



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 2022**

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Mountbatten Group
Reference and administrative information

Status and structure:	Earl Mountbatten Hospice (trading as Mountbatten, Isle of Wight) operates as a charitable company limited by guarantee	
Company number:	02929267	
Charity number:	1039086	
Registered office and operational address:	Earl Mountbatten Hospice Halberry Lane Newport Isle of Wight PO30 2ER	
Trustees	Trustees are also Directors under company law:	
1 Resources Committee Member	Mr M Acland 1, 3, 4	
2 Patient Services Committee	Mrs C Alstrom 2, 3, 4	
3 Isle of Wight Trustee	Sir I Cheshire 3, 4	CHAIR
4 Hampshire Trustee	Mr M Hogg 1, 4, 6	
5 Isle of Wight Trading Company Director	Ms W Murwill 2, 3, 5	
6 Hampshire Trading Company Director	Mr EAS Nicholson 1, 2, 3, 4	VICE-CHAIR
	Ms G Owton 1, 3, 4, 6	(Resigned on 9 th March 2022)
	Mr P Pitcher 2, 4	
	Ms R Poncia 1, 3, 4	
	M D Price 1, 3, 4	(Resigned on 22 nd July 2021)
	Mr P Shears 2, 3, 4, 5	
	Ms J Smith 2, 3	
	Mr A Stables 2, 3, 4	
	Mr JM Trotter 1, 3, 4	
Company Secretary	Mr M Edmonds	
Senior Management Team	Mr N Hartley	Chief Executive
	Mrs L Arnold	Director of Nursing
	Dr P Howard	Medical Consultant
	Mr M Edmonds	Director of Finance
	Mr J Forde	Interim Director of Human Resources (appointed on 29 October 2021)
	Mr J Tarttelin	Director of Human Resources (resigned on 29 October 2021)
	Dr J Hazeldine	Director of Psychosocial and Spiritual Care
	Mrs R McGregor	Director of Operations Hampshire

Mountbatten Group
Reference and administrative information

Bankers:	NatWest NatWest House Riverway Newport Isle of Wight PO30 5UX
Investment Managers:	Brewin Dolphin Vantage Point Woodwater Park Pynes Hill Exeter EX2 5FD
Solicitors:	Bates Wells LLP 10 Queen Street Place London EC4R 1BE
Solicitors:	Glanvilles LLP St Cross Business Park Newport Isle of Wight PO30 5BF
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

2021/22 has been another year of change and challenge, with the COVID-19 pandemic remaining at the heart of day-to-day life. The easing of restrictions and general acceptance of COVID-19 becoming 'business as usual' has somewhat helped us both to relax and to recommit to a more 'normal' delivery of Mountbatten's services and strategy. Although the vaccination programme has given us more confidence, staff sickness and ongoing absence, particularly due to testing positive for COVID-19, usually with limited symptoms, have remained an important stressor as we have needed to continue not only to deliver our wide range of services, but also to grow them to meet the needs of the rising number of people who require what Mountbatten offers.

There have also been significant changes in expectations of the workforce. The COVID-19 years have seen organisations need to work differently to accommodate the pandemic, with more non-clinical posts adapting to a more hybrid approach of flexible working patterns. This remains a tricky concept for Mountbatten, where over 80% of our workforce have continued to work face to face with the patients and families we support and such a change in culture, where one group needs to be physically present and another does not, sits uncomfortably with an organisational commitment where it remains abhorrent to be anything other than mutually engaged with the people who need us. Excellent and effective care cannot and should not be delivered virtually, and any changes in expectations of those requiring work in the future will continue to provide challenges with recruitment, particularly as part of an organisation that has high expectations of those who wish to join our vision and mission.

Our Annual Review is an important moment in time; a time to reflect on what has been achieved, but also an opportunity to acknowledge how much more needs to be done. Although complex and demanding, 2021/22 has also continued to see Mountbatten at its best. Our staff and volunteers have worked tirelessly to ensure that those who need our expertise and kindness have access to it and they deserve our praise and commendations. You will read of the growth in what Mountbatten provides, 24 hours a day, seven days a week within people's own homes, together with new innovations which continue to address the gaps in end of life and bereavement care and support across local Health and Social Care Services. Educating partners about what we are learning, and what excellent end of life and bereavement care needs to look like has also continued to be an important feature in the life of Mountbatten over the past year.

Gaps in health and social care service delivery are an important measure in how a society is responding to the needs of those who are vulnerable, and we are driven to continue to ensure that no one who needs our care and support ever misses out. The ways in which some of our Health and Social Care services have responded to the COVID-19 crisis cannot be without some criticism and we will not forget how the need for hospices grew out of the terrible deficits in end-of-life care which were witnessed as part of the new National Health Service of the 1940s. Dying was never part of the NHS vision, which is rightly focussed on cure, with death being seen and experienced as a failure for all involved. At a time when the NHS is once again under reform, with the development of new Integrated Care Systems, we need to support our health service, and we are so fortunate to have it, to focus on its original mission and vision of cure and treatment and to do this as well as possible. However, those that are dying and their need for Mountbatten's devastating duo of expertise and kindness must never be ignored. Dying and cure inevitably do not sit well together and dying must never be seen as a failure over the success of a cure. The need for hospices and other providers to support this message and this critical area of care is now greater and more important than ever.

The work that Mountbatten does matters; the work that Mountbatten does is its message. A society which ignores the dying or instils false hope with treatment and the promise of cure, ending unsurprisingly in failure and embarrassment, can never be celebrated as civilised. Therefore, as you read this Annual Review, you will see that Mountbatten is prepared to be even bolder as we move into the future. As a charity we are here for social justice and to support the disadvantaged. Whilst there are still people across our communities who are not accessing end of life and bereavement care, and we know that only two out of three people access Mountbatten's services who could benefit from them, we will never rest on our laurels. Our absolute aim is to find everyone who needs us, whoever they are, wherever they live and however they have lived their lives; this lies at the heart of the contract we have with our local communities. We thank those communities for their ongoing support; we can only achieve our aims by working together with those who support us through growing both the human and financial resource that is needed. Costs inevitably rise, and our success with these particular alliances will continue to ensure that no one ever dies, is bereaved, or is left to struggle with any anxieties about death and dying, without Mountbatten by their side.

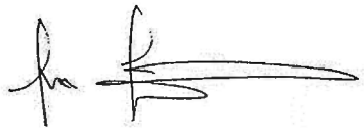


Nigel Hartley
CEO
Mountbatten

Mountbatten is now emerging from the COVID-19 epidemic in strong shape thanks to the combined efforts of our teams, volunteers and supporters who have shown amazing energy and commitment to allow us to continue to flourish. I would like to thank all of them on behalf of the Board.

It also true to say that Government support via Hospice UK, which is itemised in the annual accounts, has played a major part in enabling us to preserve our strong financial position in a time of extreme uncertainty and we are very grateful for that help. I would also highlight the extraordinary support of the wider public in donations and legacies which continue to show the high regard in which Mountbatten is held by the communities we serve. We recognise that this support is earned by the outstanding care our teams provide, which is the source of our reputation and we will strive to continue to innovate and improve.

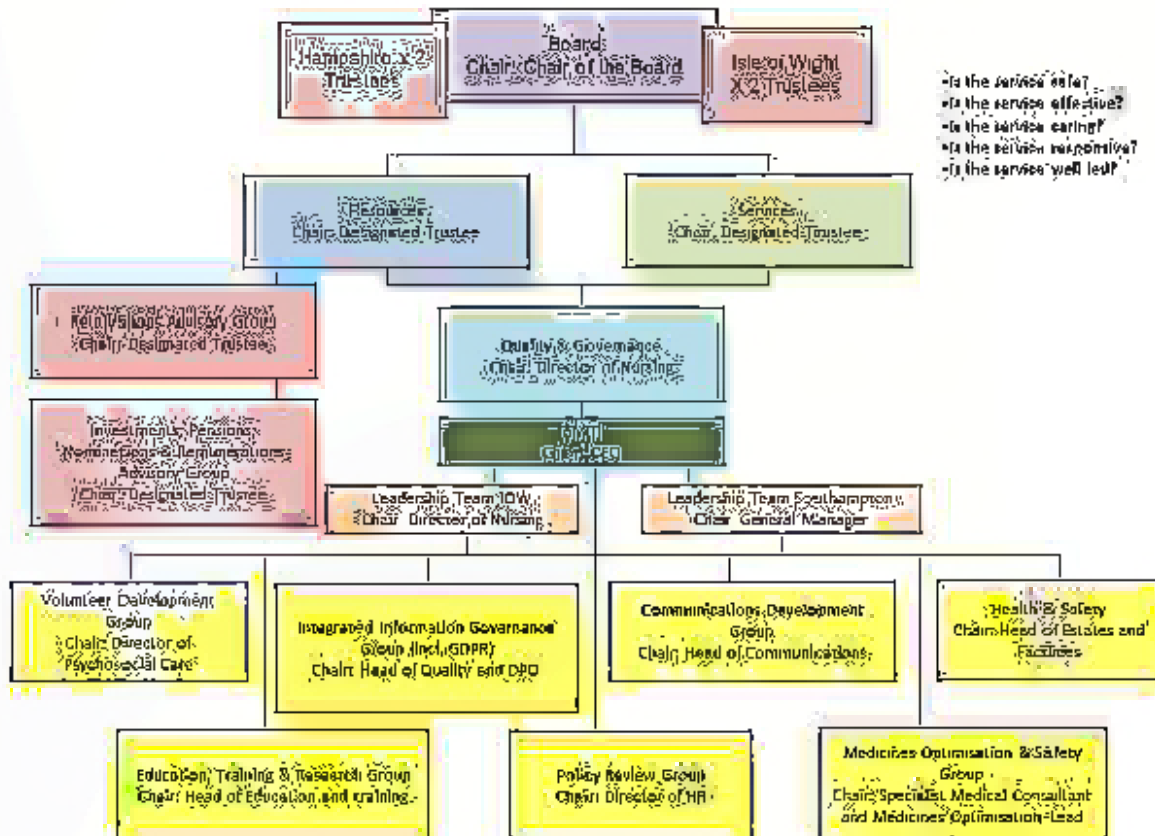
Finally, we will see this year quite a number of changes in the trustees, 5 in total. I would like to personally thank Rosamond Poncia, Josephine Smith, John Trotter, Edward Nicholson and Philip Shears not only for their great contribution over two terms of office, but for staying with the organisation for an extra year during COVID-19 to ensure stability. Their service is much appreciated. We look forward to welcoming new trustees at our Annual General Meeting in July 2022.

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

Sir Ian Cheshire
Chair of Trustees
Mountbatten

Governance

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



Trustee recruitment and appointment

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

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

Trustee induction and training

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

Management

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

Remuneration policy

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

Background and strategy

Mountbatten Isle of Wight (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 sees the culmination of our current five-year strategy, 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 2022.

Mountbatten's teams of staff and volunteers now support well over 2,500 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). In 2021, Mountbatten Hampshire was rated as 'Good' by the Care Quality Commission (CQC). Our aim is to achieve an outstanding CQC rating for our hospice services in Hampshire as soon as possible. Although we are proud to be rated 'Outstanding', we continue to strive to become even better as we focus on serving more and more people who need our care and support.

Our aim is to ensure that Mountbatten Hampshire is rated as 'Outstanding' at the next inspection. During the COVID-19 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 five-year 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. 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

Background and strategy (cont.)

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.

Background and strategy (cont.)

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

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 2021/22 Mountbatten Isle of Wight and Mountbatten Hampshire provided specialist and increasingly more supportive and generalist hospice/end of life care provision, 24 hours a day seven days a week, within the following areas:

- At Home (24/7)
- 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 (Hampshire - in partnership with the Hospital Palliative Care Team)
- Nursing/residential homes

These areas are supported by the following services:

- Mountbatten At Home (24/7) which includes:
 - Specialist Community Teams
 - Domiciliary Care @ Home Teams (covering Continuing Health Care packages)
 - 24/7 Community Teams and Mountbatten Care Coordination Centres
- Medical Team
- Pharmacy
- Psychological and Bereavement Services
- Spiritual Care
- Social Work
- Physiotherapy
- Occupational Therapy
- Complementary Therapy
- Arts Therapies – art, music and drama
- 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 underpinned by our five Strategic Implementation Plans which are outlined in our strategy document:

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

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

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

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

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

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

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

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

We are also working with an external fundraising consultant Compton, who are leading and supporting our Fundraising Teams at both Mountbatten Isle of Wight and Mountbatten Hampshire as well as two ongoing Capital Appeals to ensure that both of our hospice sites are fit for the future through the refurbishment and development of our buildings to create a series of more flexible spaces for use for growing demand for Education, Bereavement Services, Volunteer Development and our new innovative Single Point of Contact/ Care Coordination Centre approach which has now been running for five years. An Estates Task and Finish Group, including staff, Trustees and external experts has worked during 2021/22 to secure designs and plans for each estate, along with the costs for each area, resulting in clear designs and costs for the two capital appeals.

Key achievements and performance

Services across the Mountbatten Group

We are now over two years on from the first COVID-19 lockdown and experiencing the greatest crisis to healthcare in a generation. Changes to the delivery of services had to be made at speed for what we thought would be a relatively short-term situation. However, as time went on, we realised we would be living with COVID-19 and its implications for a significant period of time. Life at the hospices gradually settled into a new and different 'normal'.

Throughout this time, caring for patients and their families has been paramount, with a determination to continue to care for people facing the end of their lives amid national chaos. Mountbatten's community teams have continued to rise to the increasing demand of trying to reach more people when other care providers within the local system are working very differently. The teams' flexibility and dedication in ensuring service provision is maintained has been remarkable. Looking to the future, we will take forward learning from this period to develop our service offerings and to further widen access to those who need Mountbatten's services within our community.

24/7 Community Team and Care Coordination – Hampshire

During the last 12 months the community team in Hampshire has continued to develop to provide a flexible, responsive, expert palliative nursing service against a backdrop of rising demand and an increase in late referrals to the service as a direct result of the COVID-19 pandemic. In April 2020 the service had 460 people on the caseload, by March 2022 it had increased to 595, a 27% rise since April 2020.

A full 24/7 community service (mirroring the model on the Isle of Wight) was launched in May 2021 with the development of the Care Coordination Centre. The Care Coordination Centre provides a single point of telephone access for advice and support for patients, families, and carers, as well as receiving professional referrals to the Mountbatten Hampshire services. Families can call for support at any time of the day or night enabling them to cope with caring for their loved one at home. In addition, the service supports health and social care professionals who may wish to seek advice and support for any questions or concerns regarding caring for people at the end of life. Alongside this, a 24/7 community nursing service provision has been further developed to respond to calls for advice, support, symptom control and, nursing care. The nursing team are supported by the medical, rehabilitation and psychosocial teams. Our Community Teams make regular visits to see patients in their homes across our region, including Southampton, Winchester, Romsey, Eastleigh and across west Hampshire.

Additional Band 6 nursing staff have been recruited to the team during 2021/22 in order to respond to the needs of patients on the caseload in the death and dying phase and to deliver a rapid response element when a patient's condition changes and deteriorates. The Clinical Commissioning Groups have supported funding for two additional Band 6 nurses to enable extension of the rapid response nursing across the full 24 hours, 7 days a week. Despite national nursing recruitment challenges the team will be fully recruited to by June 2022. Nurse specialist teams in both localities have utilised a 'one team, one caseload' approach to the management of the caseload with the belief that this will provide more flexibility within the team's capacity leading to the ability to deliver a more responsive and effective service by using our resources wisely.

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

A £27k grant from Health Education Wessex over the past year has enabled a number of the Community and Inpatient nursing teams to access academic training modules to enhance their practice, which has included Masters modules in: History Taking (12 staff), Diagnostics (5 staff), Research and Evidence-based Practice (2 staff) and Advanced Pain and Symptom Management (8 staff). A total of twelve members of the community team have completed the Non-Medical prescribing training, compared with seven during 2020/21. This enables patients to receive a timely response to appropriate medications for symptom management at home.

24/7 Community Team and Care Coordination – Hampshire (cont.)

The Community team won the prestigious 'Towergate Team of the Year Award' at the Hospice UK Annual Conference 2021 for their innovation and development of services.

Care at Home Team – Hampshire

Following the Palliative Care Support Worker Team transferring from NHS Solent to work as the new Mountbatten 'Care at Home' team in September 2020, the team have expanded and developed to cover the whole footprint of Mountbatten Hampshire to include the west Hampshire areas in addition to Southampton City. This team has helped support the Mountbatten Community team through creating a more integrated approach to the delivery of care for people in the last weeks of life. This service enables responsive discharge from the hospice and hospital or, for people to remain at home in the last phase of their life if this is their preferred place of care. In line with Mountbatten's five-year strategy, we will continue to develop a future workforce model that evolves to meet service needs, financial resource, and has the flexibility and resource to respond to the need for Fast Track Continuing Health Care packages as quickly as possible.

Development of team members has seen three Band 3 carers develop into Band 4 carers, who are able to undertake patient and carer assessments independently. 84% of the team have undertaken the Care Certificate and the rest of the team will be completing this qualification during 2022/23.

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

Through the generosity of a local resident, Mountbatten has been gifted a new non-emergency ambulance. The purpose of the ambulance is to transport patients for admission to the hospice from home and from the hospice to home in cases when this is urgent. An example of its use would be when a patient in the hospice inpatient unit wanted to die at home, and Mountbatten needed to get the person home at very short notice. There are occasions when the local ambulance service has other priorities and understandably cannot always accommodate urgent requests. For people at the very end of life, a 24-hour delay may just be too late. The ambulance is now one of Mountbatten Isle of Wight's regulated activities with the Care Quality Commission.

The Patient Group Directive (PGD) set up last year by our Consultant in Palliative Medicine and Pharmacy colleagues to support clinicians in the community to administer medication to patients at the end of life in a timely manner has been used 30 times to date. The PGD has mostly been used by out of hours paramedics (23/30) who are generally the first contact for 'unplanned' palliative crises (where the palliative care team is already involved, Just-in-Case drugs are in situ)

The number of patients on the Mountbatten Share my Care Register (highlighting that the person is in the last phase of life) has increased to 1741 people. 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 during the continued COVID-19 challenges has had a significant impact on people's wellbeing.

A patient who has been supported at home by Mountbatten's Community Team died at home. Two of the community nurses went to verify her death and perform Last Offices. The patient and her husband had renewed their wedding vows two weeks previously. The nurses gently washed the patient and dressed her in the white dress that she wore for the renewal of vows. The patient's husband, daughters and grandchildren were all present. The nurses knew that the patient liked to walk barefooted whenever she could as she had spent part of her life in Africa – one of the nurses put some green ferns underneath the patients' feet once they had completed the Last Offices. This is one modest example of Mountbatten's outstanding care, kindness and paying attention to the smallest things that can make the biggest difference.

