

Annual Report and Accounts

for the year ended 31 March 2014



Fisher House, the home away from home for military patients and their families on the site of the Queen Elizabeth Hospital Birmingham.

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Senior auxiliary nurse, Parbinder Kaur invited staff and patients to estimate how long her hair is, in exchange for a donation to the Charity's Eye Appeal.



Corporate financiers took part in a half marathon in memory of their former colleague, David Burrows. The event raised more than £12,000 for the Young Persons' Unit at QEHB.



Cricketer Laurie Evans and Petty Officer James Doran Warwickshire County Cricket Club hosted a charity match to raise funds for Fisher House.



A group of young farmers from The Inkberrow Young Farmers Club have bared all in a calendar to raise funds for patients at QEHB. Heather Rimmer (pictured) with the calendar.

Student Oliver Plunket spent his gap year riding a motorbike 24,000 miles from Argentina to Alaska raising over £88,000 for Fisher House.



Executive summary

Over the past five years, the Queen Elizabeth Hospital Birmingham Charity has spent over £23 million in supporting patients of the Queen Elizabeth Hospital, the largest amount ever spent by the charity over a five year period.

In the past twelve months, CyberKnife, the cutting edge cancer treatment machine purchased by the charity, has started treating patients, offering those who had previously inoperable tumours hope for the future. Over 150 patients have received treatment in the first year of CyberKnife's operation in Birmingham



The CyberKnife machine is now treating cancer patients

Fisher House, the "home away from home" for military patients and their families, was opened by HRH The Prince of Wales on 21 June 2013 and has provided over 5,000 nights accommodation to over 700 patients and family members since then.

The charity also continues to support patients by funding equipment and facilities not normally seen in NHS hospitals, funding research at the University of Birmingham, and providing those little extras that make a stay in hospital just that little bit easier – from pizza night on the Young Persons Cancer Unit, to memory lane cafes for our elderly patients.

None of this would be possible without the generous support of our fundraisers and donors, and we thank each and every one of them.

In particular, we are especially grateful to US charity Fisher House Foundation and UK charity Help for Heroes for their support. Without their contribution, Fisher House could never have been built. Our

fundraising total of £3.5m was the second highest ever for the charity and demonstrates how our underlying income (excluding one-off grants of the kind received in 2012/13 for Fisher House, which made that an exceptional year) continues to rise.

The charity has now launched four new key fundraising appeals in conjunction with University Hospitals Birmingham NHS Trust, focusing on rare diseases, breast cancer, ophthalmology and cancer research.

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

I am constantly humbled by hearing the stories of those people that the charity is privileged to help. As I write this, I have just returned from a barbeque at Fisher House to celebrate the first anniversary of the house opening.

At the barbeque, I spoke to Kerry, who has been staying in Fisher House for over 9 months. Kerry's husband is being treated at the hospital and will continue to receive treatment for many months to come.

Kerry and her husband however, aren't local to the Queen Elizabeth Hospital Birmingham. In fact, they're not even local to the UK.

When Kerry received the knock at the door, letting her know her husband was on the way to the QE, she was nearly 8,000 miles away in the Falkland Islands. Having to get on an RAF flight to come to the UK, and then to head to Birmingham, Kerry could easily have felt abandoned and alone in a strange city.

Instead, she was able to come to Fisher House, and stay within walking distance of her husband in the hospital.

Kerry talks about how Fisher House gave her an immediate support network when she arrived in Birmingham, not just from the staff who do a wonderful job in running the house, but from the families of other patients who were also staying in the house.

Being able to share common experiences, these military families are able to support each other as they go through what can be a very long journey of recovery.

I have also had the pleasure of seeing the new CyberKnife machine, which looks like it has come straight out of a sci-fi movie, and which has now treated over 150 people with its precision radiotherapy.

The doctors, radiotherapists and scientists who are

planning the treatments for radiotherapy are overjoyed with the previously unknown level of accuracy that this machine can now offer, and patients comment how much quicker and easier the treatment feels.

It is important that we can get our stories out into the public eye, and our job is made so much easier because of the wonderful level of support we get from local, regional and national media outlets.

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.

I would like to make a special mention of thanks to the Birmingham Mail and Sunday Mercury, who have adopted the charity's Rare Disease Centre Appeal, and have made it the beneficiary of the 2014 Pride of Birmingham Awards.

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.

Campaigns such as the Rare Disease Centre Appeal help us to show the wide diversity of patients treated here at the Queen Elizabeth Hospital Birmingham.

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.

Please read through our case studies later in this



Fisher House garden

report, which give some good examples of where the charity's support is benefiting patients.

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.

In particular, I would like to thank Dame Julie Moore for her valuable support of the charity, ensuring that we have good links throughout the hospital, helping us to identify ways we can benefit patients.

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.

