required to ensure that these processes were safe, legal and secure cannot be overstated. Because these practices are not widely used, they have attracted significant scrutiny, including from the Care Quality Commission. But everyone understood our aims and helped us develop processes that work for patients. We would particularly like to thank our pharmacy colleagues for helping steer us through a legislation framework designed around the delivery of healthcare decades ago; our Police Controlled Drug Liaison Officer for her immense pragmatism; and our colleagues from Ashton's who, again, provided invaluable external scrutiny and quality assurance.

Although careful forward planning remains the mainstay of palliation, there will always be unforeseen crises, people who deteriorate faster than expected, or who do not wish to plan for the end of their lives until that time is upon them. We have used Patient Group Direction (PGD) legislation to enable selected nurses and paramedics, with sufficient clinical experience to diagnose dying, to administer 'just-in-case' drugs to dying people without prior authorisation by a prescriber. This provides a safety-net of 12 hours if there is a delay in arranging assessment by a prescriber (e.g. overnight). This is the subject to ongoing audit. Coupled with the ability to make resuscitation and 'do not admit to hospital' decisions described above, this has undoubtedly avoided inappropriately admitting people to hospital who do not wish to be there.

We have had preliminary discussions with a team in Cambridge University to ask for their advice, and, we hope, their involvement, in evaluating this project and sharing it with others.

For those where supply from community pharmacies is not fast enough, or out of hours when pharmacies are closed, we have set up processes to take emergency symptom relieving medicines out from the hospice. Again, although straightforward in principle, the legislative hurdles are considerable and we are, again, indebted to our pharmacy colleagues for their ingenuity and lateral thinking.

Much of our practice and safe use of medicines is underpinned by a comprehensive set of clinical guidelines to ensure consistent evidence-based cost-effective medicines use. This is particularly important given the complexity of care delivered by our nurse prescriber colleagues. Thus, the updating of these guidelines every 3 years is a major and valuable part of the Medicines Safety and Optimisation team's work. Although the update unavoidably coincided with the above additional work streams arising from the pandemic, we are on course to seek approval for our 2021 update in May. This includes many new techniques adapted from other specialties for use at home with those who wish to avoid hospital admission. For example, new approaches to managing seizures, bleeding, electrolyte disturbance, and the delivery of injectable antibiotics based on conventional hospital treatments but adapted for use in the home setting.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team

As we move into Spring this year there is a sense of hope and of refocusing our services for the people whom we serve. We are delighted to welcome back from maternity leave Consultant, Dr Sarah De Vos. We say goodbye and thank you to, Palliative Medicine Consultants based at Southampton General Hospital who have provided maternity cover for Sarah: Dr Andrew Jenks for the last year and Dr Mark Banting for the last six months. They will continue to work with the team here closely, providing cover during periods of annual leave whilst we work to recruit an additional consultant to the service. We congratulate Dr Jenks on his appointment to the post of Lead Consultant in Palliative Medicine across the medical service at both Mountbatten Hampshire and University Hospitals Southampton NHS Trust, thanking Dr Carol Davis for her exemplary leadership until now.

The arrival of Covid-19 and the advent of the first lockdown brought darker times last Spring. As the hospice team on-site reduced to essential workers only, we worked with the multidisciplinary team in daily Covid-19 briefings to reconfigure our working practices to ensure that we could continue to provide safe inpatient care to patients both with and without Covid-19. We rapidly had to adapt to delivering palliative care from behind the masks of PPE, and from the safer but restrictive Perso Hoods. We were delighted to have one of our own “Covid-survivors” clapped out of the building when he went home, a moment of celebration that was shared on Mountbatten’s Facebook page.

Shielding members of the medical team were redeployed in hours and on-call to support the Community Hub phone service. Dr Mike Miller, a Consultant in Paediatric Palliative Care, came out of retirement as a “GMC returner” to support the Hub, where he continues to provide much valued input. Annual leave was cancelled to ensure senior medical cover through the anticipated first peak. On-call demand increased as consultants were contacted for advice in supporting dying patients with Covid-19 in Southampton General Hospital. In the second wave, the senior medical team re-organised working to release Dr Banting from his commitments at Mountbatten to provide additional palliative care input to COVID wards at the hospital.

The community medical and nursing team rapidly adapted to more remote working, providing advice and support via phone where possible. Dr Stark Toller contributed to the development of *Wessex Palliative Care Physicians Covid-19 End of Life Care Community Symptom Control Guidelines 2020*. A series of extra-ordinary meetings were held with CCG, medical and pharmacy leads across Hampshire to share best practice. Dr Stark Toller worked closely with Southampton CCG Prescribing Lead to develop tailored guidelines for GPs and Care homes within Southampton, and to develop a new COVID-MDT where patients diagnosed as dying with COVID were discussed daily with GP, Mountbatten and given access to Mountbatten Hub and support services. In addition, an innovative means of accessing emergency symptom control drugs was developed and implemented: ‘Symptom Control Drug Packs’ were devised and manufactured, to be held at the GP hub so that GPs could prescribe and dispense emergency drugs to patients dying at home with COVID without the carer needing to leave the house to collect the drugs from pharmacy. This provision remains in place today.

Despite additional workload with COVID, the members of the medical team presented one oral presentation and two posters at the Palliative Care Congress in March 2021: *Continuous subcutaneous infusions in dying patients: a casenote comparison of hospital and hospice settings* (Dr A John, Dr C Davis); *Measuring serum-ascites albumin gradient to optimize management of ascites in the hospice setting* (Dr K Bevan, Dr C Stark Toller); *Time for change? Transforming the investigation and management of anaemia in the palliative care*

population (Dr S Jones and Dr C Stark Toller). In February 2021, Dr Stark Toller delivered a lecture, *Anaemia in Advanced cancer: Current concepts and treatment options* at a national conference The Advanced Course in Pain and Symptom Management. Covid restrictions meant that this lecture was delivered from the privacy of her bedroom rather than a podium of a lecture theatre! Dr Jenks published a paper on his experience of managing COVID in the hospital: *Pennell S and Jenks A (2021) Palliative care on the acute medical unit. Medicine. 49:71-74.* Dr Stark Toller, Editor of *Palliative Care Formulary* textbook, saw 7th edition published in summer 2020.

The medical team have continued to deliver on an agreed quality programme, establish the Medicines Safety and Optimisation Team meetings, contribute to the newly established Clinical Policy and Procedures Review Group and introduction of the next stage of OACC outcome measures. In addition, a formal expression of interest for participation in a research project has been submitted.

Throughout this year, we have trained six specialty registrars on their journey to becoming consultants, and were pleased to welcome back one of our long-serving specialty doctors Dr Anna John into this new role. We have also trained 4 GP specialty registrars. We were delighted to welcome back two of our previous GP Specialty Registrars to work with us on a permanent basis in October 2020. Both now fully qualified GPs, Dr David Palethorpe is a partner at a practice in rural Hampshire and Dr Rebecca Smith works in practices in central Southampton. In the UHS Junior Doctor Awards 2020, one of our registrars Dr Rose was awarded an 'Honourable Mention' in the category of Going the Extra Mile, against competition of hundreds of junior doctors across the trust.

As we look forward to the coming year, our Associate Specialist Dr Anna Hume will be delivering a teaching programme to train doctors and nurses within our service in ultrasound skills for drainage of ascites so that we can continue to expand our service. We will continue to develop and build new links with the Interventional Pain Service at UHS, and as Day Services re-open at Mountbatten to establish links with specialist neurology and heart failure services.

COVID-19 response and impact

It is a credit to the Mountbatten Team that all services apart from Day Services continued to run as usual throughout the last year with few adaptations. Those patients who would have usually attended day services were supported virtually. Inpatient Unit beds remained open as normal.

Initially, sourcing PPE supplies became very complex and unpredictable. The NHS supply chain was unreliable, and it became evident at an early stage that Mountbatten would be unable to depend on this one supplier. In response to this, Mountbatten launched a local appeal to the community and very quickly supplies of PPE came in from local dentists, veterinary surgeries, and manufacturing industries. In order to ensure Mountbatten had a robust stock of PPE, we sourced orders from China and Moldova which were accompanied by certificates of compliance with UK standards.

Following the public appeal, local sewing groups made several hundred sets of scrubs for staff and a local entrepreneur made several hundred face visors and gifted these to Mountbatten.

From the outset of COVID-19, Mountbatten set up a number of small Task & Finish Groups in order to oversee key services areas, Clinical Services, HR, IT & Volunteers, Communications, Regulatory and Infection Control Prevention. Daily COVID-19 meetings were implemented with service leads and an overarching action plan was

formed encompassing each of these domains. The action plan remains a live document and is regularly updated and presented weekly to the SMT and quarterly to the Services Committee. A detailed report of Mountbatten's response to COVID-19 has been presented to all key internal committees, the CQC and local Clinical Commissioning Groups.

Over the last 12 months, a number of innovative new processes were put in place on the Isle of Wight; the development of a new Patient Group Directive, led by our Medical Director and Pharmacy colleagues from the NHS Trust; updated Nurse Verification of Death procedure; use of Skype procedure for patients; Standard Operating procedure for the hospice community team for the use of Emergency COVID-19 medication packs; Standard Operating procedure for the Administration of Medicines from a COVID-19 Patient Group Directive; Process for sending Death Certificates and a Return to Work Flowchart.

Members of the Senior Management Team attended clinical handovers daily throughout the height of the pandemic to talk through any changes in processes and regular Open Meetings took place for staff to highlight any worries or anxieties. Managing fear and uncertainty within the organisation became paramount in terms of the SMT's focus and a number of additional mechanisms including Psychological support, telephone support lines, 'care bags' and regular communications from the CEO and SMT were put in place to support staff during a time of great change and apprehension.

The most significant impact to our workforce was the loss of volunteers who normally support our clinical areas as many of our volunteers are over the age of 70 and/or have underlying health conditions. The hospice utilised offers of support from some of our trustees, dental nurses, and veterinary nurses to undertake some of the routine volunteer roles in key clinical areas.

Psychology, Spiritual Care and Bereavement Services

Mountbatten Isle of Wight and Mountbatten Hampshire Psychology and bereavement Services

This last year has seen many changes and development to the Psychosocial and Spiritual care services. Understandably the services had to change and adapt in light of the Covid-19 pandemic. It was vital that all those in need of support were still able to access it in a meaningful and responsive way. Accessing bereavement support was a particular priority considering the increased number of deaths this last year. We worked to ensure everyone received a service when they needed it.

Isle of Wight

Psychological and Bereavement Support

In order to reach and support all those in need, wherever they were, we worked flexibly and adapted how we delivered our services. For many it was vital to continue to meet face to face and we were able to offer face to face contact throughout most of this year. So many people felt the effects of isolation during lockdown and being able to attend the appointment in person helped them feel connected, supported and cared for. For others, who may have been shielding or too anxious to attend appointments in person we continued to offer bereavement support via telephone and online platforms.

Grief can be a hugely isolating experience anyway and the lack of social networks can make it harder for people to cope with their emotions. In recognition of this we developed online bereavement groups. This forum has enabled people to share their experiences and gain vital peer support from others experiencing grief and loss.

In April 2020 we developed and launched the 24/7 Keep Connected Helpline. This line was open to anyone across the island living with loneliness or bereavement and offered a listening ear to those needing to talk. The helpline was supported by volunteers who attended training and regular supervision. The volunteers received some very complex calls mirroring how people's lives had been impacted over this time.

During 20/21 we worked in partnership with local CCGs, Councils and Care Partnerships across the Isle of Wight to support Care Homes during the pandemic. Together we developed a guide to well-being and resilience and offered individual or group support to homes coping with bereavement due the significant losses they have experienced.

The Arts

In addition to bereavement support the service delivered the weekly art group and the choir online. Both the choir and the art group have been well attended throughout the last year. The choir contributed to Light Up a Life at Christmas and worked closely with the Young Adults service to perform a song they wrote about their lockdown experiences. This song was released on the 23rd March in recognition of a year since Lockdown began. The Young Adults group have met weekly to create art projects, songs and poetry which has been vital in helping them continue to connect with each other.

Spiritual Care

Julia Myles, the new Spiritual Care Lead for the Isle of Wight began her role on the 4th January. In her first few weeks Julia has made important connections with local community clergy as well as the Spiritual Care Lead in Mountbatten Hampshire to ensure spiritual care across both communities. The Chapel on the Isle of Wight was refurbished to provide a spiritual and peaceful place for patients, families, staff and volunteers. A chapel space has been identified for Mountbatten Hampshire and this will be an important development over the

next few years.

Transition Services for Young Adults

Transition services have continued in a very different way this year, but with surprising results.

With the onset of the pandemic the Young Adults had to shield and therefore we adapted the service to ensure they were still able to meet together and have their health needs monitored and met. As most Young adults are usually far more adept at using social media the online forum opened up accessibility to the service where in some cases actual attendance to day services had been previously difficult. The Young Adults were invited to meet weekly via Zoom. This enabled them to connect, socialise and this helped reduce their sense of isolation. They made good use of their time together and with art and music therapies they enjoyed working on some great projects. They produced collaborative piecemeal paintings, wrote poems about their experience and concluded with a song of hope “One Day Soon” recorded with the Mountbatten Choir.

Face to face health reviews resumed when restrictions were eased sufficiently and now with the vaccination program their confidence to come out is increasing. Monitoring of vaccination inclusion for the Young Adults, and telephone consultation with parents who are not always known to be the carer for their child, has empowered parents to ask their GP’s to be included sooner than their age would have allowed. Within the cohort of 22 young adults (14-25 yrs), 17 have received the first dose as clinically extremely vulnerable and are now getting their second doses, 3 have been offered the vaccine but have not taken the opportunity, and 2 are not eligible due to their age.

At the beginning of the pandemic and the first lockdown the restriction of visitors for inpatients highlighted a communication problem for some of my patients over 18 yrs old. They may have had capacity to consent to treatment, but lacked the confidence or historical knowledge of their physical health to direct their care. With their input I created a document that explained how they like to live and what is important to them “All About Me”, for them to take into hospital with them in the event of having Covid 19 infection. Within the booklet there is a section for recording an advance care plan (ACP) if they had one. This prompted the option to be sent Mountbatten ACP documentation, which was requested by two of the group. During this year two adult patients have made their wishes known in an ACP, and two new patients under 18 have a paediatric ACP version recorded on SystemOne.

ZOOM has also been the alternative to national study days and meetings with colleagues and other local agencies. The benefits of national networking via ZOOM/Teams are saving time and cost of travel, which means we can meet more regularly and work together more collaboratively, supported by Hospice UK and Together for Short Lives. Emerging research within the network has shown the increase to the number of young adults surviving into adulthood with complex health conditions. It appears that the majority of those who die soon after transition, do so in hospitals rather than hospices or at home, which is a situation the ‘transition community’ is keen to change.

Hampshire

Psychology and Bereavement Support

From April 2020 the Psychology and Bereavement service moved to online and telephone support until face to face appointments were able to resume in July 2020. The bereavement group attendees were contacted regularly via the phone to ensure continued support. Referrals to the service initially decreased in the first few months of the pandemic, this decrease was experienced in similar services across the region, but referrals have steadily increased from Summer 2020. Online bereavement groups were developed and launched to enable peer support for those wishing to meet with others also coping with loss and bereavement. These groups have

worked well and have received positive feedback from those attending.

Whilst adapting the service to meet individual's needs during the pandemic we liaised with other bereavement service leads from across the region to understand changes and challenges being faced by other similar services. This was helpful in understanding referral trends and being able to understand and prepare for the impact of Covid on bereavement and therefore our service.

In recognition of the particular distress and grief being experienced by those working in care homes we worked with CCGs and Care partnerships to deliver support to care homes in the area. Understandably, many staff felt loss and grief as many of their residents died and they experienced a number of deaths in a short space of time. We attended two care home forums to outline strategies to manage bereavement and improve resilience. As a service, we offered staff support for those working in care homes and in need of additional support.

For our own staff we introduced regular supervision for clinical staff and have planned the introduction of Mountbatten Rounds which will begin in May.

During the course of the last year there were several changes to the team. Three members of the team left and we successfully recruited to the counsellor and social worker posts. We also welcomed an Art therapy student and counsellor student to work within the team. We have begun to build up relationships with local universities to offer ongoing placements for students. Additionally, the Music Therapist began a one-day a week role supporting the IPU and working with outpatients. From June 2021 outpatients groups will resume alongside other groups such as children's group and the regular bereavement group.

Chaplaincy/Spiritual Care Service

The service continued to attend the spiritual needs of patients and families both on IPU and in the community. This support has often led to the spiritual care lead funerals and weddings. During the 2020 the spiritual care lead in Hampshire provided support to the IOW by visiting weekly and working on the IPU. This enabled the service to continue whilst the post was vacant.

The service developed and delivered regular teaching for staff interested in further understanding Spiritual Care. The lead also contributed to the Six Steps education programme for local care homes and mandatory training for all internal staff.

We have identified a space at the hospice for a chapel and worked with fundraising team to find grants or funds that will contribute to the development of a chapel space. In line with this, we have reviewed the resources for the services so the service is able to grow and develop to meet the needs of those receiving care from the Hospice. Going forward the service we will introduce regular Sunday services and Memorial services for bereaved families. The spiritual care leads from the IOW and Hampshire are working together to deliver the 5 year strategy which includes growing a volunteer team for the service, building strong community links across the region and implementing regular services for patients and families.

Mountbatten Isle of Wight and Mountbatten Hampshire Volunteer Departments

Volunteering across the Mountbatten Group

The Covid-19 pandemic impacted significantly on how volunteers were able to support Mountbatten over 2020 and Spring 2021. Following the Government Guidance issued in March 2020 the majority of volunteers across

all of the teams were unable to continue in their roles due to their being over 70 years of age, or due to health issues.

Due to this change and the ongoing need for volunteer support for crucial clinical services we advertised for and recruited local people who were willing and able to support the Mountbatten Group at this time. These 'Mountbatten Supporters' provided invaluable support for the In-Patient Units for both Mountbatten Isle of Wight and Hampshire. We received a huge amount of interest from people wanting to volunteer and support the hospice. We were supported by individuals who otherwise would not have been able to volunteer due to work or other commitments. Furlough and changes to social commitments meant that individuals have more free time to volunteer.