"Your support has been invaluable to our family and kept us going, especially the carers and nurses who came into our home, they are truly amazing people, we are forever grateful for your exceptional care and professionalism. The compassion you showed us was amazing and without it we would have been lost."

Care at Home Team – Isle of Wight

In March 2021, Mountbatten was formally appointed by the Local Authority to the approved supplier list along with two external providers for the provision of specialist homecare services, to provide Fast-Track end of life care packages to people whose preferred place of death is home. Scoring was based on quality and value for money. As it is an ongoing approved supplier list, in March 2022, Mountbatten submitted the necessary documents for the re-tender for the 'Rank 1' provider of the end-of-life care service. Mountbatten will be informed of this result in early May 2022. Feedback from patients and families continues to be very positive.

"You were all amazing, so kind, compassionate and patient. You were there for us all not only my dad but mum and myself too. We would not have been able to have dad at home without your care and support. We cannot thank you enough."

"Mountbatten were a huge help and comfort to me and my husband, they were the only ones that carried out what they said they would.... your carers are amazing, each and every one of them. I would not have managed without you all. Thank you from the bottom of my heart."

Inpatient Unit (IPU) Hampshire

Inpatient beds have continued to be used in the normal way during the continued COVID-19 pandemic, with a number of admissions of patients who have been COVID-19 positive supported. Visiting to the unit has gradually increased during 2021 in line with government guidance with the relevant PPE and lateral flow testing in place but has continued to be managed well which helped to create a more relaxed atmosphere and experience for everyone.

We have been fortunate to receive funding for specific projects during 2021/22 with further refurbishment of single rooms and new furniture, including bedside cupboards, overbed tables and, seating. New signage and bay curtains have been sourced and a programme of refurbishment of the bays, redecoration of the unit and, creation of a new nursing and multidisciplinary station is planned during 2022/23, subject to appropriate funding being sourced.

The leadership of the Inpatient Unit was restructured during 2021 and two new Advance Nurse Practitioners (ANPs) were employed, one who is already a Non-Medical prescriber and the other who is currently undertaking her training in 2022. The ANPs have commenced nurse-led beds in February 2022, with the first phase of the project focusing on the ANPs admitting patients for respite and managing their care whilst they are on the Inpatient Unit. The nurse-led beds project will continue to develop in a phased approach during 2022/23. The ANPs are supported by a new team of Band 6 nurses providing visible leadership on the Inpatient Unit. Each of the Band 6 nurses are developing specific areas of speciality, including tissue viability, falls and student supervision, working with the wider team to embed quality and expert practice.

An external Infection Prevention and Control audit was undertaken on the Inpatient Unit in October 2021 and a score of 98% compliance was achieved compared with 93% in 2020.

Inpatient Unit (IPU) Isle of Wight

Over the last 12 months COVID-19 has continued to impact our working lives, but the Inpatient Unit team have continued to adapt rapidly to changes required and have continued to provide excellent care and support to many Island patients and their loved ones. Although managing visiting arrangements have remained challenging at times, we have managed to facilitate visiting as safely as possible, supporting those who have felt anxious. Despite the challenges of COVID-19 over the last year we have still managed to facilitate a wedding, an early 'Christmas celebration' and, supported a family from Spain to expedite a new-born grandchild's passport to ensure they met their grandmother before she died.

Inpatient Unit (IPU) Isle of Wight (cont.)

The team express they have felt very supported throughout these challenging times and consider they have had a voice throughout – with concerns being listened to. The Senior Management Team and Mountbatten Staff have been very flexible in times of need, for example when staff numbers were challenged on the Inpatient Unit due to COVID-19, many staff from other areas of Mountbatten came and supported the team, working on the ward alongside our regular staff, to ensure we could continue to care for patients safely and effectively.

We have facilitated a number of students over the last year, both Adult Nursing students and Nursing Associate students all at various levels of their training, and feedback from all of them has been very positive. They described thoroughly enjoying their experiences here, with great opportunities for learning and development, and some have now joined our bank and are continuing to work occasional shifts for us whilst completing their training.

We are continuing to develop our nurse-led roles with our second Deputy Sister about to commence her non-medical prescribing module. She will work closely with the nurse-led team which already consists of our Ward Sister and Deputy Sister, who are overseen by our Consultant Nurse. We have also broadened our recruitment opportunities to include Band 5 Practitioners, for example, these can be registered Operating Department Practitioners or Paramedics to work alongside the team on IPU, bringing with them different skills whilst learning from the registered nurses on the Inpatient Unit. We also have an exciting opportunity this year for an existing Healthcare Assistant to apply for a Nursing Apprentice place, where Mountbatten will support in their development on a pathway to achieve a nurse qualification.

We are very thankful to our volunteers who continue to support us through these challenging times, their support has been invaluable to us and our patients. Some have developed their skills further with training in assisted feeding, which has been a great support to the patients and the staff. We have also welcomed some new volunteers to the Inpatient Unit, who are settling in and enjoying their new roles.

In the last few days there was a renewal of wedding vows ceremony in Mountbatten's chapel at very short notice, demonstrating how the team work together to facilitate things that matter to those we care for. One of our new nurses even telephoned her husband asking him to bring their wedding decorations in so the chapel and patients' room could be decorated! It was a beautiful occasion and the patient, and her family felt it was made very special.

COVID-19 continues to be a challenge in the workplace, but despite this our inpatient unit team of staff and volunteers have been described as very welcoming, supportive and friendly by patients and their loved ones, visiting professionals, and new staff members and volunteers over the last year, and we are incredibly proud of this and all they achieve.

Specialist Lymphoedema Service Isle of Wight

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

The service has grown from 312 patients on the caseload at the end of March 2021 compared with a total of 352 patients on the caseload at the end of March 2022. We have received a total of 21 new patients since January 2022, which have included patients from the Inpatient Unit, Community and Her Majesty's Prison (HMP) Isle of Wight. A new member of staff has now joined the team.

A member of the team has undertaken a Nursing Associate Practitioner course and completes in August 2022. A recent patient satisfaction survey was very successful with 100% satisfaction in the service. The quotes below were received as part of this feedback:

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

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

Rehabilitation and Enablement Services Hampshire and Isle of Wight

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

As our services have learned to function safely with COVID-19 still ever present, demand for face-to-face rehabilitation sessions have steadily increased, seeing the gym spaces and expertise of the team put to frequent use. Groups such as 'Living Well with Breathlessness' and 'Build and Banter' have been held again for the first time since the start of the pandemic. Caution and care around risks associated with COVID-19 have limited the capacity of the spaces used for groups, and the team has needed to be creative and flexible in adapting to still facilitate these important and valuable sessions. The offer of virtual exercise sessions, including Adapted Tai Chi and Seated Yoga, is just one example of how the team has managed this challenge.

Whilst continuing to provide clinical input, the Rehabilitation and Enablement Team have persisted in developing services and enhancing its offering. The Mountbatten websites now have a page dedicated to information and advice about living well with a life-limiting condition and associated symptoms, including videos with advice and demonstrations delivered by the team. Resources have been reviewed, developed and created to prepare for the launch of a six week 'Living Well Programme' that will be open for all to attend, delivering information about keeping active, managing symptoms such as breathlessness and fatigue, and preparing for the future. At Mountbatten Isle of Wight a community rehabilitation service, titled 'the Hospice Admission Avoidance Service', has been piloted for four months. The service aims to provide timely, responsive rehabilitation input to individuals who are having significant difficulties with mobility and/or function in order to prevent unnecessary admission to the Inpatient Unit. This will be evaluated in April 2022.

Consultant Nurses working across Hampshire and the Isle of Wight

Mountbatten's Consultant Nurses have continued 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 also returned to the University of Southampton as a Clinical Teaching Fellow one day a week and contributes to the Palliative and End of Life Care module alongside other duties, combining the reality of clinical practice with academic learning, which student feedback values. She also acts as the Practice Visitor for University of Southampton for both hospices, supporting staff and students in placements.

Community nurses by background, Consultant Nurses can facilitate a consideration of the community perspective in influencing and developing palliative nursing care in an acute setting. Working at UHS 2 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. They also work closely with partners, such as Red Funnel and SCAS (South Central Ambulance Service) to improve timely and effective patient care. They also line manage the Discharge Co-ordinator, a Mountbatten nurse who is based with the HPCT at UHS. They are 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 Consultant's 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. From May- December 2021, a total of 121 ward visits and 86 ESC clinic appointments were undertaken.

Working with Integrated Palliative and End of Life Care Team (IPET) at St Mary's Hospital Isle of Wight, 2 days a week, supports the delivery of palliative and end of life care to patients within the hospital, alongside the development of clinical skills in practice and the education of the nursing team on the End-of-Life Care unit (Wellow) within the hospital. Consultant Nurses also continues to work in the community rota at weekends, thus supporting the Queen's Nurse title as we strive to maintain the highest standards of care for those we care and support.

Discharge Coordinator – Hampshire

In October 2021, we appointed a full time Discharge Co-ordinator who is based with the Hospital Palliative Care Team at University Hospital Southampton (UHS), who works Monday to Friday. This has been an invaluable role in our sister organisation, Mountbatten Isle of Wight, and one we were keen to replicate in Southampton. We have recruited an experienced and committed nurse to the role, with extensive experience of working in palliative care. The role focussed initially on building working relationships within a large organisation alongside facilitating timely and responsive discharges, mostly in the Cancer Care directorate. As relationships with other teams have developed, referrals have also been received from other areas of the hospital. The importance of working alongside ward staff in championing Advanced Care Plans and discussions about patient preferences is an ongoing aspect of the role.

We have also been working with other partner organisations, such as South Central Ambulance Service (SCAS) and Red Funnel, to discuss and improve processes that support timely patient discharges and have undoubtedly been beneficial to both patient care and working relationships.

Requests for education have also been forthcoming, not just in understanding the role of the Discharge Coordinator, but in supporting and upskilling colleagues, both medical and non-medical, including Junior Doctors, UHS @ Home team and pharmacy staff, to understand the importance of palliative care, timely discharge, and the implications of actions in discharging to a person's preferred place of care, especially for those who have never worked in the community.

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

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

In 2020 the Trust opened Wellow Unit at St Marys Hospital, together with Mountbatten, an acute end of life care unit to provide an alternative environment to a ward area for a patient to die within and to enable support of their significant others during this time. This unit is led by a Consultant Nurse and supported daily by the IPET team. The team is a multi-disciplinary team that is made up of Consultants in Palliative Care Medicine, Specialist Doctors, Consultant Nurses, Clinical Nurse Specialists, Discharge Coordinator and, a Clinical Psychologist, many of whom are provided by Mountbatten to the Trust

The team operates 7 days a week between the hours of 08:00am and 20:00hrs with cover from our Mountbatten Community Teams out of hours.

Key achievements over the past year include:

- Wellow Unit Supported ward teams during COVID-19 pandemic with increased demand with regard to palliative and end of life care
- Delivery of a joint Mountbatten Isle of Wight and Isle of Wight NHS Trust Advanced Communication Skills training course
- The team have supported the Hospital Trusts Ecarelogic system to enable ward-based teams to complete Advance Care Plans and referrals to the Mountbatten Share my Care Register
- The team have taken forward the use of a blue ribbon as a compassion symbol in areas where patients may die to promote a quiet and calm environment
- The team have taken forward the initiative 'tasting for pleasure' in end-of-life care which has resulted in the development of a patient and family information leaflet on food and drink while a person is dying
- IPET participated in the third round of the National Care of the Dying audit (NACEL) in 2021 and are currently awaiting the results
- End of life care performance across the whole of the integrated Trust is monitored monthly at the End-of-Life Care Operational Group and performance remains above average in identified metrics and feedback received about services.

The key plans for the IPET team over the next year include:

- Re-establish enhanced communication skills training within the Trust (delivered by Mountbatten staff) – dates now booked up to July 2022
- Develop rotation of clinical nurse specialists between IPET and Mountbatten to build resilience of the workforce, while also educating and upskilling the workforce. This aims to start in May 2022.
- Take forward a comprehensive action plan based on the results of the NACEL report due in April 2022.
- The Trust end of life care strategy is due to be refreshed in 2022 and they will be working collaboratively with Mountbatten IOW and other community partners to take this forward.

Head of Innovation & Service Development

This is the first year of a new post which spans the Mountbatten group with responsibility for driving innovation, diversifying income and supporting the planning and redesign of services. An important part of the role is to build on and develop relationships with strategic leaders, informing decisions and strengthening our position as an equal partner across health and social care.

A diverse portfolio which has resulted in successful funding opportunities. Funding from Hospice UK supported us to enhance our services across both sites and further develop our 24/7 hub model in Hampshire, this includes a controlled drugs cupboard and the refurbishment of areas in the education centre to collocate the teams.

Further bids to the CCGs resulted in additional equipment to support patients in the community and on our in-patient units. The additional riser recliner chairs have resulted in heart-warming differences to patients and families; the blood analysers are in frequent use and have made a significant impact on patients experiences, allowing for timely decisions around a patients treatment; additional lap-tops for community staff means patients records are updated at the time they are seen in the community providing the medical team and clinicians at the hospice with real-time information to respond to if required, this has also meant that the staff have more time between visits allowing for more time with patients and capacity to undertake more visits.

Business cases have been approved by SMT, resulting in investment from the CCG to upskill and increase the number of nurses in the community team, this has provided us with the capacity to respond to and care for and reach more patients in the community, the additional capacity has also helped to alleviate pressures in the health care system.

Recognition of the benefits of end-of-life training to domiciliary care providers in Southampton, resulted in one-off funding from Southampton City Council for a bespoke programme of training; investment in this sector will support the development and sustainability of staff in this area.

In addition, the role has provided the conduit between providers and commissioners to swiftly resolve many operational issues; discussions with Red Funnel, UHS the Isle of Wight Trust and CCG concluded with additional ferry crossings being secured for patients being repatriated back to the island. A pilot with the CCG to become trusted assessors, will ensure patients are cared for in their own homes more quickly where this is their wish; issues surrounding the ordering of equipment have been addressed.

Relationships with local communities continue to be nurtured and are supporting our ambition to ensure access to our services are equitable regardless of where and how people live. A strong relationship with a BAME leader in Southampton is informing our approach in one of these areas; an end-of-life steering group has also been formed in conjunction with Southampton City Council, the acute trust and local hostels to ensure that care and support is available to people who are homeless or users of substances.

This new role is proving important as Mountbatten navigates its way through a changing external landscape.

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

The Mountbatten Isle of Wight's Medical Team's year to date continues to be strongly influenced by the aftermath of the COVID-19 Pandemic. Exceptionally high numbers of people are presenting with "late diagnoses" of cancer and the consequences of sub-optimal management of non-cancer illnesses. Further, palliative care services are inevitably affected by vicissitudes across the healthcare system: burnout, poor morale and physical fatigue are prevalent throughout the wider system. Within our team, we are buffered from this by team cohesion and bidirectional kindness with our nursing and AHP colleagues, and we retain a hope that the 2nd half of 2022 might see some sort of normality return, but we are also aware that the anticipated economic strains inevitably impact upon the funding of healthcare.

Dr Gove retired in March. In addition to being a well-respected GP in Esplanade Surgery in Ryde, he has supported patients at the hospice (and the hospice senior on-call rota) for several decades. He will be much missed. We are currently exploring potential options to assure a sustainable senior medical on-call rota going forward, including the possibility of a joint rota with one or more adjacent hospices.

The General Medical Council visited St Mary's Hospital in 2021 to review the quality of its medical training. Trainees outposted to the hospice had reported a particularly positive training experience resulting in the GMC feeding back that "education in Palliative Care was 'exemplary'". This has resulted in the hospice being offered the chance to host a further trainee doctor. In addition to the direct benefits to the team, as the trainees rotate they take the palliative care expertise they've learned out into the community and hospital. We have also continued to participate in other local education, including symptom control training for District Nurses and Ambulance colleagues.

The Medical Examiner pilot described in last year's Trustee report was a success and so is now permanently embedded. The Medical Examiners provide valuable external scrutiny, an independent point of contact for families if they were to be concerned about our care, and an important additional safeguard against the 'professional group think' that contributed to such disasters as the events in Gosport Memorial Hospital.

The IoW Medicines Safety and Optimisation Team's year (MSOT) has been dominated by consolidating numerous innovations put in during 2020/2021 to address the pandemic. Most have brought benefits to patients with non-COVID-19 illnesses. In particular,

- The just-in-case-drugs Patient Group Direction (PGD) has brought effective symptom control to people dying unexpectedly at home. Such people's needs are not met by the "traditional" palliative care emphasis on planning ahead (ACPs and anticipatory prescribing). The PGD has been a collaboration between Mountbatten and the IoW Ambulance Service: it enables both senior ambulance paramedics and our own overnight community team to administer emergency symptom relief to such people. We have presented our findings to the National Ambulance Services EOLC group and are not aware of anywhere else in the UK using this approach at present. We are liaising with an academic team in Cambridge to arrange an evaluation.
- The ability to take Controlled Drugs from the hospice out into people's homes has significantly decreased delays in administering symptom control in unexpected crises. For example, a person with nerve pain previously controlled by oral medicines experienced a severe pain crisis out of hours because they were too weak to swallow their oral medicines. The community stock scheme enabled our community team to rapidly control the pain with ketamine. Previously, there would have been a delay of many hours, or even into the next day, while a supply was obtained via a pharmacy.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team (cont.)

We have continued to modify traditionally hospital-based treatments to make them suitable for use in the home setting. Although this is a normal trend in palliative medicine, the pandemic has epitomised the principle that “necessity is the mother of innovation”. For example, the introduction of:

- Clonidine, a drug used in Intensive Care since the 1990s for pain and agitation, into the palliative setting for morphine-resistant pain and terminal agitation refractory to usual measures
- Subcutaneous administration of zoledronic acid, a drug normally given intravenously for cancer complications such as bone pain and raised calcium. Subcutaneous administration now allows it to be given in people's homes if that is their preference
- Subcutaneous administration of magnesium. Magnesium deficiency is common in palliative care and is associated with muscle weakness and worsening pain. However, oral magnesium is poorly absorbed and so intravenous replacement is commonly required. Similarly to zoledronic acid, the introduction of subcutaneous administration now allows magnesium to be given in people's homes if it is their preference to avoid hospital/hospice admission.
- Subcutaneous administration of antibiotics is a common practice in France, Spain, Portugal and Japan, but not the UK. Clinicians from those countries have kindly responded to our requests for further details and we have gradually increased our use of this approach over the last 3 years. This enables injectable antibiotics to be administered in the home for people wishing to receive active treatment but avoid hospital admission
- Looking forward, MSOTs next major project will be implementing electronic prescribing within the inpatient hospice, a project that trustees may recall was due in March 2020 but was postponed by the pandemic. The e-prescribing project offers a range of benefits from safety improvements to efficiency gains, but needs careful and thoughtful implementation to realise these gains.