Notably, we would like to acknowledge the support given by all the staff at the hospital who have taken part in bike rides, half marathons, skydives, and in the case of the military staff at the Royal Centre for

Defence Medicine, the equivalent of the 3,580 mile journey from Birmingham to Camp Bastion via exercise bike, rowing machine and treadmills.

The role of Trustee is vitally important to the charity, and I would like to thank all my fellow Trustees for their support and dedication.

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 or writing to me at Queen Elizabeth Hospital Birmingham Charity, 5th Floor Nuffield House, Queen Elizabeth Hospital, Birmingham, B15 2TH.

Thank you

Brian Hanson

Brian Hanson
July 2014

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 2011, 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.



Denise Wixey, lead nurse for paediatric patients who come in to the department, applied to the Charity's 'Sprinkle Some Magic' grant scheme to fund toys for the room.



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 800,000 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 2014.

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.

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

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	75% attendance record for Trustees at Board Meetings.	Achieved (86%)
2		Monitor investment performance	Income yield of 4% in 2012/13.	Achieved (4.04%)
3		Monitor investment performance	Preservation of value of capital compared to FTSE 100 Index.	Achieved (10.7% rise for investments compared to 2.9% rise for FTSE 100 index)
4		Control management of expenses	Cost of generating funds and administration kept to 20% of income.	Achieved (11%)
5		Monitor fundraising performance	Meet budgeted income target of £3,340,000.	Achieved (£3,514,000 total income)
6		Monitor research projects awarded grants	All research grants provide reports on activity and outcomes. Trustees see grant reviews.	Achieved. Staff ensure all research grant recipients provide a 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. 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 230 different funds.	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. 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 has launched a fundraising appeal in association with the Get A Head Charitable Trust.

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. The first two machines have been purchased from this 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 has launched a fundraising appeal in association with Ladies Fighting Breast Cancer charity.

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 has launched a fundraising appeal. The charity is working in association with Rare Disease UK and 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.



Andrew Dakin on the winners podium after completing the Bupa Great Birmingham Run on behalf of QEHB Charity.



Tim Jones celebrating his run.

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

You can also visit our website at www.qehb.org, our Cancer Appeal website at www.qecancerappeal.org or our Fisher House website at 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 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 2013/14, Queen Elizabeth Hospital Birmingham Charity spent £618,000 on new equipment. (2012/13: £444,000).

Some of major items of equipment purchased are detailed below.



The QE Eye Appeal raised over £250,000 to purchase specialist eye equipment for the Ophthalmology Department

Designated Fund	Equipment	£
QE Eye Appeal	PASCAL 577 Scan Laser	59,520
Hear & Now Fund	Crescent of Sound	35,960
Cardiac Surgery Fund	VeriQ graft flow system	32,800
Rare Disease Centre Appeal	IM900 ophthalmology system	29,680
Liver Foundation	Oxygenated organ perfusion machine	14,236
ED Courses	3 Advanced life simulators	11,100
Kidney Fund	Cubescan bladder scanner	5,595
QEHB Charity Main Fund	Acute care portable ventilator	5,500

Equipment Case study one

First patient to benefit from CyberKnife treatment

Retired factory worker Edward Challoner is the first person to have the new radiotherapy treatment using CyberKnife after initially discovering a small lump on his head.

The 84-year-old grandfather, from Oldbury in the West Midlands, said: "I had been having pains in my chest, but then this little lump suddenly came up on the side of my head.

"I wasn't too concerned about, but within a fortnight it had grown to the size of a small egg."

Mr Challoner, who worked for Birmid Industries in Smethwick for more than 30 years before later becoming a school caretaker, visited his doctor who arranged for the lump to be removed.

They couldn't take the cancer away because of my heart condition as I was likely to have a stroke or something. So they offered me radiotherapy instead.

Edward Challoner

"They cut it off, but also removed the skin from a couple of inches all the way round it which they later replaced with pieces of skin from my leg."

Unfortunately for Mr Challoner, who was caretaker at Abbey Junior and Infants in Smethwick for 12 years before retiring at 65, discovered he had cancer when the lump was sent off for analysis.

"I was really shocked when they found the cancer cells, but then I was given an all-over body scan after being referred to Queen Elizabeth Hospital and they also noticed something on my lung about the size of a 10 pence piece," he added.



Mr Challoner, who lost his wife six years ago, and has three sons and six grandchildren, was advised against surgery following a heart attack several years ago.

He added: "They couldn't take the cancer away because of my heart condition as I was likely to have a stroke or something. So they offered me radiotherapy instead.

"It's great to be the first to have it on this CyberKnife. I've never seen a machine like this but I have had no problem undergoing treatment."

Mr Challoner has now undergone a total of five sessions of the new radiotherapy treatment over the course of three weeks.

CyberKnife is a pain-free, non-invasive alternative to surgery that uses technology similar to that used in cruise missiles to target tumours, delivering doses of radiation to sub-millimetre accuracy.