In recognition of potential isolation and loneliness, during the pandemic, we developed and launched the Keep Connected Helpline in March 2020. It provided those living on the Island with a listening ear whether they may be lonely, bereaved or trying to cope within the pandemic. Volunteers supported this helpline 24/7, from home, and feedback from those who called highlighted the importance of being listened to by a kind and friendly person at a difficult and lonely time. The helpline received a number of important and complex calls from people struggling with the impact of the pandemic. Loss, bereavement, mental health and isolation were common themes over the year that the helpline operated. From April 2021 the helpline changed to a bereavement helpline – receiving calls from individuals who may not need ongoing bereavement counselling but were in need of someone to talk to about their loss.

Many volunteers opted to continue their roles from home. For instance, Mountbatten Neighbours provided weekly telephone calls to individuals as they couldn't visit. The bereavement volunteers supported individuals, again, via the phone until face to face sessions were able to resume in July 2020. For all those volunteers unable to continue their role their manager kept in regular contact to ensure they felt connected and supported through the pandemic.

Additionally a regular email by CEO Nigel Hartley to all of the Mountbatten volunteers sought to ensure that they were updated with events affecting Mountbatten services, felt included and for them to feel confident to contact their team manager and the Voluntary Services Team if they had any concerns or queries.

Understandably, during the last year some volunteers made the choice not to continue in their volunteer role. This meant that a focus for the volunteer team was to develop a clear recruitment strategy to ensure that all services were supported by the right number of volunteers. The recruitment plan began in 2020 and continues to be a priority for 2021. To inform the recruitment strategy for the coming year we conducted a gap analysis, which managers from all teams completed. The gap analysis looks at needed numbers of volunteers as well as skills and qualities. This information has meant that we have been able to lead a more focused recruitment drive. Priorities for initial stages of recruitment were in retail as well as the IPU for both Hampshire and the Isle of Wight. Following this, further developing and recruiting to Mountbatten Neighbours is a clear focus to allow those living in isolation across both Hampshire and the Isle of Wight receive support from Mountbatten. Following on from this, areas such as Spiritual Care, Bereavement and Fundraising will need targeted recruitment and training.

For all returning volunteers to Mountbatten, a Covid-19 infection control training update was undertaken with them by their team manager – together with an update of developments that have taken place for Mountbatten over the period of the lockdown.

Growing the volunteer force was identified as a clear priority as part of the new strategy from 2020 – 2025. A Volunteer Army needs to be developed to reach more people and expand our essential services. In order to grow and develop at scale we agreed to invest in the volunteer team. The first step was to appoint a Head of Volunteer Development. This role was appointed to in April 2020. The team was further expanded to by the appointment of four volunteer co-ordinator roles.

Three volunteer co-ordinators are based across the island and one in Southampton City. These roles are based

in the community and the initial aims of their role are to recruit, and train new volunteers. Further to this the co-ordinators have worked to understand what support is available across the region. To do this they have begun to make links with other local agencies and build vital community links to support those we care for. This work is ongoing and their role and contribution to the volunteer force will grow and develop over the next few years.

An important project over 2020 supported by volunteers was the Love not loneliness campaign. This campaign was a fantastic example of the support Mountbatten receives through its volunteers. We had an overwhelming number of people volunteer to deliver gifts and help with organising this project. It was hugely successful and reminded those that we care for that, despite the pandemic, we were thinking of them and continued to support them.

Throughout this last year the volunteer team has continued to work through the 5-year strategy. This work has included improving the application form and process to make it more accessible for those wishing to volunteer; ensuring the HR processing such as DBS information was accurate and inputted into the new Cascade system. A workshop for all managers has been planned and developed to help them work with and support the volunteers in their team. Additionally, training has continued for volunteers new to the organisation. Regular induction and mandatory training is planned throughout 2021.

Quality

Quality Reporting across the Mountbatten Group

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

Quality Account

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

Mountbatten Isle of Wight's Quality Account can be found at <https://www.mountbatten.org.uk/quality-account> and Mountbatten Hampshire's Quality Account can be found at www.mountbatten-hampshire.org.uk/quality-account

Complaints and concerns

This last year has seen further development of the unique partnership between **Mountbatten Isle of Wight and Mountbatten Hampshire**. We have worked hard to ensure that Mountbatten's expertise and experience will lead the management and development of Mountbatten Hampshire, enabling the influence of our Island's hospice to grow, as well as bringing benefits of scale and potential new funding streams for the benefit of both hospices. During 2020/21 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Organisational Quality Improvement Action Plan

The Quality Improvement action plan was developed in the latter part of 2017 at **Mountbatten Isle of Wight** to ensure services continue to evidence and demonstrate quality improvements in line with the Care Quality Commission key lines of enquiry in the domains of whether our services are safe, effective, caring, responsive and well-led, it had 85 key objectives. The majority of these objectives have now been completed with the remainder subsumed into the Strategic Implementation Plan.

The Quality Improvement action plan was developed in 2019 at **Mountbatten Hampshire** has 99 key objectives. These are monitored every month by a team of senior staff from across the organisation and quarterly at the Quality and Governance and Services Committee. The plan for 2020-21 is to subsume the Quality Improvement action plan for Mountbatten Hampshire into the Strategic Implementation Plan once the majority of actions have been completed.

Feedback from Patients and Families

Across the **Mountbatten Group** we receive regular feedback about our care services and other work from users. Some feedback from the past year follows:

Mountbatten Hampshire:

- *I was simply blown away by the compassion of your staff that made the whole experience as good as possible. You truly are a very special group of people.*
- *God bless you for your great service, which has been not only excellent and professional, but I could feel the love with which the people are looked after there.*
- *The support your team provided my mum brought her great comfort and assurance. Her pain was brought under control which enabled my mum and family to have a few more weeks together.*
- *Thank you all so much for your brilliant care to Mum. And also a big thank you for all your care understanding and patience with all of us, it was such a supportive time at Mountbatten Hampshire.*
- *I wanted to write to say thank you from the bottom of my heart. How you all supported and cared for my dad during his final days was the most special thing anyone could do for another human.*
- *The advice and support you all gave us was invaluable, and to know that there was always someone to help at the end of the phone was a true comfort.*
- *In big ways and small ways some people make all the difference thank you by allowing me to be with mum in the garden, many cups of tea, kind words, afternoon teas and much, much more.*
- *Thank you so much for all the care, kindness and giggles you showed us all as you cared for my Father. Please know you made a difference and you all are amazing!*
- *My son died as peacefully and comfortably as he could have done with your care and insight and understanding. You not only cared for him but his family too and it has helped us to come to terms with losing him.*
- *You were all so kind and considerate - nothing was too much trouble and we were never made to feel as though there wasn't enough time to talk and reassure.*

Mountbatten Isle of Wight:

- *Your nursing and kindness for my sister and all the family was truly inspirational.*
- *The care, kindness and support you gave him made his end of life bearable for him, myself and family. Each and every one of you are very special and so selfless, nothing was too much for you and for that I will be forever grateful.*
- *My family and I will be forever grateful that he was cared for during his final days by such lovely people and that I was allowed to visit every day during what were very difficult times for everyone.*
- *When he came to you at the end, we were all so thankful that he could be cared for in an environment of absolute peace, comfort and tranquility. We so appreciate being able to be with him for those last two days, being able to talk to him in privacy, to play his favorite music for him - those simple things have meant everything to us with a lasting memory to cherish. You all looked after him so respectfully, and*

- *with such great sensitivity - we could not have asked for anything better and we thank you from the bottom of our hearts.*
- *Thank you all so very much for looking after her so tenderly, for making her feel so safe and for making her journey more gentle until the very end.*
- *It really made my day to think that someone has thought of me. I have been feeling down and alone lately and this was really nice surprise (response to Love Not Loneliness).*
- *From the moment we arrived at Mountbatten we both felt comforted and placed at ease by the reception given to us upon our arrival. We had however no idea of the high level of care, compassion and love that was to be given to my wife by all those who looked after her, and that this be extended to myself and family truly makes Mountbatten a very special place.*
- *My heartfelt appreciation to you all as you treated mum with compassion and respect as a person and not as a patient.*
- *You not only cared for my sister but for me and my family too, you fed us and looked after all of us, going above and beyond.*

Achievements and performance

Mountbatten Isle of Wight achievement against our Quality Account priorities for 2020/21:

Priority 1: Safety	
Target	How we measure success
1.1 Undertake a review of clinical staffing and skill mix across the Inpatient Unit, using the Establishment Genie Workforce planning tool to ensure that staffing is safe and sustainable in line with our staffing model	<ul style="list-style-type: none"> • Staff have attended a workshop to understand the Establishment Genie Workforce planning tool • Assessment using the Establishment Genie indicates the clinical staff and skill mix required for a safe environment and sustainable model • A report of the findings and recommendations has been presented to the Services Committee
1.2 Identify key lessons learnt from the 'Mountbatten Learning from Deaths' mortality review process and embed across multidisciplinary teams to improve clinical care	<ul style="list-style-type: none"> • A multidisciplinary group has been set up and terms of reference are in place • A process is in place to embed lessons learnt from 'Mountbatten Learning from Deaths' mortality review process to improve clinical care

Priority 2: Clinical Effectiveness	
Target	How we measure success
2.1 Introduce appropriate data quality metrics considering cost, impact and reach, in line with the Mountbatten strategic direction	<ul style="list-style-type: none"> • 2020-25 Mountbatten strategic direction approved at Board level • Appropriate data quality metrics based on cost, impact and reach have been agreed • Quarterly dashboard is in place for use across all relevant committees
2.2 Implement a training programme and an appropriate process for discharge navigator staff at Isle of Wight NHS Healthcare Trust to enable them to appropriately identify and refer patients to the Mountbatten Coordination Centre	<ul style="list-style-type: none"> • Staff are trained and there is evidence of appropriate identification and referral of patients to Mountbatten Coordination Centre
Priority 3: People's Experience	
Target	How we measure success
3.1 Implement use of the National VOICES Survey of Bereaved People and develop a process to disseminate themes from the feedback on the quality of end of life care which will enhance people's experience	<ul style="list-style-type: none"> • Action plan is in place to implement national VOICES Survey of Bereaved People • Annual report is produced focusing on the themes of feedback in relation to the quality of end of life care and actions required to enhance people's experience
3.2 Undertake a review of the Chapel to develop a space that reflects a diversity of users of those with or without a faith	<ul style="list-style-type: none"> • The chapel environment is changed to reflect the needs of users regardless of their faith

Mountbatten Hampshire achievement against our Quality Account priorities for 2020/21:

Priority 1: Safety	
Target	How we measure success
1.1 Develop the roles of the housekeeping team involving the newly appointed housekeeping supervisor to ensure compliance with health and safety and all relevant hygiene and cleanliness standards	<ul style="list-style-type: none"> • Housekeeping Supervisor is recruited and vacancies in team are filled • A programme of training is in place to ensure that all housekeeping staff understand and apply relevant hygiene and health and safety standards • A programme of hygiene and cleanliness audits is in place
1.2 Review compliance with the Fire Safety Regulatory Reform Order (2005) following recommendations made by the Care Quality Commission in 2017 to provide a safe environment for patients, staff, volunteers and all users of the hospice	<ul style="list-style-type: none"> • An action plan has been drawn up to address recommendations made by the Care Quality Commission • Compliance with the Fire Safety Regulatory Reform Order (2005) is demonstrated through an external fire audit

Priority 2: Clinical Effectiveness	
Target	How we measure success
2.1 Introduce a programme of Mountbatten rounds for all staff across the organisation	<ul style="list-style-type: none"> A rolling 'Mountbatten rounds' programme is in place for all staff across the organisation
2.2 Form a working group and agree an action plan to implement the Ambitions for Palliative and End of Life Care Framework	<ul style="list-style-type: none"> A working party is set up and an action plan is in place which has been approved by both Quality & Governance and Services Committees

Priority 3: People's Experience	
Target	How we measure success
3.1 Introduce a full 5-day a week programme of Day Services to meet people's physical, emotional, social and spiritual needs	<ul style="list-style-type: none"> A programme is in place at least five days a week which includes activities and sessions for all age groups and life limiting conditions

Care quality Commission (CQC) Inspection

Statement from the Care Quality Commission

Transitional Monitoring Approach

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

It includes:

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

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

Mountbatten has received two TMA calls with CQC in the last year. Prior to the monitoring calls Mountbatten received documents that focused on answering evidence-based questions relating to the CQC's five Key Lines of Enquiry; Is the service Safe, Effective, Caring, Responsive and Well-Led?

All answers provided robust evidence in terms of compliance for each of these domains from the Mountbatten Group. Our inspector was satisfied both with our completed TMA documents and the discussions that transpired during the course of our meetings which included stories of how Mountbatten has responded to

the pandemic over the last year. The CQC Inspector was keen to pass on her thanks and admiration to everyone for their hard work and dedication to our cause during these challenging and unprecedented times.

Mountbatten Isle of Wight

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

- *Personal care*
- *Treatment of disease, disorder or injury*
- *Diagnostic and screening procedures*

Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2020/21. The CQC has not taken enforcement action against Earl Mountbatten Hospice during 2020/21.

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

The CQC's findings are shown below:

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

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

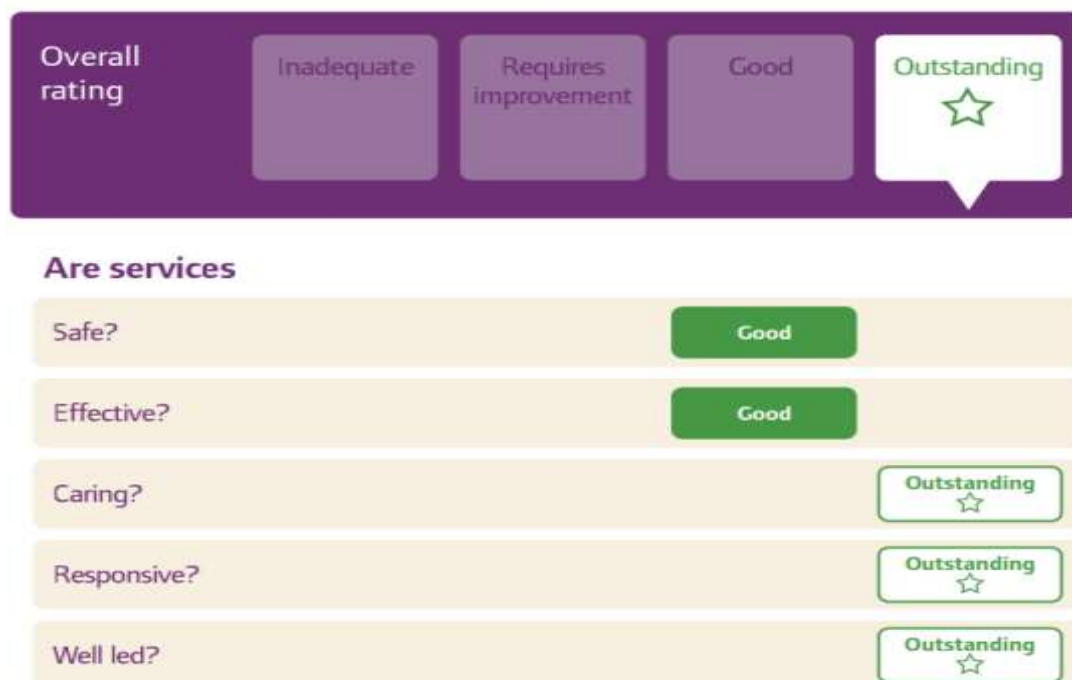
People, their relatives and staff spoke overwhelmingly of the positive support, guidance and healthcare interventions that people had received. They were full of praise for the staff in terms of their kindness, compassion and knowledge about end of life matters.

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

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

(Care Quality Commission, 2017, p. 2)

Earl Mountbatten Hospice



Mountbatten Hampshire

Mountbatten Hampshire is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Countess Mountbatten Hospice registered with the CQC in April 2019 as part of the Mountbatten Group and is currently registered to provide the following activities:

- *Personal care*
- *Treatment of disease, disorder or injury*
- *Diagnostic and screening procedures*

Countess Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2020/21. The CQC has not taken enforcement action against Countess Mountbatten Hospice during 2020/21.

Mountbatten Hampshire is subject to periodic inspections by the CQC and the last inspection was carried out on 10th December 2014 when the hospice was under the management of University Hospital Southampton Healthcare Trust and was rated 'good' overall. Mountbatten Hampshire has not been inspected since independent registration with the Care Quality Commission in April 2019.

Principal risks and uncertainties

Mountbatten Isle of Wight uses an electronic Risk Management system across its services which focuses on incidents, feedback and the maintenance of the organisational risk register. There are currently 30 identified risks listed in the risk register. The Head of Quality facilitates routine workshops with senior managers,

directors and trustees on a regular basis. These workshops focus on gaining and agreeing a shared understanding of risk management across the organisation; considering Mountbatten's headline strategic and operational risks, establishing the risk maturity of Mountbatten, and agreeing the review process.

Mountbatten Hampshire implemented the same electronic Risk Management system across its services in the latter part of 2019, which also focuses on incidents, feedback and the organisational risk register. The risk register for this entity consists of 21 identified risks. The Director of Operations and Head of Quality facilitates workshops with senior managers, directors and trustees on a regular basis. These workshops focus on gaining and agreeing a shared understanding of risk management across the organisation; considering Mountbatten's headline strategic and operational risks, establishing the risk maturity of Mountbatten Hampshire, and agreeing the review process.

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

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

The principal strategic risks faced by Mountbatten Isle of Wight are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies)	<ul style="list-style-type: none"> • Robust compliance with CCG contract monitoring and service excellence. • Public reputation. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Monthly Fundraising Report • New 5yr contract agreed with IoW Clinical Commissioning Group. • Achieve and exceed target for reserves • A robust legacy campaign
Major Patient Safety incident	<ul style="list-style-type: none"> • Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team. • Regular robust training and education regularly. • Individual patient risk assessments. • Regular mock major incident procedures. • Safety attitudes survey carried out. • Medical Malpractice insurance in place to cover the financial consequences. • Medical staff covered by NHS insurance policy. • Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	<ul style="list-style-type: none"> • Robust governance structure. • Strong communications processes and plan. • Trademark agent commissioned to monitor applications which may infringe our rights. • New branding with branding guidelines launched April 2018. • Relationship management with stakeholders and media. • Investment made in Communications Team.
Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries	<ul style="list-style-type: none"> • Quarterly report of people approaching normal retirement age to assist succession planning. • Support, recognition, progression and development provided through appraisal, supervision and line management • Clinical staff on Agenda For Change terms and conditions • Employee benefits scheme in place • Clear values created with employee input to create positive working culture.

