

# Annual Report and Accounts

for the year ended 31 March 2013





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Members of the Vinci Construction team working on Fisher House were amongst a team of eight who leaped out of an aeroplane at 30,000 feet for the charity.



Karl Hinett and friends prepare to run in the 2013 BUPA Great Birmingham Run



Young farmers from Worcestershire bared all in a 2013 calendar to raise funds for patients at the Queen Elizabeth Hospital Birmingham. Heather Rimmer, a critical care nurse at the hospital and chairman of the club, shows off the calendar.



The Airport Police Unit at Birmingham Airport organised the fourth annual charity plane pull at RAF Brize Norton together with 99 Squadron RAF. The event raised £8,000 which was split between Fisher House and BLESMA.



People Line, which is based in Bennetts Hill, is one of the first organisations to join the Queen Elizabeth Hospital Birmingham Charity's 100 Club.

# Executive summary

**The Queen Elizabeth Hospital Birmingham Charity has continued to play a vital role in supporting patients of the Queen Elizabeth Hospital over the past twelve months, with two of the largest appeals it has ever carried out moving towards completion.**

The capital fundraising to build Fisher House, the “home away from home” for military patients and their families, was nearly completed by 31 March 2013, and the house opened to families on 22 April.

HRH The Prince of Wales officially opened Fisher House on 21 June 2013.

Fisher House would not have been possible without many partners, but in particular US charity Fisher House Foundation and UK charity Help for Heroes, who both made large grants to the project.

On 2 March 2013, the first parts of the new CyberKnife machine arrived in Birmingham, as the £6.5m appeal to fund two new cutting edge cancer treatment machines came towards its conclusion.

The first patients received CyberKnife treatment at the Queen Elizabeth Hospital in June 2013 and CyberKnife will have an official opening ceremony in October 2013.

Income rose by 73% in the year, with an increasing level of support not just from people in Birmingham but now often from around the rest of the UK and even internationally. This was driven by some large donations to the Fisher House project but even without these the underlying income continues to rise.



HRH Prince Charles officially opening Fisher House

The challenge for the charity now is to continue to build on the success of Fisher House and CyberKnife appeals as we move on to four new key fundraising appeals.

This is just a snapshot of the progress the Queen Elizabeth Hospital Birmingham Charity has made during the last year, becoming a major provider of research grants in the region, and funding services and equipment that are over and above that which the NHS provides.

The report that follows provides full information on the charity’s history and background, its structure and governance, its plans for the future, and detailed reports on its revenues and expenditure.

# Chairman's Statement

**There are many things that make the role of Chairman of the Queen Elizabeth Hospital Birmingham Charity an exciting and rewarding one, and one of those is watching our projects come to fruition.**

When I wrote my statement for last year's report, the foundations of Fisher House were still to be completed, and whilst TomoTherapy TomoHD was already treating cancer patients very successfully, the room for the CyberKnife machine had not yet been built and the machine itself was still being assembled overseas.

This year, I am able to write with some pride that Fisher House is open and is looking after the families of our military patients and CyberKnife is already treating cancer patients with a not previously achievable standard of accuracy.

It is also a pleasure to be able to meet some of the beneficiaries of the charity's work, and I have been privileged to speak to some of the military patients and their families at Fisher House and see the determination and drive they have to recover and live their lives to the full, even with the serious injuries or loss of limbs they have experienced.

The charity's income has increased again, up 73% to its largest ever income figure of £5.7m. By demonstrating where their money goes, the general public trust us to use their money wisely and efficiently, and we will continue to ensure every penny is used for the benefit of patients.

I am particularly grateful to a number of individuals who have shared our vision of supporting patients and their families.

Ken & Tammy Fisher, from the Fisher House Foundation, and Bryn & Emma Parry, from Help for Heroes, have stood alongside us every step of the way as we built Fisher House. I was very pleased to see Tammy Fisher and Bryn Parry at the official opening, and look forward to welcoming Ken Fisher and Emma Parry at a later date.

We believe this is the first time that UK and US military charities have worked together on a project, and we are very proud that they chose to do so with the Queen Elizabeth Hospital Birmingham Charity.

**The charity remains committed to providing support that is over and above that provided by core NHS funding. This means that donors and funders can be reassured that their monies are not simply replacing the funds provided by our taxes, but instead are benefiting patients through the funding of research, equipment and facilities that would not otherwise be provided.**

**Brian Hanson**

Our media profile continues to rise, with more people hearing about the work of the charity in supporting one of the country's best and leading hospitals. We continue to receive a high level of support from local media, with regular national media coverage, and this year even international news coverage when NBC interviewed our Charity Chief Executive about Fisher House!

Particular thanks must go to Free Radio, BBC Midlands Today, BBC Radio WM, Heart FM, ITV Central News, Birmingham Mail and British Forces Broadcasting who all continue to be very supportive in carrying news stories about the charity and its support of patients.

The charity also became a beneficiary of the LIBOR fines levied on Barclays Bank. The Chancellor of the



Fisher House

Exchequer, George Osborne, announced a donation of £993,600 to Fisher House as the first grant from the Armed Forces Covenant (LIBOR) Fund. He also visited the construction site in February and hosted a reception at 11 Downing Street in the week of the official opening of Fisher House.

The charity remains committed to providing support that is over and above that provided by core NHS funding. This means that donors and funders can be reassured that their monies are not simply replacing the funds provided by our taxes, but instead are benefiting patients through the funding of research, equipment and facilities that would not otherwise be provided.

Whilst understandably, there was a lot of publicity around Fisher House, it is important to note that the vast majority of patients at the Queen Elizabeth Hospital are civilian patients, not military ones, and that most of the charity's work is for the benefit of those patients.

Our case studies give some good examples of where the charity's support is benefiting patients. The principles of supporting cutting edge technology and providing facilities not normally seen in NHS hospitals are ones that are fundamental to the charity. I am delighted that the charity has launched four new appeals this year; the QE Eye Appeal will provide world class diagnostic and treatment machines for the Ophthalmology Department and the QE Cancer Appeal will now move on to funding drugs trials in thyroid cancer patients. The Ladies Fighting Breast Cancer Appeal will support breast cancer services at the hospital, and the appeal for a Rare Diseases Centre will benefit many families with rare or genetic diseases.

The Trustees are grateful to University Hospitals Birmingham NHS Foundation Trust (UHBFT) who provide a number of services to the charity through Service Level Agreements, including finance administration and communications support.

We would also like to acknowledge the valuable support of volunteers, both at the hospital and the numerous volunteers carrying out their own fundraising events across the country. In particular we would like to acknowledge the support given by the military staff at the Royal Centre for Defence Medicine, which is based at the Queen Elizabeth Hospital Birmingham.

The role of Trustee is vitally important to the charity, and I would like to thank all my fellow Trustees for their support, and formally welcome Ru Watkins who became a Trustee on 16 November 2012. I am also pleased to report that Peter Mayer, Andy Pemberton and David Ritchie have been reappointed as Trustees for further four year terms.

I hope you will enjoy reading this report and hearing a bit more about the projects we have already funded and the stories behind some of our fundraising successes. Please do let me know what you think of the report, either by emailing me at [charities@uhb.nhs.uk](mailto:charities@uhb.nhs.uk) or writing to me at Queen Elizabeth Hospital Birmingham Charity, 5th Floor Nuffield House, Queen Elizabeth Hospital, Birmingham, B15 2TH.

Thank you

**Brian Hanson**  
July 2013

# An Overview

## Charitable purpose and public benefit

Queen Elizabeth Hospital Birmingham Charity is the working name of University Hospital Birmingham Charities, the composite name for four charities that are registered with the Charity Commission under the registered charity number 1093989. Details of the structure of these four unincorporated charities can be found later in this Report. It is the official charity of the Queen Elizabeth Hospital in Birmingham, which operates under the University Hospital Birmingham NHS Foundation Trust (UHBFT).

Queen Elizabeth Hospital Birmingham Charity exists for the benefit of patients at UHBFT and provides funding for support that is over and above that provided by core NHS funding.

The charity's income comes from fundraising, donations, charitable grants, legacies and sponsorship. The Trustees oversee charitable expenditure to ensure that funding is for the clear benefit of patients, their families and others using the hospitals.

Under the Charities Act 2006, charities are required to

demonstrate that their aims are for the public benefit. The two key principles which must be met in this context are first, that there must be an identifiable benefit or benefits; and secondly, that the benefit must be to the public, or a section of the public.

Charity Trustees must ensure that they carry out their charity's aims for the public benefit, must have regard to the Charity Commission's guidance, and must report on public benefit in their Annual Report.

The Trustees of Queen Elizabeth Hospital Birmingham Charity regularly monitor and review the success of the charity in meeting its key objectives of benefiting patients at UHBFT. The Trustees confirm, in the light of the guidance, that these aims fully meet the public benefit test and that all the activities of the charity are undertaken in pursuit of its aims.

A vital role of Queen Elizabeth Hospital Birmingham Charity is its work in supporting and enhancing UHBFT's outstanding quality of clinical activity, and so this report includes some general information about UHBFT.



Intensive care staff at the QEHBM got on their bikes and raised £2,200 for the patients they care for.

(L-R) Helen Boyle, Emmanuel Adewunmi and Tony Whitehouse



Queen Elizabeth Hospital Birmingham

## Information about UHBFT

University Hospitals Birmingham NHS Foundation Trust (UHBFT) is the leading university teaching hospital in the West Midlands. It provides traditional secondary care services to the South Birmingham catchment area. Specialist tertiary care is provided across the wider West Midlands and a proportion of UHBFT's activity is provided to patients who are referred from outside the region.

The Queen Elizabeth Hospital Birmingham provides services to over 700,000 patients every year, from a single outpatient appointment to a heart transplant. UHBFT is a regional centre for cancer, trauma, burns and plastics, and has the largest solid organ transplantation programme in Europe, as well as the largest paediatric radiotherapy practice in the country outside London.

UHBFT also hosts the Royal Centre for Defence Medicine (RCDM), the primary function of which is to provide medical support to military operational deployments. It provides secondary and specialist care for members of the armed forces and incorporates a facility for the treatment of service personnel who have been evacuated from an overseas deployment area after becoming ill or wounded/injured.

RCDM is a dedicated training centre for defence personnel and a focus for medical research and it is a tri-service establishment, meaning that personnel from all three of the armed services work at the hospital. Defence personnel are fully integrated throughout the hospital and treat both military and civilian patients. UHBFT also holds the contract for providing medical services to military personnel evacuated from overseas via the "Aero med service".

UHBFT is within the top 10% of Foundation Trusts when ranked by size of turnover during the year to 31 March 2013.

The Wellcome Trust Clinical Research Facility (CRF) is also hosted by UHBFT at the Queen Elizabeth Hospital. This development is a joint initiative between UHBFT and the University of Birmingham Medical School.

## Our key performance indicators

The Trustees reviewed the charity's business plan during the last twelve months, and developed a series of ten key performance indicators to clarify if the charity is performing against its business plan.

These key performance indicators are assessed on a traffic light basis – green means the key performance

indicator is being met, yellow means it is not met but plans are in place to rectify this and red means the key performance indicator is not being met and needs immediate action or constant monitoring

These key performance indicators are discussed with, and reviewed by, our internal auditors.

### Key Performance Indicators

KPI No.	Status	Aim	KPI	Action
1		To ensure active participation and development of Trustees	66% attendance record for Trustees at Board Meetings	Achieved (83%)
2		Monitor investment performance	Income yield of 4% in 2012/13	Achieved (4.56%)
3		Monitor investment performance	Preservation of value of capital compared to FTSE 100 Index	Achieved (9% rise for investments compared to 9% rise for FTSE index)
4		Control management of expenses	Cost of generating funds and administration kept to 20% of income	Achieved (8%)
5		Monitor fundraising performance	Increase in fundraising total income	Achieved (£5.7m was a 73% increase in income for the year)
6		Monitor research projects awarded grants	100% of grants longer than one year are requested to send a progress report. Trustees see grant reviews and action accordingly.	All research grants longer than one year sent a request for progress report. Trustees receive formal grant review papers at each Trustee meeting.
7		Improve review process of charitable grant applications	Charitable grant applications are submitted with evidence of support from UHBFT. This allows Trustees to be comfortable that ongoing support costs for equipment etc will be met.	Achieved. 83% of applications already had evidence of support from UHBFT attached. All grants awarded have evidence of support from UHBFT for any ongoing support costs that are of a non charitable nature.
8		Simplification of charitable funds structure	Fund numbers reduced from 221	Achieved (190 funds)
9		Appropriate use of charitable funds to benefit patients	Proactively seek requests for the charity's funds and use a mixture of fundraising and reserves to provide grants.	Achieved (Grants are using a mix of fundraising income and reserves)
10		Identify fundraising appeals and direct donations in those areas to planned expenditure	Increase in giving to appeal funds	Achieved. CyberKnife machine and Fisher House both funded through direct fundraising appeals. Four new appeals launched.

## Plans for the future

The new Queen Elizabeth Hospital Birmingham, the first new acute hospital in Birmingham for over 70 years, will help UHBFT to continue to be a focal point for world class medical care, education, training and research.

Queen Elizabeth Hospital Birmingham Charity meets with UHBFT on a regular basis and, with the help of these discussions, Trustees have identified the following areas for support:

### 1. QE Cancer Appeal

Following the success of the QE Cancer Appeal in funding a Tomotherapy TomoHD system and a CyberKnife robotic radiosurgery system, the charity has been asked to continue the QE Cancer Appeal in support of Professor Hisham Mehanna's work on accelerating drugs trials in thyroid cancer patients.

Professor Mehanna's work will allow thyroid cancer patients to participate in drugs trials in association with the University of Birmingham much more quickly than through traditional drugs development which can take many years to get to patient trials.

The Queen Elizabeth Hospital Birmingham Charity has identified a need to raise up to £1 million to support UHBFT in this area and will be working in association with the Get A Head Charitable Trust on a fundraising appeal.