The innovations described above have generated significant interest from other areas. We are working hard to share these with other areas through presentations, publications, informal discussions (and ‘medical’ twitter!). We have delivered 4 presentations (SC tranexamic acid, SC esomeprazole, Clonidine, and Beta-blockade for tenacious secretions) to the Wessex regional palliative care specialists group; we presented to the Association for Palliative Medicine Congress in Birmingham in March; we are delivering 3 presentations at the Oxford Advanced Course in Symptom Management in July (the above topics, plus our experience with the just in case drugs PGD); and to the UK Association for Palliative and Supportive Care Pharmacists in Birmingham in November. We have published our experience with SC tranexamic acid and beta-blockade in the BMJ Supportive and Palliative Care journal, have submitted a case series (n=113) of our experience with clonidine to the same journal, and are preparing papers for submission on SC zoledronic acid and SC esomeprazole. Further, we are auditing our use of drug combinations in syringe drivers and are now the UK's biggest contributor to the National Syringe Driver Database.

Our relationship with the Royal Pharmaceutical Society's “Palliative Care Formulary” textbook and website continues, with one of our team sitting on the editorial board. In addition to keeping us abreast of developments elsewhere, this provides a further tool for disseminating innovations of the sort described above to others. We are currently updating the clonidine and SC antibiotics sections as a result of the above work in our service.

The latest update to the Isle of Wight Palliative Care Symptom Control Guidelines was approved in May 2021. This included significant updates, including the above, and new sections from the pandemic such as ‘withdrawing non-invasive respiratory support’. Although these guidelines are time consuming to produce, they form an important governance tool underpinning many of our symptom control activities from education and prescribing by GPs and others, through to supporting our own non-medical prescribers and use of off-label “specialist” medications that are not well described in standard references such as the British National Formulary.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team (cont.)

The UK continues to experience significant instability in medicines supply for a range of reasons. This is on the risk register. We have had some success in partially mitigating this. In part, by increasing our inhouse stock levels to withstand short term interruptions, and in part by using electronic prescribing templates that can be rapidly updated during shortages to enable us to instantaneously divert GP and hospital prescriber prescribing onto appropriate alternatives. But this instability is far from ideal, resulting in the use of less familiar (and, often, more expensive) medicines.

The Isle of Wight community health system has benefited from a single shared notes system (SystmOne) for several years. We are pleased to report that St Mary's Hospital and out of hours services are now actively seeking to adopt SystmOne too. This has the potential to bring a similar joining-up of care with secondary care that we already see across the community services.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team

We recently have welcomed the opportunity to open up our services from many of the constraints of the COVID-19 lockdowns, and it is pleasing to see the ward filling with more patients and visitors, and day services able to welcome patients again. We continue to deliver care from behind the mask of PPE whilst COVID-19 leaves a long shadow of patients with late cancer diagnoses and poorly managed chronic conditions whose prognoses, symptom burden and psychological distress are greater than they would otherwise have been.

We have this year instituted a new monthly Interventional Pain Management MDT meeting. We are joined by two pain anaesthetists, UHS Acute Pain Team, Paediatric Palliative Care Team and UHS Hospital Palliative Care Team. Several of our patients have benefited from nerve-blocks delivered on site at Mountbatten to help with pain control where medicines have failed, procedures that were not previously available. These procedures have been facilitated by the purchase by Mountbatten of two new butterfly ultrasound probes that permit detailed anatomical scrutiny.

Several of the medical team have undertaken training in focussed ultrasound. This will permit us to continue our service of ascitic drain insertion onsite at Mountbatten. Our Speciality Doctor continues further to develop her ultrasound skills and is delivering botulinum toxin injections for the management of excessive salivation. Two Point of Care Testing machines were purchased in January. This allows some blood results to be immediately available. We are currently evaluation the impact of this on patient experience and clinical decision-making.

As an established training unit, we have delivered training to seven Specialty Registrars in Palliative Medicine – the consultants of the future. We have also provided training to 7 GP registrars. Following restructuring of medical training by UK-wide Shape of Training Review, we have welcomed our first trainee who will dual-accredit as a consultant both in Palliative Medicine and General Internal Medicine. The aim of this is improve patient care at the end of life in hospitals by moving palliative medicine training into the 'mainstream' of medical specialties. We have been awarded an additional Specialty Registrar training number to reflect the increased need for palliative care consultants within the UK. We have in addition been given a Foundation Year 2 doctor, again with the aim of increasing the number of doctors trained palliative medicine.

We wish good-bye to one of our Speciality Doctors who has moved to be closer to family. We have welcomed new Specialist Doctor who comes with over 20 years' experience as a local GP, over a decade's experience of palliative medicine in both the New Forest and East Africa, and was also a Clinical Director for West Hants CCG. We are also delighted to appoint our first Clinical Research Fellow in partnership with UHS Southampton Academy of Research. This appointment will facilitate development of research at Mountbatten in conjunction with the Hospital Palliative Care Team based at UHS. The Medical team have submitted two abstracts for presentation at Hospice UK Conference 2022.

The Medicines Safety and Optimisation Team have continued to deliver a rapid development of policies bespoke to Mountbatten Hampshire. We were delighted to appoint a Band 8a pharmacist starting April 2022. An Inspection by Ashtons Pharmacy Services has highlighted the areas we need to continue to develop as we move toward providing an outstanding service. Focus over the next year will include the development of a Community Emergency Drugs Cupboard.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team (cont.)

The medical team have continued to deliver an agreed Quality Programme with 9 audits and 2 quality improvement projects. We continue to review our practice with weekly morbidity and mortality meetings. We have supported the development of newly appointed community nurses by delivering a clinical induction programme and weekly teaching. The medical team continue to mentor developing nurse prescribers.

One of our Medical Consultants continues work as an Editor for The Palliative Care Formulary and has updated several monographs for publication of 8th ed in Summer 2022. She has also co-authored Introducing Palliative Care textbook (6th ed July 2021.)

Psychological, Bereavement and Spiritual Care Services

This last year has been another year of change within the Psychosocial and Spiritual care services. One of the main focuses was reinstating the face-to-face groups and services which had to be held online during the pandemic. Throughout this last year we have seen the demand for bereavement service increase. This was expected due to the events over the past two years.

Psychological and bereavement support

The psychology and bereavement service had to be delivered in a very flexible way considering the impact of the pandemic and many of the flexible approaches remain as part of the service.

We continue to offer face to face appointments alongside online and telephone support for those unable to attend in person. We have noticed more people, living out of area, choosing to access our service remotely because they have had a connection with us. However, the vast majority of people welcome face to face support and choose to attend in person.

We have been able to reinstate the bereavement groups for adults, teenagers and children. These are being run regularly with a growing attendance rate.

Despite growing our resource in the team, mainly through volunteers and student counsellors, we are now having to operate with a small waiting list of 4-6 weeks. This is due to the increased demand for services, particularly, over the last 6 months. The waiting list is monitored weekly and we have made changes to the way we work in order to keep this wait down to a minimum.

The 24/7 Keep Connected Helpline was adjusted, considering changes in the pandemic, to become a bereavement helpline. This line is open to anyone across the island living with grief and loss. The helpline is supported by volunteers who attended training and regular supervision. Despite the numbers of calls each day being low it is clear that the service is of value to those that use it. The volunteers receive some complex calls from those trying to manage their bereavement.

During the last year we have worked in partnership with local charities to further develop community bereavement support. In particular, we have developed a bereavement group alongside Aspire to create more local support. It is the hope that further groups across the Island community will be developed.

We have also worked alongside CCGs, Councils and Care homes within Southampton City to support staff to ensure their well-being and resilience during, what continues to be, a very challenging time for the sector. We have a counsellor dedicated to working in all care homes in the city who were especially affected by the pandemic. The impact of this work is reported regularly to our CCG partner.

The Creative Arts and Complementary Therapies

We have reintroduced face to face art groups and the choir over the last year. Both activities are well attended. We have worked with local artists who have displayed their work in the gallery and offered workshops for patients in the John Cheverton Centre. We have been able to offer Art Therapy placements to students in Hampshire. Additionally, we have worked with the IW college who have visited the IW hospice and developed a project with staff and patients. Further developments of Art projects are planned for 2022/23.

Spiritual Care

During 2021/22 the chapel was refurbished to provide an open and welcoming place for staff, volunteers, visitors and patients. Plans for a chapel space in Hampshire have been developed.

We have reintroduced regular Sunday services, communion and memorial services lead by the Spiritual Care Leads in both hospices. We have developed regular training on Spiritual care and Distress for staff and volunteers. We have offered placements for curates in both Hampshire and the Isle of Wight which has helped build important relationships with the community clergy. Throughout the year we have been able to continue to lead funerals, weddings and blessings for our patients.

Due to staff leaving, we will undertake a full review of the Spiritual Care Service across both hospices during 2022/23.

Transition Services

Over the last year we have been able to welcome back the Young Adults to the John Cheverton Centre, following a programme of on-line support and home-visiting. Due to COVID-19 restrictions, they had been unable to meet as a group and were meeting online weekly. The service has re-established the weekly social meeting as well as the monthly outings. This has enabled the group to be more connected and reduce isolation. They have engaged in Art and Music projects as well and prepare for a Wedding where two of the members have recently got married. The Transition Co-ordinator has also been able to work with all the Young Adults to review their health needs and attend to any changing needs through visiting at home and coordinating other services they are accessing across the wider system. We continue to work closely with the Children's Community Team and have begun to create useful links with Naomi House and Jacks Place.

Volunteers

The COVID-19 pandemic continued to impact on the development and growth of the Volunteer Service throughout the last year. We have been able to welcome the return of many volunteers following the change in government guidance and COVID-19 restrictions. We have seen many return to their roles. However, a significant number of volunteers have chosen not to return to the organisation as yet. Therefore, we have focused on recruitment of volunteers across both Hampshire and the Isle of Wight.

Growing the Mountbatten Volunteer Army continues to be a priority in order to support growing services and meet additional need. However, this has been more challenging due to the legacy of COVID-19. It became clear that face to face recruitment was now less effective due to the pandemic and we needed a more diverse approach to recruitment. In order to facilitate this the Volunteer Service has worked alongside the Communications Department to develop a more targeted recruitment approach. We also needed to change the message to highlight the benefits of volunteering to the individual as well as the organisation. We have worked to improve the presence of volunteers on the website and worked more closely with the shops as word of mouth via shops has been an important recruitment route which we have sought to capitalise on.

As part of this work we have streamlined the recruitment process and revised all the administrative processes. By doing this we have ensured that the process is simplified and also the time between completing of the application to starting the role is much shorter.

Volunteers (cont.)

Within the Volunteer Service we have had several staff changes and vacancies. We have needed to recruit to the Head of Volunteer Development, both administrative posts and a volunteer development post during the past year. These staff changes have impacted on service development and 2022/23 will see a more settled period in order to focus on growing the service.

Over the past year, we have re-established face to face induction and mandatory training for all volunteers, the feedback from which is consistently positive with volunteers recognising the value of the training and of meeting together as a group. Additionally, we have work with the Education department to develop a training matrix and are exploring ways of using our Bluestream on-line training programme (bespoke for hospices) so volunteers have the option of completing some training online.

With an ease of restrictions we were able to reintroduce volunteer parties and awards as part of Volunteers Week. Going forward we will acknowledge long service again with badges representing 5, 10 and 20 years of service. It is important that we recognise the significant contribution that Volunteers make to the organisation and we welcome the return of these events.

Quality

Quality Reporting across the Mountbatten Group

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

Quality Account

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

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

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

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

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

Complaints and concerns

During 2021/22 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Feedback from Patients and Families

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

Hampshire:

- *I am very grateful to you for all the help you have given me. The hospice is a wonderful place and I am sure I wouldn't have coped without all the help I have been given and in time I hope to repay them in some way by volunteering in some capacity.*
- *Thank you all so much for the support & care that you provided for our mother. She said that she felt incredibly safe and at peace during her stay and that gave her such comfort to her family. Your work is so hard but invaluable and means so much to everyone that passes through your doors. Thank you from the bottom of our hearts.*
- *I can't begin to thank you enough for all your help and care for my dad. You treated him so kindly and compassionately. I shall never forget how you enabled him to die in his own home as he desperately wished. He finally died so peacefully with me holding his hand. Such a relief for him and a privilege for us.*
- *Our dad was treated with both dignity and respect while being cared for in his own home. Carers attended a short while after my brother and I said goodbye to our Dad. I was touched by the fact you still referred to him by name and explained everything to him you were doing, as had been done whilst he was still alive. Your input provided a degree of calm and consistency, in a chaotic and whirlwind period. Thank you so, so much.*
- *We hope you know how much you're appreciated for everything you do - Thank you. Whilst the obvious skills you all hold - empathy, compassion, kindness - are evident, I know there is much more. An ability to be perceptive and attentive to the needs of others, use communication in a myriad of ways and purposeful collaboration to those you care for. I respect and admire all of you immensely.*

Hampshire (cont.):

- *You could not have done more for him than if he had been a member of your family. We will be forever grateful to you all for making his final three weeks one in which he was loved, cared for and not alone. And thankful for extending the same compassion and care to us, his family. This made the hardest situation possible much easier to cope with.*

Isle of Wight:

- *Sadly we all know someone who has lost their battle with cancer. For me, it was my partner. We had been together for 11 years and had many plans for the future and many people I work for will remember us as a team. During the last few months, Mountbatten Hospice became a lifeline and could be called upon anytime day or night and a doctor would come to our house within the hour. During the last few weeks she was admitted to Mountbatten twice for treatment and was treated like royalty. Then for the last five days she was for the last time admitted into Mountbatten Hospice care and I, as her partner, sat with her for the last five days and nights. Mountbatten staff ensured she was comfortable and wanted for nothing and that I myself was OK and fed and watered. The staff are never too busy for any questions and are one of a kind. Mountbatten Hospice is the only place of its kind on the island and relies entirely on donations to keep it going. Not only do they admit patients into their care they also attend many others at home. A donation of any kind goes a long way to helping Mountbatten Hospice survive and look after terminally ill people.*
- *I'm writing to thank you all for the care you gave to my husband and me during the last weeks of his life. The fact that he was able to be at home with me at the end has been a source of comfort in the painful days and weeks since he died. You all made that possible with the care, patience and compassion you gave us. And those of you who visited us at home also brought warmth and humour into our house. Words cannot express how grateful I am, now and always.*
- *My partner was very lucky to be able to transfer to Mountbatten Hospice. She was in a lovely room with a beautiful view of the courtyard garden and the magnificent oak tree. As we both love gardening, it really meant a lot to her to have that view of the flowers and plants and natural world. Her final week of life was managed superbly well by all the staff who cared for her. She was treated with constant kindness and sensitivity and the attention to detail given to her pain management meant that she never at any point suffered. For that I am so very grateful. As her partner of 32 years, I was given a level of respect that I have not always received and her son was also supported effectively during this difficult time. I want to thank you all – each and every member of staff who cared for her, her son and myself, for all that you did to help us through that last, dreadful week. Having been a visitor to the Isle of Wight for over 30 years, I know about your organisation but no-one could have described the professional yet beautiful service you give to those who are dying.*
- *You recently supported my family through my mum's care at home and I am sure you hear it all the time but I have never had people like the nurses who work for you. Never was anything too much trouble. The nurses came out at all times of day and night and even when mum's bloody awful cancer was coming to an end your team were still trying everything they could to make it better for mum's last days. They were graceful and kind in the care provided and thoughtful in the family support which they gave to all of us, especially my dad.*
- *I would like to thank you for everything you did to make her last few weeks as comfortable and as happy as they could be. You were superb: from the very first evening she arrived when you were all so incredibly friendly; through to the final few days when you all did as much as you possibly could to support her, my brother and myself. All you doctors, nurses and volunteers looked after us with kindness and a considerate cheeriness that helps me think of that time with more than just sadness, but with gratitude, warmth and even humour as well. So for all the cups of tea, gin and tonics, jelly...more jelly, all the kind words and always treating mum with dignity, I thank you. You are all really good at what you do and what you do is really important.*

Achievements and performance

Mountbatten Isle of Wight achievement against our Quality Account priorities for 2021/22:

Priority 1: Safety

Target	Achievement against targets
<p>1.1 Increase the awareness and understanding of the Freedom to Speak up Guardian role amongst employees and develop clear processes and reporting mechanisms</p> <p>Lead: Head of Quality</p>	<ul style="list-style-type: none"> • An approved strategy is in place to communicate the structure, mechanism, and process when a concern is raised with the Freedom to Speak Up Guardian • A Freedom to Speak Up session is included in Mountbatten Employee and Volunteer induction and annual mandatory training programmes • Links have been developed with other Guardians to include joining the South East network group and attendance at 80% of meetings in the year
<p>1.2 Set up an estates task and finish group to understand the work needed on both Mountbatten Isle of Wight and Hampshire estates over the next 5-10 years.</p> <p>Lead: CEO</p>	<ul style="list-style-type: none"> • Task and Finish group formed, and terms of reference drawn up • An action plan is in place which is monitored every two months by the Task and Finish Group • Cost, timescale, and professional advice is identified and agreed by the Mountbatten Board

Priority 2: Clinical Effectiveness

Target	Achievement against targets
<p>2.1 Develop and implement a new programme of Project ECHO sessions across Hampshire and the Isle of Wight to incorporate attendance from across the health and social care sector.</p> <p>Lead: Head of Education</p>	<ul style="list-style-type: none"> • Up to ten prospective participants in the project are identified and invited to participate • A suitable curriculum of 6 sessions is designed and planned over the next 12 months • Evaluation survey feedback indicates that the training is rated as good or excellent in terms of quality and value
<p>2.2 Manage and further develop Mountbatten's Domiciliary Care Service, including 24/7 care and respite care</p> <p>Lead: Head of Community Services (Hants) and Care at Home Team Leader (IoW)</p>	<ul style="list-style-type: none"> • Care is provided for all referrals within 48 hours from first receiving the referral • 100% of team members are trained to Care Certificate level or booked on training • Feedback from patients, carers, relatives indicates 90% of people are happy or very happy with the service

Priority 3: People's experience

Target	Achievement against targets
<p>3.1 Introduce Virtual Groups for patients, to include online live sessions and recorded sessions that people can easily access.</p> <p>Head of Rehabilitation</p>	<ul style="list-style-type: none"> • A virtual group programme including live classes and videos is accessible via Mountbatten websites • An approved competency framework for facilitation of groups that is signed off by all staff facilitators is in place • Patient scores using the Integrated Palliative Outcome Scale and Views on Care outcome measures shows an improvement for those attending groups • Feedback from group attendees is analysed and a quarterly report is produced and reviewed at the Quality and Governance Committee
<p>3.2 Improving equality and diversity: Reaching out to older people living in single resident households in socially deprived areas – IW. Increasing the recruitment of volunteers from diverse backgrounds to greater reflect the diversity of the Community – Hampshire.</p> <p>Director of Psychosocial Service</p>	<ul style="list-style-type: none"> • Gap in provision of support is scoped for people in hard-to-reach areas such as people living in single resident households in socially deprived areas • Volunteer coordinator and at least 10 volunteers for Hampshire are recruited in accordance with identified needs • Impact of work is monitored through case studies and an end of year service user survey and the findings are reported to the Mountbatten Board and Commissioners • Communication strategy is in place to link partnership working with other agencies (e.g. social prescribers, Healthcare and Community Hubs)

Care Quality Commission (CQC) Inspection

Statement from the Care Quality Commission

Transitional Monitoring Approach

Over the past two years 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 Isle of Wight (Earl Mountbatten Hospice)

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

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

Earl Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2021/22. The CQC has not taken enforcement action against Earl Mountbatten Hospice during 2021/22.