The online tumour tracking system allows the CyberKnife machine to move with the tumour during respiration, and so target it more effectively.

The Cyberknife machine, which is the first outside London, was funded as a result of the QE Cancer Appeal, run by Queen Elizabeth Hospital Birmingham Charity.

Equipment
Case study
two

Joy for lonely granddad who lost his voice

A great grandfather left devastated when he lost the ability to talk to his family has been given his voice back – thanks to pioneering equipment funded by the Queen Elizabeth Hospital Birmingham Charity. James Sykes, aged 81, was left feeling very lonely when a virus paralysed his vocal cords and he completely lost his voice.

The retired miner from Barnsley believed there was no available cure for him as he was too ill to undergo a general anaesthetic.

“I went to see my doctor and he referred me to a speech therapist who said the only thing that could be done was an operation on my vocal cord,” said James, who has five children, eight grandchildren and six great grandchildren.

“I have a bad chest so I knew a general anaesthetic was out of the question. I was told that nothing could be done.”

The widower began to feel very isolated. Over a two-year period his voice declined until, in January of this year, he lost it altogether.

“It was awful,” he said. “Gradually my voice got so bad I couldn’t speak and my breathing was very laboured. Swallowing was hard too and my food kept going down the wrong way.

“I couldn’t have a conversation with anybody. It made me feel very lonely. My wife died 10 years ago so I live on my own and after I lost my voice I stopped going out. I had no social life. I couldn’t even use the phone.”

Fortunately, James’ daughter Pat saw an article in a newspaper about the pioneering work of Ear, Nose and Throat Consultant Declan Costello, who specialises in voice disorders at the Queen Elizabeth Hospital Birmingham.

Within two weeks, the father of five was travelling

I can’t thank enough everybody involved in giving me my voice back, It’s wonderful to be able to speak to my children, grandchildren and great grandchildren again.

James Sykes

down to Birmingham for an initial consultation with Mr Costello and, in June, he had an injection in the neck under local anaesthetic.

Mr Costello explained: “Paralysis of one or other vocal cord (vocal fold) means the vocal cords do not close effectively and the voice sounds quiet and breathy. A procedure to make the vocal cords come together more efficiently can help to remove much of the weakness and breathiness. The quickest and easiest way to do this is by injecting filler material into the vocal cord and this is called medialisation of the vocal cord.”

The QEHB Charity funded the endoscopic stack system that allowed Mr Costello to get a clear view of the vocal cord and monitor the needle.

As soon as he had the injection, James felt his breathing improve and, after resting for two days, he was delighted to find he could speak again.

Daughter Pat Rhodes, aged 59, added: “It’s fantastic to have dad back to his old self. The best compliment I can pay Mr Costello is that, the other day, dad and I had a really good argument. We’ve never fallen out but we do like to argue every single day!”

In his younger days James used to love to sing and now he has even been able to practice his singing again.

Mr Costello said: “We are very grateful to the Queen Elizabeth Hospital Birmingham Charity for paying for this equipment that has helped so many patients. If it wasn’t for this injection, Mr Sykes would have remained as he was for the rest of his life.”

Equipment
Case study
three

Pioneering brain surgery

A grandmother of nine is backing QEHB Charity's Brain Surgery appeal after undergoing a life-saving operation at the Queen Elizabeth Hospital Birmingham – the first of its kind in Europe.

Maureen Lansdale from Telford, Shropshire, underwent treatment at the QE after suffering intense headaches and temporary memory loss. These disabling symptoms were caused by an abnormality in her brain, called a vascular malformation, which was growing in size and prevented her body from functioning properly. The abnormality located at the base of Maureen's brain could spontaneously bleed at any moment, which could have led to a stroke.



Maureen said: "I suffered terrible headaches. Sometimes the pain was so bad I wondered how my head could stand it. I thought it might explode."

After over a year of struggling with crippling symptoms, Maureen's life was changed when she underwent endoscopic surgery at the QE to remove the vascular malformation. **This is the first time in Europe that a vascular malformation has been removed through this minimally invasive technique.**

Maureen explained: "I tried desperately to keep some kind of life. I didn't want my illness to win, but I was forced to spend a lot of time in bed. Surgeons tried to remove the aneurysm by accessing it through the groin, but they found the risk of blindness was too high.

It's like getting my life back! This is the first time in over a year that I've had a break from the pain. I can't wait to make up for lost time.

Maureen Lansdale

"My only other option was to have a craniotomy, which I was worried about because it is such an invasive procedure.

"Luckily Dr Paluzzi had an alternative. He told me about a new way to remove the abnormality which had never been done at the QE before, or even in Europe. I wasn't scared though. It might sound strange but I knew I was going to survive."