	<ul style="list-style-type: none"> • Aiming to become employer of choice on Isle of Wight. • Expanding our geographical reach and influence. • Working with academic partners to develop pathways. • Developing workplace strategy. • Won Chamber of Commerce Employer of the year 2019
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	<ul style="list-style-type: none"> • Robust governance planning, process and audit. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Annual external audits. • Confirmation of planned dates for Trustee Provider visits by Chair of Trustees.
Risk that the Board does not have the appropriate balance of experience, skill mix and diversity, and fails to keep up to date with all mandatory training	<ul style="list-style-type: none"> • Skills mix review annually • Targeted advertising for certain skills and headhunting • Mandatory eLearning monitored monthly at Q&G committee • New Chair of Trustees recruited. • Higher profile of Mountbatten to enable recruitment of Trustees.
Risk of resource overload arising from operational expansion into Hampshire	<ul style="list-style-type: none"> • Weekly SMT discussions dedicated to the Southampton operation. • Daily SMT presence in Southampton to closely monitor developments there. • Regular review of detailed action plan. • Develop Finance and other administration systems to the required standard for an independent operation. • Development of management of clinical operations.

The principal strategic risks faced by Mountbatten Hampshire are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies) and lack of reserves	<ul style="list-style-type: none"> • Robust compliance with CCG contract monitoring and service excellence. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Weekly Fundraising Report. • New Fundraising staff roles recruited - Individual Giving Fundraiser, Campaigns Fundraiser
Loss of estate through major incident	<ul style="list-style-type: none"> • Review and implementation of Major incident policy and procedure. • Insurance. • Regular crisis/major incident rehearsals. • Agreement with neighbouring Nursing Home to use facilities in event of a major incident. • New Head of Facilities and Facilities asst in post and reviewing contracts, procedures, equipment. • Fire Regulatory reform order compliance included in Quality Account Priorities and reviewed every quarter. • Health and Safety reviews taking place.
High profile severe reputational risk	<ul style="list-style-type: none"> • Robust governance structure being implemented. • Communications processes and plan being put in place. • Key stakeholders piece of work commenced and ongoing. • New branding rolled out.
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	<ul style="list-style-type: none"> • Robust governance planning, process and audit being implemented. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Series of CQC Workshops completed with staff. • Introduced lessons learnt sessions. • Support from Baker Lomax Data Protection GDPR advisors.
Lack of car parking onsite for staff, volunteers, patients and visitors	<ul style="list-style-type: none"> • Discussions with UHS and Propco around ownership and potential additional parking spaces. • Car parking permits from Ageas Bowl for office staff. • Large events at Ageas Bowl bollards put out for patients and visitors and volunteer marshall used. • Plan additional parking once ownership confirmed

Information Governance

During 2020/21 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 2020/21 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 Group has its own on-site Senior Information Risk Owner (SIRO), Caldicott Guardians, Deputy Caldicott Guardians and Data Protection Officer.

Actions taken during 2020/21 to further improve information governance and data protection within the organisation have included:

- An action plan continues to be monitored and updated to ensure compliance with the Data and Security Protection Toolkit, this is scrutinised at the Integrated Information Governance Committee.
- Mountbatten Group has signed up to be a Core Member of the Cyber Resilience Centre for the South East. This provides the organisation with internet investigation, security awareness training, security policy reviews, web application vulnerability assessment and cyber business continuity exercises.
- A Penetration Test has been completed; this tested the robustness of our information technology configuration against any potential threats.
- Mountbatten Group has moved to a new process and company for the disposal of our confidential waste. Confidential waste is now shredded and a certificate of destruction obtained, this provides more assurance in regards the disposal of this sensitive material.
- Our Employee and Volunteer Privacy Notices have been refreshed in line with current practice and are now available on the Mountbatten Group Intranet site.
- Employees now complete a User Access form once they have had training on each of the systems they use for their role, these are kept on the employees HR file.
- Mountbatten Information Governance mandatory training sessions for staff and volunteers have been updated and refreshed and now includes a session on Cyber Security.
- Our Caldicott Guardians and Deputy have attended refresher training facilitated by an external organisation.
- The Cyber Resilience Centre have scrutinised our Information Governance and IT Security Policies and have offered recommendations for improvements which will be adopted.
- The Privacy Impact Procedure and assessment has been reviewed and amended. Privacy Impact Assessments have been completed for a number of new projects and new IT system implementations.
- Mountbatten's Information and Communications Department continue to carry out work in line with our ICT strategy to move our operating systems to a cloud-based platform, this piece of work will be completed during 2021/22.
- Mountbatten Groups Information Asset Registers have been reviewed, with departments updating their section of the Register.

Education and Training

Mountbatten Isle of Wight Education and Training

The restrictions necessary as a response to the pandemic (Covid-19) has challenged the education service during this financial year. At times education activity has had to be cancelled entirely and at other times education activity has needed to function in a different way. However, despite the challenges the education service has faced, the education serviced has flexed, and developed in response to the pandemic.

The education service has responded by running more frequent and smaller in-house training sessions when able, has adapted to be able to provide training using virtual platforms to maintain our connection with our local health and social care staff, and has developed eLearning self-directed modules to meet new training needs of staff.

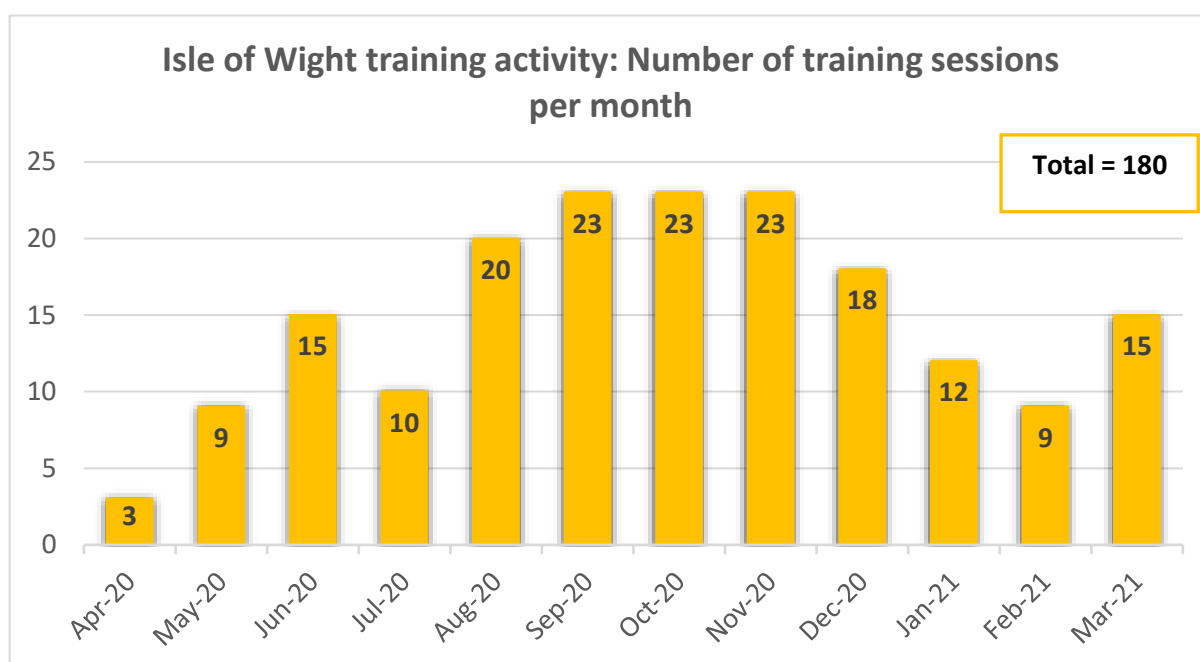
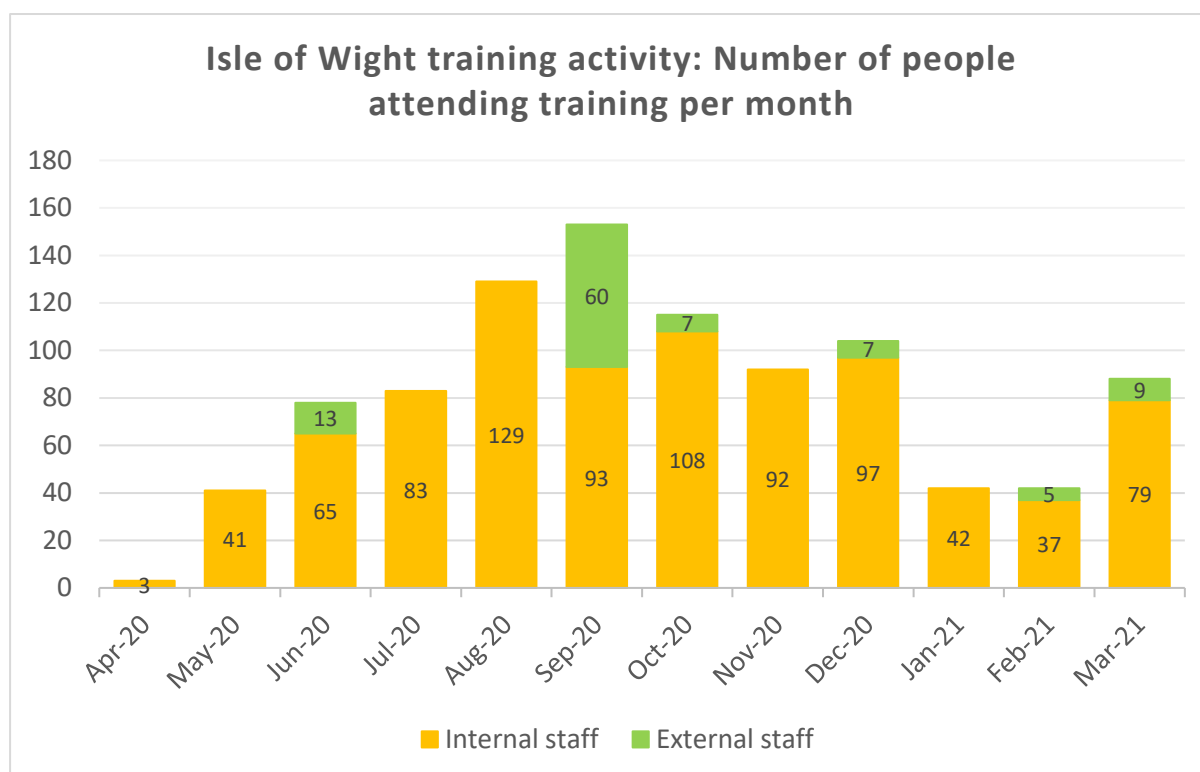
Mountbatten, Isle of Wight provides a core programme of end-of-life training to address and meet the training needs of our partners in health and social care. This is to ensure the standards of care we insist upon at Mountbatten is extended to the community and can ultimately improve end of life care for all people and their families as they near and reach the end of their lives no matter where they are.

In addition to our existing training offer, this year an end-of-life champions course has been developed which runs over 3 days. Those that complete the programme gain the title of Mountbatten End of Life Care Champion. To maintain their champion status attendance to update sessions are required on an annual basis. Key clinical skills for nursing staff in verification of expected death, use of syringe drivers, and skills in male and female catheterisation sessions have also been developed initially for Mountbatten staff and are now available to external nursing staff to attend. Sessions to help others understand bereavement processes and to develop confidence in talking to people experiencing grief have also been added to our core programme. Two sessions are provided, one for adults and one for children and young people. Finally, a communication skills session has been added to the external core programme. Many of our training programmes are accredited by the CPD standards office.

The Island Better Care (IBC) programme, designed to tackle the causes of undignified care by raising the quality and experience of care, with key aims to provide education and tools to help Island care providers improve or maintain Care Quality Commission (CQC) ratings has been disrupted during the year as a result of the pandemic. Care homes have experienced their own pressures in relation to sickness and requirements to isolate impacting of staffing levels as well as restrictions of care staff moving between locations and thus the availability of the staff to the IBC has been limited, including in a virtual capacity. Despite the impact of the pandemic efforts have been made to maintain relationships and offer support via regular phone calls to care providers, and one successful IBC programme was facilitated during September 2020 with positive outcomes reported. 88% of Island care providers now have 'good' or 'outstanding' CQC ratings, whereas this was only 63% prior to the programme commencing.

The education service also support and facilitate the mandatory training requirements of Mountbatten staff and many additional sessions have been run to enable smaller groups of staff to continue to receive the mandatory training required to ensure safety and effectiveness in their roles.

Throughout the year training data has been collated and is summarised in the following charts.



Research and Development

Although the Mountbatten annual conference 2020 had to be postponed due to the pandemic, plans to facilitate the 2021 conference are underway. Mountbatten continues to encourage staff to develop confidence in research skills by supporting smaller scale evaluation projects and audits and we are members of the Wessex Research Active Hospice Development Group (WRAhdG). Through this group we hope to be able to develop some of our research ideas into fruition with the assistance of academics at the University of Southampton.

Mountbatten representatives have attended project **ECHO**[®] (Extension for Community Healthcare Outcomes) immersion training previously and a programme for care home spokes to join our hospice hub through a virtual platform to learn and share evidenced based best practice together was trialled shortly after this training. The education team has worked to re-establish the Isle of Wight ECHO programme with 2 successful meetings held thus far this year. We plan to integrate an ECHO community across the Isle of Wight and Hampshire over the coming year.

Mountbatten Hampshire Education and Training

In response to the pandemic, Mountbatten, Hampshire has developed a full programme of virtual training to ensure our health and social care partners can continue to access and gain core end of life knowledge and skills. A series of 2-hour sessions is offered that includes symptom control; care of the dying; care after death and bereavement; communication skills; wellbeing, self-care and resilience, as well as syringe driver training sessions for registered nurses. More recently additional sessions have been added to the virtual series including caring for people with dementia and spiritual care. Providing training virtually has resulted in new interest from care staff from our local area that have previously not attended training with Mountbatten and also enabled us to reach a wider audience beyond our local patch.

The education team at Mountbatten Hampshire were also quick to respond to a training need that emerged at the start of the pandemic. The education team were able to prepare and deliver end of life training to NHS staff who were being redeployed to Covid wards to prepare them for providing end of life care and coping with this demanding environment.

The six steps to success end of life programme specifically designed to improve end of life care through facilitation of organisational change has been impacted by the pandemic but despite this, 26 care providers across Southampton and West Hampshire have been able to complete the programme with positive outcomes. A range of outcomes are evaluated including, review of preferred place of death, evidence of advance care planning, hospital admissions, and staff knowledge, skills and confidence. The programme is commissioned for Southampton City care providers and has generated approximately £8,000 of income from West Hampshire care providers. Moving forward Mountbatten, Hampshire will launch its own Mountbatten End of life programme from April 2021 with a greater emphasis on sustaining quality beyond an initial training programme.

From January 2021 Mountbatten Hampshire has introduced a subscription scheme whereby individuals or organisations can purchase a six-month subscription to all virtual training events at a minimal cost of £35 per individual or £75 for an entire organisation with no limit on numbers. A total of £1,235 has been generated through subscriptions.