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

The CQC's findings are shown below:

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

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

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

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

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

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

(Care Quality Commission, 2017, p. 2)

Mountbatten Hampshire (Countess Mountbatten Hospice)







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

- Treatment of disease, disorder or injury

Countess Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2021/22. The CQC has not taken enforcement action against Countess Mountbatten Hospice during 2021/22.

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

The CQC's findings are shown below:

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

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

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

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

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

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

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

(Care Quality Commission, 2021, p. 2)

Principal risks and uncertainties

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

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

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

The principle strategic risks faced by Mountbatten are outlined below:

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

Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries	<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. • Aiming to become employer of choice on Isle of Wight. • Expanding our geographical reach and influence. • Working with academic partners to develop pathways. • Developing workplace strategy.
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	<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.

Our Developing Strategy

The new strategy for 2020 – 2025 was developed during 2018/19 and encompasses both Mountbatten Isle of Wight and Hampshire. Staff, volunteers, trustees, and the Senior Management Team were involved in developing this new strategy together. The strategy includes five key themes: Care Coordination, Volunteers, Key Messages, Partnerships, and Sustainability and Survival. Each theme has a robust implementation plan with identified leads and is monitored through the Services and Resources Committees.

The new strategy focuses on six key areas:

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

Services Strategic Implementation Plan Year 2

Each of the five key themes has its own strategic Implementation plan and leads meet every 2 months to review these. Actions that have been completed during 2021/22 include:

- Developed a new process for the weekly destruction of Controlled Drugs with training authorised witnesses at Mountbatten Hampshire
- Appointed a Palliative Care Discharge Coordinator to be based at University Hospital Southampton with the Hospital Palliative Care Team who will proactively source patients who do not need or want to be in hospital and facilitate discharge to preferred place of care.
- Delivered workshops across the Mountbatten Group to focus on new model of Day Services

Information Governance

During 2021/22 all standards were met within the Department of Health, Data Security and Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2021/22 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates the following:

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

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

Actions taken during 2021/22 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 Security and Protection Toolkit - this is scrutinised at the Integrated Information Governance Committee
- Mountbatten Group is 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
- Employees 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 include a session on Cyber Security
- Privacy Impact Assessments have been completed for a number of new projects and new IT system implementations
- Mountbatten's Information and Communications Department carried out work in line with our Information and Communication Technology strategy to move the majority of our operating systems to a cloud-based platform

- Mountbatten Group's Information Asset Registers have been reviewed, with departments updating their section of the Register
- Employees with key information governance roles attended advanced level training supplied by Mountbatten's data protection consultants, Stay Compliant
- An information governance training needs analysis was carried out, with areas of improvement identified and actions completed
- An information governance audit was commissioned which included a review of our information governance policies and an audit of our processes and staff competence. The report was positive highlighting several areas of good practice. There were a number of low-risk actions identified and these have been included in our Integrated Information Governance Committee action plan
- Cyber security is now included in employees annual mandatory training programme with particular attention paid to password strength and malicious emails.

Education and Training

Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire

The past twelve months has been dominated by fluctuating restrictions necessary in response to the pandemic (COVID-19). Despite these challenges the education service has continued to flex and adapt as necessary to ensure both internal staff and our local external health and social care staff have been able to access high quality training in relation to palliative and end of life care. Classroom based sessions have been facilitated with smaller capacity but more frequently as required to ensure learners have been able to engage in practical / practice-based learning. The virtual training programme devised in response to the pandemic has continued. Although virtual training is delivered online, all sessions have a live facilitator to ensure those attending are able to engage fully and ask questions. Our virtual offer has meant we have been able to maintain relationships with our local health and social care providers and indeed reach more people.

The education service has also seen an increasing number of requests over the year for bespoke training as our partners in health and social care begin to reprioritise their training needs. A number of bespoke sessions have been provided to Solent NHS Trust, for example on topics including advance care planning, end of life conversations, understanding bereavement, and symptom control. Additionally, clinical skill-based sessions, including catheterisation, verification of death and syringe driver training have been delivered to registered staff in local care homes in Hampshire and the Isle of Wight. We are expecting to see a rise in such requests over the coming year.

The education service continues to provide two substantive (commissioned) programmes to our local health and social care organisations; The 'Island Better Care Programme' on the Isle of Wight and the 'Mountbatten End of Life Care Programme' in Hampshire. The existing Island better care programme was concluded this financial year. The success of this programme in helping raise standards of care, recognized by improved CQC ratings has been rewarded with further commissioning for a 5 year 'moving forward' programme. The new programme has been developed, moving from a legal to a quality framework and will include a series of interactive workshops to review topics such as workforce development, staff wellbeing, interoperability, and developing community connections. In Hampshire, the substantive (commissioned) Mountbatten End of Life Care programme (superseding the previous 'six steps to success' programme) commenced in April 2021 and has been completed by four cohorts over the course of the year. The new Mountbatten programme has an emphasis on reflection, and lasting organisational change with attendees being expected to identify and put in to practice service improvement projects at the end of the course.

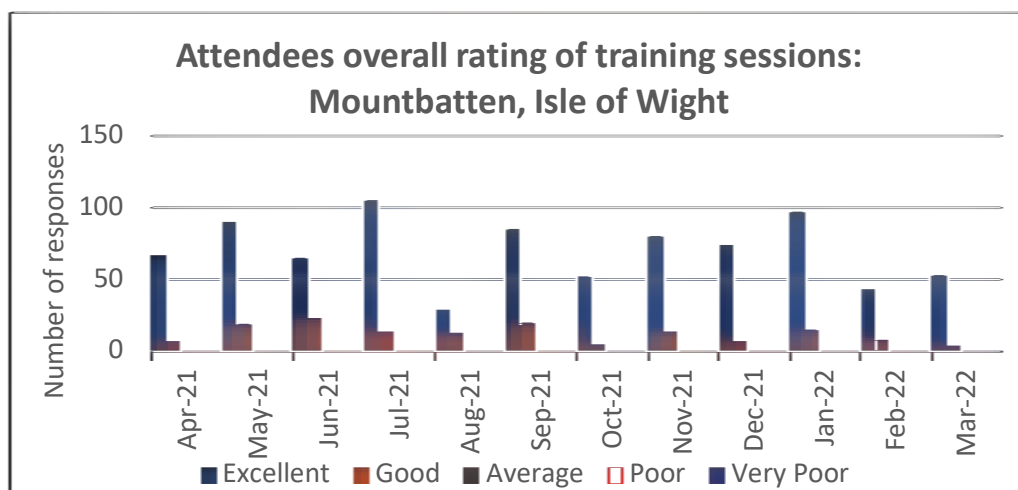
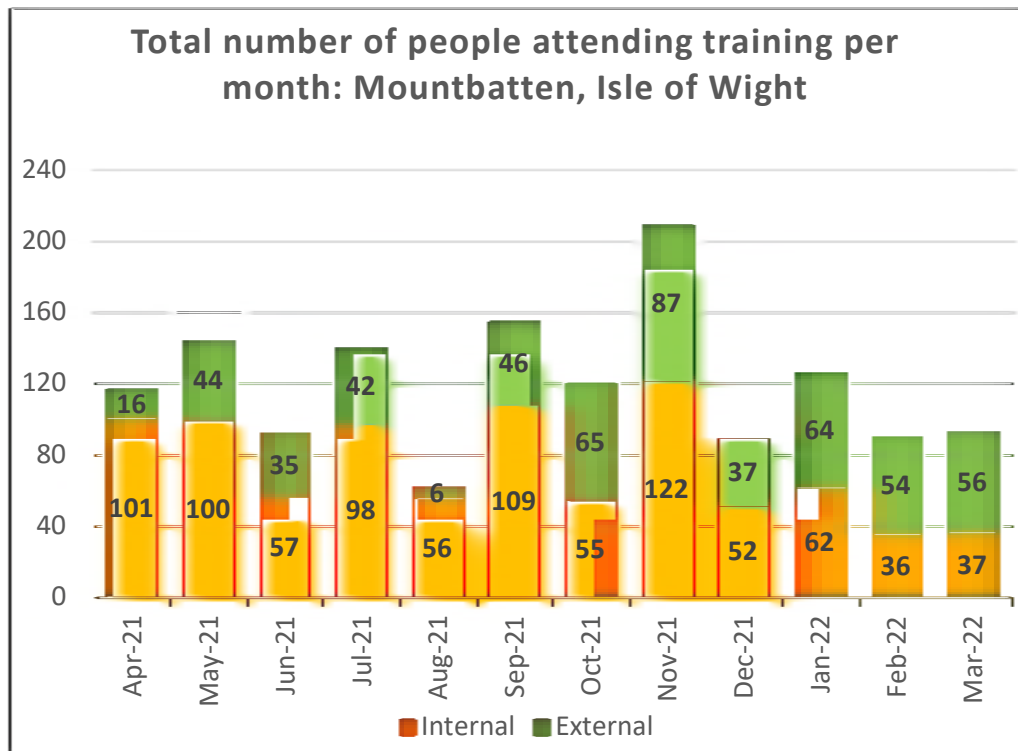
Project ECHO® (Extension for Community Healthcare Outcomes), a hub and spokes shared learning model, was extended during the year to incorporate Mountbatten, Hampshire and Isle of Wight as one hub inviting local care organisations to participate as spokes. Sessions were planned and facilitated. Participation in this model has been less popular compared to other virtual sessions Mountbatten has hosted and thus moving into the new financial year Mountbatten will host a series of specialist subject webinars along with additional webinars to maintain discussion about health inequalities.

Advance care planning remains central to patient and family care. Mountbatten, Hampshire successfully met all objectives of the CQUIN with the improvement goal of providing personalized care and support planning, embedding Advance Care Planning (ACP) into healthcare for people with long term conditions. The education service has ensured a range of advance care planning sessions have been embedded in training programmes as well as offered as standalone sessions both internally for Mountbatten staff and externally across both sites.

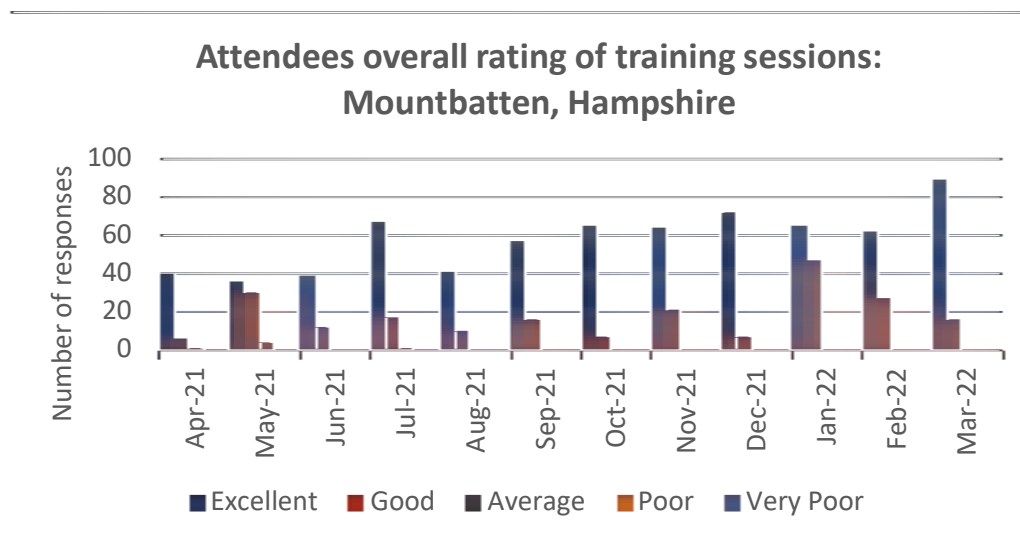
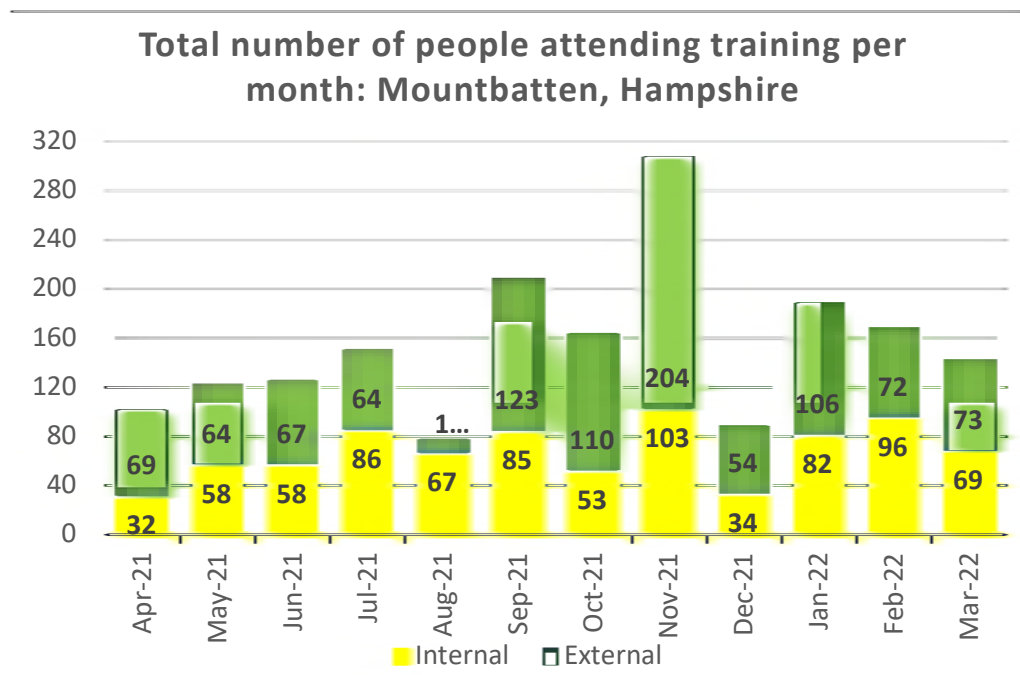
A core programme of palliative, end of life and bereavement care training is well established yet continually reviewed and adapted as required. Many of our training programmes are accredited by the CPD Standards Office. All of the training programmes provided to our local health and social care organisations are also offered to Mountbatten staff, especially to support staff new to end of life care with their own development. Additionally, the education service ensures the delivery of all staff mandatory training ensuring safe and effective practice.

Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire (cont.)

Education activity and performance quality is monitored through the education, training and research committee on a monthly basis and a summary of attendance to training across the year and quality feedback is presented in the following charts.



Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire (cont.)



The education service also aspires to develop a culture of learning, not only where Mountbatten staff can develop but also where staff can support student learning. Student placements enable learners to gain experience of Mountbatten's work potentially creating interest of prospective newcomers to our workforce but also can challenge pre-existing perceptions of hospice care.

Mountbatten has supported students across Hampshire and the Isle of Wight including Health and Social Care college students looking to gain their first work-based experience, undergraduate nursing, physiotherapy, occupational therapy, social work and counselling students, and medical students and clinical psychology doctoral students.

A particular success of 2021 was the Mountbatten, Isle of Wight summer school. This 3-day training programme was designed for those aged 16-19 years to provide experience of a wide variety of careers available at Mountbatten, not only in relation to health and social care roles but also incorporating some of our non-clinical services for example human resources, fundraising and communications. The programme consisted of a mix of information and practical sessions. Two summer school programmes were run during summer 2021.

Research

Research Mountbatten, Hampshire and Mountbatten, Isle of Wight

Research development is important to Mountbatten, and we maintain connection with various research departments and groups, putting ourselves forward as collaborators, or as data collection sites or acting in a supervisory capacity to post graduate student research projects. Nigel Hartley and the Mountbatten, Isle of Wight site is a co-applicant in a successful NIHR (National Institute for Health and Care Research) funded research programme investigating 'living well and dying well for older people in rural and remote communities within the last year of life'. Mountbatten, Hampshire has been selected as a study site for another NIHR funded randomised trial of clinically assisted hydration in patients in last days of life (CHELsea II). We look forward to commencing these projects over the coming year. A number of Mountbatten staff successfully submitted abstracts to the Hospice UK annual conference held in November 2021. These included:

Jane Hazeldine. Developing a 'keep connected' helpline during the COVID-19 pandemic. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A28-A29; DOI: 10.1136/spcare-2021-Hospice. 73.

Jane Hazeldine. A joint agency approach to promoting wellbeing and resilience in care home staff. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A73; DOI: 10.1136/spcare-2021-Hospice.195.

Duncan Fleming. Mountbatten intranet – reducing the clicks. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A65; DOI: 10.1136/spcare-2021-Hospice.171.

Mary Banks. Increasing palliative rehabilitation's reach through technology: online resources and virtual therapy. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A38; DOI: 10.1136/spcare-2021-Hospice.100.

Dee Curless, Shane Moody. Provision of a consultant nurse led acute hospital end-of-life care unit to meet unmet needs of dying patients. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A88; DOI: 10.1136/spcare-2021-Hospice. 233.

Dee Curless. Never a dull moment! BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A88-A89; DOI: 10.1136/spcare-2021-Hospice. 235.

Jackie Bennett. Digital acceleration: embracing a virtual education programme. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A68; DOI: 10.1136/spcare-2021-Hospice.180.

Michael Singer. The role of a paramedic in a community hospice/palliative/end-of-life care team. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A53; DOI: 10.1136/spcare-2021-Hospice.140.

Nigel Hartley. The Role of the Creative Arts in Palliative Care In Oxford Textbook of Palliative Medicine /ed. Cherny N.I. Fallon M.T. Stein K. Portenoy R.K. Currow D.C. Sixth Edition Oxford University Press.