The endoscopic technique involved surgically removing the vascular malformation by using the nostrils as 'key holes'. Alessandro Paluzzi, who operated on Maureen, explained: "Maureen's aneurysm was located at the base of her brain, which meant the procedure didn't require any manipulation of normal brain, leading to a better outcome, faster recovery and no visible scars. Using the nostrils as natural corridors to the malformation, we were able to surgically remove the aneurysm in a much less invasive way."

Just one week after surgery, the 75 year old mother of four is set to return home. She said: "It's like getting my life back! This is the first time in over a year that I've had a break from the pain. I can't wait to make up for lost time."

The surgery was possible because of a special robotic holding arm that enables surgeons to use the new surgical navigation technique, which was funded by the charity. Now Maureen is backing QEHB Charity's Brain Surgery Appeal, which aims to raise £250,000 to buy two other pieces of new equipment that will allow more patients to access the non-invasive surgery.

Maureen commented: "I owe my life to Dr Paluzzi and the rest of the team who cared for me. I can't wait to fundraise for the appeal after my recovery."

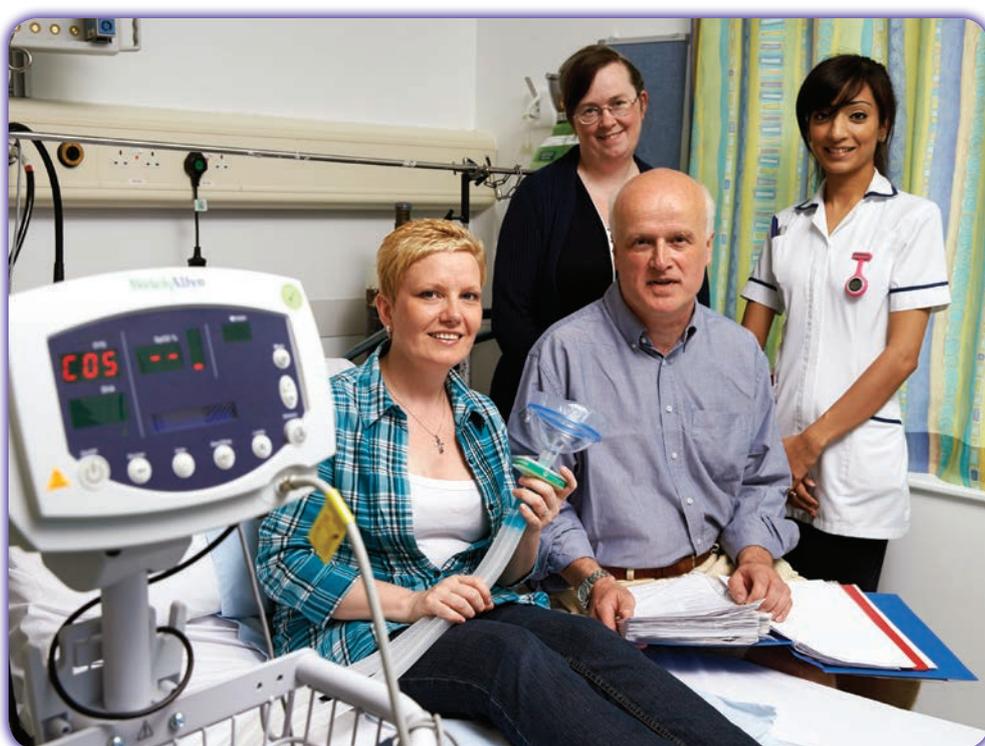
Research

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.

The AccelerateD drugs programme led by Professor Hisham Mehanna will receive a much larger research grant than previously awarded by the charity, and will total £1,000,000. This is the focus of the current QE Cancer Appeal fundraising campaign.

In total Queen Elizabeth Hospital Birmingham Charity made research grants of £819,000 in 2013/14. (2012/13: £839,000). A sample of the grants can be seen in the table below.

Name of researcher	Research Project	£
David McWilliams	Post ITU Rehabilitation programme	16,686
Olufunso Adedeji	Migratory Effects in Colorectal Cancer	27,000
Ben Fisher	Metabolic Profile of Exhaled Breath	22,800
Victoria Kunene	Remote physiological monitoring	8,734
Michael Cullen	One Cycle Adjuvant BEP	23,836
Lorraine Harper	Clinical Research Fellows	169,259
Ben Wilcox	Clinical Research Fellow	64,470
Neil Steven	Biomarkers in the treatment of metastatic melanoma	£51,390
Tahir Shah	Somostatin receptor targeted radiotherapy	£40,000



(L-R) Patient Fiona Cole, who took part ground breaking 'breath-holding' study to benefit people with breast cancer. With Andrea Stevens, Michael Parkes and Sofia Perveen.

Research
Case study
one

Talking in my sleep saved my life

A Birmingham father of four told his family he was worried he had cancer and needed to see his doctor, in his sleep.

Marlon Griffith, 48, thought he may have a growth in his mouth but put off getting it checked and didn't mention it to his family.

It was only when they heard him mumbling in his sleep about cancer that Marlon went to his GP.