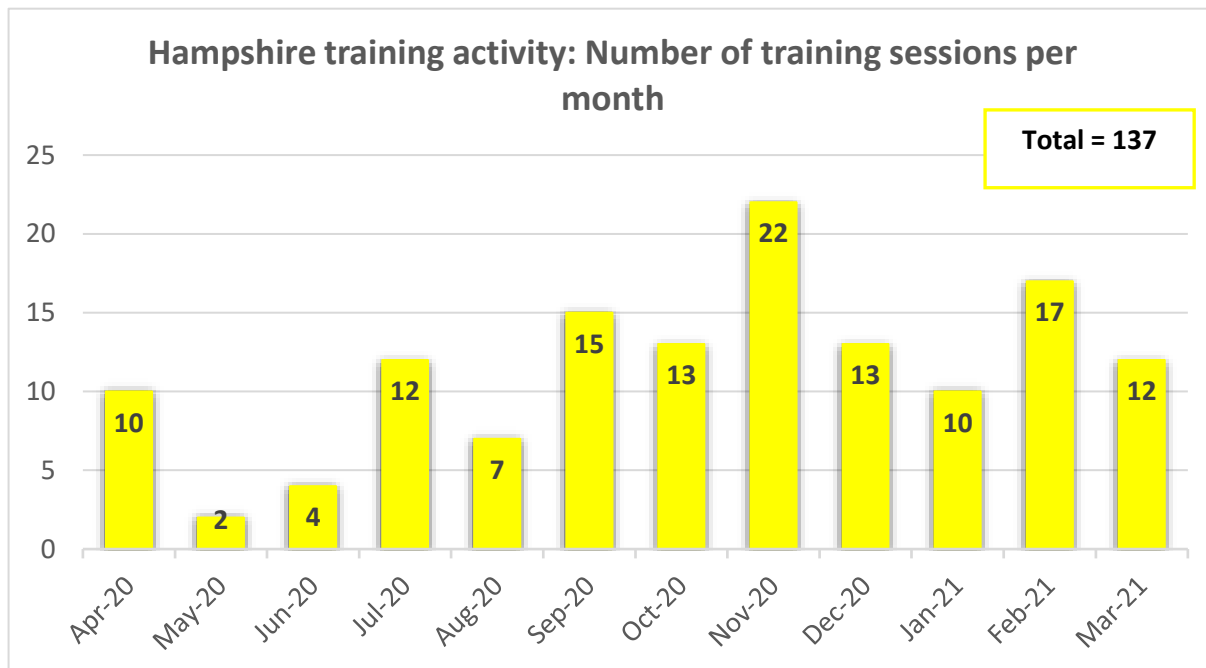
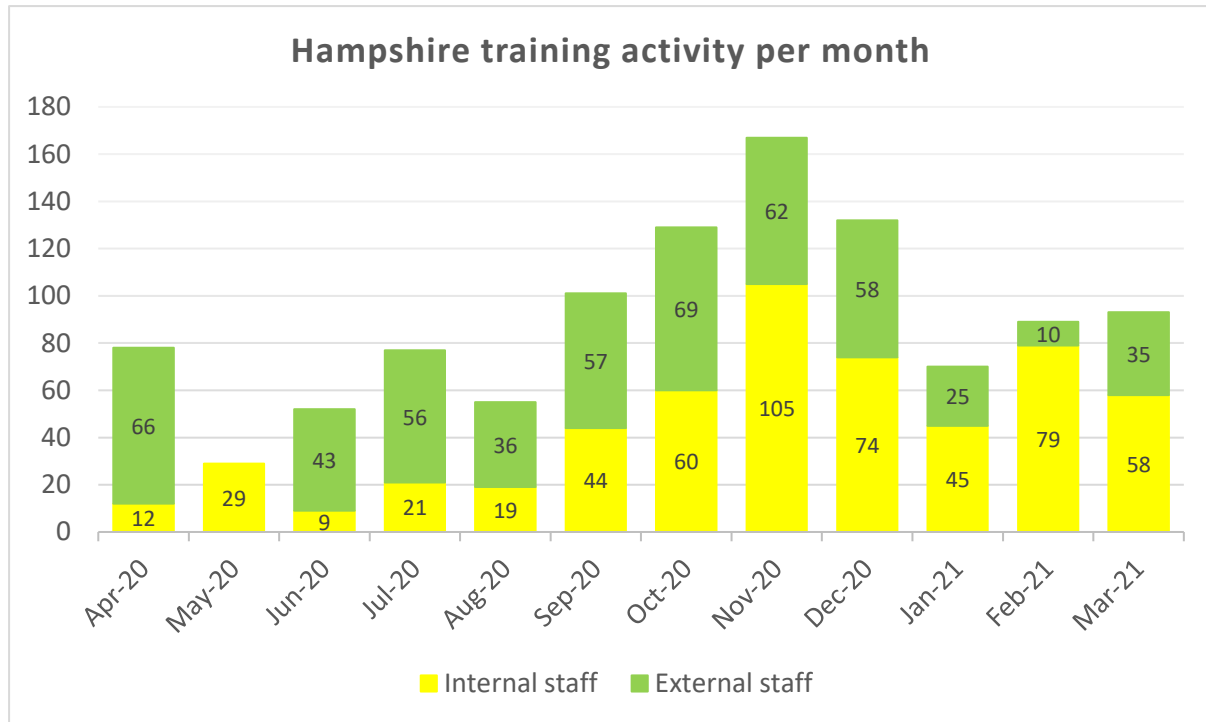
Prior to January 2021 all virtual training has been provided free of charge.

Mountbatten Hampshire education team have also focused on establishing partnerships to address the health inequalities faced by some at end of life, for example in older persons with dementia, those experiencing homelessness and people with learning disabilities. By collaborating we have been able to bring our end of life care knowledge together with the specialist knowledge of our colleagues to start developing training to improve the end of life care experienced by disadvantaged groups. Mountbatten Hampshire also hosted a successful 'Health inequalities at end-of-life' virtual seminar in October 2020 where a collection of experienced clinicians and researchers came together to present research, case studies and clinical expertise that provoked much reflection and thought about health inequalities. The event was attended by individuals from across the country from other hospices, Universities, other charitable organisations, and from National Health Care services.

The training needs of Mountbatten staff is equally important to the training needs of external partners and the education team support and facilitate all mandatory training sessions and programmes. Mountbatten staff are also invited to attend any of the training available to external staff and additional sessions are developed and provided to Mountbatten staff as the need arises. For example, sessions in relation to call handling, communication and managing distress were provided for administration staff as well as sessions on understanding spiritual care.

The Hampshire education programmes have now been accredited by the CPD standards office.

The training data for Mountbatten Hampshire is presented in the charts below.



Research and Development

Mountbatten Hampshire has shown commitment to evidence-based practice and has achieved a journal publication; Pennell, S & Jenks, A (2020). Palliative care on the acute medical unit. *Medicine*, Vol 49(2), pp 71-74.

Mountbatten Hampshire has also had two audit projects accepted as poster presentations at the Palliative Care Congress, March 2021, including; Bevan, K & Stark-Toller, C. Measuring serum-ascites albumin gradient to optimize management of ascites in a hospice setting, and Jones, S & Stark-Toller, C. Time for a change? Transforming the investigation and management of anaemia in the palliative care population.

Advance care planning is of fundamental importance in end-of-life care. The benefits of advance care planning for those left behind after someone dies is well evidenced. In the last year Mountbatten Hampshire has been working on a Commissioning and Quality Innovation (CQUIN) project with an improvement goal to promote personalised care and support planning by embedding advance care planning into healthcare for people with long term conditions. A large part of this project has involved training to promote awareness, knowledge, skill and confidence in advance care planning (ACP) and across the year a total of 218 have attended ACP training. Ensuring our own staff are comfortable and competent to have advance care planning conversations is paramount to our ability to disseminate this confidence to our wider health and social care colleagues thus training has been focused internally initially and subsequently to others. The drive to promote and enhance advance care planning will continue over the next 12 months, and beyond.

Income generation and Communications

Mountbatten Isle of Wight and Mountbatten Hampshire Income Generation

The pandemic has undoubtedly put a previously unimaginable strain on charities and seen a shift in emphasis to high return fundraising income streams - legacies, trusts and individual giving. Changing tier system and associated Covid-19 guidance has created much uncertainty and therefore the need to re-forecast income and fundraising activity, setting optimistic yet realistic fundraising targets, has been a theme through this year.

The challenges of lockdown and associated impact on fundraising activity have provided the opportunity to review the ways we contact and connect with our supporters, moving from face-to-face interaction at events and in the local community to increased dependency on direct mail, social media and targeted campaigns. We have continued to engage with our supporters, and have valued the generosity of the public and, in particular, the much-needed donations to our appeals that enabled us to deliver the full extent of our work, albeit some services in a different way to both our Hampshire and Island communities during a particularly challenging year.

The two fundraising teams have adapted to different ways of working including periods of home working. Investment in the fundraising team enabled the appointment of a Fundraising Database and Donor Support Manager in the latter part of the year to work across both Hospices to review processes and deliver efficient and accurate ways of working. Learning and sharing best practice and indeed, increased cross-site, collaborative working has been a positive outcome of the pandemic for Mountbatten fundraising.

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

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

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

At **Mountbatten Isle of Wight** we exceeded fundraising targets in Individual Giving direct mail campaigns, In Memory Giving and Major Donor gifts. During a challenging year that affected local businesses, events, community groups gathering and attendance at funerals, a number of income streams reliant on people coming together have not met target; however, all other income has compensated for this. In particular the urgent coronavirus appeal launch in April 2020 raised a large amount of the shortfall after an outpouring of support from the community. During the year, improvements to data management, thanking and stewardship were made, as well as exploring virtual fundraising initiatives. The most successful virtual activity was Walk the Wight Your Way that raised £211,000 (gross) when the event itself had to be cancelled after 29 years.

Legacy income target was almost met and continues to highlight the volatility of the income stream. A legacy communications campaign was prepared in the year and launched April 2021 to promote and encourage people to make a will and to consider leaving a gift to Mountbatten. Although the effects of this campaign will take several years to show in the legacy income figures, there may be some short-term gifts for those who

choose to make or re-write their will nearer to the time of their death.

It was anticipated that In Memory giving would be more adversely affected by the inability to gather large groups at funerals and remembrance events during the pandemic, but the increase in direct physical and digital in memory donations has ensured target was met and exceeded. This continues to be a vital source of income to the hospice movement which gives grateful family and friends the opportunity to support the clinical staff that helped them and their loved ones as well as a conduit for gratitude and remembrance.

All events and community fundraising activities were disrupted throughout the year and have not performed as per a 'usual' year; however, we hope that the re-opening of society, vaccination programme, and falling cases will offer a better second half of the year for these income streams. As in previous years, events and community fundraising remain under constant review to ensure the best use of resources to achieve a combination of fundraising and social return on investment.

All Direct Mail campaigns throughout the year have performed well, as they have been a direct contact in the homes of supporters who have felt empowered to make a difference during the pandemic. Seven direct mail campaigns will be sent throughout the financial year, in compliance with GDPR and regulatory practice.

There has been an increase in Major Donor gifts during the year, influenced by the urgent need to secure the future of Mountbatten when the pandemic affected major sources of income.

The volume of applications to Trusts and Foundations has increased with effort made to apply for Covid-19 emergency funds. It has been a successful year approaching new and existing supporters and this has led to exceeding target, and establishing some new relationships and future opportunities that will be closely managed.

The capital campaign to raise £1.6 million to redevelop an existing building into a new Mountbatten Community Centre has been on hold during the pandemic and will be reviewed in 2021/22.

At [Mountbatten Hampshire](#), the generosity of supporters has continued during this unprecedented year, demonstrating their commitment to the hospice. Although income fell short of targets due to the impact of the pandemic on some income streams, we continually strive to raise our profile as a local Charity for those who are still unaware of the range of services we provide. Case studies and storytelling from our fundraisers who continue to take on personal challenges and donate to show their thanks for the care and support of loved ones remains strong. Funeral donations albeit from limited attendees moved to online giving platforms as we all adapted to Covid-related restrictions, and donations to commemorate the life of loved ones remained strong throughout the year and in particular around Christmas.

An urgent coronavirus appeal launched in April 2020 attracted significant support and compensated for the shortfall in other areas due to the impact of Covid-19 on traditional community and events fundraising.

Opportunity to reflect and attract In-memory giving at our two main events, the Sunflower Memory Walk (usually held at the Broadlands Estate in Romsey) together with the Light Up A Life service at the Hospice were both delivered virtually. These events, supported by corporate partners who provide sponsorship to cover costs and help to promote the opportunity to come together in grief, to remember and celebrate lives lost, attract dedications and donations to help us provide care and support for patients and families into the future. Corporate giving has continued with a number of Charity of the Year partnerships, business related challenges and events undertaken by both business owners and their employees, although the anticipated growth was not realised due to the restrictions.

The Mountbatten Hampshire Lottery continues to be a popular way to support the Hospice although the opportunity to attract new players, interacting with the local community with lottery canvassers, has, of course, been curtailed. Likewise, with little opportunity to promote the Lottery in our charity shops, the number of players has not grown as planned. We continue to take advice and guidance from StarVale who

share research and trends to ensure fundraising opportunities are refreshed with regular Raffles offered throughout the year.

Applications to a range of trusts and foundations, where their criteria shifted from supporting projects to contributing to core costs and Covid-related new and additional expense, have been significant. Funds to replace flooring and improve the In Patient Unit have had a positive impact, not only to improve the fabric of the building but also to engender a sense of pride in the workplace. With the need for bereavement services in high demand and requirement to provide some therapy services via videos, trusts and foundations income and in particular a grant of £100,000 from the Barclays Foundation to spend on equipment have made a huge impact.

Legacies continue to under-perform in Hampshire, as awareness of the hospice's need to attract voluntary income remains low. However, in the latter months of 2020/21 we noticed a rise in the legacy pipeline which is an encouraging sign that this particular area is beginning to develop.

A legacy strategy has been developed and this will be a key area of focus during the next year including the launch of a legacy campaign.

Whilst the ongoing issue of land and property ownership continues and until associated legalities are resolved, the timing of a capital campaign continues to be considered. However, potential interviewees who may support and influence plans to improve the Hospice buildings as well as those who may fund specific projects have been captured. The Case Statement including a scale of giving has been developed and the campaign would provide a much-needed catalyst to raise awareness and support for Mountbatten in Hampshire.

Mountbatten Isle of Wight and Mountbatten Hampshire Communications

The past year has been remarkable for communication and engagement with our staff, volunteers, stakeholders, and the public. We have worked hard to capitalise on the synergies between the two Mountbatten Hospices, utilising our resources and expertise across both in a much more effective way. The challenges of the COVID pandemic, and the many changes to procedure and practice it has brought, have required clear communication via newsletters, magazines, our websites, the media and in face-to-face meetings. The Communications Team was expanded from two to three full time staff in October 2020, but the team has been challenged by staff absence during the year.

The COVID pandemic has required the Communications Team to adapt at short notice to what was a rapidly evolving situation at the beginning of 2020 as well as regular changes to operational procedures throughout the year. Both websites required new pages and information setting out how Mountbatten was handling increased infection prevention and control measures and what this would mean for patients and visitors, staff, and volunteers. New assets – posters, pull-up banners, advisory notices, and imagery - had to be created. The Team supported the introduction of the weekly COVID Updates which were sent to staff and volunteers.

Despite the challenges of the COVID pandemic and staff absence we have continued to implement our 'new look'. In 2018 we developed, with the support of a corporate supporter and at no cost to the charity, the new look for Earl Mountbatten Hospice on the Isle of Wight. Following the development during 2019 of the collaboration with Countess Mountbatten Hospice in Southampton. The new Mountbatten brand works well across multiple sites and services and during 2020 we have continued to make changes to site signage, websites and social media platforms and introduce the new branding as opportunities occurred.

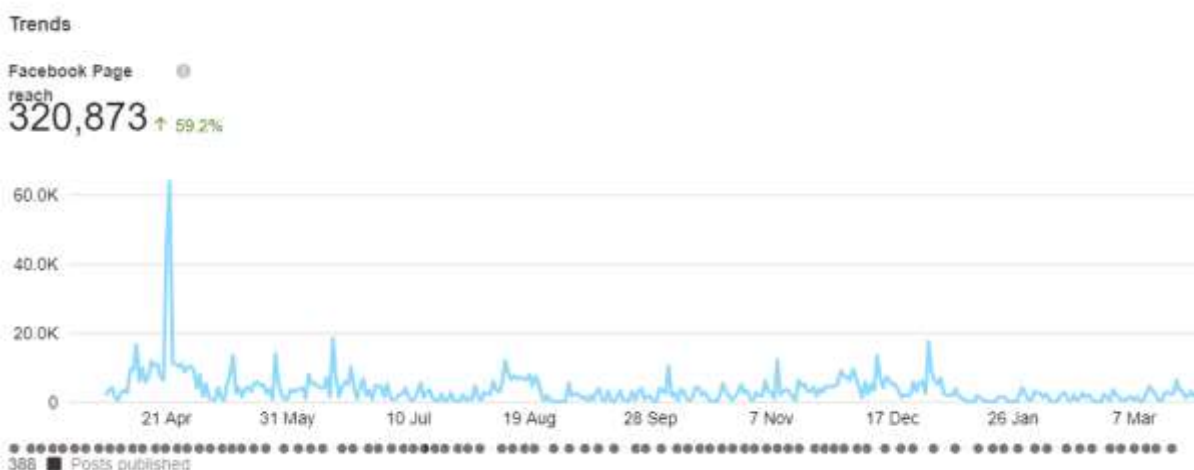
Regular communication is maintained with staff and volunteers via the monthly INSIGHT Newsletters as well

as face-to-face meetings as COVID restrictions permitted or via online video conferencing. Our press releases and CONNECT magazine, published quarterly, are also sent to media and stakeholders. CONNECT magazine is also sent to our supporters, volunteers and staff and made available via our two hospices and retail shops.

We maintain two websites – www.mountbatten.org.uk for the Isle of Wight and www.mountbatten-hampshire.org.uk for Hampshire – and our social media accounts on Facebook, Instagram, LinkedIn and Twitter for both sides of the Solent. We populate the websites and social media accounts with information that supports our clinical, education and training, fundraising and human resource services as well as acting as a reference point for those that need our services and our stakeholders and supporters.

The effectiveness of our communication and engagement activity is evaluated and reported quarterly to the Resources Committee. We continually seek to improve access to and use of our websites and social media by our staff and monitor their effectiveness via the analytics tools available on the different platforms. For example our tracking of Facebook shows that there were 388 posts on the Mountbatten Hampshire Facebook page with a reach of 320,873, an increase of 59%. Whilst the reach for the more established Mountbatten Isle of Wight page was 299,495, an increase of 9.1%.

Mountbatten Hampshire Facebook page 1/4/20-31/3/21



Mountbatten Isle of Wight Facebook page 1/4/20-31/3/21

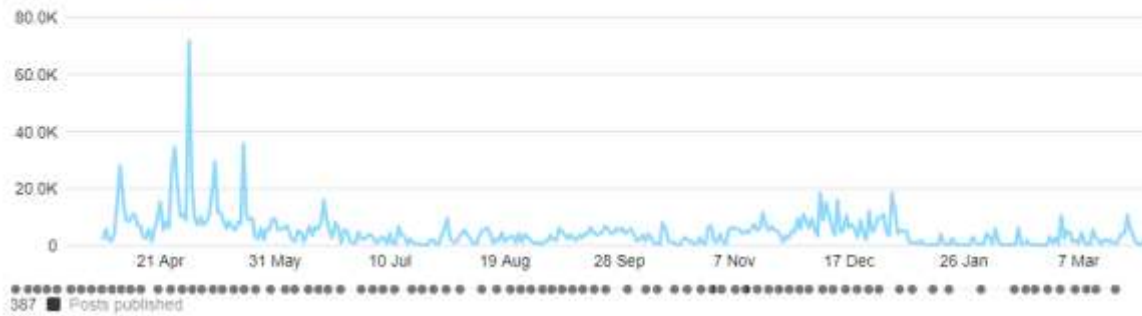
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Trends

Facebook Page

reach

299,495 ↑ 9.1%



Estates and Facilities

Mountbatten Isle of Wight Estates and Facilities

We have continued to work to align and implement our Estates strategy across the entire estate.

We have taken the opportunity and pace set by the covid restrictions to carry out a deep dive exercise into our utilities providers and by doing this we have successfully negotiated new utility contracts.