Nigel Hartley Physiotherapie in der Palliative Care: Rehabilitation am Lebensende Ed. Neiland P. Simader R. Elsevier

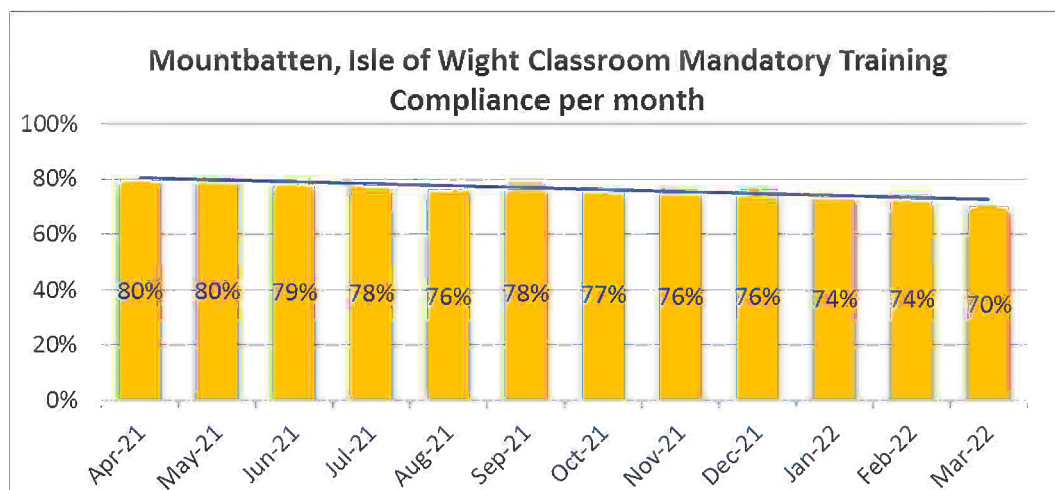
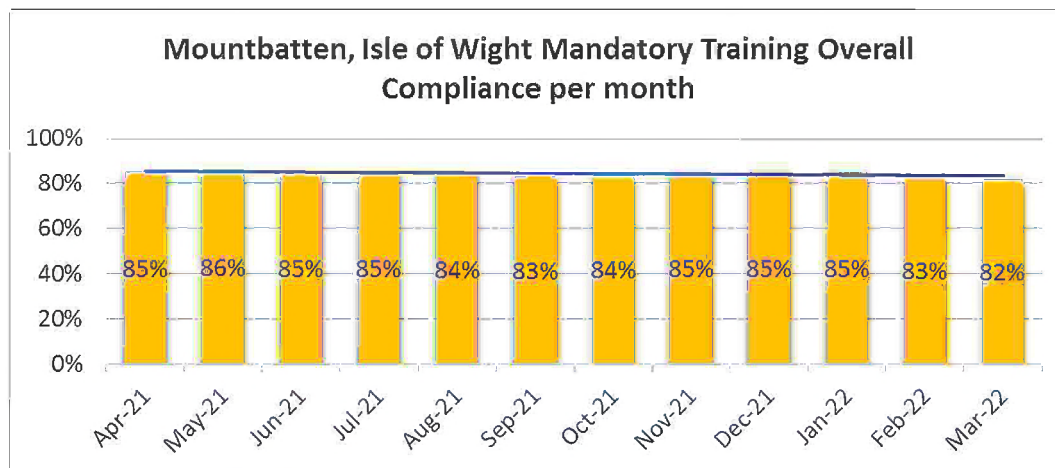
After the postponement of the 2020 conference, the Mountbatten annual conference titled 'dying in the 21st century, is our health and social care system fit for purpose' was successfully held in October 2021. 134 delegates attended the conference comprising a collection of workshops and keynote speakers such as, Dr Julian Abel, Director of Compassionate Communities; Sue Bottomley, National Head of End of Life and Palliative Care programme, NHS England; Jackie Munro, Chief Nurse, Solent NHS Trust; Chris Thomas, Institute for Public Policy Research; Max Kleijberg, PHD, Karolinska Institute, Department of Innovative Care Research, Stockholm, and Nigel Hartley, Mountbatten CEO.

Planning is underway for the 2022 annual conference which will return to St Mary's Stadium in Southampton in October.

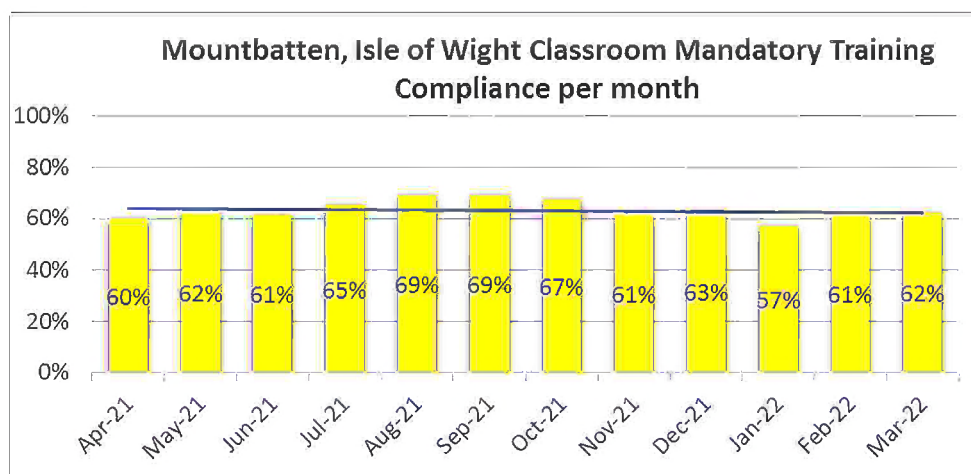
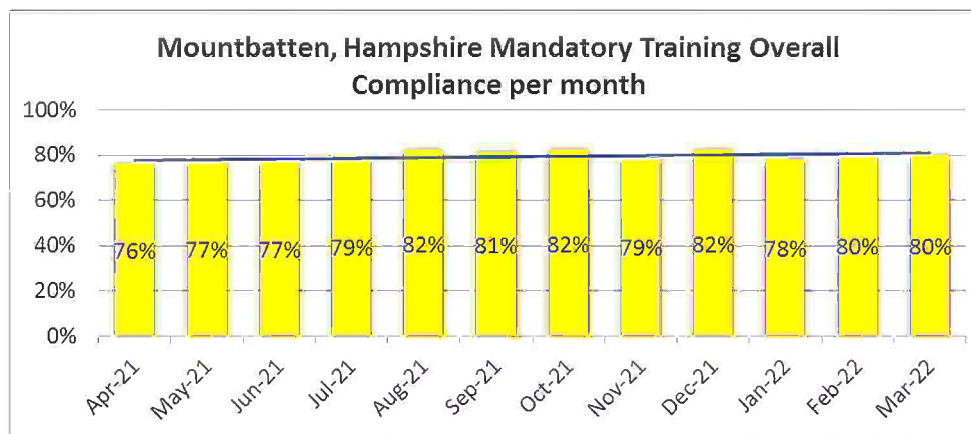
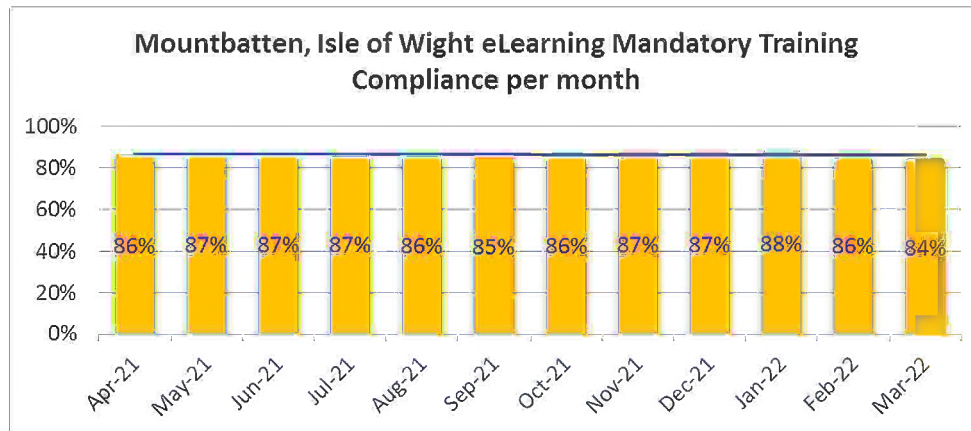
Mandatory Training

Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight

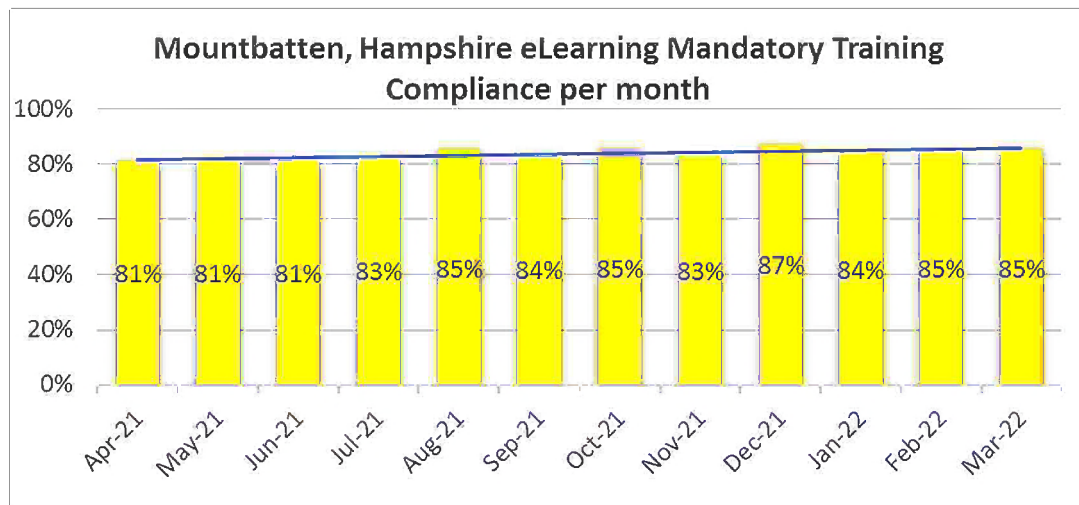
Access to the hospice specific suite of mandatory (eLearning) training is acquired from the blue stream academy. All staff are provided with an account and all mandatory training requirements are clear within this portal. Alongside eLearning modules Mountbatten also requires certain mandatory training to be bespoke to Mountbatten and/or attended in the classroom. Additionally, Mountbatten can utilise this system to disseminate any relevant training information for example over the last year has been able to share a refresher on donning and doffing of personal protective equipment, information about human factors in healthcare systems, and conducting holistic needs assessments of patients and their carers. Thus, the blue stream academy system has been developed to maintain a complete record of both eLearning and Mountbatten specific training. Live data can be accessed at any time through the portal ensuring Mountbatten always has an up-to-date record of mandatory training compliance. Compliance rates are monitored closely and reported on monthly. Mountbatten expects staff to achieve and maintain a 90% compliance rate. Challenges brought by the pandemic has impacted attendance to classroom mandatory training in the last year. A summary of rates across the year are demonstrated in the charts below.



Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight (cont.)



Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight (cont.)



Alongside mandatory training to ensure safe and effective care, Mountbatten staff are supported with further personal and professional development each year. Training needs are discussed formally as part of the appraisal process and where possible staff are supported to participate in development opportunities at various qualification levels up to master's degree. Mountbatten is also able to support staff development through apprenticeship programmes and this year has supported health care assistants on to nursing associate apprenticeships. Apprenticeship opportunities will be further explored to expand opportunities to non-clinical staff also.

Income Generation and Communications

Mountbatten Isle of Wight and Mountbatten Hampshire Income Generation

The fundraising landscape has significantly changed as the COVID-19 pandemic has continued to impact on fundraising activity and especially those income streams that rely on in person gatherings. However, as the uncertainty of the public lessened, momentum slowly increased in the latter part of the year in the areas most adversely affected. We have continued to regularly engage with our supporters and are hugely grateful for their time and generosity, which has enabled us to deliver the full extent of our services in our local communities during another challenging year.

Collaborative working across the two fundraising teams has increased and utilising our resources and expertise in a much more effective way has made us more resilient to respond to the challenges of the pandemic, staff absences and vacancies and a fundraising programme condensed into the second half of the year.

Following the migration of supporter data to a new database (Raiser's Edge) on each site and the appointment of a Fundraising Database and Donor Support Manager to review and improve processes, this year has seen further investment in an Individual Giving and Lottery Manager on the Island and an Individual Giving Fundraiser in Hampshire, roles that will enhance the donor journey.

Mountbatten continued to engage the services of Compton Fundraising Consultants Ltd who lead on income generation to increase funds raised by exploring new avenues, implementing improved ways of working and developing stewardship. A process of reviewing and adapting, underpinned by Compton specialist knowledge and best practice, is now established, always with ROI and value for money in mind. 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. Mountbatten Isle of Wight received 3 complaints and 0 concerns in the year for the purpose of fundraising. Mountbatten Hampshire received 1 complaint and 1 concern.

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

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

Mountbatten Isle of Wight exceeded fundraising targets in Individual Giving direct mail campaigns, In Memory Giving and Major Donor gifts whilst local businesses, events, community groups and attendance at funerals, which rely on people coming together, have continued to be adversely affected. However, there have been some exceptions including the Isle of Wight Festival which had its second-best year ever for Mountbatten raising over £27,000. Due to lockdown, Walk the Wight was rescheduled from May to September and whilst, understandably, not attracting the usual levels of support welcomed over 3,000 walkers.

Legacy income was lower than recent previous years, in part due to the delays in probate administration, and highlights the unpredictability of this income stream.

Mountbatten Isle of Wight and Mountbatten Hampshire Income Generation (cont.)

Whilst gathering in large groups at funerals and remembrance events continued to be restricted, In Memory Giving – a core source of income to hospices – exceeded target. It enables grateful family and friends to acknowledge the support of the clinical staff who helped them and their loved ones and offers a way of expressing gratitude and remembrance.

A new remembrance event, Remembering with Ribbons, was introduced in the summer when we were able to invite supporters to the hospice to place a ribbon in the Chelsea Garden, and Light Up A Life saw the return of an in-person service at the Hospice, which was also live streamed.

At **Mountbatten Hampshire** we remain indebted to our generous supporters who have continued to support us during another challenging year. Several income streams did not reach target due to the ongoing impact of the pandemic and low awareness of the charity, but In Memory giving and other remembrance activity to commemorate the life of loved ones performed strongly.

Our Sunflower Walk with Mountbatten returned to the Broadlands Estate in Romsey at the beginning of July. This was our first in-person gathering following COVID-19 and, whilst registrations were initially slow due to the public's uncertainty following the lifting of restrictions, attracted over 300 walkers. The Light Up A Life service was held at the Hospice and also provided the opportunity to come together to remember loved ones. Corporate giving included sponsorship for these events and the Mountbatten Conference, as well as support from business owners and their employees for the Corporate Challenge, Charity of the Year partnerships, challenges and events.

The number of players for the Mountbatten Hampshire Lottery has declined due to natural attrition and, with limited opportunity to recruit new players, has not seen the planned growth. StarVale continue to give advice and guidance, and this is an area of activity that following the pandemic will be reviewed.

The increase in the legacy pipeline in the latter months of 2020/21 has come to fruition with a significant increase in legacy income, and the pipeline remains strong for the next financial year. It is encouraging that this particular area is growing and will remain a key focus going forward.

Whilst still a relatively new area of fundraising for Hampshire, there have been a significant number of applications to trusts and foundations resulting in support for core costs and a range of equipment. As plans to refurbish the Hospice gain momentum, detailed research has been undertaken to identify potential funders for the capital campaign. With a developing prospect list, initial conversations have taken place and a campaign plan developed. A capital campaign will provide the much-needed focus to raise awareness of the Hospice as an independent charity and increase existing and attract new support.

Mountbatten Isle of Wight and Mountbatten Hampshire Communications

Over the course of the last year, the Communications Team continued to respond to the challenges of COVID-19, while shaping our plans and objectives for the future.

During the earlier part of the year, our work was heavily influenced by the pandemic and in the absence of face-to-face opportunities, we adapted much of our focus to our digital projects. Our quarterly flagship magazine, Connect, continued to be produced and sent digitally to our supporters in both areas, and we maintained a large presence of activity across our social media platforms – Facebook, Twitter, Instagram and LinkedIn.

Our websites – mountbatten.org.uk and mountbatten-hampshire.org.uk - were regularly updated with news and information about Mountbatten, including the latest COVID-19 guidance for supporters and visitors, plus information to support our clinical, education and training, fundraising and human resource services.

We started developing the news section of the Mountbatten Intranet and we now regularly share internal news via this channel, alongside our Insight newsletter, which we produce for staff and volunteers.

Mountbatten Isle of Wight and Mountbatten Hampshire Communications (cont.)

Insight is one example of how we have introduced more organisation-wide working, moving to one edition featuring news about Hampshire and the Isle of Wight, instead of two separate newsletters.

A joined-up approach is now often taken with design assets, for example, working with the fundraising team on Light up a Life, and our 45th anniversary has presented another opportunity to work in this way.

Video stories have become a powerful way for us to share key messages about our work. We have been working closely with Nosy Marketing to produce engaging, emotive and informative video content, which has been very well received by both staff and volunteers, supporters and local businesses.

Video projects in the last year have included a Christmas story - <https://youtu.be/2dB9W5vbJDo>, featuring people we have supported in different ways - and our Annual Review film - <https://youtu.be/EWyxkz4Ho6w>. The easing of COVID-19 restrictions enabled us to host our Mountbatten Conference at St Mary's Stadium, Southampton, and the Communications Team was heavily involved in the planning of this event, while also leading a workshop on the importance of talking about death and dying.

Our Concert Series, organised by the Communications Team, has also returned on the Island and we have welcomed a variety of acts and good audiences over the latter months of the year.

Now we have settled team again, we have set our goals and objectives for the next three years, aligned with our 2020 – 2025 strategy.

This includes encouraging more people to be confident to talk about death and dying, and promoting our Mountbatten language across the organisation. We also plan to develop more targeted engagement with our local communities, particularly in Hampshire, to help raise the profile of our work.

The year came to a successful end with our 45th anniversary 'torch run', where staff from each hospice ran in opposite directions to their respective place of work, passing in the middle of the route.

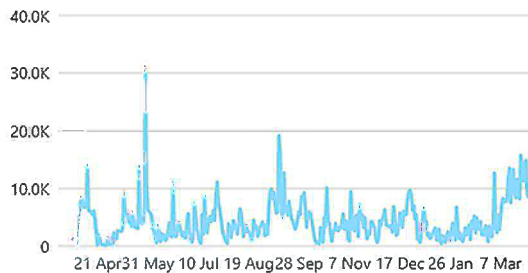
As with all 45th anniversary activities, the Communications Team has been heavily involved in the planning and delivery of this event, which gained significant media interest, including from BBC South TV, which featured the run in its evening news programme.