Marlon said: "People don't believe it when we tell them I was diagnosed after talking in my sleep! I was being a typical man and putting off getting checked but clearly I was worried subconsciously as it was disturbing my sleep. When I opened my mouth you could see there was something there. However, it was still a shock to find out I had cancer of the pharynx."

Cancer of the pharynx is less common than other head and neck cancers. In Marlon's case it occurred in



Professor Hisham Mehanna, ENT.

"People don't believe it when we tell them I was diagnosed after talking in my sleep! I was being a typical man and putting off getting checked but clearly I was worried subconsciously as it was disturbing my sleep."

Marlon Griffith

the under surface of the soft palate in the roof of his mouth.

Marlon was referred to Professor Hisham Mehanna, whose research programmes have helped identify the best options for individual cancer patients from radiotherapy, chemotherapy and surgery. Following the referral, Professor Mehanna carried out surgery at the Queen Elizabeth Hospital Birmingham in May, just two months after Marlon was diagnosed.

The family, who live in Edgbaston, can't thank the team who cared for Marlon enough.

"The care was outstanding, which is why we're supporting the QEHB Charity," said Marlon. "Research means I was given the right information to tackle the cancer. In the end surgery was the right choice for me and I am feeling really well at the moment. I can eat and drink as before and my speech is almost back to normal. I feel so very lucky."

The family added: "It was very frightening for us to see Dad after his operation as there were tubes everywhere and he was on the critical care unit. However, Professor Hisham Mehanna and the staff were brilliant, taking the time to explain everything and keeping us up to date. They went the extra mile to ensure we were all looked after and you can't ask for more than that."

Research
Case study
two

Success of machine keeping donated livers “alive”

Four patients at the Queen Elizabeth Hospital Birmingham have successfully received transplants from livers that were “kept alive” before surgery.

They are part of a group of 12 transplant patients who have all survived following the trial into the cutting edge machine OrganOx.

Widespread adoption of the machine could see an end to the outdated practice of transferring the organs in an icebox, resulting in less wastage of donated livers and better planning of operations.

OrganOx chief executive Dr Les Russell said: “It’s a paradigm shift from conventional technology. Our device can store livers for 24 hours. It means you can transplant it when the operating theatre is free, and during the day rather than in the middle of the night.”

About 750 liver transplants are carried out in the UK each year, but organs are taken from 1,200 donors - showing the extent of those discarded.

The OrganOx device keeps the liver at body temperature and pumps oxygenated blood through its capillaries to keep it “fed”.

This maintains the liver’s ability to produce bile and enables surgeons to assess its condition immediately prior to deciding whether to press ahead with the transplant.

The trials being held at the Queen Elizabeth Hospital into the machine Organ Assist have shown that as well as keeping livers alive, it can allow clinicians to add fluids and drugs to the organ – reducing the fat content and improving the chances of transplant acceptance.

Consultants involved in the trials said: “This is the future. With this technology we will be able to run tests on the liver before it is transplanted so you can make sure it is working properly. We can also manipulate the environment that the liver is sitting in to improve functionality and insulin levels.”



Liver transplant patients Ashley Milne, John Wainwright and Steve Whelan who took part in the Transnoworld, Winter Transplant Games 2014, thanks to QEHB Charity.

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

Helen Molloy was 31 weeks pregnant when she was told to say her goodbyes to husband Tom.

The Lance Corporal suffered multiple injuries when his base in Afghanistan was hit by a rocket in May 2012. The same explosion killed two soldiers and wounded six others.

Following an eight-hour operation at Camp Bastion, Tom was flown to the QE Hospital where he spent another eight hours in theatre to repair his damaged stomach.

Helen, aged 31, of Oxfordshire, said: "A nurse on the ward told me to say goodbye. She said, 'Just say what you need to say.'

"He was so swollen he looked like Arnold Schwarzenegger. I didn't know what to say. The stress of seeing him like that brought on labour. I never thought he would survive."

Luckily, Helen was quickly brought under the care of the team at Birmingham Women's Hospital who were able to stop the labour. Two weeks later, Tom woke from his coma and, eight weeks later, he defied medics and was by his wife's bedside as she gave birth to their second child Rowan.

I didn't have to worry about anything. Everything was taken care of, they sorted out our accommodation, our childcare. They got me registered at the Women's Hospital so I didn't have to worry about my pregnancy. They were amazing.

Helen Molloy

"It was an amazing moment," said Tom, who is also daddy to Amelia, aged three. "I am so grateful to everyone at the QE Hospital. It could have been such a different outcome. The care I got was amazing. Not just for me, but for Helen too. I can't thank the hospital enough."

Helen was overwhelmed by the support she received while Tom was in hospital. The Molloys were one of the first families to stay in the newly-opened Fisher House which offers a home away from home for the loved ones of military patients being treated at the hospital.