We continue to drive forwards with the development of the facilities and maintenance capabilities and we have successfully completed a range of internally led projects during this reporting period, such as the repainting of the John Cheverton Centre (which was offered free of charge and completed by the relative of a patient Mountbatten supported), the Chapel (completed by local contractors as the result of a generous anonymous donation) and the installation of the new container office at the top of the carpark to house the Paediatric Palliative Care Team due to the growth in our service delivery.

As we draw this reporting year to a close, the direction and momentum behind the Oak house project has changed direction, as we are now looking at a larger scale redevelopment of the site. A new Estates Task and Finish Group has been set up to over see this work, which includes members of the Board of Trustees and the CEO.

Fire Safety

Fire Safety compliance has been maintained during this reporting year and the main efforts have been centred around the rectification works highlighted in the May 20 Fire Risk Assessment (FRA) and fire door inspection. This work is still ongoing. In addition to the FRA and fire door inspection a Fire stopping survey was commissioned and this report highlighted considerable defects in the fire stopping methodology applied in the John Cheverton Centre as part of the project build from some years back. Considerable work has been conducted that has culminated in a contractor being commissioned to start the fire stopping rectification work in the John Cheverton Centre in late Apr 21.

The main fire alarm system has also been updated and the software that identifies the call points and detectors has been reviewed. The system now has the correct address and locations allowing the user to quickly identify the fire location.

Water Safety

During this reporting period we have maintained our water services contract with a local company WSM and adapted the way that the compliance led tasks are being carried out.

This has been achieved by looking at each task and considering other engineering options with the intention of reducing the time that employees and contractors need to spend in the patients' rooms conducting maintenance, particularly during the COVID-19 period.

During the past year the site has maintained excellent standards of water. This standard of water quality has been achieved by a constant and rigorous water flushing programme and regular maintenance across the site.

Housekeeping

The House keeping team has continued to manage all the challenges that Covid has presented, and the team continue to adapt to the Hospices requirements and the need to adapt their cleaning methodology to include touch surfaces and deep cleans after Covid-19 confirmation within patient rooms and other parts of the Hospice.

In addition to what is now business as usual, we have adapted our services to cope with the extra demands

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put on the organisation due to COVID-19. We have also supported the local Clinical Commissioning Group

(CCG) when they repurposed the nearby Premier inn hotel project twice during this reporting year to cope with demands on the local hospital, through providing a full laundry and catering service to the project.

Patient Equipment Services

In order to ensure that our users are not having to wait too long for the provision of equipment from the local NHS service, we have invested again this year in the equipment services that we provide to the wider community, with the renewal of several community beds. We have also finished the 3rd phase of the improvements to the storage facility at Manors View, our off-site equipment storage unit. We have maintained momentum regarding renewing damaged and out of life span medical equipment and this renewal program has included the renewal of the 2 patient baths on the Inpatient Unit and the replacement of all the patient beds throughout the ward. These were able to be replaced through the generous donation from the John Cheverton Estate. We are actively using donations and grants such as another significant donation from Barclays Bank Community fund of £100k to help us achieve the aim of renewing and replacing equipment as it comes to the end of its life.

We have also been at the forefront of the investigation into the national syringe driver malfunctions. This investigation was shared with the wider medical community and with the manufacturers and has resulted in changes to operational usage and more directly a replacement battery being identified that has now resolved the issue of the syringe drivers stopping mid-delivery.

Mountbatten Hampshire Estates and Facilities

We have successfully completed a number of internally led projects during the past year with the support of some successful grants and trusts bids led by the income generation department. We have started the long-overdue and full refurbishment of the Inpatient Unit single rooms. The Inpatient unit corridor flooring and the Resting/Viewing Room have been refurbished by external contractors due to donations from the local Lion's Clubs. We have embarked on a project to upgrade all of the offices across the site and we will be engaging the services of a project manager to take these plans, and other refurbishment plans across the site, going forward.

The work on the Inpatient unit is still ongoing and will culminate in the completion of side room 6, this being the last single rooms to be refurbished using the kind donations and grants from the Chadwick Trust and Hospice UK. We will be working with the new Project manager to complete the rest of the works needed to ensure that the inpatient unit is now fit for purpose.

We have been working with the Estates Task and Finish Group of the past months and we are now looking at a larger scale refurbishment of the site and have now started to look towards a longer term development plan for the site.

Fire Safety

During this reporting period we have not had any fire related incidences and have conducted our mandatory fire evacuation tests and maintained the firefighting equipment throughout the hospice building.

During this reporting year we have conducted a full fire risk assessment and a fire door inspection of the entire site, this was followed by a fire stopping survey which was completed in May 2021.

With the information and remedial actions highlighted as part of fire doors and fire risk assessment inspections an action plan has been created and remedial works have started to address some of the issues raised.

In January 2021, we began to work with Wessex fire and security awarding them the ongoing contract for

maintenance of the fire alarm systems and firefighting equipment. The site was handed over to Wessex in March and a full handover inspection of the systems was carried out. This handover has highlighted that the ADT system in the Inpatient Unit is now beyond economic repair and is not supportable regarding software

upgrades. Wessex fire and security have been commissioned to provide a quote for the renewal of the panel and any subsequent remedial works required. This information came in April 2021.

Water Safety

During this reporting period we have maintained our water services contract with Southern Health NHS Trust Estates and Facilities Department and we have adapted the way that the compliance-led tasks are being carried out.

We have also started working with Clear Water Technologies and WCS. Both companies support our water system function, either by providing our Water Risk Assessment or taking regular water samples across the site giving us a clear indication of water quality.

During this reporting period the site has maintained good standards of water quality. This standard of water quality has been achieved by constant and rigorous water flushing and maintenance across the site.

As we move into the new reporting year we still have some significant engineering challenges to overcome in regards to water and water safety, such as the reinstating and commissioning of the second water storage tank in the Inpatient Unit roof, the rebalancing of the water supply system that services the Hazel Centre and the continuation of remedial works linked to the most recent water risk assessment.

Medical Devices

We continue to move forward with our control & management of medical devices utilised across our hospice site. We have successfully moved away from the historic University Hospital Southampton Service Level Agreement that serviced and maintained our medical devices. We have chosen BioMed as our new equipment maintenance provider and we commenced a new contract during the year.

BioMed now maintain a large majority of our medical devices and Mountbatten Hampshire now has full control of the repair mechanisms required to maintain not only medical devices but also beds, patient lifting equipment and other mobility aids.

This new contract with BioMed has also allowed us to re-asset and serialise all of our devices with the view to setting up an electronic portal that will show history, service events and recall information. This work is still ongoing with a completion date set for June 2021.

We have maintained regular medical devices meetings with the clinical teams and together with them we have built the current asset register for the Mountbatten Hampshire site.

Due to successful funding bids put together by our income Generation Team, we have invested again this year in equipment services that we provide both to the Inpatient Unit and also to our growing Community Teams. We have been able to renew all of the Inpatient Unit beds.

We are actively using donations and grants such as a generous £100k donation from Barclays Bank Community Fund to help us achieve the aim of renewing and replacing the backlog of overdue and out of date medical devices. This is a legacy left to Mountbatten from University Hospital Southampton.

We have also been at the forefront of the investigation into the national syringe driver malfunctions. This investigation was shared with the wider medical community and with the manufacturers and has resulted in changes to operational usage and more directly a replacement battery being identified that has now resolved the issue of the syringe drivers stopping mid-delivery.

Security

During this report period we have been working with a new contractor, R&G security. They started with us in August 20 and have provided on-site security from 2100hrs to 0600hrs seven days a week.

Streamlined Energy and Carbon Reporting

The Mountbatten Group meets the SECR qualification criteria in the UK. The reporting period for the compliance is 1st April 2020 to 31st March 2021. Included with that are Scope 2 emissions as we have no Scope 1 emissions attributable to the Group. The GHG Protocol Corporate Accounting and Reporting Standard and the UK Government's GHG Conversion Factors for Company Report have been used as part of the carbon emissions calculation.

The results show that the Mountbatten Group's total energy use and total gross Green House Gas emissions amounted to 485 022 KWh with an equivalent 102.2 tonnes of CO₂ emissions respectively in the 2020/21 financial year.

The Group are in the process of devising an environment strategy which will include a programme of energy efficiency measures designed to reduce energy consumption and improve energy efficiency.

Human Resources

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department

COVID 19 saw a tremendous impact on the employees' capacity and capability of delivering services and the core focus of the **Mountbatten Group's** Human Resources (HR) Department was to ensure access to both regular testing and, more importantly, the COVID vaccine.

Working with the NHS Trusts in Hampshire and the Isle of Wight, plus regular engagement with Southampton Clinical Commissioning Group, weekly PCR testing was introduced in December 2020, with Lateral Flow testing introduced in **Mountbatten Hampshire** in January 2021. Vaccinations were also made available to all Hospice staff and those volunteers who were deemed 'priority' in both hospices in December 2020, and, at the time of writing (May 2021), **422 people** had been given the first vaccination and **223 people** had received the second.

October 2020 saw the arrival of a New Human Resources Director, who delivered on three key objectives; install an interim structure to provide a more cohesive, patient aligned service; start the **CASCADE** project to completion and roll out to the organisation and drive HR focus on the Mountbatten 5-year plan. This has seen an increase in HR headcount in Mountbatten Hampshire, balanced with the centralisation of core HR outputs (recruitment, onboarding, and annual registrations). This has also seen progression on one of the key Strategic Implementation Plan objectives – 'Workforce Development' – with the creation of a competency based 'Personal Competency Inventory' which will underpin all employee interactions, from recruitment to appraisal.

The **CASCADE** project commenced in December 2020, with a 'kick off' meeting to determine the technical plan to consolidate seven systems into one secure, cloud-based platform.

The detailed project plan, with dedicated resource, reported to SMT weekly and was broken into three phases; Data capture/transfer, Screen Design/Workflow allocation and Training. The first phase concluded in March 2021, with over 100,000 individual pieces of data and information transferred successfully. This was intertwined with the Screen Design and Workflow allocation which meant we were able to start the Management Training in April 2021.

Cascade not only introduces 'Self – Service' to all employees, therefore freeing team leads from completing wieldy spreadsheets, but also provides reporting in seconds, supports budgeting, manpower planning, pay awards and recruitment and ensures external assurance measures are accurate and up to date.

To further support the development of Mountbatten's patient service, two key roles have been created; **Head of Innovation and Service Development** and **Head of Retail Business Development**, with the former being recruited and commencing in July 2021.

Despite 'social distancing' restrictions and a moratorium on **recruitment** in April/May 2020, The HR team continued to utilise the 'NHS Jobs' recruitment website as this provides a comprehensive free application and recruitment platform alongside other websites.

The following table shows the online activity.

Mountbatten Isle of Wight			
Source/Media	Vacancy	Applications	Hits
NHS Jobs	41	679	33,019
IW Jobs	8	87	10,269
Other Sources	2	3	50
Mountbatten Hampshire			
Source/Media	Vacancy	Applications	Hits
NHS Jobs	64	600	49,295
Indeed	10	55	1,400
Other Sources	3	4	127
Mountbatten Group			
Source/Media	Vacancy	Applications	Hits
NHS Jobs	105	1,279	82,314
IW Jobs	18	142	11,669
Other Sources	5	7	177

Overall, Mountbatten's 138 vacancies generated 1,428 applications and 94,160 'hits'. Despite this being 13 less vacancies than 2019/20, this saw a 3.2% increase in applications and a 25.9% increase in 'hits'.

The table below summarises the time taken for an employee to start from the advertisement's closing date:

Location	Number of Roles	Average time from advert closing to...		
		Interview	Appoint	Start
Mountbatten Hampshire	61	13 days	20 days	49 days
Mountbatten IOW	40	10 days	13 days	30 days
Group	101	11.5 days	16.5 days	39.5 days

The 'Establishment' at the end of March 2021 was 228 (WTE 144.50) staff on the Isle of Wight and 183 (WTE 110.52) in Hampshire.

The Group operates formal and informal employee engagement policies and procedures including regular one to one meetings between managers and all staff, routine department meetings and an annual appraisal process.

The Group Remuneration policy is led by both market conditions for 'Non Clinical' posts recruited and by the Sector wide agreement in place for Clinical staff known as 'Agenda for Change' that all NHS entities follow. As a large employer of clinical staff we are in the same skills and qualifications market as the NHS for this skillset and thus follow their remuneration and benefits package very closely.

The Group policy specifically dealing with Diversity and Equality in the workplace makes it clear that disability will not be a factor in an employment or recruitment decision. In addition, every policy, whether related to employee's or not, is evaluated against the effect that that policy might have on factors related to the promotion of Equality and Diversity in the workplace.

Despite the Government announcing the postponement of organisation's needing to produce a **Gender Pay Gap** Report due to COVID 19, Mountbatten carried out this exercise and can confirm that our calculations show there is **no gender pay gap** as defined by the Government Equalities Office.

The following headline figures have been calculated according to the requirements and methodology set out by the Government Equalities Office.

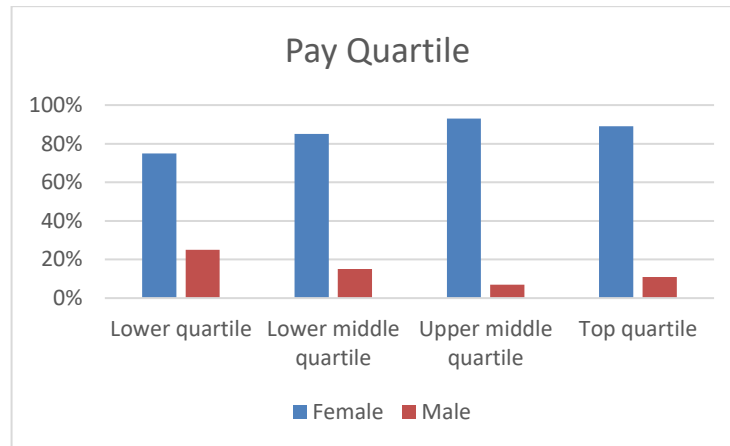
Gender Pay Gap - Mountbatten Total Workforce

Median pay gap of **-30.43%**, meaning male colleagues at the median measure are paid 30.43% less than female colleagues.

Mean pay gap of **-7.35%**, meaning male colleagues are on average paid 7.35% less than female colleagues.

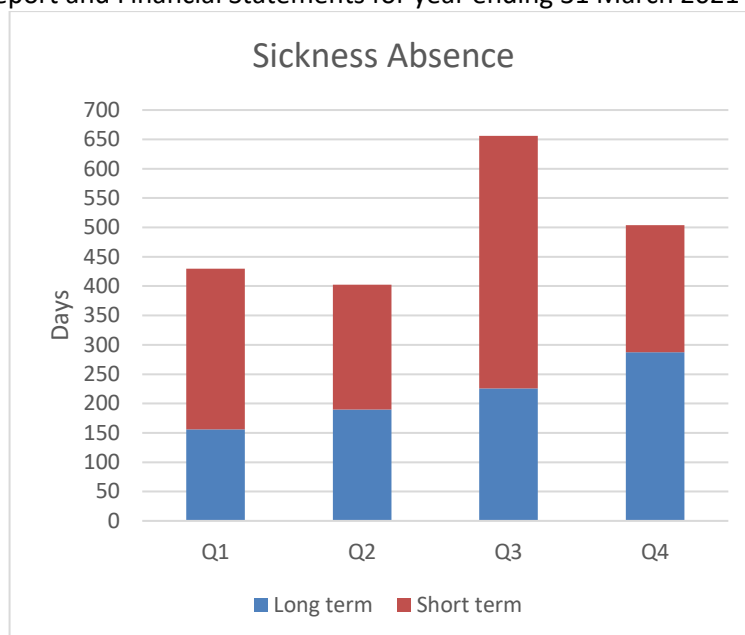
Quartile Distribution

The pay quartiles data shows the proportion of men and women that are in each pay quartile, when we arrange staff in order of hourly pay rate.



The lower quartile has the highest male population of the quartiles. A considerable number of these colleagues are either warehouse, retail, or housekeeping and therefore their salary impact is minimal on closing the gender pay gap, particularly as these roles do not gather any allowances in the same way as Agenda for Change roles.

The HR Team have been working with managers to support them in effectively managing staff and volunteers. The number of formal conduct cases remain low, however, there have been an increasing number of complex cases including long term illness, serious physical and mental health issues, and repetitive short-term absence. Working with both our Occupational Health providers has allowed us to address these cases in a proactive and supportive manner in line with our values.



This year's short-term sickness absence rate for Mountbatten Isle of Wight staff is 0.93 days (1; 2019/20) and 1.85 days (1.83; 2019/20) for Mountbatten Hampshire. It is important to note that these figures do not include periods of isolation caused by either positive COVID testing or Test and Trace notifications.