Social media statistics

Mountbatten Isle of Wight

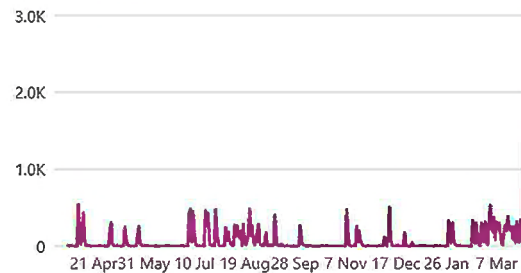
Facebook Page reach ⓘ

207,523 ↑ 31.7%



Instagram reach ⓘ

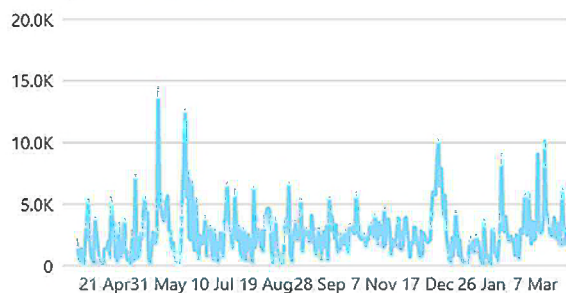
4,425 ↑ 222.5%



Mountbatten Hampshire

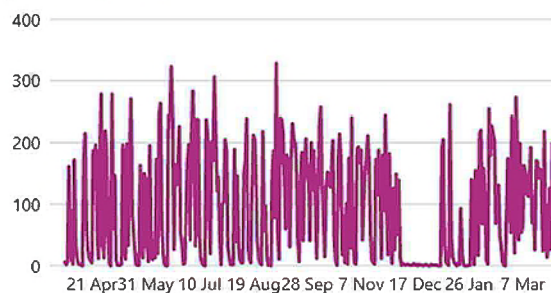
Facebook Page reach ⓘ

170,449 ↓ 8.7%



Instagram reach ⓘ

1,946 ↓ 51.9%



While the volume of activity has remained constant, the organic success of our posts across social media is lower compared to last year.

Some thoughts on why we believe this has happened:

Using last year's graphs in the reports, you can see that both sides saw an unprecedented surge of visitors as the pandemic hit (we typically, on average, are lucky to be getting reach 5-10k). Around April – May 2020, we saw it surge up to 60k. This would be due to the number of people in lockdown on social media, all fully engaged and interacting as we gave service updates and dealt with interactions and questions (all of which massively increased our reach). This trend of a significant drop in stats will be a familiar picture for most public-serving business pages on social media.

Around the beginning of 2021, Facebook has also changed its algorithm, making it harder for posts to be as visible as before, mainly because they are pushing their Facebook advertising package and therefore almost forcing businesses to pay for advertising to get the reach.

Estates and Facilities

Mountbatten Isle of Wight

Over this year we have undertaken an exciting new approach regarding facilities management, and we have been carrying out extensive research into identifying a facilities management software platform that can be used potentially across both sites. This system will be fully interactive and will allow not only for facilities orientated tasks to be recorded but also medical devices, this process has now drawn to a close as 2 platform providers have been selected with a view subject to final approval to start the implementation in mid-2022.

During this early part of this reporting period, a decision was made to bring in an architectural consultancy firm to assist with all large projects, including the car park and the potential redevelopment of Oak House and change the design of the main entrances. This process is now well underway, and all large capital projects have now been transferred to the architectural consultancy, McAndrew-Martin, allowing the Estates and Facilities Team to focus on business as usual, and developing a more structured facilities management programme.

Fire Safety

Fire Safety compliance has been maintained during this reporting year and the main efforts have been centred around rationalisation of the sites' fire doors, fire stopping and training. In addition to fire door inspections a fire stopping survey was commissioned and this report highlighted considerable defects in the John Cheverton Centre fire stopping methodology.

We have completed fire stopping project in the John Cheverton Centre roof space, an area that was not correctly fire stopped when it was built. With the completion of this project, we have now completed all of the estate-wide fire stopping deficiencies.

The estates team have also focused on training during this reporting year with three members of the estates team successfully completing the first UK City and Guilds accredited on-line fire door inspectors' course, allowing the Estates and Facilities Team to maintain a better insight to fire doors and the standards applied by UK fire regulations.

Water Safety

During this reporting period we have maintained our water compliance services contract with a local company WSM, and by using their services we have been able during the past year to maintain excellent standards of water quality. This standard of water quality has been achieved by a constant and rigorous water flushing programme and regular maintenance across the site.

The Estates team have focused this year on gaining accreditation and water safety qualifications, and have successfully trained the Isle of Wight Facilities Manager, the Hampshire Facilities Assistant and the Head of Estates and Facilities, who are all now qualified to responsible person (RP) healthcare water safety level. Further to this the Head of Estates & Facilities attended an authorised persons (AP) water safety course which will lead onto a full qualification at healthcare authorised person level.

Housekeeping

During this reporting period, we decide with all involved to move the House keeping team away from the Estates and Facilities team and embed them within the clinical teams and Infection Control Teams.

This move would allow for the house keeping teams to work directly under the control of the Infection Prevention Control teams and allow for a continued focus around the new IPC regulations.

The transition of the housekeeping team and associated administration was completed in January 2022 and all day-to-day management of the housekeeping team was successfully transferred to the Infection Prevention Control Team.

Utilities and energy

During this reporting period we have worked on securing a new gas provider contract for the main hospice site, this came into effect in December and provided a significant saving on our gas provision and cost overhead.

Our fixed electrical contract came up for renewal in January 2022 but due to the utilities and cost of living price increase that we have all experienced over the last six months, we needed to renew our electrical utility provider contract at a significantly increased price per unit of energy, the unit of energy cost increased from 14p per unit by a 122% per unit to 31p per unit. This is a significant increase.

We were able to secure a 12-month fixed energy contract for the main Mountbatten site and most of the retail premises, fixing us in for this period and allowing for control of electric consumption expenditure to be managed during this turbulent time.

Patient Equipment Services

During this reporting year, the Patient Equipment Services have continued to adapt and grow to meet changing needs and has focused heavily on equipment life cycling, smarter purchasing and renewal of our medical devices and community equipment.

We again have benefited from a considerable amount of money being generated through our relationships with the fundraising Team, such as a donation of 12k from the CCG that was used to purchase 7 riser recliner chairs & 5 syringe drivers.

We now have a full asset list of Mountbatten's equipment, which will help with life cycling decisions and the future management of the site's medical devices and equipment.

Mountbatten Hampshire

A number of key projects have been delivered by the team, such as resealing rooves and extending the life of each roof by a further 5 years, new kitchen project, renovation of the gym, offices within the Education centre, replaced fire doors and started to replace the many older style tubed lights throughout the site with energy efficient LED lights, saving energy and money. Some of this work has been supported by our relationship with McAndrew Martin.

We have also been proactive regarding the management of asbestos across the site. With a full annual review undertaken of the asbestos containing materials (ACM's) in the and a full redevelopment and demolition Asbestos survey (R&D).

During quarter four we have engaged with the Southern Health NHS Trust Estates Department, to draw up the draft of the 22-23 Service Level Agreement. We have identified further cost savings within the Service Level Agreement and we are still working to reduce our dependency on southern Health to provide services to Mountbatten Hampshire in the future.

During this early part of this reporting period, we decided to employ an architectural consultancy firm to assist with all large projects, including the car park and the potential redevelopment of Inpatient Unit bedrooms, office spaces, a new external log cabin and the design of the main entrances and links between the buildings. This process is now well underway, and all large capital projects have now been transferred to the external architectural consultancy, McAndrew-Martin, allowing the Estates and Facilities Team to focus on business as usual, and developing a more structured facilities management programme.

Fire Safety

We have had one fire related issue to report during this period, this being the failure of the Inpatient Unit fire panel. The original fire detection system that was highlighted when Mountbatten took control of the site as being obsolete and this system failed in late November 2021. Wessex Fire assessed and quoted for the replacement of the system, from start to finish, the new system took 3 weeks to complete at a final cost of £20k and we now have an advanced detection system providing the correct level of detection to the Inpatient Unit.

The main Fire Risk Assessment for the whole Hampshire site was also reviewed during this reporting period by Wessex Fire and significant progress has been made with no further concerns raised.

Water Safety

We carried out the first Mountbatten led Water Risk Assessment. This was carried out by Clear Water Technologies, and as part of the package we will receive a written scheme and a water system schematic. The report is very comprehensive and also contained a recommended remedial action list. This work has now been approved and the remedials identified in the Water Risk Assessment are underway. Southern Health has continued to carry out preventative maintenance regarding safe management of the water systems. We have taken steps to improve these contracted responsibilities as part of the new revised 2022 Service Level Agreement.

We have continued to monitor and test the hot and cold-water across the site, following a continued series of reported low delivery temperatures being identified. This has resulted in our new kitchen and cafe project moving to independent electrically generated hot water systems. We are continuing to work with Southern Health and another external agency, Forth, to find an appropriate solution to this challenge for the remaining hot and cold water needs and we continue to sample the water across the site via contracted support. It is important to note that to date no Legionella or other associated water-borne issues have been detected across the Mountbatten Hampshire site.

We have also worked on the estates stored water systems and have moved forwards with the water tank cleaning and the recommissioning of the deactivated water tank in the Inpatient Unit roof space.

During this year the Hampshire Facilities Assistant has also attended the Responsible Person Health Care Water Management course.

Medical Devices

Our focus for this year has been the alignment of our 3 main medical devices contracts with the external companies Bio-Med, Shepherds and ARJO. This has been with the aim to streamline the amount of contractors we use. This combined move will mean that, moving forward, Mountbatten Hampshire will have three primary contractors supporting medical equipment.

This year has also seen the first combined equipment service event being conducted which involved Shepherds and Bio-Med attending the site to identify a large majority of our equipment in an organised and efficient manner. This exercise was very well supported by our clinical teams and captured and estimated 85% of the equipment servicing requirements.

We now have a full asset list of our equipment which will be essential with life cycling decisions and the future management of the site's medical devices.

Security

R&G Security have continued to support the needs of the Mountbatten Hampshire site in an appropriate and professional manner during this reporting period. We have also made improvements during this year to the Inpatient Unit intruder alarm system and fitted a CCTV system to further enhance our security capabilities for the site.

Human Resources

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department

COVID-19 continued to have an impact on employees' capacity and capability in delivering services and one of the key things for the Human Resources Department over the past 12 months was to ensure that all employees continued to follow the COVID-19 testing protocols and also to ensure that employees were supported in obtaining their COVID-19 immunisations.

Both hospice teams' capacity was impacted greatly during several COVID-19 cluster outbreaks and that coupled with the requirement to isolate for designated periods, meant that our teams had to look at different ways to provide services, this included asking for volunteers from our non-clinical teams and providing them with the necessary training to enable them to support our patients within the community as part of Mountbatten at Home teams. With the support of both the Isle of Wight Healthcare and University Hospitals NHS Trusts they continued to support our teams by opening their own pre-arranged COVID-19 immunisation clinics to our teams. At this time 414 employees have received their 1st COVID-19 immunisation, with 383 employees have received their second.

A lot of work was done to change our contracts and processes to support the introduction the Vaccination Condition of Deployment within Healthcare [VCOD], the Governments mandatory requirement for all patient facing roles to be double vaccinated, prior to its withdrawal in March 2022. We have retained elements of the planned new process and their recording so that we have appropriate and accurate reporting of vaccine status and put in place individual risk assessments where employees are unwilling or unable to have a vaccine.

Following the successful migration of data onto Cascade, the new HRIS System, the IOW HR team led the implementation of the new system across the Group, ensuring all employees received training, enabling them to be able to access and use the self-service benefits of the system and thus reducing the need and time for the HR to update an individual's personal data. The system enables Directors, Managers, Finance and HR teams to be able to view data quickly and use the information to support business decision. The new system has provided HR and Voluntary Services with the capability to provide quantitative information and people data in just a few clicks.

The next stage is to roll out further system functionality, which for Managers will include the automation of some of the HR reporting functions and the ability to view and manage job and salary details for their direct reports. For Managers and Employees, HR workflows and reminders will be built into the system, including the registering and approval of absences, the loading and approval of objectives and updates and the annual appraisal review. In addition, the link to electronically transfer fixed data, enabling it to be used in the processing of payroll, thereby reducing the use of paper forms, spreadsheets, and the opportunities for errors.

During the past year the HR Team also led the sourcing and transition to a new Occupational Health partner, Drayton Medical who provides services across the group, both on site at the Hospices and also at their clinic in Portsmouth. Drayton Medical work very closely with the team to continually review and evolve the health support services to our employees and managers.

We have worked with to streamline some procedures which have meant we have been able to shorten the onboarding lead time for new employees. The relationship has provided the HR Team with an online portal to meaning we can directly communicate and each party view health and background information. This has resulted in a big improvement in the management referral reports for employees on long term sickness absence and in the understanding of the support and reasonable adjustments needed to assist the individual in returning to work.

Another large piece of work that the HR team have completed over the past year is Pay Analysis. This is where we have undertaken a job evaluation of every non-Agenda for Change role across the group and reviewed the salary against the market.

We have also introduced salary bands for non-Agenda for Change roles, grouping them where they have scored similarly on the job evaluation. This covered 112 employees across the group, of which 70 received an increase as a result of the exercise, with the remaining 42 employees pay remaining the same. No one's salary reduced as a result of the exercise.

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department (cont.)

The objective and outcome of Pay Analysis was to design a pay structure which fairly rewarded our employees for the work they do, recognising the market competitiveness of salaries for similar roles. This will assist us with the retention of our talent and to help in the attraction of new talent and skills into the organisation by having competitive pay and a transparent process pay structure.

With regards recruitment, over the past 12 months Mountbatten has seen a significant increase in the number of opportunities available for individuals to move roles and to join the organisation.

Mountbatten Isle of Wight Recruitment Metrics			
	Vacancies	Applications	Hits
NHS Jobs	58	425	28,991
IW Jobs	21	129	15,582
Other Platforms	5	40	8,792
Mountbatten Hampshire Recruitment Metrics			
	Vacancies	Applications	Hits
NHS Jobs	102	446	54,046
Other Platforms	30	80	11,474
Mountbatten Group Recruitment Metrics			
	Vacancies	Applications	Hits
NHS Jobs	160	871	83,037
IW Jobs	21	129	15,582
Other Platforms	35	120	20,266

Overall, during the last 12 months, we advertised a total of 160 vacancies across the group, which is an increase of 22 vacancies when compared to the previous year. The number of applications however decreased due to COVID-19 by 308 during the year when compared with the previous year which saw 1,428 applications compared to 1,120 over the past 12 months. However, hits on recruitment advertisements rose by 24,725 for the period.

Mountbatten Group's establishment at the end of March 2022 stood at 374 (207 Mountbatten Isle of Wight and 167 Mountbatten Hampshire), the WTE 241 (134.25 WTE Mountbatten Isle of Wight and 106.75 WTE Mountbatten Hampshire).

Number of Roles NHS Jobs Metrics		Average times			
		Vacancy Closed to Shortlisting	Vacancy Shortlisting to Interview	Vacancy Interview to Offer	Employee Commences
Mountbatten Isle of Wight	58	2.83 days	8.04 days	2.78 days	35 days
Mountbatten Hampshire	102	3.15 days	21.53 days	2.90 days	47 days

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department (cont.)

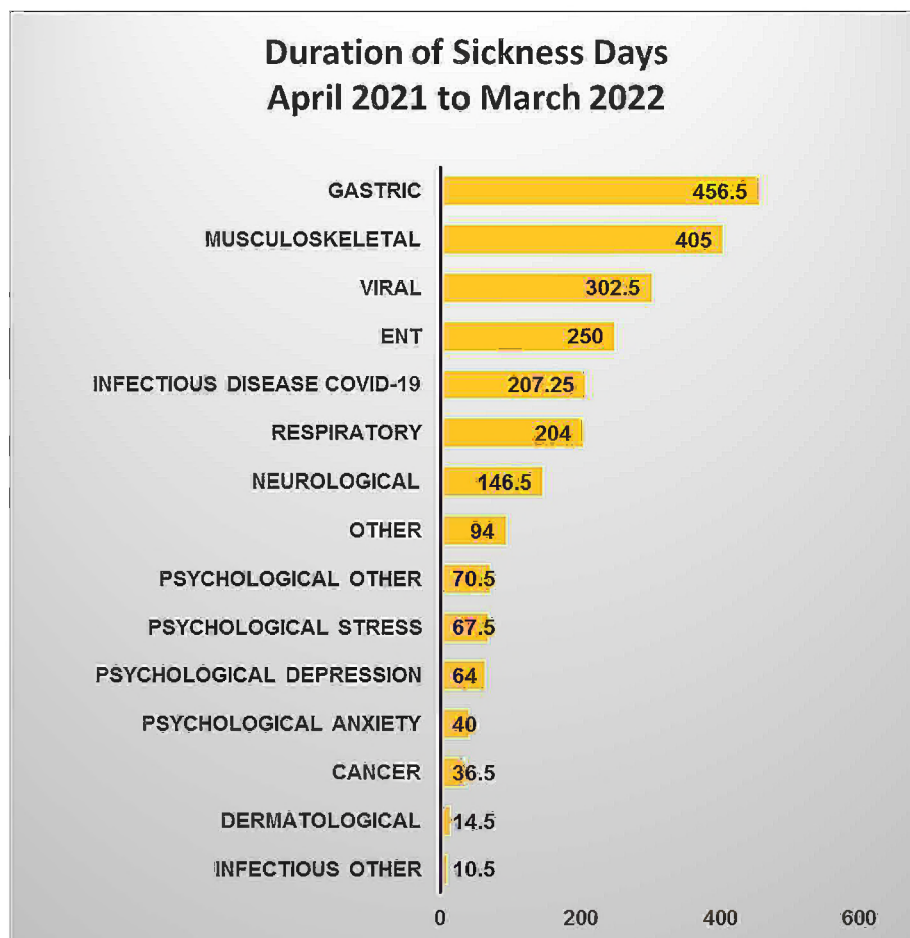
The table on the previous page summaries the average time taken from advertising to our new colleague commencing in their role with Mountbatten.

With challenges increasing across the recruitment market and decreasing candidate numbers we have undertaken piece of work with an external partner, ResourceBank to review and audit our recruitment and onboarding processes, to understand where improvements in processes are required, and what we need to do in order to start to build our employer brand and candidate experience. The audit included,

- Candidate experience and engagement, including communication methods and tone
- Candidate perception – how they find the process, how long does it take, what are the barriers
- Attraction, including current website, job advertising, adverts, copy and social media
- Retention and on boarding processes
- Employer Value Proposition audit – identify our position locally and in comparison, to our competitors, looking at our external messaging, tone of voice and storytelling opportunities

At the time of writing ResourceBank are shortly reporting back to the Senior Leadership Team on the audit's findings and recommendations for consideration.

During the past 12 months we have seen an increase in the duration of employee's sickness for the reasons covered in the table below, this information does not include any employees who were isolating as part of the COVID-19 guidance in place at that time.



Employment practices and pay

To achieve the Charity's vision, it is critical that we attract and retain a diverse pool of skilled and talented people. We will only do this if we create an inclusive working environment, where our people can be themselves.