### 2. QE Eye Appeal

Working in conjunction with the Ophthalmology Department, UHBFT has identified a need for three new cutting edge medical diagnostic and treatment machines.

These machines, not normally seen in the NHS, will help make UHBFT a world class eye centre.

The Queen Elizabeth Hospital Birmingham Charity has identified a need to raise up to £0.3 million to support UHBFT in this area and has already launched a fundraising appeal.

### 3. Ladies Fighting Breast Cancer Appeal

The non clinical environmental enhancements in the Young Persons Unit at the hospital, and in Fisher House, demonstrate how charitable support can enhance the patient experience.

UHBFT has identified the opportunity for the charity to work alongside the Trust to develop the Breast Cancer Service's non clinical environment.

The Queen Elizabeth Hospital Birmingham Charity has identified a need to raise up to £1 million to support UHBFT in this area and will be working in association with Ladies Fighting Breast Cancer charity on a fundraising appeal.

### 4. Rare Diseases Centre

The Queen Elizabeth Hospital is a national centre of excellence for rare and genetic diseases, often affecting children and young adults.

UHBFT has identified the opportunity for the charity to bring together various clinical teams and departments within one physical space to create a "one stop shop" for patients and their families attending for clinics, medical research or patient support groups.

The Queen Elizabeth Hospital Birmingham Charity has identified a need to raise up to £1 million to support UHBFT in this area and will be working in association with various patient groups on a fundraising appeal.

### 5. Fisher House

Now completed, Fisher House provides a "home away from home" for military patients and their families.

Fisher House receives no funding from the NHS or the Ministry of Defence and relies on charitable donations.

Queen Elizabeth Hospital Birmingham Charity needs to provide £0.25 million each year to run Fisher House. The Friends of Fisher House scheme allows groups, companies and individuals to support Fisher House directly.



Ready to get pedalling: Front row, left to right: Geoff Heyes, Margaret Pantling, Marie Tiffany, Graham Chalmers.  
Back row, left to right: Jason Cashmore, Helen Howard, Trevor Williams, Jon Paine, Andrew Dumbill, Ruth Wyatt and Andrew Nixon

## We need your support

We will be seeking the community's support in raising the funds required for the above major projects. If you would like to learn more about our ambitious plans to support the Queen Elizabeth Hospital, and how you can play a part, please contact Queen Elizabeth Hospital Birmingham Charity at [charities@uhb.nhs.uk](mailto:charities@uhb.nhs.uk)

You can also visit our website at [www.qehb.org](http://www.qehb.org), our Cancer Appeal website at [www.qecancerappeal.org](http://www.qecancerappeal.org) or our Fisher House website at [www.fisherhouseuk.org](http://www.fisherhouseuk.org)

If you would like to know more about how we operate, both administratively and for fundraising, please contact the Chairman of the Trustees of the Queen Elizabeth Hospital Birmingham Charity, whose details are at the end of his statement on page 7.

Alternatively, you can contact Mike Hammond, the Chief Executive of Queen Elizabeth Hospital Birmingham Charity, at [mike.hammond@uhb.nhs.uk](mailto:mike.hammond@uhb.nhs.uk) or on 0121 371 4852 or by writing to:

**Mike Hammond,  
Chief Executive,  
Queen Elizabeth Hospital Birmingham Charity,  
5th Floor Nuffield House,  
Queen Elizabeth Hospital,  
Edgbaston,  
BIRMINGHAM B15 2TH**

# What we fund

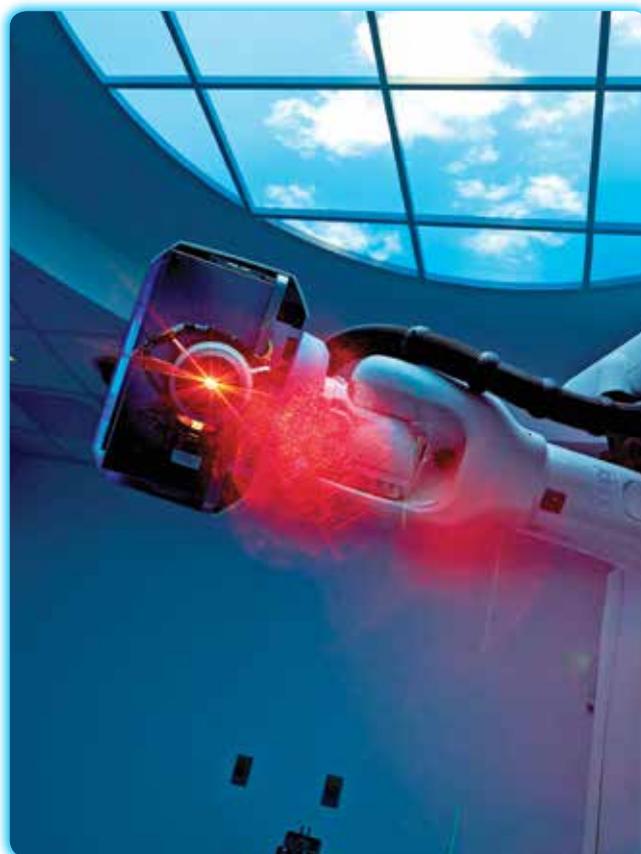
The charity funds projects in four main areas – equipment, research, facilities and training, education and patient support. In this section of the report we give some more information together with some case studies as real life examples of what we fund.

## Equipment

UHBFT provides world class medical care for its patients within the NHS. However, the charity can provide equipment that is over and above core NHS funding that may be either cutting edge medical equipment not currently available within the NHS, or additional machines that will be of direct patient benefit, through reducing waiting times or giving a more individual service to patients who don't have to share equipment.

In 2012/13, Queen Elizabeth Hospital Birmingham Charity spent £444,000 on new equipment. (2011/12: £5,055,000). Whilst this looks like a large decrease in expenditure, the purchase price of the CyberKnife machine actually appeared in the 2011/12 accounts, making that amount higher, as that is when the contract was signed.

Some of major items of equipment purchased are detailed below.



Cyberknife in operation

Designated Fund	Equipment	£
QEHB Charity General Fund	Carestream 9300 Premium	56,000
QEHB Charity General Fund	Haematology computer system	40,000
Kidney Fund	Intellivue Monitoring System	36,947
Liver Foundation	Spyglass System	31,415
Brain Tumour Research Fund	Brainlab	28,000
Quick & Early Diagnosis Fund	Scopeguide	23,347
Haematology Fund	Axioscope Microscope	23,017
Heartbeat Fund	Transducer	20,112

Equipment  
Case study  
**one**

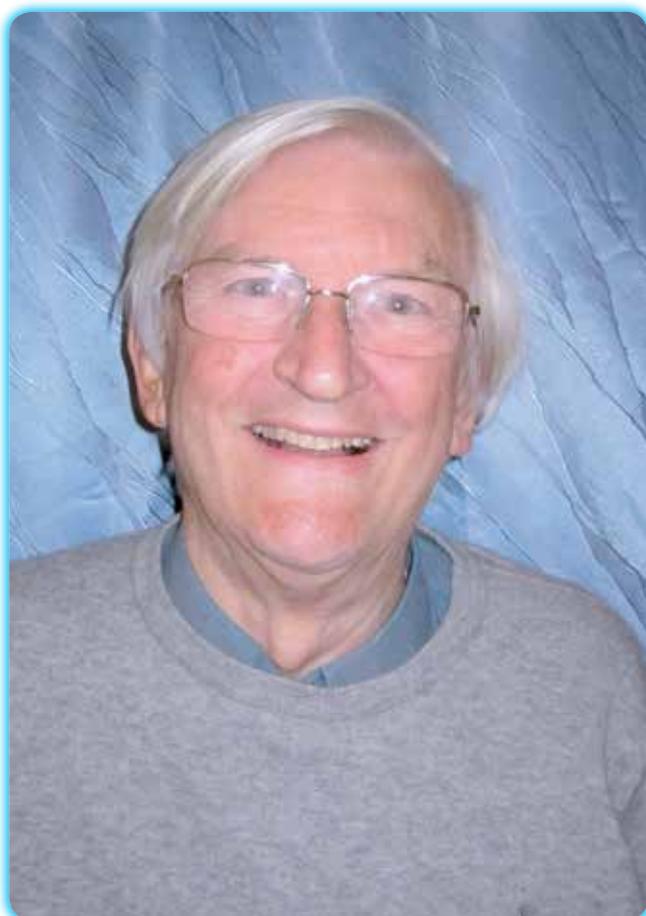
## The first patient to be treated on the new TomoTherapy TomoHD machine

The first patient to complete their course of cancer treatment on the new state-of-the-art TomoTherapy TomoHD machine has spoken about his experience.

"I am delighted with the treatment: it was very easy, nothing to it at all." explained John Penny, "Both the treatment and the staff were brilliant".

The 74-year-old from Sutton Coldfield was diagnosed with prostate cancer in October and started a seven and a half week course of TomoTherapy TomoHD in early February.

Thanks to the hospital charity, the Queen Elizabeth Hospital is the first hospital in the UK to have TomoTherapy TomoHD, enabling patients with cancer to enjoy a better quality of life during and after treatment.



John Penny

**In fact, the care is so good and stress-free that on the last day of my treatment I jokingly said to someone that I was almost sorry I wouldn't be coming back tomorrow!**

**John Penny**

By offering increased accuracy in radiotherapy treatment, the machines can target tumours more effectively with less damage to surrounding healthy tissue.

"The whole process was so easy," explained John said: "The machine is state of art, the care is so great and I had virtually no side effects at all.

"In fact, the care is so good and stress-free that on the last day of my treatment I jokingly said to someone that I was almost sorry I wouldn't be coming back tomorrow!"

TomoTherapy TomoHD is so accurate that the targeted radiotherapy dose means patients with different cancers all potentially see fewer side effects. For example, while those with prostate cancer may have fewer bladder and rectal side effects, many of those with a brain tumour will suffer no hair loss.



The new state-of-the-art TomoTherapy TomoHD machine in use

Equipment  
Case study  
**two**

## Saving lives of transplant patients

A top heart consultant has thanked fundraisers for saving the lives of transplant patients at the Queen Elizabeth Hospital Birmingham by funding pioneering pieces of technology.

As well as purchasing two 'artificial heart and lung' machines to the tune of £47,600, QEHB Charity paid for a team from the hospital's heart and lung unit to attend a course on the machines at Padworth Hospital, in Cambridgeshire.

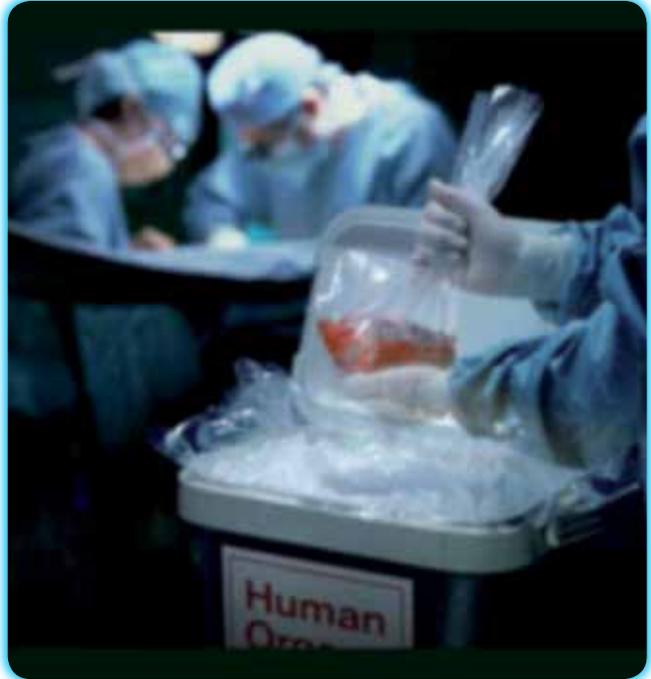
Consultant cardiologist Sern Lim said the three-day seminar helped QE staff learn how to make the most of Extra-Corporeal Membrane Oxygenation (ECMO) technology.

**There's no other centre in the West Midlands that has this service. If we are able to improve the service and expand it further, the lives of the QE heart and lung patients will be enhanced.**

**Sern Lim**

The machines simulate the functions of a heart and lung and keep alive very sick patients who are waiting for transplants.

Mr Lim said: "We understand the ECMO machines are not cheap and the NHS only has so much money. I speak on behalf of all the team here when I say we are very grateful for the support of fundraisers. These devices are a bridge to sustain patients long enough to find a transplant. An extra week may not seem a long time to a lot of people but to some of these patients, it can mean life or death."



The QE Hospital is the only hospital in the region offering ECMO technology.

It is Mr Lim's hope that, with the charity's support, the hospital can continue to grow its service and improve the care to patients.

"There's potential for a much bigger service," he said. "We want to improve what we do now. There's no other centre in the West Midlands that has this service. If we are able to improve the service and expand it further, the lives of the QE heart and lung patients will be enhanced."

## Supporting rehab for military patients

QEHB Charity purchased a range of physiotherapy equipment to support the recovery of wounded military patients at the Queen Elizabeth Hospital Birmingham.

Sarah Winters, clinical specialist occupational therapist, explained: "The charity has funded items such as the **Vicair pressure relieving seats** which are used by patients with extensive damage to soft tissue around the pelvic area. Equipment like this isn't usually provided by the NHS as you would rarely see patients with such injuries. Unfortunately we see quite a few."

"As you can imagine, damage to the pelvis and buttocks makes sitting very uncomfortable. However, this seat attaches to an individual and provides posture support, comfort and pressure relief for patients when they are not in their wheelchairs. We are hugely grateful to everyone who has enabled the charity to buy these seats as they have proved invaluable in our military patients' rehabilitation."