In the twelve months since the opening, Fisher House has welcomed over 700 people through its doors and provided over 5,000 nights accommodation for military patients and their families.



Helen and Tom Molloy with Rowan and Amelia



Fisher House garden



Fisher House living room



Fisher House opened it's doors in April 2013



One of the bedrooms inside Fisher House



Fisher House kitchen

Training, education and patient support

The fourth area of grant making is in the area of training, education and patient support and welfare. It is important to note 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 addition, the charity funds a number of patient welfare initiatives, from pizza night on the Young Persons Unit, to memory lane cafes and activities for elderly patients.

In 2013/14, Queen Elizabeth Hospital Birmingham Charity spent £736,000 in this category. (2012/13 £520,000).

Training, education and patient support Case study one

Strictly Social

Heart patients are dancing their way back to health by tripping the light fantastic thanks to Queen Elizabeth Hospital Birmingham Charity.

Dance classes laid on by the QEHB Charity, with nursing staff present to assist, help build the confidence of those recovering from cardiac problems.



Pam Jay

Professional instructors Alistair and Dawn Fitzgerald lead 20 patients – aged up to 90 – and their partners in weekly lessons at Selly Oak Methodist Church.

They include grandad Brendon Wilson, who had a heart attack two years ago, and his wife Susan.

The 58-year-old former hospital worker, from Kings Norton, said he was a reluctant dancer at first because he was scared to do any exercise.

But he said his confidence grew over time and he was now a dance class regular.

"It's given us a new lease of life," Brendon said.



Derek and Margaret Edge

Nurse consultant Kate Gee said: "It's about bringing some reassurance and enjoyment out of a situation that was potentially very frightening for people.

"Socially, having heart disease can become very isolating.

"The patients are fearful of what they can do and their partners get scared too. The classes have been so successful in building the confidence of couples and giving them something to look forward to.

"They know that they can learn to dance in a safe environment with experts on hand."

Training,
education and
patient support
Case study
two

I found love on the cancer ward

A Birmingham student who survived cancer has the disease to thank for finding him love.

Adam Woods, who lives in Maypole, met Lucy Anderson-Edwards at an outward-bound adventure programme for young people with life changing illnesses and injuries.

"I was shocked to be diagnosed with cancer but am lucky that I found it early on and so it was treatable," said Adam, who was diagnosed with testicular cancer in October 2012 when he had just turned 21.

"I was studying at the University of Lancaster at the time so I had surgery at the local hospital and then came to the Young Persons Unit at the Queen Elizabeth Hospital Birmingham for my chemotherapy.

"I was amazed when I saw the unit which has clearly been designed with young people in mind. The bright

To spend time with others who have been in the same position and have come through it was a real confidence boost. Lucy and I got on really well and things have progressed from there. I feel very lucky.

Adam Woods

colours throughout, the juke box and instruments in the kitchen and the wealth of games and DVDs in the chill-out room are brilliant. I didn't feel like I was in hospital."

Whilst on the ward Adam, 22, heard about the activity camps run by charity Climbing Out. In July he enjoyed a five-day residential stay in the Lake District, where he met Lucy, also 22.

"We had a brilliant time kayaking, abseiling, rock climbing and just sitting, chatting in the great outdoors," said Adam. "To spend time with others who have been in the same position and have come through it was a real confidence boost. Lucy and I got on really well and things have progressed from there. I feel very lucky."

The Queen Elizabeth Hospital Birmingham Charity funded the transport for patients on the Young Persons Unit to go to the outward-bound centre.

"I'm grateful to Climbing Out and the QEHB Charity for enabling me to enjoy such a brilliant few days," added Adam. "Having cancer can be isolating as you spend a lot of time in and out of hospital, going to appointments and waiting for good news.

"I found sharing my experience with others away from a hospital ward was really beneficial. I came home mentally and physically stronger and I feel like I'm getting on with my life again."



The kitchen in the Young Persons' Unit at QEHB

Trauma training

The Queen Elizabeth Hospital Birmingham is sealing its reputation as a leading centre for accident and emergency training, thanks to a donation of equipment by the hospital charity.

A grant of more than £10,000 was awarded to the Resuscitation Services department to enable them to buy four mannequins that will allow senior nurses and doctors to be trained in cutting-edge methods of lifesaving.

The dummies enable doctors and nurses to learn how to look for lung punctures and re-inflate the organs.

The grant follows a similar donation from the charity last year which enabled the department to buy eight hard-wearing mannequins for more general trauma teaching.

Tracey Clatworthy, Resuscitation Services Manager, said: "The full trauma mannequins have been an amazing purchase and have been used regularly in

The full trauma mannequins have been an amazing purchase and have been used regularly in the trauma simulations we run to great effect. I would like to say a big thank you to the people who have fundraised for the equipment.