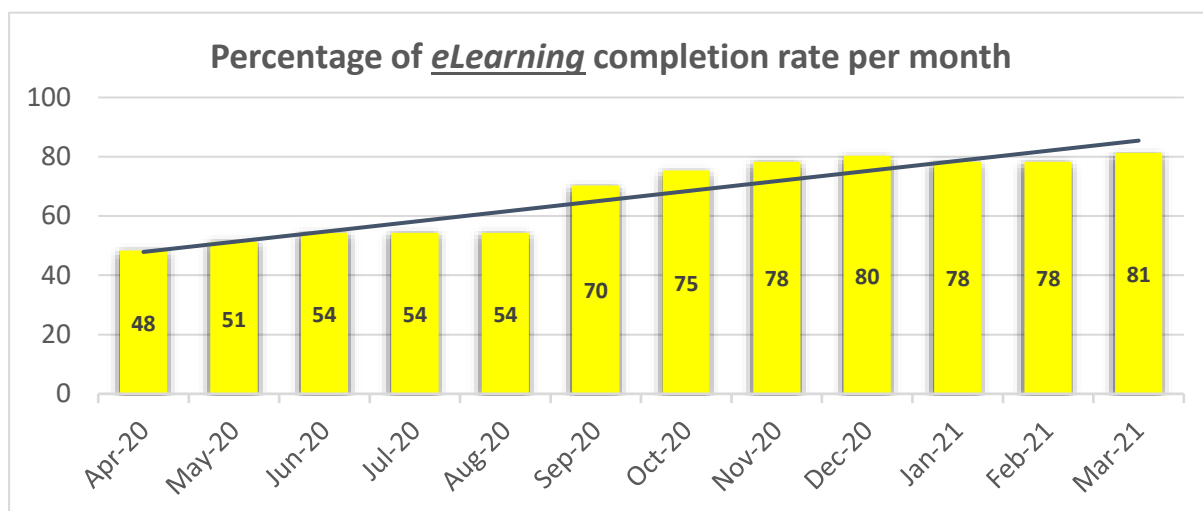
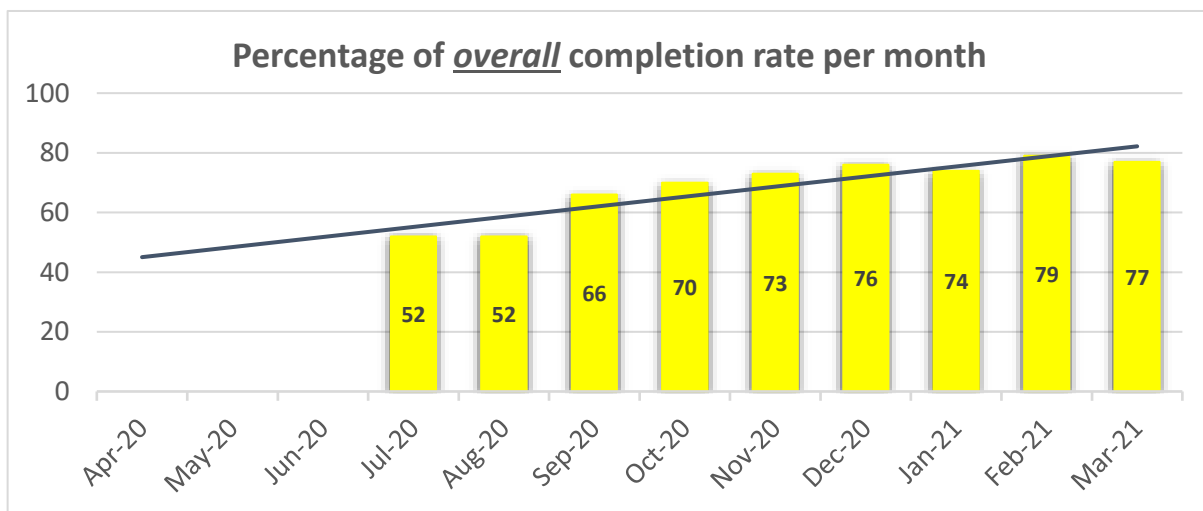
Mandatory Training

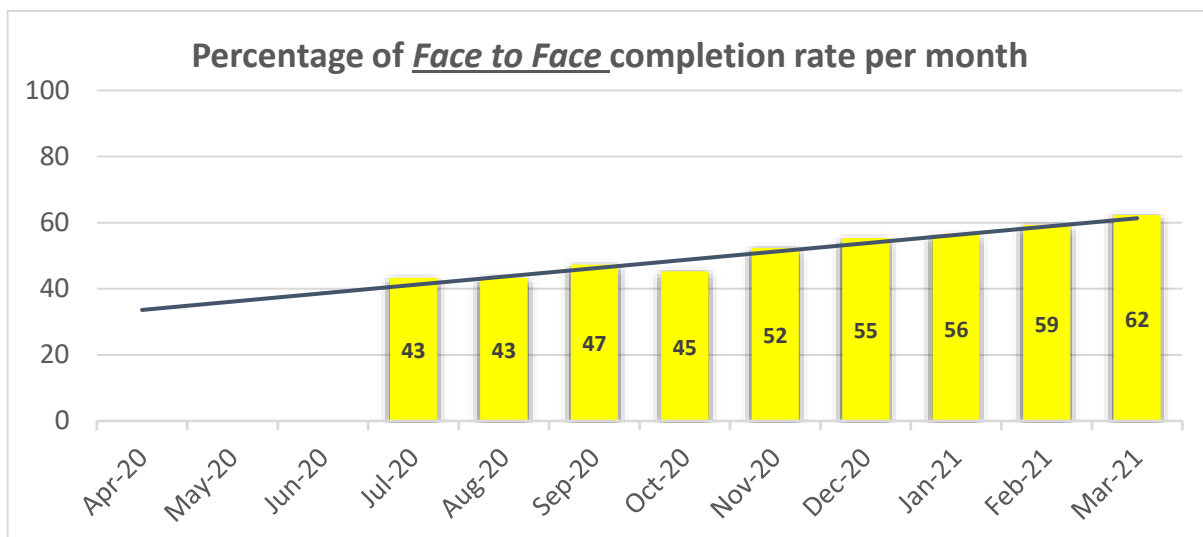
A project to integrate all staff training activity to the Blue Stream Academy platform has been carried out during this year. This integration means that staff can now see all of the mandatory training required of them (both face to face and eLearning) in one place and can maintain a complete record of all training activity. The system also enables staff to proactively take responsibility for their own mandatory training through the booking feature that allows staff to view courses and book accordingly.

Additionally, the system is able to send reminders when training is due for renewal, helping staff maintain their mandatory training requirements. Data can be retrieved from this system at any time, ensuring live and up to date information on completion rates is available.

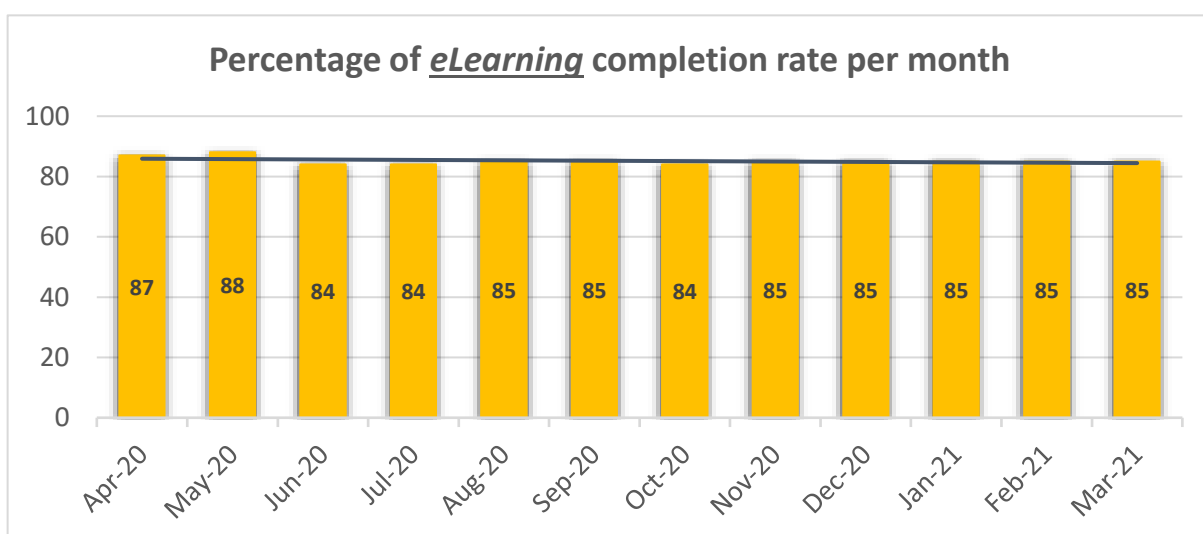
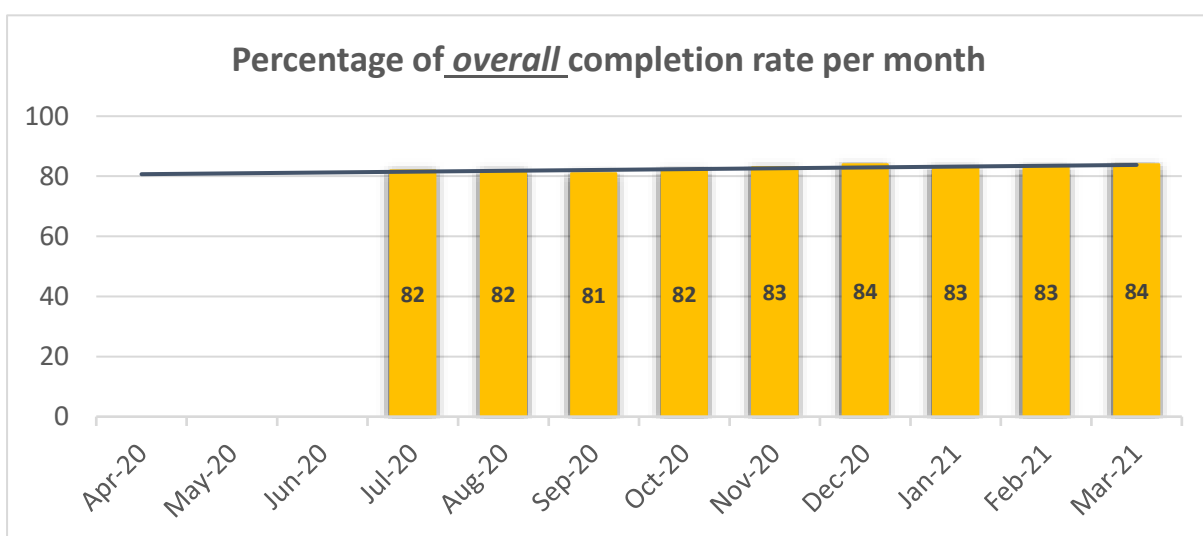
Training activity has been impacted as a result of Covid-19 restrictions over the last year and face to face training has been restricted. Thus, completion rates of mandatory training remain lower than the completion rate of 90% that Mountbatten expects.

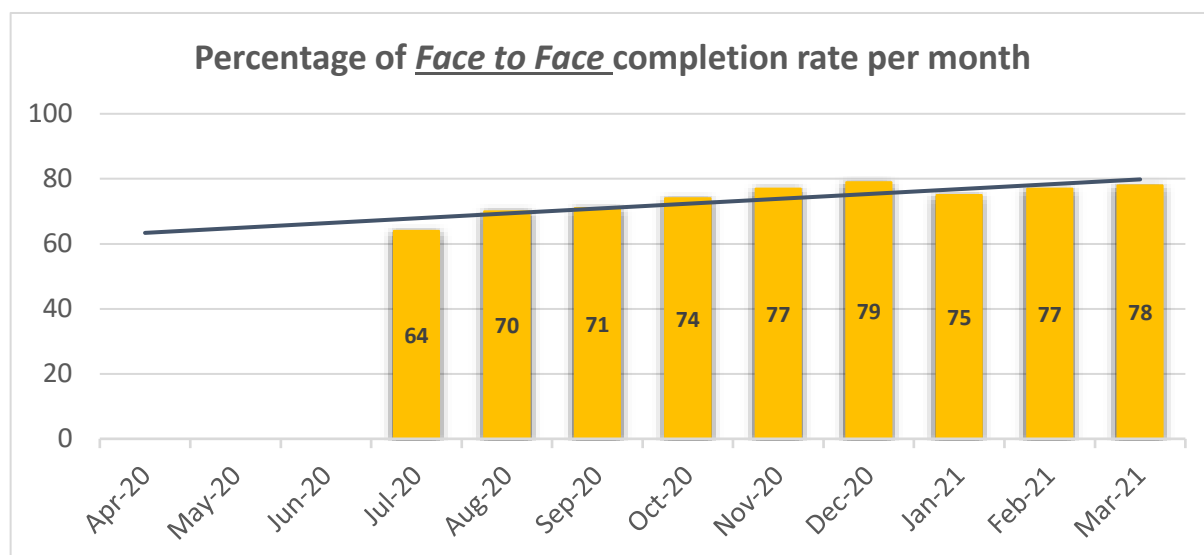
Mountbatten, Hampshire Mandatory Training Summary:





Mountbatten, Isle of Wight Mandatory Training Summary:





NB: Missing data pre-exists the integration of training records to one system.

Supervision and appraisal processes are important to support and promote effectual staff. All staff are expected to attend a supervision (or one to one) meeting with a senior staff member or manager within their team at least once per month.

Additionally, reflective practice/clinical supervision sessions are provided to all clinical staff on a monthly basis and debriefing sessions provided ad hoc as required. Mountbatten promotes a culture of learning, reflecting and being open and encourages the development and maintenance of this culture through various forums, including, open meetings, team, departmental and service meetings, lessons learnt sessions, and Mountbatten Rounds.

Further training needs of staff continue to be encouraged and discussed through the annual appraisal process and a staff development budget is provided each year to support the activity of continued professional development.

Mountbatten's commitment to staff development is demonstrated through the appointment of apprentices, for example two staff at Mountbatten, Isle of Wight are completing the adult care worker level 2 apprenticeship programme, and a new business administrator level 3 apprentice was recruited to Mountbatten, Hampshire. Apprenticeships are also used to develop existing staff and two Mountbatten, Hampshire IPU members of staff are completing their registered nurse level 6 apprenticeships and a member of staff from Mountbatten, Isle of Wight has commenced a Nursing Associate level 5 apprenticeship. Further development of apprenticeship opportunities is planned for the coming year.

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Department

The past year has been a period of consolidation and growth for the Information Technology (IT) Team working across both Mountbatten sites: improving remote working, clinical and back-office systems; the network infrastructure; security; resilience; and building on the Cloud-based IT Strategy.

The IT team have continued to assist with the challenges of the COVID-19 crisis by providing and supporting remote working and communication tools for those that have needed to self-isolate or work from home, and patients and carers in the community.

Although difficult in many ways, and we are still at the start of the journey, the past 12 months have had a hugely positive effect in accelerating the use of technology, creating flexible ways of working and caring for patients. **The door has truly been opened to using technology effectively and creatively to care for patients, carers and their families, and to support them in new ways.**

During the year we have achieved the following notable successes:

- The introduction of 24/7 IT Support.
- Enabling the workforce to work and thrive remotely by providing access to the majority of - if not all - clinical and back-office systems and information.
- Implementing and supporting the use of video conferencing technology using applications such as Microsoft Teams, Zoom and AccuRX. We are now at a point, although still requiring some refinement, of it being embedded in normal working practice.
- The purchase of laptops, video cameras, microphones and speakers to assist with video conferencing.
- The renewal and expansion of the mobile telephone contract with the capability of 4G Internet connectivity.
- The upgrading of our Internet connections, including the set-up of our own Health and Social Care Network (HSCN) connection in Mountbatten Hampshire.
- The continued development and relaunch of the Mountbatten Intranet, to provide a repository of knowledge, information, and a way of communicating with staff.
- Assisting the Rehabilitation teams with forming patient Virtual Groups projects (i.e. exercise classes, breathlessness sessions, etc.), live-streamed to patients in their own homes.
- The upgrading of the security of our Microsoft Azure Cloud suite of products and the passing of external penetration testing (the practice of testing the security of our IT and network systems).

Mountbatten Isle of Wight

- Supporting the introduction of the Island-wide support line and the new **Keep Connected Helpline** for patients during the pandemic by using VoIP telephony, allowing volunteers to flexibly staff the line from their own homes.
- The purchase of 25 laptops for the Care at Home Team and the reallocation of their existing laptops to volunteers supporting patients with technology in the community.

Mountbatten Hampshire

- Completing, improving and supporting the successful roll-out of the SystmOne Shared Electronic Health Record, including the timely implementation of ICE pathology requesting, connection to the Care and Health Information Exchange (CHIE), and initiating the viewing of the patient record between GPs using EMIS Web.
- The development of SystmOne Mobile Working and provision and support of 20 laptops for the new Care at Home Team.
- The replacement and equipping of 40+ laptops and PCs for the expanded Community, Psychological Services and Fundraising Teams.
- The renewal of the network infrastructure equipment (routers and switching equipment), including the provision of new WiFi networks, for staff, volunteers and patients.

In addition to the above changes at Mountbatten Hampshire, huge progress has been made in disentangling the 40+ IT systems being used previously under University Hospital Southampton's stewardship and the considerable cost of purchasing these services. The only IT services of note remaining in place being the WellSky pharmacy system and Smartcard provision, both of which will be under review over the coming months.

Security and Service Availability

Thankfully, there have been minimal and few IT security issues and / or network outages (there have been a couple of national outages relating to the NHS Digital's HSCN network).

Cyber security, Information Assurance and Information Governance is to be given the highest priority across the organisation, and sufficiently tested defence/resilience should be in place to protect against internal and external attacks and system failure.

Collaboration

Working together with the Information Governance and Quality Team, various initiatives have been undertaken to improve collaboration with other health care providers - including setting up a well-attended Island-wide SystmOne User Group - with the aim of setting up a similar or joint group in Hampshire.

Resources

In addition to business as usual and the work involved with untangling Mountbatten's legacy systems, equipment and infrastructure, over the past year, with the introduction of new services and extended support (remote working and 24/7 support), the IT Team should be commended for their efforts.

Now that the transitional work is nearing conclusion and the majority of systems have been moved to the Cloud, it provides an ideal opportunity to develop a strong, highly skilled IT Team fit for the future.

Future Plans

Together with the clinical teams, during the next period it is planned to implement SystmOne Secondary Care and Electronic Prescribing, allowing for medication management across all clinical teams, the generation of electronic prescriptions and administration management on the Inpatient Unit.

We plan to replace some of the aging PCs and laptops, in particular at the Isle of Wight where some of the equipment is approaching 10 years old.

Over the coming months, the IT Team also plans to assist the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based system (Sage Cloud).

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

In addition, over the coming year we aim to initiate patient and staff apps (Airmid and Brigid) that can be used on Android and iOS mobile phones to improve interaction between patients and clinicians. These include features such as: Booking appointments remotely; sending and receiving messages/information; ordering repeat medications; easily making video consultations; completion of questionnaires (i.e. Patient Reported Outcome Measures) and forms (i.e. Advance Care Plans); and measuring real-time vital statistics from wearable devices (i.e. Fitbit)

Financial Review

The financial result for the year of the Earl Mountbatten Group was positive, with a net surplus for the year of £3,411,333. The result for the year was materially affected by the recovery in the value of the equity market during the year and the Group investments, including a deposit into the portfolio of just over £500,000. The net recovery in value of the investment portfolio at the end of the year was an amount of £1,171,277. Results were assisted by another strong year for legacies, amounting to £1,465,607 (2020: £2,810,456). Despite being substantially below the level of the prior year, this remains above the long-term average for this source of income and, as reported last year, we continue to put resources into growing and maintaining this very important source of funds. Finally, the Group was fortunate to receive comprehensive support from a range of funds supplied by Government, Local authorities and Clinical Commissioning Groups aimed at ensuring that the Healthcare sector in which the Group operates generally, and the Hospice sector specifically, was able to continue to operate during the pandemic, and was able to survive the response to the Coronavirus pandemic in a condition that enabled it to resume full operations immediately that restrictions were removed.