**We are hugely grateful to everyone who has enabled the charity to buy these seats as they have proved invaluable in our military patients' rehabilitation.**

**Sarah Winters**

The charity also funded the **Biodex Unweighing System**. This combination of a treadmill and harness is able to support some of the patient's body weight, allowing them to perform a variety of activities in an upright and safe environment.

The machine is of particular benefit to patients who have spinal injuries, brain injuries and amputations of the lower body.

Janet Hallam, clinical lead for physiotherapy in patients, said: "Without the kindness of fundraisers we wouldn't have this wonderful range of specialist equipment which makes a huge difference to patients' recovery."

Also purchased was a **MOTomed letto machine**, a motor-driven, user-friendly therapy system enabling patients to exercise whilst being confined to bed.

## Research

An important part of the charity's charitable grants programme is funding research at UHBFT and the University of Birmingham. The charity funds research into any field of medicine carried out at UHBFT and gives grants of a maximum of £70,000 for up to two years. The intention of these pump priming research grants is often to help clinicians develop their research sufficiently to then apply for larger national grants but with an emphasis on delivering patient benefits in the short to medium term, rather than blue sky medical research.

In total Queen Elizabeth Hospital Birmingham Charity made grants of £839,000 in 2012/13. (2011/12: £965,000). A sample of the grants can be seen in the table below.

Name of researcher	Research Project	£
Andrew Ready	Perfusion in kidney transplants	£60,000
Jonathan Webber	Diabetes HbA1c study	£60,701
Parth Narendran	How does exercise affect alpha cell function in patients with type 1 diabetes	£29,500
Tarekegn Hiwot	Adipocyte sub study	£20,800
Yuk Ting Ma	Chemotherapy sensitivity in pancreatic cancer	£10,000
David McWilliams	Post ICU rehabilitation programme	£16,686
Heather Draper	Split liver transplantation	£44,306
Neil Steven	Biomarkers in the treatment of metastatic melanoma	£51,390
Tahir Shah	Somostatin receptor targeted radiotherapy	£40,000

Research  
Case study  
**one**

## Chronic Diseases Resource Centre

Birmingham researchers are leading the country with a new approach to treating one of the most persistent and challenging conditions in medicine, thanks to support from QEHB Charity.

The Chronic Disease Resource Centre (CDRC) has been established to explore ways to treat inflammatory diseases, a group of diseases which includes diabetes, multiple sclerosis and arthritis.

By bringing together renal, respiratory, diabetes, rheumatology and periodontology experts from QEHB and the University of Birmingham, the CDRC provides a new way of researching inflammatory conditions.

This new approach seeks to explore the common features of these diseases which have been largely unexplored for much of history.

Inflammation is the process by which the immune system transports specialist cells to a damaged area. These cells attack foreign particles and help with the healing process, and their presence is usually revealed by swelling, heat and redness.



**We're doing something new here. These specialties have traditionally competed with one another for funding and facilities, and now we're all coming together.**

**Prof Chris Buckley**

In the case of inflammatory disorders, inflammation is caused by an over-reaction by the body or an auto-immune condition, in which the body attacks its own cells.

QEHB Charity contributed more than £113,000 to fund four members of staff.

Prof Chris Buckley, Chair of Rheumatology at the University, has worked closely with Professor of Medicine Robert Stockley. Both are also honorary consultants at QEHB.

"We have all the people in place, we have the facilities and it's very exciting for the city," says Prof Buckley.

"We're doing something new here. These specialties have traditionally competed with one another for funding and facilities, and now we're all coming together," he says.

With four research nurses, four research fellows and dedicated laboratory and consulting facilities in QEHB, researchers at the CDRC can see patients with all types of inflammatory conditions and analyse how the inflammatory mechanisms work.

Research  
Case study  
**two**

## Birmingham mother first in pioneering breast cancer trial

A Birmingham mother of two is the first patient to take part in a ground breaking 'breath-holding' study to benefit people with breast cancer.

Fiona Cole, who lives in Quinton and is 41, is being trained to hold her breath for three minutes in the trial which is led by Dr Michael Parkes of the School of Sport and Exercise Science at the University of Birmingham. The trial is taking place at the Queen Elizabeth Hospital Birmingham and is funded by the hospital's official charity.

If the trial is successful breast cancer patients will be taught to hold their breath during radiotherapy treatment. Normally radiotherapy takes so long that patients have to breathe and hence their chest moves during treatment. If they can breath-hold throughout treatment, the breast will stay motionless and the radiation dose can be targeted more precisely, reducing the chance of healthy tissue being damaged.

Fiona, a holistic therapist, explained: "I was diagnosed with breast cancer in August last year after my husband urged me to go to the doctor. After biopsies, our fears were confirmed – I had cancer."

Fiona, who lives with her husband Conrad and daughters Amy, 15, and Eleanor, 13, had radiotherapy and chemotherapy at the Queen Elizabeth Hospital. Now, nearly a year on, she is back at work.

"I had the best care possible from Dr Andrea Stevens and the oncology team and finally feel more like 'me' again," said Fiona. "When I was offered the chance to take part in Michael's research trial, which has been funded by the hospital's charity, I only had two questions – does it involve needles and does it affect medication? As the answer to both questions was "no" I decided to go ahead."

The trial involves patients simply breathing special air mixtures through a facemask and being trained to breath-hold for much longer than normally possible.



(L-R) Patient Fiona Cole, Andrea Stevens, Michael Parkes and Sofia Perveen

Fiona added: "Dr Parkes and Sofia Perveen, the therapeutic radiographer, are excellent at putting you at ease and it doesn't hurt at all. All you have to do is relax and breathe. Getting used to the mask is the most difficult thing you have to do. I feel honoured to have been the first patient to take part in this fantastic trial. My cancer is hereditary and as a mum of two teenage daughters I want to do anything I can to help people in the future who have to battle the disease."

Dr Parkes added: "This is a practical application of basic research that I have developed in the School of Sport and Exercise Sciences and National Institute for Health Research/Wellcome Trust Clinical Research Facility over the last 13 years. Our preliminary results from Fiona and the other patients are most encouraging, but we urgently need more patients to help us test this technique. Please consider volunteering if you are being treated here. With your help we could make a real difference to patients with breast cancer."

Dr Parkes and his team are looking for patients to take part in the trial. If you are attending a breast cancer clinic and think you might like to help, please contact us on 0121 371 3603.

## Facilities

As well as funding equipment and research, Queen Elizabeth Hospital Birmingham Charity sometimes funds improvements to buildings or even completely new facilities. In 2012/13 the charity spent £412,000 in this category. (2011/12 £29,000) Fisher House falls under this area of charitable expenditure but the costs

of building Fisher House will be capitalised and will be spread out over a period of ten years in the accounts. Thus in cash terms significantly more money was spent on facilities than is accounted for in the expenditure figures in this year's accounts.

### Facilities Case study one

## Fisher House UK



Every building has a story and in the case of Fisher House UK it began in January 2010.

"If money was no object, what would you like?" was the question Mike Hammond, Chief Executive of Queen Elizabeth Hospital Birmingham Charity, put to Brigadier Chris Parker and Lieutenant Colonel Philip Carter, from the Royal Centre for Defence Medicine. The initial answer was a Forces and Families Day Centre, where military patients could spend time with their families away from the hospital ward.

Mike explained: "Military patients would say to us, 'The hospital is great, the care is amazing and the new building is wonderful but we're always conscious we're in a hospital. There's always beeping from machines and doctors and nurses moving about. It would be lovely to spend time with our families in a non-clinical environment.'"

The idea of a 'home for the brave' was born and in June 2010, BRMB Radio (now Free Radio) resurrected the BRMB Walkathon around Birmingham specifically to raise funds for the new project. Around 8,000 took part in the 26 mile event and raised over £400,000. Free Radio Chief Executive, Phil Riley said: "We had hoped to raise £250,000 but the generosity and spirit of people in Birmingham smashed that target. It just went to show that, despite the economic climate, if people believe in an event and a cause they will dig deep."

By December 2010, the charity decided to follow in the footsteps of US charity Fisher House Foundation and expand the home to include overnight accommodation for their families. Fisher House UK was born.

Mr Hammond added: "We have learnt many lessons from the existing Fisher Houses in the United States. We look forward to creating the same caring 'home from home' atmosphere in the UK's Fisher House."

In April 2011 the charity received the first architectural plans and in October 2011 it submitted its planning application. Planning permission was granted in January 2012 and the charity hosted a reception at the House of Commons to unveil details. The United States Ambassador to the UK, Louis Susman, revealed a model of the home at the event which was hosted by Philip Davies MP. Guests at the reception included Bryn Parry, co-founder of UK charity Help for Heroes, and Kenneth Fisher, Chairman and CEO of Fisher House Foundation. Both charities provided substantial grants to the project.

On April 23, 2012, HRH The Duke of Gloucester stood alongside wounded hero Nick Gibbons as they broke the ground for Fisher House UK. As the diggers moved in, Kenneth Fisher paid tribute to the momentous occasion. "This is a day of great honour for Fisher House, as we share with our British brothers and sisters our unique American model for caring for military families," he said.

"Today we begin construction on what will be a sanctuary for the people who need it most: those who have made deep personal sacrifices – whether on the battlefield or on the home front – to keep us safe. We thank them even though we know it will never be enough." Bryn Parry, Co-founder of Help for Heroes, added: "We are delighted to be supporting our wounded and their families. This project is key to helping our heroes on their road to recovery."

Fisher House UK has the benefit of being in hospital grounds and within walking distance of the wards. Colonel Kevin Beaton, Commanding Officer for the Royal Centre for Defence Medicine: "We hope that having family close by will speed up patients' recoveries. For the families themselves, we believe it will be massively reassuring to know they can be by their loved one's bedside within minutes."

In February 2013, the first military family were invited into Fisher House UK to enjoy a sneak preview of the home and admire the newly completed showroom Kevin and Angela, of Lancashire, knew firsthand how important the home would be to families as, in May 2010, they had a knock on the door from the Army's family liaison officer to say their son David, now 26, had lost three limbs in an explosion while on patrol in Afghanistan.

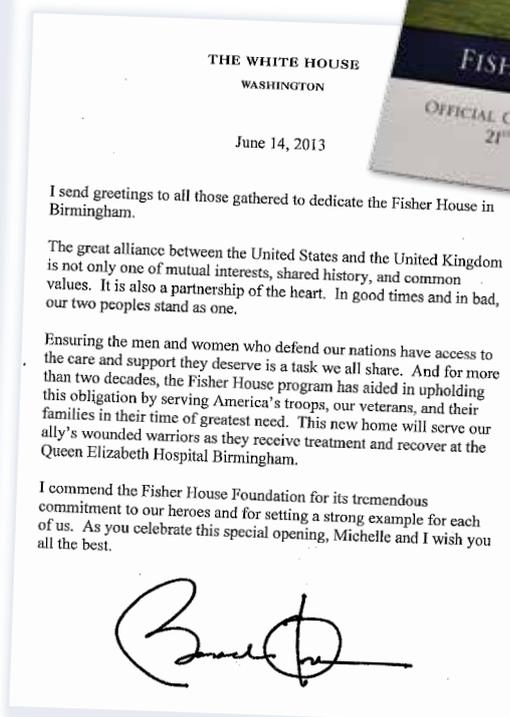


Helen and Tom Molloy with Rowan and Amelia

"We just wanted to be with him. We couldn't think about where we were going to stay," said Angela. The couple donned hard hats and high visibility jackets to tour the nearly complete home away from home. They were knocked out by the show bedroom but said it was the communal family rooms, where people can share their experiences, which would be so beneficial to families struggling to cope with their loved one's injuries.

"It's gorgeous!" said teaching assistant Angela, "You can have your own space when you need it but then you can spend time with other families in the same situation." Kevin, a heavy goods driver, added: "It would have been brilliant to have a place like Fisher House to stay. It really is a home away from home."

On 20 June 2013, HRH The Prince of Wales officially opened the 18 bedroom facility, alongside representatives from QEHB Charity, Help for Heroes and Fisher House Foundation.



## Training, education and patient support

The fourth area of grant making is in the area of training, education and patient support. It is important to note is that the charity does not fund statutory training – that is, training that the NHS should provide to all staff.

Queen Elizabeth Hospital Birmingham Charity funds courses and conference fees for nursing staff to attend events that will bring knowledge back into the hospital for the benefit of patients.

The charity has also funded a range of patient information films on subjects as wide ranging as cardiac rehabilitation exercise, breast reconstruction information and paediatric radiotherapy.

In 2012/13, Queen Elizabeth Hospital Birmingham Charity spent £520,000 in this category. (2011/12 £445,000).

### Training, education and patient support Case study one

## Coffee Corner gets a face lift

When you're undergoing cancer treatment, just having somewhere nice to get a cup of coffee and a snack whilst you're waiting for your appointment can make all the difference.

Whilst the hospital has commercial suppliers such as Costa Coffee in the main atrium, QEHB Charity has provided a much needed facelift to the coffee corner in the radiotherapy outpatients department.

Staffed by volunteers, over 2,000 cups of tea and coffee are served each week to patients and their families attending radiotherapy appointments.

The charity funded new kitchen units, crockery and coffee machines and patients are already commenting favourably on the new look.

"Just to see a friendly face offering me a cup of tea and a biscuit cheers me up no end", said one patient "and I get to know the volunteers as I see the same faces whenever I come back for my appointments. It's a stressful time coming in for radiotherapy and the new coffee bar just makes things that little bit easier and better."



Coffee Corner

## Paras drop in for a visit

The charity is sometimes able to arrange a very special day for a patient...

Young Persons Unit patient Will Bostock enjoyed meeting two members of the Parachute Regiment who came up from Colchester to pay him a special visit. Will is a Cadet Sgt in the Air Cadets and one day hoped to join the Paras himself.

Following his treatment he thought his dream was over and was overjoyed when Paras Corporal Dean Moody and Corporal Bob Lewis walked into the family room on the Young Persons Unit. They brought Will some gifts, which included a red beret as worn by the British Parachute Regiment.