Tracey Clatworthy

the trauma simulations we run to great effect. I would like to say a big thank you to the people who have fundraised for the equipment. It has enabled us to improve the education of doctors and emergency staff which will ultimately save lives."

The equipment is helping the hospital in its bid to become the national leading centre for the teaching of A&E methods. The QE Hospital is rare in that the people teaching the courses still split their time between training and working in real-life situations.

Tracey explained: "My service is 60 per cent training, 40 per cent clinical. We actually still do the job we teach people to do. It is unusual but I don't believe you can train people unless you are actually out there, doing the job yourself.

"My team is outstanding," she added. "They go above and beyond every day."



Insertion of chest drain using the mannequin

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 2013/14, 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.

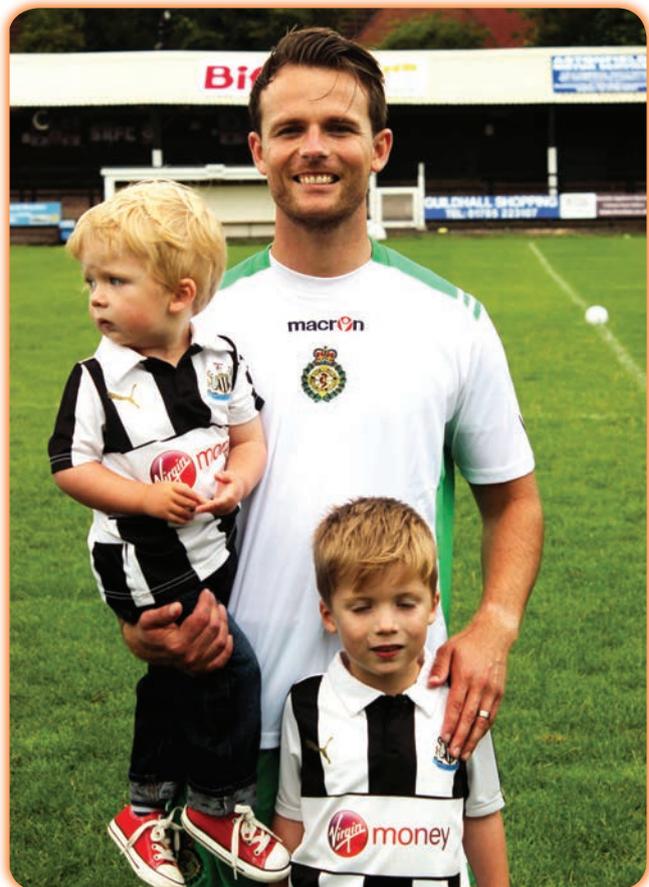
Fundraising

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 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 Fisher House at www.fisherhouseuk.org and most recently the Liver Foundation at 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. Fundraisers supporting Fisher House can use a tailored giving site 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



Colorectal cancer patient Dave Minard has so far raised £5,000 for QEHB Charity through his daredevil fundraising.

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 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 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
SSAFA	Fisher House Appeal
TroopAid	Fisher House Appeal
Oliver Plunket	Fisher House Appeal
Birmingham Lord Mayor's Appeal	Fisher House Appeal
Royal Marines Association	Fisher House Appeal
Claverdon & District Royal British Legion	Fisher House Appeal
Olton Golf Club	Fisher House Appeal
Sir Jules Thorn Charitable Trust	QE Cancer Appeal
Kym Carpenter Memorial Fund	QE Cancer Appeal
Get A Head Charitable Trust	QE Cancer Appeal
Stan Bowley Trust	QE Cancer Appeal
The Spellbound Bead Company	QE Cancer Appeal
Shropshire Prostate Cancer Support Group	QE Cancer Appeal
Adrian Ashby League of Friends	QE Cancer Appeal
Birmingham Mail & Sunday Mercury	Rare Disease Centre Appeal
Crowe Clark & Whitehall LLP	Charity of the year
Solihull Mayor's Appeal	Charity of the year
Help Harry Help Others	Ongoing fundraising
Joan Seeley Pain Relief Memorial Trust	Ongoing fundraising
Richard Watson-Jones Brain Tumour Fund	Ongoing fundraising
Three Peaks for Lisa	Ongoing fundraising
Ladies Fighting Breast Cancer	Ongoing fundraising
Lincolnshire Troop Support	Ongoing fundraising
Lions Club District 105M	Ongoing fundraising
Bikers for Heroes	Ongoing fundraising
University College Birmingham	Ongoing fundraising
Orion Media	Ongoing partnership

Fundraising
Case study
one

Queen Elizabeth Hospital Birmingham Charity and Help Harry Help Others Unite

Two of Birmingham's biggest charities joined forces to help children with cancer.

The Queen Elizabeth Hospital Birmingham Charity and Help Harry Help Others have teamed up to give the hundreds of children who receive radiotherapy treatment at the QE Hospital each year a boost.