Resources expended by the Group for the year decreased very slightly from £14,581,009 in 2020 to £14,536,910 in 2021. The mixture of costs across the Group has been materially affected by the changes in the operating model of parts of the group following the arrival of the pandemic and the resulting mitigation procedures adopted by the Group specifically and by the UK as a whole. An analysis of Group Resources expended by activity is as follows:

- 19% (2020 – 15%) of our expenditure was on the cost of generating funds
- 65% (2020 – 71%) of our expenditure was directly incurred in the carrying out of our charitable activities, with our activities expanding in the year following the acquisition of Countess Mountbatten to include the operation of two hospices, on the Isle of Wight and the Mainland
- 16% (2020 – 14%) of our expenditure was incurred in the support of the carrying out of our charitable activities and our governance. Savings were achieved across the combined organisation by avoiding the duplication of key management personnel

Investment Policy and Performance

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

A total return of 26.6% was achieved for the year comprising 24.7% of capital gains and 1.9% of income yield generated in the portfolio. The total return benchmark for the portfolio for the year was 23.5%.

Asset allocation as at 31 March 2021 was:

Cash	9.9%
Bonds	11.8%
UK Equities	26.1%
Overseas Equities	44.7%
Alternatives	7.5%

Reserves Policy and going concern

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

During the financial year, unrestricted reserves increased by £3.65m finishing the year at £16.45m (2020 £12.81m). Budgeted expenditure for 2021/22 is £16.8m, so unrestricted reserves equated to approximately 12 months of budgeted expenditure as at March 2021. Excluding funds set aside to cover the book value of fixed assets, the free cash and investments available to the group £7.3m, which equates to just over 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.

In the meantime the trustees have reviewed budgets and forecasts for the next financial year. Fundraising performance has exceeded budget for the year to date and expected to continue to do so over the next quarter. The level of reserves at year end are deemed sufficient to manage risks of shortfalls in income generation for at least 12 months from the date these financial statements are approved. Therefore the trustees consider there to be no material uncertainties around the group's ability to continue operating as a going concern.

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.

Relationships with Suppliers and 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 we will settle accounts on a twice monthly basis.

Statement of Trustees' responsibilities

The trustees (who are also directors of Earl Mountbatten Hospice for the purposes of company law) are responsible for preparing the trustees' annual report including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The Trustees are required to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company or group for that period. 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' Statement of Recommended Practice (SORP)
- make judgments 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
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group 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 charitable company 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 charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report which includes the strategic report has been approved by the trustees on 22 July 2021 and signed on their behalf by

A handwritten signature in black ink, appearing to be 'I. Cheshire', with a long horizontal line extending to the right.

Sir Ian Cheshire
Chair of the Board of trustees

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

Independent auditor's report to the members of Earl Mountbatten Hospice

Opinion

We have audited the financial statements of Earl Mountbatten Hospice (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 of the parent charitable company's affairs as at 31 March 2021 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
- 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's responsibilities for the audit of the group 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 Earl Mountbatten Hospice'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.

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group 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 group 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 group 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 group 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' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has 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 the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

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

- Adequate 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 financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, 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's and the 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 the parent charitable

company or to cease operations, or have no realistic alternative but to do so.

Auditor's 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the resources committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
- Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements

made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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 is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. 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

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

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.

A handwritten signature in dark ink that reads "Sayer Vincent LLP". The signature is written in a cursive, flowing style.

Joanna Pittman (Senior statutory auditor)

10 August 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

		Unrestricted	Restricted	2021 Total	Unrestricted (restated)*	Restricted (restated)*	2020 Total (restated)*
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	3,792,033	408,965	4,200,998	3,832,738	521,849	4,354,587
Charitable activities							
Inpatient / Day Care	3	7,639,959	2,995,730	10,635,689	7,370,413	233,113	7,603,526
Community Care	3	227,333	–	227,333	229,504	–	229,504
Other trading activities	4	1,591,800	9,366	1,601,166	2,717,591	–	2,717,591
Investments	5	111,780	–	111,780	184,194	–	184,194
Total income		13,362,905	3,414,061	16,776,966	14,334,440	754,962	15,089,402
Expenditure on:							
Raising funds		2,741,546	48,238	2,789,784	2,557,198	–	2,557,198
Charitable activities							
Inpatient / Day Care		5,745,155	3,603,906	9,349,061	9,076,011	549,481	9,625,492
Community Care		2,398,065	–	2,398,065	2,398,319	–	2,398,319
Total expenditure	6	10,884,766	3,652,144	14,536,910	14,031,528	549,481	14,581,009
Net income before net gains / (losses) on investments		2,478,139	(238,083)	2,240,056	302,912	205,481	508,393
Net gains / (losses) on investments		1,171,277	–	1,171,277	(489,696)	–	(489,696)
Net income / (expenditure) for the year and net movement in funds	7	3,649,416	(238,083)	3,411,333	(186,784)	205,481	18,697
Transfers between funds		–	–	–	(30,376)	30,376	–
Net movement in funds		3,649,416	(238,083)	3,411,333	(217,160)	235,857	18,697
Reconciliation of funds:							
Total funds brought forward		12,805,249	3,770,537	16,575,786	13,022,409	3,534,680	16,557,089
Total funds carried forward	21	16,454,665	3,532,454	19,987,119	12,805,249	3,770,537	16,575,786

* see note 25

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.

Earl Mountbatten Hospice

Balance sheet

Company no. 02929267

As at 31 March 2021

		The group 2021	2020 (restated) *	Earl Mountbatten Hospice 2021	2020
	Note	£	£	£	£
Fixed assets:					
Tangible assets	12	11,507,885	11,398,241	11,329,079	11,276,559
Investments	13	6,425,897	4,659,748	5,094,064	3,595,402
		17,933,782	16,057,989	16,423,143	14,871,961
Current assets:					
Stocks		3,434	3,741	–	–
Debtors	16	1,260,146	881,763	872,188	474,238
Cash at bank and in hand		2,898,875	2,241,321	1,403,466	1,298,395
		4,162,455	3,126,825	2,275,654	1,772,633
Liabilities:					
Creditors: amounts falling due within one year	17	(2,109,118)	(2,609,028)	(888,708)	(897,911)
Net current assets		2,053,337	517,797	1,386,946	874,722
Total net assets	20	19,987,119	16,575,786	17,810,089	15,746,683
Funds:					
Restricted funds		3,400,520	3,717,563	3,400,520	3,717,563
Restricted funds CMH		131,934	52,973	–	–
Unrestricted funds:					
Designated funds		9,573,435	9,520,915	9,073,435	9,020,915
General funds		6,881,230	3,284,335	5,336,134	3,008,205
Total unrestricted funds		16,454,665	12,805,250	14,409,569	12,029,120
Total funds	21	19,987,119	16,575,786	17,810,089	15,746,683

* see note 24

Approved by the trustees on 22 July 2021 and signed on their behalf by



Sir Ian Cheshire
Chair of the Board of Trustees

Earl Mountbatten Hospice

Consolidated statement of cash flows

For the year ended 31 March 2021

	Note	2021 £	£	2020 £	£
Cash flows from operating activities					
Net cash provided by / (used in) operating activities	22		1,480,919		1,155,695
Cash flows from investing activities:					
Dividends and interest		111,780		184,194	
Purchase of fixed assets		(340,273)		(922,626)	
Proceeds from sale of investments		537,527		1,986,436	
Purchase of investments		(1,192,804)		(1,899,902)	
Movement in portfolio cash held for investment		60,405		(436,948)	
Net cash provided by investing activities			(823,365)		(1,088,846)
Change in cash and cash equivalents in the year			657,554		66,849
Cash and cash equivalents at the beginning of the year			2,241,321		2,174,472
Cash and cash equivalents at the end of the year			2,898,875		2,241,321

1 Accounting policies

a) Statutory information

Earl Mountbatten Hospice is a charitable company limited by guarantee and is incorporated in England. 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 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) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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 subsidiaries Earl Mountbatten Hospice Trading Company Limited and Countess Mountbatten Hospice group which includes the parent charity and and its subsidiary Countess Mountbatten Hospice Promotions Limited 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.

c) Public benefit entity

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

d) Going concern

The group has prepared forecasts and budget taking into account impact of Covid 19. Based on these forecasts, the trustees consider that there are no material uncertainties about the group's and charitable company's ability to continue as a going concern.

e) Income

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

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

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

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 a 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.

1 Accounting policies (continued)

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 so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the 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, the cost of any activities with a fundraising purpose and costs of running the retail activity
- 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

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	16%
● Inpatient / Day Care	51%
● Community Care	33%

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.

1 Accounting policies (continued)

k) Operating leases

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

l) Tangible fixed assets

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

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.

l) Tangible fixed assets (continued)

Depreciation is provided 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. 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.

Investments in subsidiaries

Investments in subsidiaries are at cost.

n) 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.

o) 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.

p) 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.

q) 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.

1 Accounting policies (continued)

r) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

s) 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.

Earl Mountbatten Hospice

Notes to the financial statements

For the year ended 31 March 2021

2 Income from donations and legacies

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
Gifts						
Earl Mountbatten Hospice	1,040,600	261,965	1,302,565	568,555	165,087	733,642
Countess Mountbatten Hospice	522,427	47,000	569,427	643,727	166,762	810,489
Legacies						
Earl Mountbatten Hospice	1,407,760	–	1,407,760	2,480,194	190,000	2,670,194
Countess Mountbatten Hospice	57,847	–	57,847	140,262	–	140,262
Coronavirus appeal						
Earl Mountbatten Hospice	–	–	–	–	–	–
Countess Mountbatten Hospice	195,101	100,000	295,101	–	–	–
Coronavirus job retention scheme						
Earl Mountbatten Hospice	219,432	–	219,432	–	–	–
Countess Mountbatten Hospice	65,061	–	65,061	–	–	–
Rate relief grants						
Earl Mountbatten Hospice	254,660	–	254,660	–	–	–
Countess Mountbatten Hospice	29,145	–	29,145	–	–	–
	3,792,033	408,965	4,200,998	3,832,738	521,849	4,354,587

Legacies notified but not accrued in the accounts are estimated at £716,000 for EMH and £420,167 for CMH (2020: £1,275,065 for the group).

3 Income from charitable activities

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
NHS CCG						
Earl Mountbatten Hospice	3,312,306	40,030	3,352,336	3,185,913	38,240	3,224,153
Countess Mountbatten Hospice	4,309,319	–	4,309,319	4,184,500	–	4,184,500
Other grant income						
Earl Mountbatten Hospice	18,334	1,501,153	1,519,487	–	154,873	154,873
Countess Mountbatten Hospice	–	1,454,547	1,454,547	–	40,000	40,000
Sub-total for Inpatient/Day Care	7,639,959	2,995,730	10,635,689	7,370,413	233,113	7,603,526
Isle of Wight Clinical Commissioning Group						
Earl Mountbatten Hospice	227,333	–	227,333	229,504	–	229,504
Sub-total for Community Care	227,333	–	227,333	229,504	–	229,504
Total income from charitable activities	7,867,292	2,995,730	10,863,022	7,599,917	233,113	7,833,030

4 Income from other trading activities

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
Fundraising activities						
Earl Mountbatten Hospice	557,818	–	557,818	676,274	–	676,274
Countess Mountbatten Hospice	462,638	–	462,638	522,200	–	522,200
Shops, café and other income						
Earl Mountbatten Hospice	466,712	–	466,712	1,276,915	–	1,276,915
Countess Mountbatten Hospice	104,632	9,366	113,998	242,202	–	242,202
	1,591,800	9,366	1,601,166	2,717,591	–	2,717,591

5 Income from investments

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
Interest from UK bank deposits						
Earl Mountbatten Hospice	516	–	516	6,379	–	6,379
Countess Mountbatten Hospice	–	–	–	352	–	352
Income from quoted investments						
Earl Mountbatten Hospice	85,348	–	85,348	146,959	–	146,959
Countess Mountbatten Hospice	25,916	–	25,916	30,504	–	30,504
	<u>111,780</u>	<u>–</u>	<u>111,780</u>	<u>184,194</u>	<u>–</u>	<u>184,194</u>

Earl Mountbatten Hospice

Notes to the financial statements

For the year ended 31 March 2021

6a Analysis of expenditure – current year

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2021 Total	2020 Total
	£	Inpatient / Day Care	Community Care	£	£	£	£
Staff costs (Note 8)	797,463	6,005,161	1,618,743	–	2,827,112	11,248,479	10,757,971
Charges paid to University Hospital Southampton*	–	(184,570)	–	–	–	(184,570)	232,115
Medical consumables	–	175,532	51,879	–	–	227,411	327,803
Volunteer expenses	–	–	–	–	496	496	49,202
IT and administrative costs	–	–	–	–	111,985	111,985	78,330
Trading activities	10,538	–	–	–	–	10,538	22,747
Fundraising costs	554,176	–	–	–	–	554,176	302,974
Lottery costs	167,098	–	–	–	–	167,098	303,882
Investment managers' fees	25,012	–	–	–	6,631	31,643	22,149
Audit and accountancy fees	–	–	–	56,027	–	56,027	57,101
Legal and professional	–	–	–	–	24,026	24,026	17,226
Trustee costs	–	–	–	53	–	53	10,821
Catering	294,434	1,274	–	–	–	295,708	346,390
Premises	195,144	450,002	–	–	272,337	917,483	1,019,669
Depreciation and loss on disposal	–	–	–	–	225,054	225,054	182,028
Insurance	5,933	–	–	–	35,935	41,868	42,073
Maintenance and repairs	–	50,031	–	–	194,131	244,162	285,081
Subscriptions and publications	–	–	–	–	27,549	27,549	41,270
Irrecoverable VAT	12,681	–	–	–	31,798	44,479	50,243
Consumables	29,406	371,831	–	–	92,008	493,245	431,934
	2,091,885	6,869,261	1,670,622	56,080	3,849,062	14,536,910	14,581,009
Support costs – EMH	349,917	1,115,364	721,706	–	(2,186,987)	–	–
Support costs – CMH	332,415	1,329,660	–	–	(1,662,075)	–	–
Governance costs – EMH	12,052	20,716	5,737	(38,505)	–	–	–
Governance costs – CMH	3,515	14,060	–	(17,575)	–	–	–
Total expenditure 2021	2,789,784	9,349,061	2,398,065	–	–	14,536,910	
Total expenditure 2020	2,239,654	9,943,036	2,398,319	–	–		14,581,009

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

Earl Mountbatten Hospice

Notes to the financial statements

For the year ended 31 March 2021

6b Analysis of expenditure – prior year

	Cost of raising funds £	Charitable activities		Governance costs £	Support costs £	2020 Total £
		Inpatient / Day Care £	Community Care £			
Staff costs (Note 8)	687,891	6,047,619	1,623,199	–	2,399,262	10,757,971
Charges paid to University Hospital Southampton*	–	232,115	–	–	–	232,115
Medical consumables	–	158,313	106,550	–	62,940	327,803
Volunteer expenses	–	–	–	–	49,202	49,202
Conferences, training and events	–	–	–	–	–	–
IT and administrative costs	–	–	–	–	78,330	78,330
Trading activities	22,747	–	–	–	–	22,747
Fundraising costs	302,974	–	–	–	–	302,974
Lottery costs	303,882	–	–	–	–	303,882
Investment managers' fees	20,449	–	–	–	1,700	22,149
Audit and accountancy fees	–	–	–	57,101	–	57,101
Legal and professional	–	–	–	–	17,226	17,226
Trustee costs	–	–	–	10,821	–	10,821
Catering	338,996	7,394	–	–	–	346,390
Premises	192,965	518,009	–	–	308,695	1,019,669
Depreciation and loss on disposal	–	–	–	–	182,028	182,028
Insurance	5,141	–	–	–	36,932	42,073
Maintenance and repairs	–	75,013	–	–	210,068	285,081
Subscriptions and publications	–	–	–	–	41,270	41,270
Irrecoverable VAT	27,143	–	–	–	23,100	50,243
Consumables	46,863	328,844	–	–	56,227	431,934
	1,949,051	7,367,307	1,729,749	67,922	3,466,980	14,581,009
Support costs – EMH	310,507	1,097,125	662,415	–	(2,070,047)	–
Support costs – CMH	279,387	1,117,546	–	–	(1,396,933)	–
Governance costs – EMH	12,931	22,226	6,155	(41,312)	–	–
Governance costs – CMH	5,322	21,288	–	(26,610)	–	–
Total expenditure 2020	2,557,198	9,625,492	2,398,319	–	–	14,581,009

* The charge payable by the Countess Mountbatten Hospice Charity to the UHS NHS Foundation Trust is for the provision of clinical services.