Will said: "It was really amazing to meet the Paras and I don't think I will ever forget it! I enjoyed talking

**It was really amazing to meet the Paras and I don't think I will ever forget it! I enjoyed talking to them about career opportunities as I'm keen to join the military.**

**Will Bostock**

to them about career opportunities as I'm keen to join the military. After spending time on the Young Persons Unit, I've been thinking about a job in nursing. Corporal Moody and Corporal Lewis mentioned there are nurses who work alongside the Paras and I'm interested in finding out more about this role."



Corporal Bob Lewis, YPU patient Will Bostock and Corporal Dean Moody

## Swotting up for CyberKnife

Cancer Centre staff have been poring over the textbooks again during an intensive course on CyberKnife in preparation for its arrival. The charity helped fund their attendance on the specialist programme held in San Francisco in January 2013. There they learned how to plan treatments and how to commission, calibrate and operate the machine. They were also able to practice what they had learned on a 'training' CyberKnife machine.

Principal Clinical scientist Helen Howard who will be overseeing the commissioning of the planning system said: "The course was intense but really useful because it gave us the chance to use a CyberKnife, something we've never done before. We know we have a lot of work ahead of us before we can treat our first patient but we are on the home run which is a wonderful feeling."

A major advantage of CyberKnife over other treatments is that patients won't have to wear a mask or stabilising head frame or hold their breath. Dr Geoff Heyes, principal clinical scientist at the hospital, added: "Previously, we needed to ensure patients did not move during treatments as this would increase the

**We are thrilled that patients in the Midlands will be able to benefit from this state-of-the-art technology thanks to the support of QEHB Charity.**

**Helen Howard**

likelihood of damaging healthy tissue. With some tumours this involves screwing a head frame to a patient's skull under local anaesthetic. This is obviously uncomfortable and means the patient has to be treated in one day which is a long, intense day for them. CyberKnife will enable us to treat on an out-patient basis, and without a headframe. We will be measuring 1000s of datapoints on the machine over the next couple of months which will enable us to ensure that the machine can deliver this high precision radiotherapy with the greatest possible (submillimetre) accuracy. We are thrilled that patients in the Midlands will be able to benefit from this state-of-the-art technology thanks to the support of QEHB Charity."



# How we are funded

**The Queen Elizabeth Hospital Birmingham Charity continues to use money donated in previous years to provide the level of grants made in 2012/13, but in order to continue making those grants in future years, the charity relies on new income coming into its funds from generous individuals, companies, community groups, staff, patients and their families.**

Please can we issue a massive thank you to everyone who has fundraised, donated, shaken buckets or taken part in one of our many events over the last year. It is only with your help and support that we can continue to fund our projects for the benefit of patients at UHBFT.

## Fundraising

Queen Elizabeth Hospital Birmingham Charity organises events and supports many more fundraisers organising their own events throughout the year. Fundraisers can download the charity's fundraising toolkit from our website [www.qehb.org](http://www.qehb.org) which is packed with hints and tips for your fundraising, as well

as the charity's registration form. Sponsorship and Gift Aid forms are also available from the website.

We also have a number of appeal specific sites that give additional information on major projects. These include the QE Cancer Appeal at [www.qecancerappeal.org](http://www.qecancerappeal.org) Fisher House at [www.fisherhouseuk.org](http://www.fisherhouseuk.org) and most recently the Liver Foundation at [www.liverfoundation.org.uk](http://www.liverfoundation.org.uk). These specialised websites give donors and fundraisers tailored information on our major appeals.

People taking part in sponsored events can also raise funds through our dedicated Queen Elizabeth Hospital Birmingham Charity pages on the online giving site [www.justgiving.com/qehbcharity](http://www.justgiving.com/qehbcharity). Fundraisers supporting Fisher House can use a tailored giving site [www.justgiving.com/fisherhouse](http://www.justgiving.com/fisherhouse).

Due to the ongoing support of Vodafone, fundraisers can now use their mobile phones to donate to the charity, either through their own fundraising page or via the main charity donation code. To donate £5 to the charity, fundraisers and donors can text QEHB01 £5 to 70070. The whole £5 goes to the charity as Vodafone are covering the costs as part of their



QEHB Charity is working with local charity, Ladies Fighting Breast Cancer (LFBC) on a £1,000,000 appeal for breast cancer services at the Queen Elizabeth Hospital.

corporate social responsibility programme. Thousands of pounds have been donated to the hospital charity via this method over the past twelve months.

The Fundraising team would be delighted to speak to anyone who is considering taking part in an event, or organising their own fundraising, for Queen Elizabeth Hospital Birmingham Charity and can be contacted by email at [charities@uhb.nhs.uk](mailto:charities@uhb.nhs.uk) or by telephone on 0121 371 4852.

As well as the many individuals to whom the charity is very grateful for their support, we would also like to mention some of the companies and organisations that have supported Queen Elizabeth Hospital Birmingham Charity over the past twelve months. We have so many generous supporters we can not mention them all by name, but they all make a real difference to the care we can give our patients. Our case studies show just some of the ways people have supported the charity.

Company/Organisation	Type of support
Help for Heroes	Fisher House Appeal
Fisher House Foundation	Fisher House Appeal
Armed Forces Covenant (Libor) Fund	Fisher House Appeal
Troop Aid	Fisher House Appeal
Kirby Laing Foundation	Fisher House Appeal
Bernard Sunley Foundation	Fisher House Appeal
BAE Systems	Fisher House Appeal
Oliver Plunket	Fisher House Appeal
Stan Bowley Trust	QE Cancer Appeal
Kym Carpenter Memorial Fund	QE Cancer Appeal
Get A Head Charitable Trust	QE Cancer Appeal
The Spellbound Bead Company	QE Cancer Appeal
Steve Whitehead	QE Cancer Appeal
City of Birmingham Symphony Orchestra	QE Cancer Appeal
Gateley	Charity of the year
Droitwich Golf Club	Charity of the year
Birmingham Publicity Association	Charity of the year
MAD Friends	Charity of the year
Ladies Fighting Breast Cancer	Ongoing fundraising
Lincolnshire Troop Support	Ongoing fundraising
The Plough Harborne	Ongoing fundraising
Red Oven Bearwood	Ongoing fundraising
Evesham Rugby Club	Ongoing fundraising
Billy Unsworth Project	Ongoing fundraising
Quinton Royal British Legion	Ongoing fundraising
University College Birmingham	Ongoing fundraising
News International	Ongoing partnership
Orion Media	Ongoing partnership

Fundraising  
Case study  
one

## Liver transplant patient completes Snowden challenge

Liver transplant patient Chris Williams decided to celebrate the milestone first anniversary of his operation in true style.

Rather than put his feet up and take it easy, Chris chose to mark 12 months with his new organ by cycling 73 miles and then climbing to the top of Mount Snowdon in Wales.

And, if that was not an impressive enough feat, the 42-year-old father of two also succeeded in raising around £7,000 for QEHB Charity.

Chris, who works in the finance department of Shropshire County Primary Care Trust, said he wanted to raise money for the Liver Foundation Trust, which forms part of the Charity.

The Trust supports the hospital's liver unit with research and equipment.

He said: "I wanted to not only raise funds for the Liver Foundation Trust, but to also raise awareness for the Organ Donation Register, for which my family and I owe so much. I might not have been here today with my wife and daughters without the amazing gift my donor gave to me."

Chris's rehabilitation included a programme of exercise, but even his doctors were amazed when he said he planned to cycle from his home in Shrewsbury and then scale Snowdon the following day to commemorate the first anniversary of his transplant.

He was congratulated for his fundraising effort by the QEHB medical team which has been looking after him.

Consultant Hepatologist Dr James Ferguson said it looked as though Chris had "worked hard", while Mr Thamara Perera, Consultant Surgeon – Multi Organ Retrieval and Liver Transplant, added: "As I have mentioned before, you are an inspiration to all our transplant patients."



Chris Williams

Chris said training had been tough throughout, but said after completing the cycle and mountain climb: "I was really pleased with how well it's all gone and my recovery, and I would now like to do something annually both in terms of fundraising and as a means of keeping fit."

It took him 5½ hours to complete the initial cycle ride, accompanied by two of his sisters, brothers-in-law, and father-in-law. He was then joined by his wife Lynne, daughters Lucy, 15, and Hannah, 11, his mother, mother-in-law, plus his third sister and her family and a couple of close family friends for the three hour walk to the top of Snowdon.

Chris has lived with an autoimmune disorder for about 20 years that causes his immune system to mistakenly attack and destroy healthy body tissue. That led to Primary Sclerosing Cholangitis (PSC), a chronic liver disease in which the bile ducts inside and outside the liver decrease in size due to inflammation and scarring.

He fell ill during a family holiday on the Greek island of Zakynthos, which was cut short for Chris to be admitted to QEHB, where he was told that his liver was failing rapidly and he needed a transplant.

He was discharged from hospital 10 days after the operation and was able to return to work in January this year.

Fundraising  
Case study  
**two**

## Ollie's 24,000 odyssey for Fisher House

Eighteen-year-old Oliver Plunket completed a 24,000 mile motorcycle ride from Ushuaia, Argentina to Prudhoe Bay, Alaska with a visit with the families of wounded military service members staying at the US Fisher House in Anchorage, Alaska.

His two-continent, 14-nation trek called "Ollie's Odyssey" has already raised over £60,000 to support Fisher House UK.

"There were more memorable moments than I can count on this trip, including the ride through the Atigun Pass on the Dalton Highway, Alaska. Riding on the southern side, the ground slowly starts to rise towards the mountains and the spruce trees begin to thin out which made seeing the grizzly bear trotting alongside the road through a stunning glaciated valley that much easier," said Ollie.

On his way up the West Coast of the United States, Ollie stopped off at American Fisher Houses and visited injured military patients and their families. His schedule took him to five cities, each with a Fisher House located at a military hospital or Veterans Affairs medical centre; San Diego, Los Angeles, Palo Alto, Seattle and Anchorage.

"I will never forget the people I met along the way, and their immense courage in facing life after their injuries," continued Ollie. "At the Palo Alto Fisher House, I met US Airman Seth Pena, who had had done three tours before losing his leg. He officially died twice, once at the scene and a second in the helicopter medevac – to be revived both times. In the hospital, he woke up, looked his mother in the eye and told her that he would get well enough to one day ride his motorbike again, his passion. He then told me about his new prosthetic leg that was on its way – by the sound of it, the technology is utterly incredible and he noted that he was lucky enough never to stub his left five toes again... to be able to see that situation, from that point of view, is truly admirable!"

**I will never forget the people I met along the way, and their immense courage in facing life after their injuries.**

**Bruce Ralston**



Oliver Plunket

Ollie's inspiration for the trip came from his deep respect for several family members who have recently served in the British Army and his own plan to become a soldier. Having passed selection to become a Potential Officer of the British Army, Ollie chose to take a "gap year" to travel the world but wanted to do something to help others, and decided that supporting the Fisher House UK at the same time only seemed to make sense. Ollie had never done any kind of charity or fundraising work before.

Ollie's journey spanned 14 countries; Argentina, Chile, Ecuador, Peru, Columbia, Panama, Costa Rica, Nicaragua, Honduras, El Salvador, Guatemala, Mexico, United States of America and Canada.

You can see more about Ollie's Odyssey and his fundraising efforts at [www.olliesodyssey.org.uk](http://www.olliesodyssey.org.uk)

Fundraising  
Case study  
**three**

## A runaway success for Gateley team

A team from Gateley took part in the Great Birmingham Run, the Midlands' largest half marathon, to raise money for the QE Cancer Appeal. John Quentin, a solicitor at the Birmingham-based law firm and former patient at the Queen Elizabeth Hospital, drummed up support from both his colleagues and his family. The Cumbrian Racing Snakes, as the seven-strong family team are known, managed to raise an impressive £5,500 for the appeal and the Gateley team raised an additional £1,000.

The Great Birmingham Run is just one of a number of fundraising events run by Gateley, who nominated the QE Cancer Appeal as their local charity of the year. They have a 12-month programme of charity fundraising, which includes half marathons, Jubilee parties, cake sales, dress-down days and much more.

Five members of the Cumbrian Racing Snakes had never participated in a running event before, but they battled through and even managed to finish as a team in a very respectable time. As this was John's first half marathon since recovering from radiotherapy, the team were determined to complete it together and they certainly did him proud.



The Cumbrian Racing Snakes crossed the finish line together

**The Queen Elizabeth Hospital Birmingham Charity is intensely personal to me as a former patient of the Cancer Centre. Together with my family and colleagues, I hope to raise funds to help make cancer a smaller part of sufferers' lives.**

**John Quentin**

John takes up the story:

"The Queen Elizabeth Hospital Birmingham Charity is intensely personal to me as a former patient of the Cancer Centre. Together with my family and colleagues, I hope to raise funds to help make cancer a smaller part of sufferers' lives.

"As well as the fundraising taking place at work and with the family in entering the Great Birmingham Run, my wife Laura and I managed to raise £645 at our wedding last month by asking friends and family to make a donation to the QE Cancer Appeal in exchange for drinks at the bar.

"Our fundraising has been given a boost by my father-in-law's employer, the National Nuclear Laboratories, and sister-in-law's employer, Bupa, who have both given generously to our fundraising effort.

"A very big thank you to all of those who have sponsored both the Gateley team and the "Snakes" in our recent efforts. The donations are helping the charity to buy and maintain the latest equipment in the fight against the Big C."

## Legacies

Historically, legacies have been one of the main sources of funding of Queen Elizabeth Hospital Birmingham Charity. Our legacy programme aims to continue this into the future.

Legacies are used, in accordance with donors' wishes, to support research; to fund capital projects; to allow continued investment in equipment; and to support UHBFT's patients, their families and staff.