Dignity at work

All our staff have the right to be treated with fairness, dignity and respect. We do not tolerate bullying or harassment. It is only through treating everyone fairly, and with dignity and respect, that we will enable our people to perform at their best.

Safeguarding

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

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

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

Equality, diversity and inclusion (EDI)

We value, celebrate and embrace EDI and we have set ourselves ambitious objectives. We believe the inherent benefits of a diverse, inclusive organisation will enhance our impact and performance.

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

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

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

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

Within recruitment, we have a recruitment and selection policy and accompanying guidance which provides structure and criteria for the shortlisting of applicants. This ensures applicants won't be excluded on the basis of disability. As part of this policy, we ask job applicants whether adjustments are needed to support them so we can. provide these where required.

Pay

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

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

Salaries are set on two different systems based on contractual positions.

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

The annual salary review implemented for the NHS Agenda for Change contract is implemented for those of our staff on that contract. Simultaneously we normally conduct an annual salary review for the balance of our staff with increases awarded across all salary bands in terms of that review. We do not operate a bonus scheme.

We review our remuneration policy and positioning regularly to ensure we are paying appropriately to attract and retain skilled and experienced people, while making best use of supporters donations. Information regarding our remuneration spend and the number of employees with pay over £60,000 is included in Note 8 to the financial statements.

Senior executive pay

To achieve our objectives, we need to attract and retain high-performing senior leadership. Each position on the Senior Management Team is individually benchmarked using external advisers, and salaries are positioned well below roles with similar responsibilities in the corporate sector.

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Team

The past year has seen a major investment and roll-out of IT equipment across both Mountbatten sites, with the purchase of laptops, PCs, large-screen display monitors, video conferencing equipment, mobile telephones and networking equipment.

This much appreciated investment has - and continues to - improve efficiency and demonstrates the organisations' commitment to invest in the IT tools to support staff in their work in caring for patients and their families.

The IT Team has continued to support remote and flexible working and communication for staff quarantining, self-isolating and transitioning back to work during the COVID-19 pandemic.

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

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

- Rolling out 100+ PCs and monitors, 100+ laptops, meeting room monitors, high-quality meeting room cameras and networking equipment
- Enabling the staff to return to work in the offices whilst still maintaining the ability to work remotely, if required.
- Embedding the use of video conferencing technology using applications such as Microsoft Teams and AccuRX.
- Continued development of the Mountbatten Intranet, extending its use for individual teams and services - providing a repository of knowledge, document storage, information, and a way of communicating with staff.
- The continued improvement of the SystmOne Shared Electronic Health Record, including the introduction of Appointment Calendars, the recording of Interventions, and Discharge Planning functionality.

Mountbatten Isle of Wight

- The installation and commissioning of a 300Mb x 300Mb fibre connection to the Internet.
- The on-site NHS server was decommissioned and removed, also the NHS WiFi system on the inpatient unit was decommissioned and a Mountbatten WiFi installed in its place.
- Supported the Island-wide support line and the new Keep Connected Helpline for patients using VoIP telephony, allowing volunteers to flexibly staff the line from their own homes.

Mountbatten Hampshire

- The reduction of IT support, services and use of IT equipment previously provided by UHS Hospital to zero
- Assistance and support in organising and running the first Mountbatten Conference held at St Mary's Stadium in Southampton
- Upgrading the network switches and the provision of fibre-optic cabling and ethernet cabling for the office refurbishments in the Education Centre
- Assistance with the installation and upgrading of the door security system
- Installation by the Estates Team of internet-enabled CCTV security cameras

Security and Service Availability

There have been minimal and few IT security issues and / or network outages over the year. This has included one outage to the telephone system and one outage to the Internet, both of which were out of Mountbatten's control.

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

Collaboration

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

The group has produced an interoperability requirements document and carried out a high-level options study on the approaches to and models of interoperability; it is now in the process of writing a technical specification that has the potential to be used nationally.

Mountbatten has initiated and chairs the Isle of Wight SystmOne User Group, which seeks to improve the sharing, standardisation and integration of care across the Island and, in part, has assisted in persuading the Island's NHS Trust to move to SystmOne.

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

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

The 12 Key Measures are being presented to the HIOW Hospice Collaborative and hopefully at this year's Hospice UK conference.

Resources

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

As we return to a more normal work pattern, it is important to ensure that the IT Team can continue to provide reliable, flexible, resilient and effective solutions to support patient and staff requirements. With this in mind, and together with the Data and Quality Team, we intend to review the resources required to meet those expectations over the coming months.

Future Plans

Over the coming months the IT Team plans to assist the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based solution.

If successful this should result in all of Mountbatten's IT services becoming Cloud-based and the decommissioning of the two remaining on-site servers, which should provide a strong and resilient platform for the future.

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

Future Plans (cont.)

Work is under way to replace the use of paper to prescribe and record the administration of medications at Mountbatten hospice using SystmOne. Implementing an electronic system for medications should reduce the number of medication errors and align the recording of medication by GP practices using SystmOne.

In addition, over the coming year we aim to introduce new technologies for patients, enabling them to more easily engage and directly interact with their care. Examples of this include:

- Loaning of and assistance setting up equipment within a patient's home
- For patients and their family to easily contact by video, call or text the hospice from their bedside
- The ability for patients to contribute feedback and answer questionnaires about their care (i.e. Patient Reported Outcome Measures)
- For patients to be able to book and view appointment details electronically
- The ability to collect real-time clinical observations from patients using wearable devices
- For patients to receive information about their care electronically
- The ability for patients to order repeat medication prescriptions
- For patients to view and contribute to their electronic record (i.e. for Advance Care Planning)

Alongside a grant brokered through Hospice UK, we are in discussions with an Isle of Wight Business which has approached Mountbatten to offer financial support to purchase equipment and provide technical assistance in order to support this initiative.

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

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

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

Our governance processes

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

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

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section "Engaging with our stakeholders" on page 61. At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

The likely consequences of any decision in the long term

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

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

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

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

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

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

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

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

Engaging with our stakeholders

Our Stakeholders	How we engage them on key decisions
<p>People affected by death, dying or bereavement.</p> <p>It is vital that we listen to the experiences, insights and priorities of people affected by death, dying or bereavement so we can be sure we are meeting their needs, delivering the services most appropriate to those needs and influencing policy changes in the areas that they are most needed as well as providing relevant and accessible information.</p>	<p>We routinely consult and communicate with all our service users on a constant basis. This is through personal contact as well as frequent electronic contact, follow up and the maintenance of a 24/7 telephone line manned by human beings to ensure that we are always available to those who need us.</p>
<p>Our Supporters</p> <p>In order to ensure our long term financial stability, we need to build lasting relationships with our supporters, inspiring trust and loyalty in them around a shared mission. We also need to provide them with the right opportunities to support us and enable them to do so in ways that they find easy and convenient.</p>	<p>We have invested heavily in facilities to allow us to stay in better contact with our supporter base and we contact them through these facilities regularly. We have an ongoing communication and dialogue with our supporter base and their feedback is used to guide the development, delivery and content of our fundraising and marketing activity to ensure that their views inform all aspects of our fundraising.</p>
<p>Our Workforce</p> <p>As an organization, we are only as strong as the people we're made up of. We pride ourselves on the ability to recruit, develop, support and train the best people in each area of our work. In order to do this, we need to listen to our employees and understand what kinds of support, information and development opportunities they want to see from us.</p>	<p>We communicate with our staff in many different ways. We run an ongoing series of general open meetings to which all staff are invited and at which any member of staff may raise any issue or concern that they may have.</p> <p>We also have a policy whereby all staff are able to have regular and frequent one to one meetings with their line manager to discuss matters that relate directly to their day to day work or how their work is affecting their day to day life.</p> <p>We have a formal annual process of appraisal to formally record the performance, development progress and ambitions and future plans for the employee and the Charity.</p> <p>Finally, we have a formal process of whistleblowing and an identified whistleblowing 'champion' to facilitate swift disclosure and resolution to employment, and other, issues which may be sensitive, difficult or contentious in nature.</p>

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

Maintaining services to our beneficiaries

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

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

Sustainability and carbon reporting

The Mountbatten Group is reporting energy and carbon emissions in compliance with The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018. This is the first year that this report has been produced and thus comparatives have not been stated as that data has not been collected in the prior period.

Consumption of Electricity – KWh

Retail outlets Isle of Wight	62,836 KWh	14.65 Tons CO2 Equiv
Isle of Wight Hospice and associated buildings	558,506 KWh	130.21 Tons CO2 Equiv
Retail outlets Hampshire	53,786 KWh	12.54 Tons CO2 Equiv

Consumption of Gas – KWh Equiv.

Retail outlets Isle of Wight	102,208 KWh	23.83 Tons CO2 Equiv
Isle of Wight Hospice and associated buildings	772,487 KWh	180.1 Tons CO2 Equiv.

Consumption of fuel in vehicle fleet

Consumption of fuel in Vehicles in litres	6,944 ltrs	18.61 Tons CO2 Equiv
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The conversion rate of KWh to tons of carbon dioxide is 0.23314 kg CO2 per KWh.

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

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

Commentary on emissions

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

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

Our fleet includes our company cars and vans.

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

The UK Government's 2020 emission factors were used to calculate carbon emissions from consumption data.

Our emissions are reported as metric tonnes of carbon dioxide equivalent, which incorporates all six gases regulated by the Kyoto Protocol.

Energy-saving actions undertaken in financial year 2021/22 .

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

Financial review

The financial result for the year of the Earl Mountbatten Group was positive, with a net surplus for the year of £2,912,052 (2021: £3,411,333). Results were assisted by a strong year for legacy receipts, amounting to £1,777,159 (2021: £1,465,607). This level of funding is above the long term average for this class of funding and we continue to put resources into growing and maintaining this very important source of funds. The Group was also 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 maintain operating capacity during and to recover from the pandemic.

Resources expended by the Group for the year increased substantially due to the resumption of full operations across those parts of the charity that had formerly been closed and/or furloughed. The total resources expended by the Group increased to an amount of £16,679,353 compared to £14,536,910 in 2021. An analysis of Group Resources expended by activity is shown in detail in note 6 to the accounts.

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

A total return of 7.1% was achieved for the year comprising 5.1% of capital gains and 2.0% of income yield generated in the portfolio. The total return benchmark for the portfolio for the year was 9.5%.

Asset allocation as at 31 March 2022 was:

Cash	18.2%
Bonds	11.8%
UK Equities	21.4%
Overseas Equities	39.8%
Alternatives	8.8%

Reserves Policy

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

During the financial year, unrestricted reserves increased by £2.98m finishing the year at £19.44m (2021 £16.45m). Budgeted expenditure for 2022/23 is £18.1m, so total unrestricted reserves equated to approximately 12 months of budgeted expenditure as at March 2022. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £7.7m, which equates to just over 4 months' expenditure.

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

Public benefit statement

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

Statement of trustees' responsibilities

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

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

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

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

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

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

Auditor

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

Disclosure of information to auditor

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

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



Sir Ian Cheshire
Chair of the Board of Trustees

Dated:

21 July 2022

Opinion

We have audited the financial statements of Earl Mountbatten Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2022 which comprise the consolidated statement of financial activities, the group and charitable company balance sheets, the consolidated statement of cashflow and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2022, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

Use of our report

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

Azets Audit Services
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Sharon Ward BSc FCA CF (Senior Statutory Auditor)

For and on behalf of Azets Audit Services, Statutory Auditor

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

8th August 2022
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Mountbatten Group
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2022

		Unrestricted	Restricted	2022 Total	Unrestricted (restated)*	Restricted (restated)*	2021 Total
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	3,370,808	386,845	3,757,653	3,792,033	408,965	4,200,998
Charitable activities							
Inpatient / Day Care	3	8,489,640	3,808,269	12,297,909	7,639,959	2,995,730	10,635,689
Community Care	3	242,753	-	242,753	227,333	-	227,333
Other trading activities	4	2,614,974	254,490	2,869,464	1,591,800	9,366	1,601,166
Investments	5	138,425	-	138,425	111,780	-	111,780
Total income		<u>14,856,600</u>	<u>4,449,604</u>	<u>19,306,204</u>	<u>13,362,905</u>	<u>3,414,061</u>	<u>16,776,966</u>
Expenditure on:							
Raising funds		3,633,753	-	3,633,753	2,741,546	48,238	2,789,784
Charitable activities:							
Inpatient / Day Care		5,760,313	4,521,553	10,281,866	5,745,155	3,603,906	9,349,061
Community Care		2,763,734	-	2,763,734	2,398,065	-	2,398,065
Total expenditure	6	<u>12,157,800</u>	<u>4,521,553</u>	<u>16,679,353</u>	<u>10,884,766</u>	<u>3,652,144</u>	<u>14,536,910</u>
Net income/(expenditure) before net gains / (losses) on investments		2,698,800	(71,949)	2,626,851	2,478,139	(238,083)	2,240,056
Net gains on investments		285,201	-	285,201	1,171,277	-	1,171,277
Net income / (expenditure) for the year and net movement in funds	7	<u>2,984,001</u>	<u>(71,949)</u>	<u>2,912,052</u>	<u>3,649,416</u>	<u>(238,083)</u>	<u>3,411,333</u>
Transfer between funds		-	-	-	-	-	-
Net movement in funds		2,984,001	(71,949)	2,912,052	3,649,416	(238,083)	3,411,333
Reconciliation of funds:							
Total funds brought forward		16,454,665	3,532,454	19,987,119	12,805,249	3,770,537	16,575,786
Total funds carried forward	21	<u>19,438,666</u>	<u>3,460,505</u>	<u>22,899,171</u>	<u>16,454,665</u>	<u>3,532,454</u>	<u>19,987,119</u>

* see note 24

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 20 to the financial statements.

Mountbatten Group
Balance Sheet
For year ended 31 March 2022

		The group		Earl Mountbatten Hospice	
		2022	2021	2022	2021
			(restated) *		
	Note	£	£	£	£
Fixed assets:					
Tangible assets	12	11,718,873	11,507,885	11,282,700	11,329,079
Investments	13	7,810,840	6,425,897	5,910,849	5,094,064
		19,529,713	17,933,782	17,193,549	16,423,143
Current assets:					
Stocks		2,229	3,434	-	-
Debtors	16	3,819,692	1,260,146	1,922,060	872,188
Cash at bank and in hand		1,076,983	2,898,875	563,622	1,403,466
		4,898,904	4,162,455	2,485,682	2,275,654
Liabilities:					
Creditors: amounts falling due within one year	17	(1,529,446)	(2,109,118)	(596,973)	(888,708)
Net current assets		3,369,458	2,053,337	1,888,709	1,386,946
Total net assets	20	22,899,171	19,987,119	19,082,258	17,810,089
Funds:					
Restricted funds		3,221,019	3,400,520	3,221,019	3,400,520
Restricted funds CMH		239,486	131,934	-	-
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		9,865,231	6,881,230	6,787,804	5,336,134
Total unrestricted funds		19,438,666	16,454,665	15,861,239	14,409,569
Total funds	21	22,899,171	19,987,119	19,082,258	17,810,089

The financial statements were approved by the Board of Trustees on 21 July 2022 and were signed on its behalf by:


 Sir Ian Cheshire
 Chair of the Board of Trustees

Registered Company Number: 02929267

Mountbatten Group
Consolidated Statement of Cash Flows
For year ended 31 March 2022

	Note	2022 £	£	2021 £	£
Net cash provided by (used in) operating activities	22		(351,464)		1,480,919
Cash flows from investing activities:					
Dividends and interest		138,425		111,780	
Purchase of property, plant and equipment		(535,835)		(340,273)	
Proceeds from disposal of property, plant and equipment		26,833		-	
Proceeds from sale of investments		1,383,104		537,527	
Purchase of investments		(1,689,251)		(1,192,804)	
Movement in portfolio cash held for investment		<u>(793,704)</u>		<u>60,405</u>	
Net cash used in investing activities			<u>(1,470,428)</u>		<u>(823,365)</u>
Change in cash and cash equivalents in the year			<u>(1,821,892)</u>		<u>657,554</u>
Cash and cash equivalents at the beginning of the year			<u>2,898,875</u>		<u>2,241,321</u>
Cash and cash equivalents at the end of the year			<u><u>1,076,983</u></u>		<u><u>2,898,875</u></u>

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

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

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

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

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

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

c) Public benefit entity

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

d) Going concern

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

e) Income

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

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

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

- f) Coronavirus job retention scheme income and other coronavirus support income is recognised when the 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 treated as a contingent asset and disclosed if material.

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

g) Donations of gifts, services and facilities

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

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

h) Interest receivable

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

i) Fund accounting

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

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

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

j) Expenditure and irrecoverable VAT

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

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

1. ACCOUNTING POLICIES (continued)

k) Allocation of support costs

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

• Cost of raising funds	17%
• Inpatient / Day Care	65%
• Community Care	18%

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

l) Operating leases

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

m) Tangible fixed assets

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

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

Depreciation is provided 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.

n) Listed investments

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

o) Investments in subsidiaries

Investments in subsidiaries are at cost.

1. ACCOUNTING POLICIES (continued)

p) Stocks

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

q) Debtors

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

r) Cash at bank and in hand

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

s) Creditors and provisions

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

t) Financial instruments

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

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

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

Basic financial assets

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

Other financial assets

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

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets

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

Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. If an asset is impaired, the impairment loss is the difference between the carrying amount and the present value

of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in profit or loss.