Notes to the financial statements

For the year ended 31 March 2021

7 Net income / (expenditure) for the year

This is stated after charging:

	2021 £	2020 £
Depreciation	230,629	181,453
Operating lease rentals:		
Property – EMH	–	–
Property – CMH	249,601	235,086
Auditor's remuneration (excluding VAT):		
Audit – group	21,600	21,100
Audit – Countess Mountbatten Hospice	17,500	17,100
Other services	5,100	4,000
Other services – Countess Mountbatten Hospice	5,100	4,000

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

Staff costs were as follows:

Current year	EMH £	2021 CMH £	Total £	2020 Total £
Staff under service level agreement with NHS	687,610	3,442,418	4,130,028	4,126,454
Wages and salaries	4,449,459	814,141	5,263,600	4,712,288
Employer's national insurance	404,044	242,744	646,788	583,941
Pension costs	469,325	350,133	819,458	743,048
Temporary & agency staff	26,304	89,110	115,414	290,523
Other staff costs	192,013	78,686	270,699	282,517
Contract staffing charge	2,492	–	2,492	19,200
	6,231,247	5,017,232	11,248,479	10,757,971

Prior year

	2020 EMH £	2020 CMH £	Total £
Staff under service level agreement with NHS	626,128	3,500,326	4,126,454
Wages and salaries	4,141,088	571,200	4,712,288
Employer's national insurance	362,386	221,555	583,941
Pension costs	412,018	331,030	743,048
Temporary & agency staff	61,051	229,472	290,523
Other staff costs	223,214	59,303	282,517
Contract staffing charge	19,200	–	19,200
	5,845,085	4,912,886	10,757,971

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

	2021 Employed by Charity No.	2021 Recharged to Charity No.	2020 Employed by Charity No.	2020 Recharged to Charity No.
£60,000 – £69,999	–	–	4	–
£70,000 – £79,999	3	–	1	–
£80,000 – £89,999	–	–	2	–
£90,000 – £99,999	1	1	1	–
£130,000 – £139,999	1	1	1	1

The total employee benefits including pension contributions and employers' NI of the key management personnel were £708,383 (2020: £674,674).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £52.90 (2020: £nil) incurred by 1 (2020: nil) trustee.

9 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2021 Employed by group No.	2021 Recharged to group No.	2020 Employed by Group No.	2020 Recharged to Group No.
Fundraising – EMH	11	–	6	–
Fundraising – CMH	32	–	22	–
In patient unit / Patient services – EMH	49	7	55	7
In patient unit / Patient services – CMH	112	11	112	11
Community	60	–	58	–
Day unit / JCC	9	–	10	–
Retail	39	–	40	–
Support	41	–	36	–
	353	18	339	18

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 (2020: £nil).

11 Taxation

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

12 Tangible fixed assets

Group	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	10,894,959	174,612	1,866,434	275,030	13,211,035
Additions in year	551	33,500	293,222	13,000	340,273
At the end of the year	10,895,510	208,112	2,159,656	288,030	13,551,308
Depreciation					
At the start of the year	–	112,738	1,545,810	154,246	1,812,794
Charge for the year	–	27,200	167,987	35,442	230,629
At the end of the year	–	139,938	1,713,797	189,688	2,043,423
Net book value					
At the end of the year	10,895,510	68,174	445,859	98,342	11,507,885
At the start of the year	10,894,959	61,874	320,624	120,784	11,398,241

Earl Mountbatten Hospice

Notes to the financial statements

For the year ended 31 March 2021

12 Tangible fixed assets (continued)

Earl Mountbatten Hospice	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	10,894,959	137,727	1,730,963	275,030	13,038,679
Additions in year	551	–	193,698	13,000	207,249
Transfer between asset class	–	–	–	–	–
At the end of the year	10,895,510	137,727	1,924,661	288,030	13,245,928
Depreciation					
At the start of the year	–	103,517	1,504,357	154,246	1,762,120
Charge for the year	–	9,604	109,683	35,442	154,729
At the end of the year	–	113,121	1,614,040	189,688	1,916,849
Net book value					
At the end of the year	10,895,510	24,606	310,621	98,342	11,329,079
At the start of the year	10,894,959	34,210	226,606	120,784	11,276,559

All of the above assets are used for charitable purposes.

13 Investments

	Group		Earl Mountbatten Hospice	
	2021	2020	2021	2020
	£	£	£	£
Listed investments				
Fair value at the start of the year	3,968,193	4,544,423	2,907,965	3,650,319
Additions at cost	1,192,804	1,899,902	1,055,603	685,585
Disposal proceeds	(537,527)	(1,986,436)	(421,210)	(1,028,764)
Net gain / (loss) on change in fair value	1,171,277	(489,696)	920,554	(399,175)
	5,794,747	3,968,193	4,462,912	2,907,965
Cash held by investment broker pending reinvestment	631,150	691,555	631,150	687,435
Investment in group undertaking	–	–	2	2
Fair value at the end of the year	6,425,897	4,659,748	5,094,064	3,595,402

Listed investments comprise:

	2021	2020
	£	£
UK Bonds	571,549	617,604
Overseas Bonds	183,992	176,280
UK Equities	1,660,600	1,204,297
North American Equities	1,342,888	782,388
European Equities	523,406	219,879
Japanese Equities	233,527	129,515
Asia Pacific Equities	502,363	248,121
Emerging Market Equities	81,976	52,501
Global Investments	179,051	123,223
Absolute Return	203,992	62,381
Property Trusts	140,764	148,942
Other	170,639	203,061
Cash	631,150	691,556
	6,425,897	4,659,748

14 Subsidiary undertakings

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

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

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 2021	Countess Mountbatten Hospice £	Countess Mountbatten Hospice Promotions Limited £	Earl Mountbatten Hospice Trading Limited £
Income/turnover	6,976,290	406,709	28,577
Cost of sales	–	(78,000)	(7,771)
Net income/gross profit	6,976,290	328,709	20,806
Net expenditure/administrative expenses	(6,161,250)	(32,358)	(34,999)
Distribution from subsidiary	238,011	–	–
Gain on investment assets	250,724	–	–
Net income/(expenditure)/profit/(loss) for the financial year	1,303,775	296,351	(14,193)
Funds/retained earnings brought forward	510,153	247,409	71,538
Net income/(expenditure)/profit/(loss) for the financial year	1,303,775	296,351	(14,193)
Distribution under Gift Aid to parent charity	–	(238,011)	(59,540)
Reserves/retained earnings carried forward	1,813,928	305,749	(2,195)
The aggregate of the assets, liabilities and funds was:			
Assets	2,643,173	533,371	120,073
Liabilities	(829,245)	(227,623)	(122,268)
Funds	1,813,928	305,748	(2,195)

Earl Mountbatten Hospice

Notes to the financial statements

For the year ended 31 March 2021

14 Subsidiary undertakings (continued)

Year ended 31 March 2020	Countess Mountbatten Hospice £	Countess Mountbatten Hospice Promotions Ltd £	Earl Mountbatten Hospice Trading Limited £
Income/Turnover	5,501,684	468,825	102,488
Cost of sales	–	(78,000)	(7,448)
Net income/gross profit	5,501,684	390,825	95,040
Net expenditure/administrative expenses	(6,279,970)	(152,814)	(35,500)
Gain on investment assets	(90,521)	–	–
Net (expenditure)/profit for the financial year	(868,807)	238,011	59,540
Retained earnings brought forward	1,378,960	9,398	11,998
Profit for the year	(868,807)	238,011	59,540
Distribution under Gift Aid to parent charity	–	–	–
Retained earnings carried forward	510,153	247,409	71,538
The aggregate of the assets, liabilities and funds was:			
Assets	1,911,147	457,491	241,558
Liabilities	(1,400,994)	(210,082)	(170,018)
Funds	510,153	247,409	71,540

Intercompany transactions

Included within administrative expenses for Countess Mountbatten Hospice is a management charge of £214,986 (2020: £245,181) from the Earl Mountbatten Hospice to Countess Mountbatten. Included within administrative expenses within Earl Mountbatten Hospice Trading is a management charge of £30,000 (2020: £30,000) from Earl Mountbatten Hospice.

Shared trustees/directors

All trustees of Earl Mountbatten Hospice are also trustees of Countess Mountbatten Hospice.

Gillian Owton is a trustee/director of both Countess Mountbatten Hospice and Countess Mountbatten Hospice Promotions.

Philip Shears is a trustee and director of both Earl Mountbatten Hospice and Earl Mountbatten Hospice Trading.

15 Earl Mountbatten Hospice

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

	2021 £	2020 £
Gross income	9,611,672	9,261,586
Result for the year	2,063,407	589,950

16 Debtors

	The group		Earl Mountbatten Hospice	
	2021	2020	2021	2020
	£	£	£	£
Amounts due from subsidiaries	–	–	117,961	167,223
Trade debtors	125,029	411,554	75,148	56,957
Accrued income and other debtors	848,572	73,779	436,021	10,281
VAT recoverable	198,845	310,102	173,732	172,202
Prepayments	87,700	86,328	69,326	67,575
	1,260,146	881,763	872,188	474,238

17 Creditors: amounts falling due within one year

	The group		Earl Mountbatten Hospice	
	2021	2020	2021	2020
	£	£	£	£
Trade creditors	450,385	1,825,669	261,220	642,515
Deferred Income	623,041	87,700	318,041	2,700
Other creditors and accruals	1,035,692	695,659	309,447	252,696
	2,109,118	2,609,028	888,708	897,911

18 Deferred income

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

	The group		The charity	
	2021	2020	2021	2020
	£	£	£	£
Balance at the beginning of the year	87,700	174,989	2,700	174,989
Amount released to income in the year	(87,700)	(174,989)	(2,700)	(174,989)
Amount deferred in the year	623,041	87,700	318,041	2,700
	623,041	87,700	318,041	2,700

19 NHS Pension Scheme

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

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

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

19 NHS Pension Scheme (continued)**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 purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

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

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

The total pension contributions payable for the NHS pension scheme in the year were £530,078 (2020: £515,874). Contributions payable in respect of Countess Mountbatten Hospice Charity of £494,869 (in 2020: £429,644 was outstanding).

20a Analysis of group net assets between funds – 2021

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	119,750	9,020,915	2,367,220	11,507,885
Investments	6,425,897	–	–	6,425,897
Net current assets	335,583	552,520	1,165,234	2,053,337
Net assets at the end of the year	6,881,230	9,573,435	3,532,454	19,987,119

20b Analysis of group net assets between funds – 2020

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	–	8,992,183	2,406,058	11,398,241
Investments	4,659,748	–	–	4,659,748
Net current assets / (liabilities)	(1,427,934)	581,252	1,364,479	517,797
Net assets at the end of the year	3,231,814	9,573,435	3,770,537	16,575,786

21a Movements in funds – 2021

	At the start of the year £	Incoming resources & gains £	Outgoing resources & losses £	Transfers £	At the end of the year £
Restricted funds					
Capital funds					
John Cheverton estate fixed asset fund	150,414	–	(38,838)	–	111,576
Fixed Asset Fund	2,255,644	–	–	–	2,255,644
Revenue funds					
Community Equipment	13,046	8,590	(9,161)	–	12,475
Clinical Co-ordination Centre	499,226	–	(165,705)	–	333,521
iBCF	222,381	80,000	(142,815)	–	159,566
JCC café refurbishment	4,854	–	(4,854)	–	–
Kelly donation	505	–	–	–	505
Young adult services	94,567	–	(31,044)	5,444	68,967
DC Clinical Teaching Post	2,128	6,623	(8,751)	–	–
NHS CCG – EPMA	8,275	–	(8,275)	–	–
NHS CCG – CQUINs	35,461	40,030	(75,491)	–	–
Hospital Discharge Co-ordinator grant	16,404	–	(16,403)	–	1
Children's Palliative Care	5,444	–	–	(5,444)	–
KissyPuppy Restricted fund	269,246	53,605	(53,703)	–	269,148
Dramatherapist grant	1,816	–	(1,816)	–	–
Advanced Communication	4,651	–	–	–	4,651
MND Clinic	9,959	5,000	(2,754)	–	12,205
Responsible Communities	66,550	200	–	–	66,750
HEW Training Funding	30,000	–	(30,000)	–	–
Mountbatten Young Adults	5,144	–	–	–	5,144
Barclays donation	–	100,000	(7,844)	–	92,156
NHSE via Hospice UK	–	1,499,237	(1,499,237)	–	–
Other restricted funds	21,848	9,863	(23,500)	–	8,211
Total restricted funds– EMH	3,717,563	1,803,148	(2,120,191)	–	3,400,520
Restricted funds – CMH					
Hospice UK	–	1,439,161	(1,439,161)	–	–
Other	52,974	171,752	(92,792)	–	131,934
Total restricted funds	3,770,537	3,414,061	(3,652,144)	–	3,532,454
Unrestricted funds – EMH					
Designated funds:					
Fixed Asset Replacement Fund	–	–	–	–	–
Fixed Asset Fund	9,020,915	–	(154,729)	207,249	9,073,435
Total designated funds – EMH	9,020,915	–	(154,729)	207,249	9,073,435
Designated funds – CMH	500,000	–	–	–	500,000
Total designated funds	9,520,915	–	(154,729)	207,249	9,573,435
General funds – EMH Group	3,079,743	8,511,372	(5,990,382)	(207,249)	5,393,484
General funds – CMH group	204,591	6,022,810	(4,739,655)	–	1,487,746
Total unrestricted funds	12,805,249	14,534,182	(10,884,766)	–	16,454,665
Total funds – EMH	15,818,220	10,314,520	(8,265,302)	–	17,867,438
Total funds – CMH	757,565	7,633,723	(6,271,608)	–	2,119,680
Total funds	16,575,786	17,948,243	(14,536,910)	–	19,987,119

21b Movements in funds – 2020

	At the start of the year £	Incoming resources & £	Outgoing resources & £	Transfers £	At the end of the year £
Restricted funds:					
John Cheverton estate fixed asset fund	–	190,000	(39,586)	–	150,414
Community Equipment	–	16,817	(3,771)	–	13,046
Clinical Co-ordination Centre	499,226	–	–	–	499,226
iBCF	219,299	106,667	(103,585)	–	222,381
JCC café refurbishment	23,969	–	(19,115)	–	4,854
Kelly donation	505	–	–	–	505
Young adult services	104,966	25,000	(35,399)	–	94,567
DC Clinical Teaching Post	–	19,153	(17,025)	–	2,128
NHS CCG – EPMA	8,275	–	–	–	8,275
NHS CCG – CQUINs	–	38,240	(2,779)	–	35,461
Hospital Discharge Co-ordinator grant	(1,308)	(4,531)	(21,566)	43,809	16,404
Children's Palliative Care	5,184	260	–	–	5,444
KissyPuppy Restricted fund	230,924	105,166	(66,844)	–	269,246
Fixed Asset Fund	2,255,644	–	–	–	2,255,644
Dramatherapist grant	1,816	–	–	–	1,816
Advanced Communication	3,431	1,220	–	–	4,651
MND Clinic	9,959	–	–	–	9,959
Responsible Communities	50,300	16,250	–	–	66,550
HEW Training Funding	30,000	–	–	–	30,000
Mountbatten Young Adults	–	5,144	–	–	5,144
Other restricted funds	10,299	28,814	(2,480)	(14,785)	21,848
Total restricted funds – EMH	3,452,489	548,200	(312,150)	29,024	3,717,563
Restricted funds – CMH	82,190	206,762	(237,331)	1,352	52,973
Total restricted funds	3,534,679	754,962	(549,481)	30,376	3,770,536
Unrestricted funds – EMH					
Designated funds:					
Fixed Asset Replacement Fund	78,029	–	–	(78,029)	–
Fixed Asset Fund	8,393,994	–	(137,630)	764,551	9,020,915
Total designated funds – EMH	8,472,023	–	(137,630)	686,522	9,020,915
Designated funds – CMH	500,000	–	–	–	500,000
Total designated funds	8,972,023	–	(137,630)	686,522	9,520,915
Non-charitable trading funds – EMH	11,999	102,488	(42,948)	–	71,539
Non-charitable trading funds – CMH	9,398	468,825	(230,814)	–	247,409
General funds – EMH	3,232,219	8,468,205	(7,976,673)	(715,546)	3,008,205
General funds – CMH	796,771	5,204,401	(6,042,638)	(1,352)	(42,818)
Total unrestricted funds	13,022,410	14,243,919	(14,430,703)	(30,376)	12,805,250
Total funds – EMH	15,168,730	9,118,893	(8,469,401)	–	15,818,222
Total funds – CMH	1,388,359	5,879,988	(6,510,783)	–	757,564
Total funds	16,557,089	14,998,881	(14,980,184)	–	16,575,786

21 Movements 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.

Community Equipment – This funding was provided specifically for the acquisition of new equipment to replace worn out equipment no longer fit for use in the community. At the date of this report the acquisition of this equipment was partially complete and this process will be completed during the financial year ending March 2021.

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.

JCC Café refurbishment – These grants have been given for the purpose of acquiring new specialised seating in the form of 'Riser Recliner' chairs and for the purpose of refurbishing the JCC Café kitchen.

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 – EPMA fund is for the development of an Electronic Prescription system.

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.

Hospital Discharge Co-ordinator grant – this grant was made to fund the Hospital Discharge Co-ordinator post currently employed in St Mary's Hospital.

The Childrens Palliative Care represents funds towards the children palliative care services.

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

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.

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

NHSE via Hospice UK Grant The NHSE awarded funding to allow the hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

Dramatherapist grant – This grant was made to fund a Dramatherapist for children and young adults visiting the Hospice as day visiting outpatients.

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

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21 Movements in funds (continued)

Other restricted funds include donations given towards day care services, lymphoedema services and the Hospice at Home service.

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

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

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

Health Education Wessex (HEW) – is a grant to fund further education specifically in a) advanced communication skills so necessary when communicating with the terminally ill and those bereaved as a result, b) the safe and correct use of syringe drivers (automatic medication delivery devices) by senior clinical staff and finally c) the training of 'non-medical' prescribing skills which is the training of senior nurses and other non-medical persons in the safe prescription of drugs and medications to patients in an end of life condition.

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

Purposes of designated funds

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

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

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

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

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

	2021 £	2020 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	3,411,333	18,697
Depreciation charges	230,629	181,453
(Gains) / losses on investments	(1,171,277)	489,696
Dividends, interest and rent from investments	(111,780)	(184,194)
Decrease in stocks	307	469
(Increase)/decrease in debtors	(378,383)	280,213
Increase/(decrease) in creditors	(499,910)	369,361
Net cash provided by / (used in) operating activities	1,480,919	1,155,695

23 Operating lease commitments

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

	Property 2021 £	2020 £
Less than one year	269,381	181,948
One to five years	641,336	262,916
Over five years	–	54,405
	910,717	499,269

24 Legal status of the charity

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

25 Prior year restatements

The prior group SOFA has been represented to consolidate results of the group entities.

The prior year group expenditure has been restated between headings following a review of allocations across the group.

The split of group funds in the prior year have also been restated to reflect the correct fund balances across the group.

None of these adjustments affect the net results or overall fund balances in the prior year.