Queen Elizabeth Hospital Birmingham Charity is very grateful to those donors who have considered us in

their will, and we would encourage anyone considering bequeathing a legacy to contact the Chief Executive to discuss their plans, how they would like to support the work of UHBFT and how Queen Elizabeth Hospital Birmingham Charity can recognise their vital support.

We are delighted to report that in the year to 31 March 2013 the charity received generous legacies to the value of £469,000. (2011/12: £282,000). We would like to acknowledge the generous legacies received in the table below.

### Donors

**Joyce Millicent Baldwin**

**Beryl Doreen Burns**

**Albert Stanley Cox**

**Elsie Evelyn Flett**

**Anne Karen Grayston**

**Lilian Harris**

**Mary Jewel Jenkins**

**Margery Joan Kinnersley**

**Marjorie Elaine Martin**

**Nora Catherine Roberts**

**Joan Edith Howard Smith**

**Elsie Lilian Womack**

**Stanley George Brown**

**Mr Chellingsworth**

**Pauline Nanette Donnelly**

**Joan Dorothy Francis**

**Eric Green**

**Ida Hood**

**Ada Evelyn Jones**

**Ann Liggins**

**Stanley Arthur Ray**

**Agnes Christina Rourke**

**Arthur Williams**

# Governance

## More about who we are and how we work

The Queen Elizabeth Hospital Birmingham Charity is the working name of University Hospital Birmingham Charities, which itself is the composite name for four charities registered with the Charity Commission of England and Wales under the single number 1093989.

All four charities are unincorporated charitable trusts. The four charities, which are administered by our Trustees, are as follows:

### 1. University Hospital Birmingham General Charity

Object: "for such purposes relating to hospital services (including research) or to any other part of the health service associated with University Hospital Birmingham". This charity is governed by a scheme sealed on 19 April 1999, as amended by Resolutions on 9 December 2002 and 24 February 2003 and registered with the Charity Commission on 22 January 2003.



### 2. University Hospital Birmingham Charitable Foundation

Object: "for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the University Hospital Birmingham NHS Trust". The Declaration of Trust stating these objects was signed on 20 November 1998, amended by a Supplemental Deed on 9 December 2002 and a Resolution on 24 February 2003. This charity was registered with the Charity Commission on 22 January 2003.

### 3. The Butler-Lines House of Rest and Recreation for Nurses

Object: "for the benefit of members and retired members of the nursing and midwifery staff of the University Hospitals Birmingham who in the opinion of the Trustees are in need, by assisting them to obtain rest or convalescence". The charity is governed by a scheme dated 2 September 1955 and was registered with the Charity Commission on 22 January 2003. The Charity Commission approved the amendment of the charity's objects on 4 January 2012 to remove a restriction to only benefit female members of the nursing and midwifery staff. The Charity Commission also gave permission for the Trustees to expend the permanent endowment of the charity which totals £51,000. Plans are in place to spend this on the social and recreational facilities at the hospital in 2013/14.

### 4. Queen Elizabeth Hospital General Fund

Object: "for any charitable purpose or purposes relating to the National Health Service wholly or mainly for the Queen Elizabeth Hospital". The charity is governed by a Declaration of Trust dated 17 February 1997 and amended by a Supplemental Deed dated 10 October 2005. It was registered with the Charity Commission on 5 July 2005.

## Our history

The teaching hospitals of Birmingham, originally amalgamated as the United Birmingham Hospitals, had charitable funds managed by the Special Trustees for the Former United Birmingham Hospitals Trust Funds. When the hospitals were split into separate trusts, the decision was made to split the charitable funds in the same way. The Special Trustees were dissolved by Statutory Instrument on 1 April 2001. An apportionment of their funds, together with corporate funds, form the base of the charitable monies held within the umbrella group University Hospital Birmingham Charities, now known as

Queen Elizabeth Hospital Birmingham Charity. The Section 11 Trustees appointed following the Special Trustees became Section 22 Trustees in accordance with the Health and Social Care (Community Health and Standards) Act 2003, following the successful bid by the University Hospital Birmingham NHS Trust for Foundation status in July 2004. As a result of the National Health Services Act 2006, appointment of Trustees for NHS-linked charities of Foundation Trusts is now dealt with under Section 51 of that Act and our Trustees are known as "Section 51" Trustees.

## How do we do things?

Queen Elizabeth Hospital Birmingham Charity can have up to seven unpaid Trustees who make up the Board of Trustees. They decide policy and make sure it is implemented. Day to day management is delegated to the Charity Chief Executive who is responsible for carrying out the decisions of the Trustees and working with professional external advisors and the representatives of UHBFT who provide services to

Queen Elizabeth Hospital Birmingham Charity.

The Chairman of the Trustees, who is elected by the Trustees, chairs meetings and takes an active role working with the Charity Chief Executive in the daily management of Queen Elizabeth Hospital Birmingham Charity. The Chairman of Trustees throughout the financial year to 31 March 2013 was Brian Hanson.

Detailed in the table below are all the Trustees who held office during the financial year to 31 March 2013.

Trustees who were in office throughout the year to 31 March 2013	Date of first appointment	Date when appointment expires
Brian Hanson	1 May 2005*	30 April 2015
Peter Mayer	1 July 2008*	30 June 2016
Andrew Pemberton	1 July 2008*	30 June 2016
David Ritchie	19 April 2009*	22 March 2017
Michael Seabrook	1 February 2012	31 January 2015
David Mackay	18 April 2012	17 April 2015
Ru Watkins	16 November 2012	15 November 2016

\*Brian Hanson is in his third appointment term. Peter Mayer, Andrew Pemberton and David Ritchie are in their second appointment terms.

## Details of Trustees

**Brian Hanson** is a retired consultant metallurgist. He is a member of the Dental Hospital Planning Committee and Chair of the Public Involvement Action Group at Birmingham Community Healthcare NHS

Trust. He is also Vice Chair of Birmingham and Solihull Crossroads and Chair of Patient Group, Kings Heath GP Practice.

## Details of Trustees (continued)

**Dr Peter Mayer** was a former consultant in Geriatric and Stroke Medicine at UHBFT and South Birmingham Primary Care Trust from 1977 until 2007 and was also an Honorary Senior Clinical Lecturer in the Department of Geriatrics at the University of Birmingham during the same period. Peter is Chair of Age UK Birmingham and Chair of the West Midlands Local Stroke Research Network.

**Andrew Pemberton** is a qualified Chartered Accountant. He had a 27-year career with Peugeot Motor Company retiring in 2007 as Director-Service for Peugeot UK. Andrew remains as a Trustee on the Peugeot Advanced Pension Plan. Andrew has been a member of Balsall Common Lions club for 25 years and currently volunteers with the Lions organisation nationally.

**David Ritchie** is an independent Non Executive Director and Chair of the Audit Committee of UHBFT. He worked at a senior level in Government for a number of years, most recently as Regional Director, Government Office for the West Midlands – the most senior official in the region. He was responsible for an annual budget approaching £1 billion and around 300 staff, mostly engaged on the physical and industrial development of the region. He was also Chair of the Oldham Independent Review into the causes of the Oldham Race Riots in 2001.

**Michael Seabrook** was a practising solicitor after he was admitted in 1976 and a partner at Eversheds from 1986 until he retired on 30 April 2011. He was a corporate lawyer for over thirty years, advising venture capitalists and management teams. He is also a Non Executive Director at several companies, including West Midlands Enterprise Ltd, Steelite International Holdings Limited, MC Trustees Limited, Gateley LLP and Springboard Corporate Finance Limited.

**David Mackay** worked for West Bromwich Building Society for 33 years, retiring in 2008 as Managing Director of West Bromwich Mortgage Company. He is a Fellow of the Institute of Sales & Marketing Management. David has served as a Board Member of the Black Country Chamber of Commerce & Industry, and as Chair of Governors at Howley Grange Primary School.

**Ru Watkins** was Chief of Staff for the Royal Centre for Defence Medicine from 2010 to 2012. Prior to that role, Ru had commanded infantry soldiers in Bosnia and Kosovo and then a number of Communications roles within the Ministry of Defence. He is a Fellow of the Royal Society of Arts and of the Chartered Institute of Management. He led the first UK expeditions to conquer the Miette Mountains in Canada and navigate the Monkey River in Belize.

## Trustee recruitment, appointment and induction

The Trustees are each appointed by the Appointments Commission under Section 51 of the National Health Service Act 2006 under which Trustees are appointed by the Secretary of State for Health.

Trustees are recruited following public advertisement.

All potential Trustees must be interviewed and recommended by a panel consisting of two Trustees of Queen Elizabeth Hospital Birmingham Charity and one external assessor. Candidates must show knowledge of, and an interest in, UHBFT and the community it serves and be willing to give the time necessary.

Trustees are also selected to give Queen Elizabeth

Hospital Birmingham Charity a good mix of appropriate professional skills, such as finance, investment and law. All Trustees are appointed for a fixed term of up to four years (renewable to a maximum of ten years in total).

Performance measures adopted by the Board include amongst other things a measure of the attendance level of Trustees. All measures are monitored regularly by the Board of Trustees.

New Trustees are provided with an induction pack comprising governing documents, and policies and procedures, and if they have not had previous dealings with UHBFT, a tour of the hospital.

Training courses are offered to the Trustees, in charity law and administration and the roles and responsibilities of Trustees, as part of their ongoing professional development.

Our auditors and solicitors provide much useful material and the Association of NHS Charities (to which we belong) runs regular conferences for Trustees.

## Charity Sub-Committees

The Trustees have the power to establish committees to provide scrutiny of aspects of Queen Elizabeth Hospital Birmingham Charity and to make recommendations to the Board of Trustees.

There were no formal meetings of sub-committees during the year 2012/13.

The Trustees have authorised the Research Grants Committee to consider the suitability of research grant applications to the charity and to give feedback to Trustees on the suitability of research applications.

Peter Mayer is the representative of the Trustees on the Research Grants Committee.

## Research Grants Committee

One of the charity's aims is to support research, by funding projects up to a maximum of £70,000 from anyone who has a substantive or honorary contract with UHBFT and is working at least two clinical (or equivalent) sessions with UHBFT.

Review of the applications is delegated by the Trustees to Queen Elizabeth Hospital Birmingham Charity's Research Grants Committee which carries out a process of externally vetted peer review and discusses applications, either in formal meetings or by electronic communication methods.

When considering applications an emphasis is placed on high quality clinical and translational research (that is, bringing pure research out of the laboratory and on to the wards) in those areas prioritised by UHBFT and the Trustees.

Applicants who are successful are required to produce a report on their work for each year of the project, if that project has been funded for over a year. These reports are considered by the Research Grants Committee and until they are satisfied further year funding is not released.

The Research Grants Committee consists of representatives from the Trustees, UHBFT and the University of Birmingham as listed below:

<b>Dr Peter Mayer</b>	Trustee, retired Consultant Geriatrician
<b>Professor Nick James</b>	Professor of Clinical Oncology
<b>Professor Julian Bion</b>	Professor of Intensive Care Medicine
<b>Professor Adrian Williams</b>	Professor of Neurology
<b>Mr Simon Bramhall</b>	Liver Transplant Surgeon
<b>Professor Gerard Nash</b>	Professor of Cardiovascular Rheology
<b>Professor Charlie Craddock</b>	Consultant Haematologist
<b>Clare Travis</b>	Clinical Lead, Occupational Therapy
<b>Dr Neil Steven</b>	Deputy Clinical Director, Clinical Trials Unit
<b>Professor Tom Elliott</b>	Consultant Microbiologist
<b>Mike Hammond</b>	Chief Executive, Queen Elizabeth Hospital Birmingham Charity

# Queen Elizabeth Hospital Birmingham Charity's Staff

The charity directly employs six members of staff; the Charity Chief Executive, the Charity Grants Officer and four members of the fundraising team.

The Charity Chief Executive is responsible for delivering the strategic objectives set by the Trustees and has delegated day to day responsibility for running the charity.

Other services are provided by UHBFT under service

level agreements and individually named members of staff are responsible for providing those services, but the staff are employed by UHBFT. This includes the finance administration and communications functions of the charity.

External and internal auditors, legal advisors, investment managers and representatives of the NHS, amongst others, complement the staff in support of the Board of Trustees.

## Volunteers

Many hundreds of volunteers, including Fund Advisors, contribute to the work of Queen Elizabeth Hospital Birmingham Charity and we are very grateful to them all.

Members of the public as well as Fund Advisors organise fundraising events for us during the year and some members of the public also volunteer within UHBFT on projects that are funded from Queen Elizabeth Hospital Birmingham Charity's designated funds.

It is not possible, due to the nature of such volunteering, for Queen Elizabeth Hospital Birmingham Charity to quantify in terms of hours the contribution of all its volunteers.

Queen Elizabeth Hospital Birmingham Charity wishes to thank all its volunteers for their contribution to its ongoing work.



Volunteer Abdul Habib

## Grant making structure and policy

The charitable funds that Queen Elizabeth Hospital Birmingham Charity manage, and from which grants are made, are held as endowment funds (expendable or permanent), restricted funds and unrestricted funds (designated or wholly unrestricted).

It is the Trustees' policy to ensure that all grants made from these funds are used in accordance with the purposes of the individual fund and Queen Elizabeth Hospital Birmingham Charity's purposes and aims.

Individual funds' purposes include research, equipment and patient and staff welfare.

Day to day operational policy guidelines, which deal with such matters as expenditure on travel when on charitable business, are issued to Fund Advisors and regularly reviewed.

The definitions of endowment, restricted and unrestricted funds are detailed below:

- a) Endowment funds – the donor has expressly provided that the investment income of the fund may be applied for a specific charitable purpose.

Endowment funds are further split between expendable endowments (where the Trustees have the discretion to spend the capital) and permanent endowments (where Trustees have no discretion to spend the capital).

Queen Elizabeth Hospital Birmingham Charity manages one expendable endowment fund (Butler-Lines) and has no permanent endowment funds.