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

Derecognition of financial assets

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

Classification of financial liabilities

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

Basic financial liabilities

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

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

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

Derecognition of financial liabilities

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

1. ACCOUNTING POLICIES (continued)

u) Pensions

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

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

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

2. Income from donations and legacies

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
Gifts						
Earl Mountbatten Hospice	905,676	333,587	1,239,263	1,040,600	261,965	1,302,565
Countess Mountbatten Hospice	687,973	53,258	741,231	522,427	47,000	569,427
Legacies					-	
Earl Mountbatten Hospice	1,146,794	-	1,146,794	1,407,760	-	1,407,760
Countess Mountbatten Hospice	630,365	-	630,365	57,847	-	57,847
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
	<u>3,370,808</u>	<u>386,845</u>	<u>3,757,653</u>	<u>3,792,033</u>	<u>408,965</u>	<u>4,200,998</u>

In addition to the above, there was an estimated £387,000 for EMH and £825,000 for CMH (2021: £716,000 for EMH and £420,000 for CMH) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

Mountbatten Group
Notes to the Financial Statements
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3. Income from charitable activities

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
NHS CCG						
Earl Mountbatten Hospice	3,289,306	41,139	3,330,445	3,312,306	40,030	3,352,336
Countess Mountbatten Hospice	5,138,409	-	5,138,409	4,309,319	-	4,309,319
NHSE*						
Earl Mountbatten Hospice	-	1,489,796	1,489,796	-	-	-
Countess Mountbatten Hospice	-	2,267,249	2,267,249	-	-	-
Other grant income						
Earl Mountbatten Hospice	61,925	10,085	72,010	18,334	1,501,153	1,519,487
Countess Mountbatten Hospice	-	-	-	-	1,454,547	1,454,547
Sub-total for inpatient/Day Care	8,489,640	3,808,269	12,297,909	7,639,959	2,995,730	10,635,689
Isle of Wight Clinical Commissioning Group						
Earl Mountbatten Hospice	242,753	-	242,753	227,333	-	227,333
Sub-total for Community Care	242,753	-	242,753	227,333	-	227,333
Total income from charitable activities	8,732,393	3,808,269	12,540,662	7,867,292	2,995,730	10,863,022

*All NHSE income was received via Hospice UK

4. Income from other trading activities

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
Fundraising activities						
Earl Mountbatten Hospice	599,447	94,188	693,635	557,818	-	557,818
Countess Mountbatten Hospice	366,774	67,141	433,915	462,638	-	462,638
Shops, café and other income						
Earl Mountbatten Hospice	1,181,170	93,161	1,274,331	466,712	-	466,712
Countess Mountbatten Hospice	467,583	-	467,583	104,632	9,366	113,998
	<u>2,614,974</u>	<u>254,490</u>	<u>2,869,464</u>	<u>1,591,800</u>	<u>9,366</u>	<u>1,601,166</u>

5. Income from investments

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
Interest from UK bank deposits						
Earl Mountbatten Hospice	-	-	-	516	-	516
Countess Mountbatten Hospice	-	-	-	-	-	-
Income from quoted investments						
Earl Mountbatten Hospice	107,873	-	107,873	85,348	-	85,348
Countess Mountbatten Hospice	30,552	-	30,552	25,916	-	25,916
	<u>138,425</u>	<u>-</u>	<u>138,425</u>	<u>111,780</u>	<u>-</u>	<u>111,780</u>

Mountbatten Group
Notes to the Financial Statements
For year ended 31 March 2022

6. a) Analysis of expenditure - current year

	Cost of raising funds £	Charitable activities		Governance costs £	Support costs £	2022 Total £	2021 Total £
		Inpatient / Day Care £	Community Care £				
Staff costs (Note 8)	1,670,808	6,567,346	1,834,613	-	2,468,263	12,541,030	11,248,479
Charges paid to University Hospital Southampton*	-	-	-	-	-	-	(184,570)
Medical consumables	-	278,471	84,427	-	-	362,898	227,411
Volunteer expenses	-	-	-	-	6,481	6,481	496
IT and administrative costs	-	-	-	-	277,958	277,958	111,985
Trading activities	19,307	-	-	-	-	19,307	10,538
Fundraising costs	325,053	-	-	-	-	325,053	554,176
Lottery costs	198,470	-	-	-	-	198,470	167,098
Investment managers' fees	36,456	-	-	-	-	36,456	31,643
Audit and accountancy fees	-	-	-	50,318	-	50,318	56,027
Legal and professional	-	-	-	-	141,748	141,748	24,026
Trustee costs	-	-	-	12,218	-	12,218	53
Catering	313,280	2,470	-	-	-	315,750	295,708
Premises	196,550	586,842	-	-	296,861	1,080,253	917,483
Depreciation and loss on disposal	-	-	-	-	298,014	298,014	225,054
Insurance	8,399	-	-	-	38,069	46,468	41,868
Maintenance and repairs	-	99,593	-	-	200,225	299,818	244,162
Subscriptions and publications	-	-	-	-	32,783	32,783	27,549
Irrecoverable VAT	36,727	-	-	-	-	36,727	44,479
Consumables	59,428	409,333	-	-	128,842	597,603	493,245
	2,864,478	7,944,055	1,919,040	62,536	3,889,244	16,679,353	14,536,910
Support costs - EMH	757,857	921,316	832,157	-	(2,511,330)	-	-
Support costs - CMH	-	1,377,914	-	-	(1,377,914)	-	-
Governance costs - EMH	11,418	13,881	12,537	(37,836)	-	-	-
Governance costs - CMH	-	24,700	-	(24,700)	-	-	-
Total expenditure 2022	3,633,753	10,281,866	2,763,734	-	-	16,679,353	
Total expenditure 2021	2,789,784	9,349,061	2,398,065	-	-		14,536,910

* 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.

6. b) Analysis of expenditure - prior year

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2021 Total
		Inpatient / Day Care	Community Care			
	£	£	£	£	£	£
Staff costs (Note 8)	797,463	6,005,161	1,618,743	-	2,827,112	11,248,479
Charges paid to University Hospital Southampton*	-	(184,570)	-	-	-	(184,570)
Medical consumables	-	175,532	51,879	-	-	227,411
Volunteer expenses	-	-	-	-	496	496
IT and administrative costs	-	-	-	-	111,985	111,985
Trading activities	10,538	-	-	-	-	10,538
Fundraising costs	554,176	-	-	-	-	554,176
Lottery costs	167,098	-	-	-	-	167,098
Investment managers' fees	25,012	-	-	-	6,631	31,643
Audit and accountancy fees	-	-	-	56,027	-	56,027
Legal and professional	-	-	-	-	24,026	24,026
Trustee costs	-	-	-	53	-	53
Catering	294,434	1,274	-	-	-	295,708
Premises	195,144	450,002	-	-	272,337	917,483
Depreciation and loss on disposal	-	-	-	-	225,054	225,054
Insurance	5,933	-	-	-	35,935	41,868
Maintenance and repairs	-	50,031	-	-	194,131	244,162
Subscriptions and publications	-	-	-	-	27,549	27,549
Irrecoverable VAT	12,681	-	-	-	31,798	44,479
Consumables	29,406	371,831	-	-	92,008	493,245
	2,091,885	6,869,261	1,670,622	56,080	3,849,062	14,536,910
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

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

7. Net income / (expenditure) for the year

This is stated after charging

	2022	2021
	£	£
Depreciation	311,608	230,629
Operating lease rentals:		
Property - EMH	196,550	194,571
Property - CMH	109,647	55,030
Auditor's remuneration (excluding VAT):		
Audit - group	22,250	21,600
Audit - Countess Mountbatten Hospice	18,750	17,500
Other services	1,250	5,100
Other services - Countess Mountbatten Hospice	1,250	5,100

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

Staff costs were as follows:

Current year	2022			2021
	EMH	CMH	Total	Total
	£	£	£	£
Staff under service level agreement with NHS	731,585	3,079,246	3,810,831	4,130,028
Wages and salaries	4,351,522	1,333,403	5,684,925	5,263,600
Employer's national insurance	396,510	291,718	688,228	646,788
Pension costs	495,878	388,283	884,161	819,458
Temporary & agency staff	745,748	268,681	1,014,429	115,414
Other staff costs	224,077	234,379	458,456	270,699
Contract staffing charge	-	-	-	2,492
	<u>6,945,319</u>	<u>5,595,710</u>	<u>12,541,030</u>	<u>11,248,479</u>

Prior year	2021		
	EMH	CMH	Total
	£	£	£
Staff under service level agreement with NHS	687,610	3,442,418	4,130,028
Wages and salaries	4,449,459	814,141	5,263,600
Employer's national insurance	404,044	242,744	646,788
Pension costs	469,325	350,133	819,458
Temporary & agency staff	26,304	89,110	115,414
Other staff costs	192,013	78,686	270,699
Contract staffing charge	2,492	-	2,492
	<u>6,231,247</u>	<u>5,017,323</u>	<u>11,248,479</u>

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

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

	2022 No.	2021 No.
£60,000 - £69,999	1	-
£70,000 - £79,999	1	3
£80,000 - £89,999	1	-
£90,000 - £99,999	1	1
£100,000 - £109,999	1	-

In addition to employed staff costs, there were costs relating to 2 (2021: 2) seconded medical professional staff of £189,343 (2021: £143,317).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £755,005 (2021: £708,383).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £113 (2021: £53) incurred by 1 (2021: 1) trustee.

9. Staff numbers

	2022 Employed by Charity No.	2022 Recharged to Charity No.	2021 Employed by Charity No.	2021 Recharged to Charity No.
Fundraising - EMH	10	-	11	-
Fundraising - CMH	32	-	32	-
In patient unit / Patient services - EMH	52	8	49	7
In patient unit / Patient services - CMH	137	-	112	11
Community	56	-	60	-
Day unit / JCC	10	-	9	-
Retail	41	-	39	-
Support	43	-	41	-
	<u>381</u>	<u>8</u>	<u>353</u>	<u>18</u>

10. Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties (2021: £nil) not already disclosed.

11. Taxation

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

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	11,079,266	24,356	2,159,656	288,030	13,551,308
Additions in year	33,410	226,318	276,107	-	535,835
Disposals in year	-	-	-	(26,833)	(26,833)
At the end of the year	11,112,676	250,674	2,435,763	261,197	14,060,310
Depreciation					
At the start of the year	130,898	9,040	1,713,797	189,688	2,043,423
Charge for the year	22,474	34,086	229,258	25,790	311,608
Depreciation eliminated on disposal	-	-	-	(13,594)	(13,594)
At the end of the year	153,372	43,126	1,943,055	201,884	2,341,437
Net book value					
At the end of the year	10,959,304	207,548	492,708	59,313	11,718,873
At the start of the year	10,895,510	68,174	445,859	98,342	11,507,885

Earl Mountbatten Hospice	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,033,237	-	1,924,661	288,030	13,245,928
Additions in year	28,857	-	106,922	-	135,779
Disposals in year	-	-	-	(26,833)	(26,833)
At the end of the year	11,062,094	-	2,031,583	261,197	13,354,874
Depreciation					
At the start of the year	113,121	-	1,614,040	189,688	1,916,849
Charge for the year	9,830	-	133,299	25,790	168,919
Depreciation eliminated on disposal	-	-	-	(13,594)	(13,594)
At the end of the year	122,951	-	1,747,339	201,884	2,072,174
Net book value					
At the end of the year	10,939,143	-	284,244	59,313	11,282,700
At the start of the year	10,895,510	24,606	310,621	98,342	11,329,079

All of the above assets are used for charitable purposes.

13. Investments

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Listed investments				
Fair value at the start of the year	5,794,747	3,968,193	4,462,912	2,907,965
Additions at cost	1,689,251	1,192,804	1,319,277	1,055,603
Disposal proceeds	(1,383,104)	(537,527)	(1,078,776)	(421,210)
Net gain on change in fair value	285,092	1,171,277	124,545	920,554
	<u>6,385,986</u>	<u>5,794,747</u>	<u>4,827,958</u>	<u>4,462,912</u>
Cash held by investment broker pending reinvestment	1,424,854	631,150	1,082,889	631,150
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	<u>7,810,840</u>	<u>6,425,897</u>	<u>5,910,849</u>	<u>5,094,064</u>
			2022	2021
			£	£
UK Bonds			497,542	571,549
Overseas Bonds			426,507	183,992
UK Equities			1,662,869	1,660,600
North American Equities			1,560,358	1,342,888
European Equities			407,543	523,406
Japanese Equities			220,427	233,527
Asia Pacific Equities			523,137	502,363
Emerging Market Equities			99,881	81,976
Global Investments			298,476	179,051
Absolute Return			208,631	203,992
Property Trusts			212,522	140,764
Other			268,093	170,639
Cash			<u>1,424,854</u>	<u>631,150</u>
			<u>7,810,840</u>	<u>6,425,897</u>

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. The company number is 03083127.

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

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

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

14. Subsidiary undertakings (continued)

	Countess Mountbatten Hospice	Countess Mountbatten Hospice Promotions Ltd	Earl Mountbatten Hospice Trading Limited
Year ended 31 March 2021	£	£	£
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 (expenditure)/profit for the financial year	1,303,775	296,351	(14,193)
Funds/retained earnings brought forward	510,155	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	1,813,930	305,749	(2,195)
The aggregate of the assets, liabilities and funds was:			
Assets	2,977,451	533,371	120,073
Liabilities	(1,163,521)	(227,623)	(122,268)
Funds	1,813,930	305,748	(2,195)

Intercompany transactions

Included within administrative expenses for Countess Mountbatten Hospice is a management charge of £829,903 (2021: £214,986) from the Earl Mountbatten Hospice to Countess Mountbatten Hospice. Included within administrative expenses within Earl Mountbatten Hospice Trading is a management charge of £30,000 (2021: £30,000) to 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 Limited.

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

15. Earl Mountbatten Hospice

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

	2022	2021
	£	£
Gross income	10,471,563	9,611,672
Result for the year	<u>1,272,168</u>	<u>2,063,407</u>

16. Debtors

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Amounts due from group entities	-	-	211,712	117,961
Trade debtors	81,012	125,029	24,034	75,148
Accrued income and other debtors	3,418,215	848,572	1,452,771	436,021
VAT recoverable	148,381	198,845	97,057	173,732
Prepayments	172,084	87,700	136,486	69,326
	<u>3,819,692</u>	<u>1,260,146</u>	<u>1,922,060</u>	<u>872,188</u>

17. Creditors: amounts falling due within one year

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Trade creditors	556,061	450,385	258,256	261,220
Deferred income	69,718	623,041	69,718	318,041
Other creditors and accruals	903,667	1,035,692	268,999	309,447
	<u>1,529,446</u>	<u>2,109,118</u>	<u>596,973</u>	<u>888,708</u>

18. Deferred income

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

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Balance at the beginning of the year	623,041	87,700	318,041	2,700
Amount released to income in the year	(553,323)	(87,700)	(248,323)	(2,700)
Amount deferred in the year	-	623,041	-	318,041
Balance at the end of the year	<u>69,718</u>	<u>623,041</u>	<u>69,718</u>	<u>318,041</u>

19. NHS Pension Scheme

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

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

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

a) Accounting valuation

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

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

b) Full actuarial (funding) valuation

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

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

The total pension contributions payable for the NHS pension scheme in the year were £884,123 (2021: £530,078).

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

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

20. a) 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	5,925,897	500,000	-	6,425,897
Net current assets / (liabilities)	835,583	52,520	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

21. a) Movement in funds - 2022

	At 1 April 2021 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2022 £
Restricted funds						
Capital funds						
John Cheverton estate fixed asset fund	111,576	-	(37,302)	-	-	74,274
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Revenue funds						
Community equipment	12,475	-	(9,797)	-	-	2,678
Clinical Co-ordination Centre	333,521	-	(141,464)	-	-	192,057
iBCF	159,566	73,333	(135,672)	-	-	97,227
Kelly donation	505	-	-	-	-	505
Young adult services	68,967	20,000	(32,383)	-	-	56,584
DC clinical teaching post	-	13,246	(13,246)	-	-	-
NHS CCG - CQUINs	-	41,139	(41,139)	-	-	-
Hospital discharge co-ordinator grant	1	-	(1)	-	-	-
KissyPuppy restricted fund	269,148	100,810	(28,445)	-	-	341,513
Advanced communication	4,651	-	-	-	-	4,651
MND Clinic	12,205	-	(2,754)	-	-	9,451
Responsible communities	66,750	-	(1,675)	-	-	65,075
Mountbatten young adults	5,144	-	(30)	-	-	5,114
Barclays donation	92,156	-	(16,880)	-	-	75,276
NHSE	-	1,439,619	(1,439,619)	-	-	-
Ward Furniture	-	8,707	(4,091)	-	-	4,616
Education Fund	-	4,215	(4,215)	-	-	-
Oak Garden Decking	-	5,500	-	-	-	5,500
Butterfly & Chelsea Garden						
Maintenance	-	5,000	-	-	-	5,000
Online Bereavement support	-	2,584	(2,584)	-	-	-
Infection Control Salary Costs	-	14,366	(14,366)	-	-	-
Bladder Scanners	-	9,000	(1,000)	-	-	8,000
Hoist Pods for IPU	-	5,520	(960)	-	-	4,560
Essential Equipment for patient Care	-	4,954	(336)	-	-	4,618
SPOC/Palliative Care Hub	-	47,593	(47,593)	-	-	-
Music Therapy	-	3,000	(3,000)	-	-	-
Rodwell donation	-	250,000	(250,000)	-	-	-
Other restricted funds	8,211	13,371	(12,906)	-	-	8,676
Total restricted funds EMH	3,400,520	2,061,957	(2,241,458)	-	-	3,221,019

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

Restricted funds - CMH

NHSE	-	2,267,249	(2,168,379)	-	-	98,870
Other	131,934	120,398	(111,716)	-	-	140,616

Total restricted funds	3,532,454	4,449,604	(4,521,553)	-	-	3,460,505
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Unrestricted funds -EMH

Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435

Total designated funds - EMH	9,073,435	-	-	-	-	9,073,435
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Designated funds - CMH	500,000	-	-	-	-	500,000
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Total designated funds	9,573,435	-	-	-	-	9,573,435
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General funds – EMH group	5,393,484	7,534,944	(7,095,184)	124,654	-	5,957,898
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General funds – CMH group	1,487,746	7,321,656	(5,062,616)	160,547	-	3,907,333
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Total unrestricted funds	16,454,665	14,856,600	(12,157,800)	285,201	-	19,438,666
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Total funds - EMH	17,867,439	9,596,900	(9,336,642)	124,654	-	18,252,351
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Total funds - CMH	2,119,680	9,709,304	(7,342,711)	160,547	-	4,646,820
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Total funds	19,987,119	19,306,204	(16,679,353)	285,201	-	22,899,171
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21. b) Movement in funds - 2021

	At 1 April 2020 £	Income £	Expenditure £	Transfers £	At 31 March 2021 £
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	15,818,221	10,314,520	(8,265,302)	-	17,867,439
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

21. Movement in funds (continued)

Purposes of restricted funds

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

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

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

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

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

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

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

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

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

21. Movement in funds (continued)

Purposes of restricted funds (continued)

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

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

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.

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

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

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

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.

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

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

Purposes of designated funds

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

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

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

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

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

	2022	2021
	£	£
Net income for the reporting period (as per the statement of financial activities)	2,912,052	3,411,333
Depreciation charges	311,608	230,629
Profit on disposals of fixed assets	(13,594)	-
Gains on investments	(285,092)	(1,171,277)
Dividends, interest and rent from investments	(138,425)	(111,780)
Decrease in stocks	1,205	307
Increase in debtors	(2,559,546)	(378,383)
Decrease in creditors	(579,672)	(499,910)
Net cash (used in)/provided by operating activities	(351,464)	1,480,919

Analysis of cash and cash equivalents

	2022	2021
	£	£
Cash in hand	1,076,983	2,898,875

Analysis of changes in net debt

	1 April 2021 £	Cash flows £	31 March 2022 £
Cash in hand	2,898,875	(1,821,892)	1,076,983

23. Operating leases commitments

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

	Property 2022 £	2021 £
Less than one year	306,275	269,381
One to five years	805,333	641,336
Over five years	11,250	-
	1,122,858	910,717

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 year 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.