- b) Restricted funds – the donor has provided for the entire donation to be used for a specified purpose or has been given assurance that the donation is destined for a particular purpose.
- c) Unrestricted funds – funds which are neither endowment nor restricted.

These are held either as designated (earmarked) funds (where the donor has made known their non-binding wishes) and wholly unrestricted funds which are for use at the Trustees' discretion.

Unrestricted funds are held under the umbrella of the General Fund; there are currently around 190 such funds.

All of the different types of funds have Fund Advisors who facilitate local decision-making and offer expertise in the particular area of the fund.

The Fund Advisors have delegated powers and responsibility to authorise expenditure in line with the purpose of the fund and to manage projects and activities on a day to day basis within certain limits.

For expenditure in excess of these limits they make recommendations to the Charity Chief Executive and Trustees.

All Queen Elizabeth Hospital Birmingham Charity's restricted and unrestricted funds can be spent at any time. Grants from these funds are applied for by Fund Advisors.

Please see earlier detail about research for information on the Trustees' policy on grants for research.

## Charitable expenditure

Details of our major expenditure in the areas of equipment, medical research, facilities and training, education and patient support, are given elsewhere in this report (see pages 10-15).

During the financial year under review, Queen Elizabeth Hospital Birmingham Charity made grants totalling £2,832,000. (2011/12: £6,507,000)

Whilst this is less than 2011/12, construction costs of Fisher House are capitalised as an asset rather than as expenditure. The costs will then be spread over a ten year period. The charity has been active in spending in cash terms, but for accounting reasons this is not reflected in the charitable expenditure figure shown in the accounts this year.

## Charity's advisors and agents

Representatives of senior management of UHBFT attend Board Meetings and receive copies of Board papers.

There is also regular contact with senior UHBFT management, including the Chief Executive of UHBFT, both formally and on an informal basis.

Fund Advisors to Queen Elizabeth Hospital Birmingham Charity are clinicians, ward sisters and other staff of UHBFT who are in regular contact with patients.

The Finance Department of UHBFT provides financial and administrative support to the charity under a Service Level Agreement.

The Communications Department of UHBFT provides internal and external communications support to the charity under a Service Level Agreement.

Details of our other advisors can be found below.

## Other advisors

- **Deloitte & Touche LLP:** 4 Brindleyplace, Birmingham B1 2HZ (internal auditors)
- **Mazars LLP:** Lancaster House, 45 Church Street, Birmingham B3 2RT (external auditors)
- **NatWest Bank:** 1 St Philip's Place, Birmingham B3 2PP (bankers)
- **Barclays Bank:** Colmore Row, Birmingham B3 2BY (bankers)
- **Robert Powell & Co:** 40 George Road, Birmingham B15 1PL (chartered surveyors)
- **Schroder & Co Limited:** 5th Floor, 31 Gresham Street, London EC2V 7QA (investment managers)
- **Martineau Solicitors:** 1 Colmore Square, Birmingham B4 6AA (solicitors)

## Wider networks and related parties

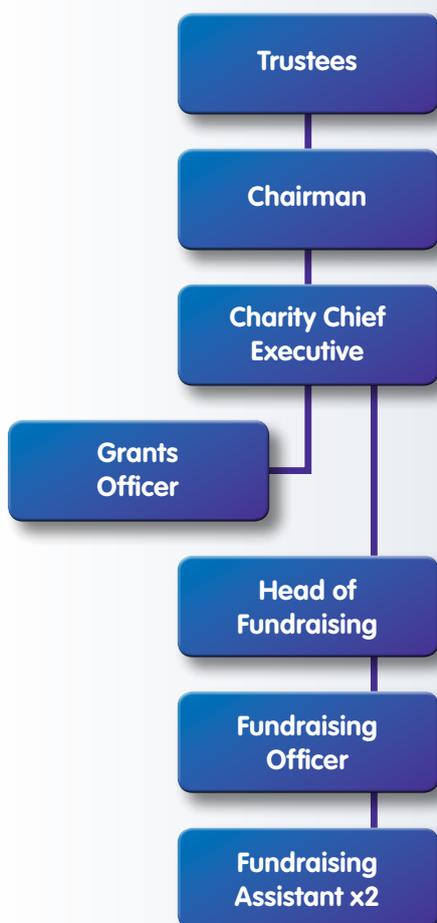
Queen Elizabeth Hospital Birmingham Charity is one of some 290 NHS-linked charities in England and Wales. A number of the larger NHS-linked charities have, for a number of years, joined together to form the Association of NHS Charities.

As a member, we have the opportunity to discuss matters of common concern and exchange information and experiences, join together with others to lobby government departments and others, and to participate in conferences and seminars which offer support and education for our staff and Trustees.

The charity hosted the Annual General Meeting of the Association of NHS Charities in June 2012.

Queen Elizabeth Hospital Birmingham Charity works closely with, and provides the majority of its grants to, UHBFT and the University of Birmingham, the hospital's main research partner. Although the Trustees are careful to consult with representatives of these organisations through their board meetings and other, less formal contacts, they retain their independence to act in the best interests of Queen Elizabeth Hospital Birmingham Charity and the community they serve.

### Administrative Structure as at 31 March 2013



### External support structure as at 31 March 2013



## Risks policy

A Risk Register, identifying the major risks to which Queen Elizabeth Hospital Birmingham Charity is exposed, and an action plan of controls to mitigate those risks is in place.

The Risk Register and controls are reviewed by our internal and external auditors.

A Fraud and Corruption policy was updated and adopted by the Board of Trustees in August 2007.

A written policy on the acceptance and refusal of donations was updated and adopted by the Board of Trustees in March 2011.

## Investment policy

The Trustees held the Butler-Lines endowment as COIF Charities Investment Fund Income Units managed by CCLA Investment Management Limited. This investment was sold and converted into cash in 2012/13 in preparation for the expenditure of the Butler-Lines endowment.

Our other long term investments are managed by Schroder & Co Limited.

The Board of Trustees monitors investment performance and receive regular reports from the investment manager.

During the financial year under review the investment portfolio was targeted to deliver an income of 4% per annum and retain capital value as benchmarked against the FTSE 100 Index. The portfolio achieved an income of 4.56% (2011/12: 4.16%) and rose in value by 9%, the same as the rise in the value of the FTSE 100 Index.

The move to the Schrodgers Charity Multi Asset Fund was to reduce volatility and generate a sustainable rate of income from the investments, and the Trustees note the portfolio is performing to those requirements.

The investment policy and investment performance is reviewed at each quarterly Trustee Board meeting.

The Trustees have adopted the following investment policy:

i) The charity's aims in investing its funds

"The Trustees recognise that donors to the charity expect their donations to be spent on charitable activities relating to the work of UHBFT in a timely manner. The Trustees therefore wish to invest those funds to generate a financial return on capital, whilst minimising the risk to capital. The income thus generated will be used to further the aims and objectives of the charity."

ii) The balance between capital growth and income generation

"The Trustees main concern is preservation of capital. However, whilst taking that into consideration, the need for capital growth is not a main priority. Thus, within the constraints of capital preservation, the Trustees prefer income generation over capital growth."

iii) Consideration of risk

"The Trustees desire a low risk investment portfolio. Charitable funds should be spent in a timely manner, thus investments that require a long period of investment are not to be recommended."



Fisher House UK

iv) The timing of returns

“The Trustees need to draw a steady cash stream from their investments during the year. The investment policy should enable the funding of the cash requirements provided by the Trustees.”

v) Special preferences – e.g. ethical investments

“The Trustees wish to invest solely their cash holdings in organisations protected by the UK regulatory authorities. In addition, the Trustees do not wish to invest directly in tobacco securities because of the proven link between smoking and poor health which would make such investments contrary to the charity’s objectives. Any investment manager should provide the Trustees with their Socially Responsible Investment policy prior to investing in equities to enable the Trustees to give approval of such policy.”

vi) Review of the policy statement

“This investment policy statement will be reviewed by the Trustees on an annual basis.”

vii) The way in which the investment discretion will be exercised

“The Trustees delegate the day to day management of the investments to the investment manager subject to the policy above. The investment manager should be able to demonstrate how the investments made on behalf of the charity meet the policy requirements and should present to the Trustees on an annual basis their plans for the year ahead.”

viii) Reserves policy

“Once the Trustees have formally agreed any charitable grant, the funds covering that grant will be moved into a cash account. In addition to those funds necessary to cover any agreed grants, the charity wishes to hold in a cash reserve a sum equal to six months expenditure of its general funds to allow the charity to meet its obligations in the event of a failure to raise any new charitable funds.

There is no need to set aside any reserves against the earmarked funds as if no income was received, no expenditure would be made.”

## Reserves policy

The reserves policy is reviewed annually and is now incorporated into the investment strategy to help our investment advisors manage our funds in the most appropriate way.

The reserves policy was established by the Board of Trustees as part of their plans to provide long term support to UHBFT for equipment, medical research, facilities and training, education & patient support.

The Trustees calculate the reserves as that part of Queen Elizabeth Hospital Birmingham Charity's unrestricted income funds that are freely available after taking account of designated funds which have been earmarked for specific purposes, unrealised gains or losses and certain funds, which on the basis of prudence do not form part of the reserves.

The total funds of Queen Elizabeth Hospital Birmingham Charity at the year end 31 March 2013 were £11.106 million. The total level of unrestricted reserves is calculated as follows:

	£
Total funds available at year end 31 March 2013	11,106,000
Less:	
Fisher House capital asset	3,405,000
Restricted funds	114,000
Designated funds/unrealised gains or losses/funds which it would not be prudent to include in the reserves	7,198,000
Total unrestricted reserves	389,000

Trustees calculated the level of required or target reserves after reviewing Queen Elizabeth Hospital Birmingham

Charity's annual income and expenditure level and taking into account medium term commitments.

The target reserves ensure stability of grant funding to UHBFT. The target reserves are calculated as follows:

	£
Provision for six month's general fund expenditure requirements*	150,000
Total target reserve requirement:	150,000

The available reserves are above the target range and the Trustees believe these are sufficient and at a prudent level.

The Trustees note that there is still a large balance of designated funds within the charity and have set plans to continue to spend these balances on the areas appropriate to donors' wishes.

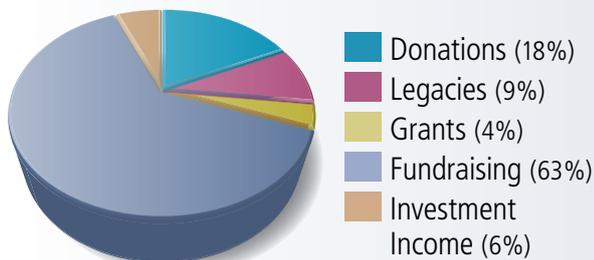
# Financial Review

The full 2012/13 Statement of Financial Activities and Balance Sheet are set out on pages 45 to 58.

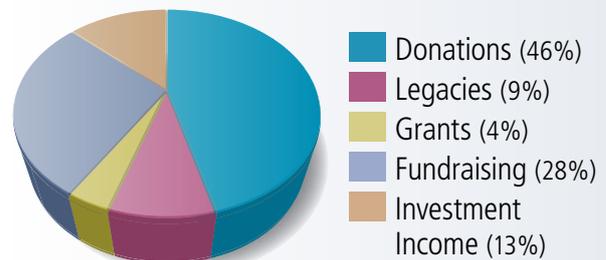
Income during the year (primarily from donations, legacies, fundraising and investment income) amounted to £5.72 million (2011/12: £3.31m) and expenditure in the year was £2.69 million. (2011/12: £6.91 million)

## 1. Overall Income

2012/13 Income

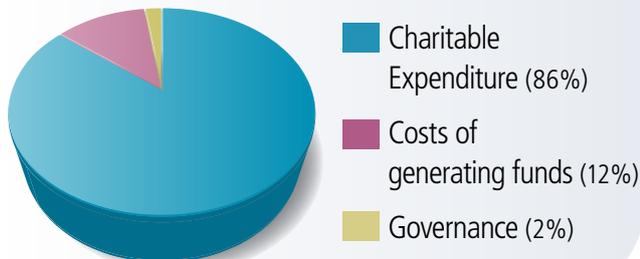


2011/12 Income

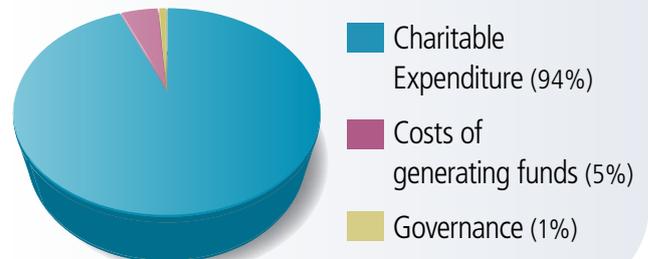


## 2. Overall Expenditure

2012/13 Expenditure



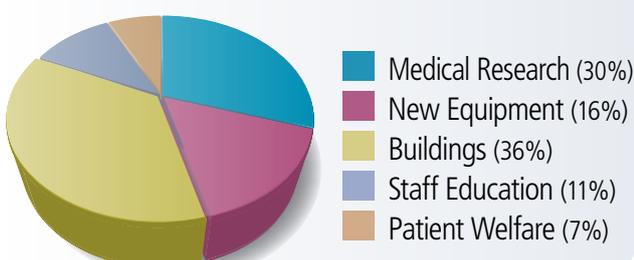
2011/12 Expenditure



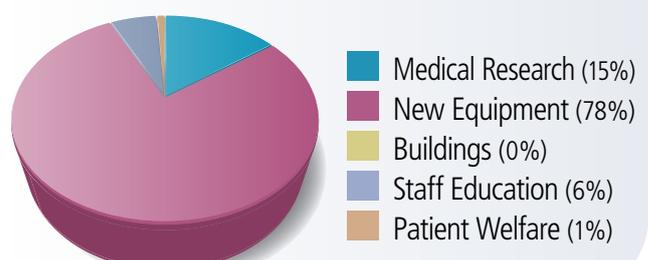
(please note that whilst it looks as if the costs of generating funds have significantly increased as a percentage of overall expenditure, this is due to the costs of Fisher House being capitalised rather than shown in the accounts as expenditure this year. If we included Fisher House expenditure, costs of generating funds would be 7%)

## 3. Breakdown of Charitable Expenditure

2012/13 Expenditure



2011/12 Expenditure



# Statement Of Trustees' Responsibilities in Respect of the Trustees' Annual Report and the Financial Statements

Under charity law, the Trustees are responsible for preparing the Trustees' Annual Report and the Financial Statements for each financial year which show a true and fair view of the statement of affairs of the charity and of the charity's excess of income over expenditure for the period.

In preparing this Annual Report and the Financial Statements, generally accepted accounting practice entails that the Trustees:

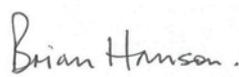
- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK accounting standards and the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the Financial Statements;
- State whether the Financial Statements comply with the trust deeds, subject to any material departures disclosed and explained in the Financial Statements;
- Prepare the Financial Statements on the going concern basis unless it is inappropriate to presume that the charity will continue in its activities.

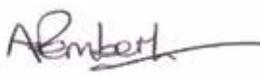
The Trustees are required to act in accordance with the trust deeds of the charity, within the framework of trust law. They are responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Trustees to ensure that, where any statements of accounts are prepared by them under s132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of the regulations under that provision. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The Trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the Trustees' Annual Report and the Financial Statements. The Financial Statements set out in pages 43 to 58 have been compiled from and are in accordance with the financial records maintained by the Trustees.

By Order of the Trustees

Signed:

Chairman\*   
.....  
**Brian Hanson**

Trustee   
.....  
**Andrew Pemberton**

Date 7 August 2013  
.....

Date 7 August 2013  
.....

\*The board may authorise another Trustee to sign in place of the Chairman.

# Independent auditors' report to the trustees of Queen Elizabeth Hospital Birmingham Charity

We have audited the financial statements of Queen Elizabeth Hospital Birmingham Charity for the year ended 31st March 2013 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

## Respective responsibilities of trustees and auditors

As explained more fully in the Trustees' Responsibilities Statement set out on page 43, the trustees are responsible for the preparation of the financial statements which give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors. This report, including our opinion, has been prepared for and only for the charity's trustees as a body. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

## Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at [www.frc.org.uk/auditscopeukprivate](http://www.frc.org.uk/auditscopeukprivate).

## Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31st March 2013 and of its incoming resources and application of resources, 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 Charities Act 2011.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

*Mazars LLP*

## Mazars LLP,

Chartered Accountants and Statutory auditors  
45 Church Street, Birmingham, B3 2RT

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

## Statement of Financial Activities for the year ended 31 March 2013

	Note	Unrestricted Funds £000	Restricted Funds £000	2012 - 13 Total Funds £000	2011 - 12 Total Funds £000
<b>Incoming resources</b>					
<i>Incoming resources from generated fund</i>					
Voluntary income:	3				
- Donations		1,041	1	1,042	1,536
- Legacies		469	0	469	282
- Grants		197	10	207	118
Activities for generating funds:					
- Fundraising Events		3,617	5	3,622	707
- Other		2	0	2	225
Investment Income	10.3	366	1	367	434
<i>Incoming resources from charitable activities</i>					
Course / Conference Fees	4	12	0	12	9
<b>Total incoming resources</b>		<b>5,704</b>	<b>17</b>	<b>5,721</b>	<b>3,311</b>
<b>Resources expended</b>					
<i>Costs of generating funds</i>					
Costs of generating voluntary income:	1.5				
- Costs of Fundraising Office		230	0	230	199
Costs of Activities for Generating Funds:					
- Costs of Fundraising Events		113	0	113	82
Investment management costs		41	0	41	40
Cost of Maintaining Investments		5	0	5	12
<b>Total Costs of Generating Funds</b>		<b>389</b>	<b>0</b>	<b>389</b>	<b>333</b>
<i>Charitable Activities</i>					
<i>Grant funding of Activities</i>					
Medical Research	6	824	15	839	965
Purchase of New Equipment		444	0	444	5,055
New Building and Refurbishment		398	14	412	29
Staff Education and Welfare		319	3	322	359
Patient Education and Welfare		198	0	198	86
Grants to other Bodies		4	0	4	13
Fisher House Running Costs		14	0	14	
<b>Total Charitable Expenditure</b>		<b>2,201</b>	<b>32</b>	<b>2,233</b>	<b>6,507</b>
<i>Governance costs</i>	5	74	0	74	67
<b>Total resources expended</b>		<b>2,664</b>	<b>32</b>	<b>2,696</b>	<b>6,907</b>
<b>Net incoming/(outgoing) resources before Transfers</b>					
		3,040	(15)	3,025	(3,596)
Gross transfer between funds	15	51	(51)	0	0
<b>Net incoming/(outgoing) resources before other recognised gains and losses</b>		<b>3,091</b>	<b>(66)</b>	<b>3,025</b>	<b>(3,596)</b>
Gains/(Losses) on revaluation and disposal of investment assets		674	0	674	(244)
<b>Net movement in funds</b>		<b>3,765</b>	<b>(66)</b>	<b>3,699</b>	<b>(3,840)</b>
Total funds brought forward					
31 March 2012		7,227	180	7,407	11,247
<b>Total Funds carried forward at 31 March 2013</b>		<b>10,992</b>	<b>114</b>	<b>11,106</b>	<b>7,407</b>

The notes at pages 48 to 59 form part of these Financial Statements

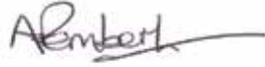
## Balance Sheet as at 31 March 2013

	Note	Unrestricted Funds £000	Restricted Funds £000	<b>Total at 31 March 2013 £000</b>	Total at 31 March 2012 £000
<b>Fixed Assets</b>					
Investments	9	7,334	114	<b>7,448</b>	8,505
Assets Under Construction	9.1	3,405	0	<b>3,405</b>	225
<b>Total Fixed Assets</b>		<b>10,739</b>	<b>114</b>	<b>10,853</b>	<b>8,730</b>
<b>Current Assets</b>					
Current assets held for sale	10	24	0	<b>24</b>	824
Debtors	10	143	0	<b>143</b>	83
Cash at bank and in hand		4,979	0	<b>4,979</b>	3,436
<b>Total Current Assets</b>		<b>5,146</b>	<b>0</b>	<b>5,146</b>	<b>4,343</b>
Creditors: Amounts falling due within one year	11	1,494	0	<b>1,494</b>	902
Provisions for liabilities and charges	12	2,210	0	<b>2,210</b>	2,191
<b>Total Current Liabilities</b>		<b>3,704</b>	<b>0</b>	<b>3,704</b>	<b>3,093</b>
<b>Net Current Assets</b>		<b>1,442</b>	<b>0</b>	<b>1,442</b>	<b>1,250</b>
<b>Total Assets less Current Liabilities</b>		<b>12,181</b>	<b>114</b>	<b>12,295</b>	<b>9,980</b>
Amounts falling due after one year					
Provisions for liabilities and charges	12	1,189	0	<b>1,189</b>	2,573
<b>Total Net Assets</b>		<b>10,992</b>	<b>114</b>	<b>11,106</b>	<b>7,407</b>
<b>Funds of the Charity</b>					
Income Funds:					
Restricted	14	0	114	<b>114</b>	180
Unrestricted	15	10,992	0	<b>10,992</b>	7,227
<b>Total Funds</b>		<b>10,992</b>	<b>114</b>	<b>11,106</b>	<b>7,407</b>

The notes at pages 50 to 61 form part of these Financial Statements

Signed:

Chairman   
**Brian Hanson**

Trustee   
**Andrew Pemberton**

Date 7 August 2013

Date 7 August 2013

# Notes to the Financial Statements

**These Financial Statements for the year ended 31 March 2013 have been prepared under s132(1) of the Charities Act 2011 and applicable regulations.**

## 1 Accounting Policies

### 1.1 Accounting Convention

The Financial Statements have been prepared under the historic cost convention, with the exception of investments and assets held for sale which are included at market value. The Financial Statements have been prepared in accordance with the Statement of Recommended Practice for Charities (SORP 2005) issued in March 2005 and with applicable UK Accounting Standards

### 1.2 Structure of Funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as an endowment fund, where the donor has expressly provided that only the income of the fund may be applied, or as a restricted income fund where the donor has provided for the donation to spent in furtherance of a specified charitable purpose. Endowment funds, where the capital is held to generate income for charitable purposes, are sub-analysed between those where the Trustees have the discretion to spend the capital, expendable endowment, and those where there is no discretion to expend the capital, permanent endowment. The charity has no permanent endowment funds and no expendable endowments.

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub-analysed between designated (earmarked) funds where the donor has made known their non-binding wishes or where the Trustees, at their discretion, have created a specific fund for a specific purpose, and wholly unrestricted funds which are wholly at the Trustees' unfettered discretion.

The major funds held in each of these categories are disclosed in notes 14 and 15.

### 1.3 Incoming Resources

All incoming resources, with the exception of legacies, are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is reasonably certain; this will be once confirmation has been received from the representatives of the estate(s) that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

Legacies which have been notified but not recognised as incoming resources, where material, have not been included in the Statement of Financial Activities but are disclosed in note 10 to the Financial Statements with an estimate of the amount receivable.

Any incoming resources from the investment of endowment funds are wholly restricted.

### 1.4 Resources Expended and Irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

Provisions are included for grants payable where approval has been given by the Trustees before the 31 March 2013.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

### 1.5 Allocation of Overhead and Support Costs

Overhead and support costs have been allocated between Costs of Generating Funds, Charitable Activities and Governance Costs. Costs which are not wholly attributable to an expenditure type have been apportioned. The analysis of overhead and

support costs and the basis of allocation is shown in note 5.

- a) Costs of Generating Funds are all costs attributable to generating income for the charity, other than income arising from charitable activities and represent fundraising costs together with investment management fees.
- b) Costs of Charitable Activities comprise all expenditure identified as wholly or mainly incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned and in addition to direct costs include an apportionment of overhead and support costs as shown in the second stage allocation disclosed in note 6.
- c) Governance Costs comprise all costs identifiable as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation and good practice. These costs include costs related to statutory audit together with an apportionment of overhead and support costs.

## 1.6 Fixed Assets

### a) Investment Fixed Assets

Investment fixed assets are shown as market value.

Quoted stocks and shares are included in the balance sheet at bid price, ex-dividend.

Other investments are included at Trustees' best estimate of market value.

### b) Property Fixed Assets

Fisher House is held at cost as per Note 9.1. The figure in this year's accounts being the total amount paid up to 31 March 2013 and does not represent the final total construction cost. Further invoices are to be paid in 2013/14.

## 1.7 Current Assets held for sale

Current assets held for sale comprise of assets reclassified from Fixed Assets following the decision to

sell them and include:

Property assets shown at market valuation. The last professional valuation was completed in March 2011 by Michael Wyldbore-Smith FRICS of external advisors Robert Powell & Co. Valuation gains and losses were recorded in the Statement of Financial Activities with the Balance Sheet reflecting the revalued amounts.

One portrait held at the Birmingham Museum and Art Gallery was sold in year.

## 1.8 Realised Gains and Losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase price if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and the opening market value (or purchase price if later).

## 1.9 Pensions

Most employees are members of a defined contribution pension scheme. Contributions are chargeable to the Statement of Financial Activities in the period in which they are related to.

The charity also participates in the NHS Pension Scheme, with two current employees and a number of former employees being members of this scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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 NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, International Financial

Reporting Standards as interpreted for the NHS require that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of recent valuations follows:

### **a) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members.

The last formal actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Whilst a formal actuarial valuation would therefore have been due for the year ending 31 March 2008, formal actuarial valuations for unfunded public service schemes have been suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015. Employer and employee contribution rates are currently being determined under the new scheme design.

### **b) Accounting valuation**

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31 March 2013 is based on the valuation data as at 31 March 2010, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19 as interpreted for the NHS, 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 scheme actuary report, which forms

part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

### **c) Scheme provisions**

Details of the benefits payable under the NHS Pensions Scheme can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). An illustrative summary (which is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained) is given below:

The Scheme is a "final salary" scheme with two "sections". For the 1995 section, annual pensions are based on 1/80th of the best of the last three years pensionable pay for each year of service, and for the 2008 section pensions are based on 1/60th of the average of the best three consecutive years pensionable pay in the last ten for each year of membership.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pensions in payment at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used instead of the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the Scheme. The full amount of the liability for the additional costs is charged to the employer.

## 2 Related Party Transactions

David Ritchie was a Non Executive Director of University Hospitals Birmingham NHS Foundation Trust throughout 2012/13 and continued to serve as a Non Executive Director until 21 July 2013.

Patients of University Hospitals Birmingham NHS Foundation Trust are the main beneficiary of the charity. The charity has made revenue and capital payments to the NHS Foundation Trust and these are detailed in note 6.2.

University Hospitals Birmingham NHS Foundation Trust provides fundraising, financial and administration service to the charity by agreement with the Trustees. The charges made by the NHS Foundation Trust are at a fair open market rate and are included in the overhead and support costs detailed in note 5.

No Trustee received honoraria or emoluments in the year and the Trustees have not purchased trustee indemnity insurance.

Trustee expenses were reimbursed as detailed below, and these were incurred wholly in fulfilment of charity business.

<b>Trustee expenses reimbursed</b>	<b>2012-13</b>	2011-12
	<b>£</b>	<b>£</b>
Travel and parking re-imburements	-	0
Travel and parking direct payment to third parties	<b>0</b>	10
	<b>0</b>	10
Total number of Trustees who claimed	<b>0</b>	1

### 3. Analysis of Voluntary Income

	Unrestricted Funds £000	Restricted Funds £000	<b>Total 2013 £000</b>	Total 2012 £000
Donations from individuals	473	1	<b>474</b>	505
Donations from companies	568	0	<b>568</b>	1,031
Legacies	469	0	<b>469</b>	282
Grants	197	10	<b>207</b>	118
	<b>1,707</b>	<b>11</b>	<b>1,718</b>	<b>1,936</b>

### 4. Incoming Resources from Charitable Activities

This is income received directly from activities in the furtherance of the charities objects. The income was derived from the provision of training courses in both the current and previous years.

### 5. Support Costs and Overheads

#### 5.1 Analysis of Expenditure

	Unrestricted Funds £000	Restricted Funds £000	<b>Total 2013 £000</b>	Total 2012 £000
Salaries & pension	94.1	0.0	<b>94.1</b>	90.3
Travel	1.2	0.0	<b>1.2</b>	0.1
Training	5.0	0.0	<b>5.0</b>	1.1
Office costs	1.7	0.0	<b>1.7</b>	3.1
Stationery	6.4	0.0	<b>6.4</b>	6.3
Insurance	2.9	0.0	<b>2.9</b>	4.9
Annual Report	1.0	0.0	<b>1.0</b>	0.3
Trustees training & expenses	0.5	0.0	<b>0.5</b>	0.0
Internal Audit	14.0	0.0	<b>14.0</b>	14.0
External Audit	9.0	0.0	<b>9.0</b>	10.0
Bank charges	0.2	0.0	<b>0.2</b>	0.3
Finance SLA	111.8	0.0	<b>111.8</b>	111.8
Other	5.5	0.0	<b>5.5</b>	0.8
	<b>253.3</b>	<b>0.0</b>	<b>253.3</b>	<b>243.0</b>

## 5.2 Governance Costs (defined in note 1.5c)

	<b>Total</b>	<b>Allocate to</b>	<b>Residual to</b>	<b>Basis of Allocation</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	
Salaries & pension	<b>94.1</b>	22.8	71.3	Allocated on time
Travel	<b>1.2</b>	0.3	0.9	Proportionate to Salaries
Training	<b>5.0</b>	5.0	0.0	Governance
Office costs	<b>1.7</b>	0.4	1.3	Proportionate to Salaries
Stationery	<b>6.4</b>	1.6	4.8	Proportionate to Salaries
Insurance	<b>2.9</b>	2.9	0.0	Governance
Annual Report	<b>1.0</b>	1.0	0.0	Governance
Trustees training & expenses	<b>0.5</b>	0.5	0.0	Governance
Internal Audit	<b>14.0</b>	14.0	0.0	Governance
External Audit	<b>9.0</b>	9.0	0.0	Governance
Bank charges	<b>0.2</b>	0.0	0.2	Charitable Expenditure
Finance SLA	<b>111.8</b>	11.2	100.6	Allocated on time
Other	<b>5.5</b>	5.5	0.0	Governance
	<b>253.3</b>	<b>74.2</b>	<b>179.1</b>	

Support Costs attributable to Charitable Expenditure £162.2K and Costs of Generating Funds £16.9K have been apportioned on the basis of the number of individual transactions undertaken by the charity.

## 6. Analysis of Charitable Expenditure

### 6.1

Grants were made in favour of beneficiaries and expenditure was incurred by the charity, either with third parties in pursuance of those grants, or reimbursed expenditure incurred by beneficiaries.

	<b>Grant Funded</b>	<b>Support</b>	<b>Total</b>	<b>Total</b>
	<b>Activity</b>	<b>Costs</b>	<b>2013</b>	<b>2012</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Medical Research	764	75	839	965
Purchase of New Equipment	421	23	444	5,055
Building and Refurbishment	406	6	412	29
Staff Education and Welfare	289	33	322	359
Patient Education and Welfare	173	25	198	86
Grants to other bodies	4	0	4	13
Fisher House Running Costs	13	1	14	0
	<b>2,070</b>	<b>163</b>	<b>2,233</b>	<b>6,507</b>

## 6.2 Grants

The charity does not make grants directly to individuals.

The grants made by the charity are detailed in the following analysis.

### Institution Receiving Support

	<b>Total</b>	Total
	<b>2013</b>	2012
	<b>£000</b>	£000
University Hospitals Birmingham NHS Foundation Trust	<b>799</b>	5,160
University of Birmingham	<b>1,816</b>	1,172
Giles Duley Trust	<b>10</b>	13
University of Aston	<b>44</b>	0
	<b>2,669</b>	6,345

## 7. Analysis of Employees' Costs

	<b>Total</b>	Total
	<b>2013</b>	2012
	<b>£000</b>	£000
Salaries and wages	<b>128</b>	73
Social security costs	<b>11</b>	6
Other pension costs	<b>12</b>	10
	<b>151</b>	89

### Pension costs are split as follows:

Defined Contribution Scheme	<b>1</b>	0
NHS Pensions Defined Benefit Scheme	<b>11</b>	10
	<b>12</b>	10

### Outstanding contributions at year end were:

Defined Contribution Scheme	<b>0</b>	0
NHS Pensions Defined Benefit Scheme	<b>0</b>	0
Average full time equivalent in the year:	<b>3.7</b>	1.6

One member of staff left during the year.

One employee had emoluments in excess of £60,000 (2012 nil). This employee was paid £60,583 (2012: £58,223). Retirement benefits are accruing to this member of staff under the NHS Defined Benefit Pensions Scheme (see note 1.9).

## 8. Auditor's Remuneration

The external auditor's remuneration of £10,000 (2012 £9,024) related solely to statutory audit work. The charity did not commission any additional work during the year from the external auditor (2012 £nil).

## 9. Analysis of Fixed Assets

### Movements during the year

	<b>2013</b>	2012
	<b>Total</b>	Total
	<b>£000</b>	£000
Market value at start of year	<b>8,505</b>	9,517
Less: Disposals at carrying value	<b>(1,628)</b>	(1,016)
Add: Acquisitions at cost	<b>0</b>	311
Net (loss)/gain on revaluation	<b>571</b>	(307)
Transfer to Current Assets held for sale	<b>0</b>	0
Market value at end of year	<b>7,448</b>	8,505

### 9.1 Fisher House

The asset Fisher House is valued in the balance sheet at the cost of constructing the facility. Future valuations will be at cost less depreciation.

Fisher House is owned by the charity. The land is leased from University Hospitals Birmingham NHS Foundation Trust.

### 9.2 Market value at 31 March

	Held in UK	Held outside UK	<b>2013</b>	2012
	£000	£000	<b>Total</b>	Total
			<b>£000</b>	£000
Schroders Charity Multi Asset Fund	7,375	0	<b>7,375</b>	8,368
Hedge Funds	56	0	<b>56</b>	69
COIF Investment Units	0	0	<b>0</b>	51
Other investments	17	0	<b>17</b>	17
	7,448	0	<b>7,448</b>	8,505

The Multi Asset Fund represents 99.02% of the investments held.

### 9.3 Total gross income from:

	Held in UK £000	Held outside UK £000	<b>2013 Total £000</b>	2012 Total £000
<b>A. Fixed Asset Investments</b>				
Investments listed on a recognised Stock Exchange	306	0	<b>306</b>	340
<b>B. Current Assets</b>				
Interest earned on cash deposits during the year	61	0	<b>61</b>	94
<b>Cash is held on deposit for maximum of one year</b>				
	367	0	<b>367</b>	434

### 10. Analysis of Current Assets (Debtors)

	<b>2013 Total £000</b>	2012 Total £000
<b>Amounts falling due within one year:</b>		
Trade debtors	<b>3</b>	2
Accrued income	<b>140</b>	81
Total debtors falling due within one year	<b>143</b>	83

Accrued income includes legacies receivable of £111,817 at 31 March 2013 (£35,523 at 31 March 2012).

	<b>2012 Total £000</b>	2011 Total £000
Current Assets Held for sale comprise		
Artefacts	<b>0</b>	800
Leasehold properties	<b>24</b>	24
	<b>24</b>	824

## 11. Analysis of Current Liabilities

	<b>2013</b>	2012
	<b>Total</b>	Total
	<b>£000</b>	£000
<b>Amounts falling due within one year:</b>		
Trade creditors	<b>1,167</b>	650
Accruals	<b>327</b>	252
Total creditors falling due within one year	<b>1,494</b>	902

## 12. Provisions for Liabilities and Charges

	<b>Charitable</b>	<b>Other</b>	<b>2013</b>	2012
	<b>Provisions</b>	<b>Provisions</b>	<b>Total</b>	Total
	<b>£000</b>	<b>£000</b>	<b>£000</b>	£000
<b>Movements during the year</b>				
Provisions at the start of the year	4,764	0	<b>4,764</b>	3,560
Add: New provisions charged in the year	4,278	0	<b>4,278</b>	3,160
Less: Provisions released in the year	(5,380)	0	<b>(5,380)</b>	(1,870)
Change in value of brought forward provisions	(263)	0	<b>(263)</b>	(86)
Provisions outstanding at end of year	3,399	0	<b>3,399</b>	4,764
<b>Timing of Commitments</b>				
Provisions payable within one year	2,210	0	<b>2,210</b>	2,191
Provisions payable after more than one year	1,189	0	<b>1,189</b>	2,573
Provisions outstanding at end of year	3,399	0	<b>3,399</b>	4,764

Provisions included in the Financial Statements relate to grants payable that have been approved by the Trustees but not yet paid.

## 13. Commitments

Trustees have entered into future commitments as follows:

	<b>2013</b>	<b>2013</b>	2012	2012
	<b>Land &amp; Buildings</b>	<b>Other</b>	Land & Buildings	Other
	<b>£000</b>	<b>£000</b>	£000	£000
Expiring:				
Within 1 Year	<b>0</b>	<b>112</b>	0	462
2-5 Years	<b>0</b>	<b>0</b>	0	0
over 5 Years	<b>0</b>	<b>0</b>	0	0

## Analysis of Charitable Funds

### Restricted Funds

	Balance 31 March 2012 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and (Losses) £000	<b>Balance 31 March 2013 £000</b>
A Get Ahead	42	6	(16)	(30)	0	<b>2</b>
B Hear & Now	80	11	(3)	(21)	0	<b>67</b>
C Butler-Lines Income Fund	58	1	(14)	0	0	<b>45</b>
	<b>180</b>	<b>18</b>	<b>(33)</b>	<b>(51)</b>	<b>0</b>	<b>114</b>

The objects of the restricted funds are as follows:

- A Funds used to purchase vital equipment, education and research into cancer and other head and neck diseases
- B For the Cochlear Implant programme
- C Butler-Lines fund for the benefit of the hospital nurses.

## 18 Unrestricted and Designated (Earmarked) Funds

	Balance 31 March 2011 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2012 £000
A Liver Research & Transplant	110	3	0	0	0	<b>113</b>
B PGMC Main Account	114	0	(1)	0	0	<b>113</b>
C Chronic Disease Resource Centre	113	0	0	0	0	<b>113</b>
D Liver Foundation	239	44	(95)	(73)	0	<b>115</b>
E Bone Marrow Unit	119	0	0	0	0	<b>119</b>
F Art @ The QE	139	0	(10)	0	0	<b>129</b>
G Genito-Urinary Medicine Services	195	0	(19)	0	0	<b>176</b>
H Endocrine Research Fund	184	0	(1)	0	0	<b>183</b>
I Legacies	47	270	(4)	(107)	0	<b>206</b>
J Research Fund - Oncology	296	3	(2)	0	0	<b>297</b>
K Faith Centre	632	14	0	0	0	<b>646</b>
L QEHB Cancer Appeal	(533)	243	(705)	911	875	<b>791</b>
M Fisher House	1,493	3,853	(225)	(4,493)	0	<b>628</b>
N Other earmarked funds	2,693	1,121	(1,404)	3,489	0	<b>5,899</b>
O General fund	426	152	(198)	9	0	<b>389</b>
All Funds Unrealised Gain/(Loss)	960	0	0	316	(201)	<b>1,075</b>
	<b>7,227</b>	<b>5,703</b>	<b>(2,664)</b>	<b>52</b>	<b>674</b>	<b>10,992</b>

The Trustees set a closing balance of £110,000 or above as the threshold for reporting material designated funds. In the interests of accountability and transparency a summary of all Designated Funds is available upon written request.

The objects of the material Designated Funds are as follows:

- |   |   |
|---|---|
| <p>A Support for experimental liver research and clinical development of liver transplantation.</p> <p>B Support for the Post Graduate Medical Centre.</p> <p>C Support for the Chronic Disease Resource Centre.</p> <p>D Support for the Liver Unit.</p> <p>E Bone Marrow Transplant - equipment, education and research.</p> <p>F Art to improve the environment at the Queen Elizabeth Hospital Birmingham.</p> <p>G Support for the Genito-Urinary Medicine Services unit.</p> <p>H Endocrine related research including clinical and laboratory research.</p> <p>I Legacies received by the charity, not yet committed to expenditure.</p> <p>J Welfare &amp; Amenities for oncology patients and staff.</p> | <p>K Support for the development, building and ongoing functioning of a Faith Centre.</p> <p>L Funds for the purchase of equipment to treat Cancer: TomoTherapy TomoHD and Cyberknife.</p> <p>M Fisher House; Forces and Families Centre.</p> <p>N Other Designated Funds related to other wards and clinical departments within the University Hospitals Birmingham NHS Foundation Trust for which donors have indicated their non-binding wishes when making their generous gifts.</p> <p>O General Unrestricted Funds are those funds for which a donor has not expressed any specific non-binding wish and the unrestricted income accruing to the charity. These funds are applied for any charitable purpose to the benefit of the University Hospitals Birmingham.</p> |
|---|---|





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