The QEHB Charity has launched a £250,000 VIP Treatment Appeal to make coming to hospital as pleasant as possible for young patients. Help Harry Help Others founder Georgina Moseley has pledged to support this appeal, a cause close to her heart after her son, Harry, was treated at the QE in 2007 for a brain tumour.

Georgina explained: "I'm passionate about supporting the VIP Treatment Appeal because of the wonderful care Harry received at the QE. I don't want the money our amazing supporters have kindly given us to be sitting in a bank – it needs to be spent helping children in the community. By working with QEHB Charity we can make a massive difference for children with cancer and their families."

Help Harry Help Others is donating £78,000 to the VIP Treatment Appeal which will fund a new paediatric recovery room in the Queen Elizabeth Hospital's Cancer Centre for children to recuperate in after receiving their radiotherapy treatment.

That's why we've launched the VIP Treatment Appeal. With the generosity and enthusiasm of our fundraisers and donors we can cheer up these courageous young patients and show them how much we care.

Justine Davy, Head of fundraising



The Appeal will also provide confidential interview rooms, a parent space and a play area. In addition, every child will receive a toy on completion of their radiotherapy treatment.

QEHB Charity's Head of fundraising Justine Davy added: "We're thrilled to be working with Help Harry Help Others. The children that come here are incredibly brave. From talking to them and their families, we know that receiving treatment at a big, adult hospital like the QE can be very daunting – especially if they are more used to visiting children's hospitals.

"That's why we've launched the VIP Treatment Appeal. With the generosity and enthusiasm of our fundraisers and donors we can cheer up these courageous young patients and show them how much we care."

Fundraising
Case study
two

Three peaks for Lisa

A team scaled three mountains in one day to remember beloved mum Lisa Oldham who died following a fire at her home in Uttoxeter.

Lisa's family and friends successfully climbed the highest mountains in England, Scotland and Wales on the third weekend of June, marking the mum of two's birthday and the anniversary of her death.

They travelled more than 450 miles and raised more than £85,000 to be split between the three organisations involved in trying to save the horse trainer's life, including the Queen Elizabeth Hospital Birmingham.

Lisa's brother Glyn Douglas, aged 35, said: "Lisa would be very proud by what has been achieved in her memory."

Lisa was attempting to light a portable heater when



A race day at Uttoxeter racecourse raised thousands of pounds in memory of Lisa Oldham

her clothes caught fire. She suffered 85 per cent burns and her family was told she would not last the night.

Lisa bravely battled for life for 12 days, surviving five 10-hour operations. She died on June 25 – nine days after her 38th birthday.

Fundraising
Case study
three

Marathon challenge for heart patient

A heart patient who could never run more than three miles ran the Greater Manchester Marathon in 2013 in honour of the doctors who saved his life.

Father-of-two Paul Barton, aged 30, of Hartshill, Nuneaton, was diagnosed at 14 with Aortic Valve Stenosis, a disease in which the aortic valve is narrowed.

In July 2011, he was admitted to the Grown Up Congenital Heart unit at the Queen Elizabeth Hospital Birmingham where he underwent four hours of open heart surgery to replace his faulty valve.

Two years later, Paul is enjoying his new found health by running the Manchester marathon to say thank you to the doctors and nurses at the QE who gave him such great care.



"Before the operation I was running three miles twice a week and feeling very tired," he said. "Now I can run 15 miles and feel fine. The change is amazing. It is very liberating being able to do what I want to do."

Legacies

Historically, legacies have been a major source of funding of Queen Elizabeth Hospital Birmingham Charity. Whilst the number and value of legacies has fallen over recent years, we continue to have an active legacy programme with the aim to continue receiving legacies 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 2014 the charity received generous legacies to the value of £334,000. (2012/13: £469,000). We would like to acknowledge the generous sums received from bequests made by the following people:

Donors

John Baker

Barbara Rita Joyce Billingham

Beryl Doreen Burns

Eric Green

Harry Lewis

Iris Parkes

Mary Tinsell

Edith 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. The charity spent these funds on the social and recreational facilities at the hospital in 2013/14 and will apply for this charity to be removed from the register in 2014/15.

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 Hospitals 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 2014 was Brian Hanson.

Detailed in the table below are all the Trustees who held office during the financial year to 31 March 2014. *Brian Hanson is in his third appointment term. Peter Mayer, Andrew Pemberton and David Ritchie are in their second appointment terms.

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

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.

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 worked at a senior level in Government for a number of years, most recently as Regional Director, Government Office for the West Midlands. He was also Chair of the Oldham Independent Review into the causes of the Oldham Race Riots in 2001 and

has served as a non-executive director for University Hospitals Birmingham NHS Foundation Trust.

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 2013/14.

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.

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,

recommending to the Board of Trustees. There were no formal meetings of sub-committees during the year 2013/14.

Dr Peter Mayer

Trustee, retired Consultant Geriatrician

Professor Nick James

Professor of Clinical Oncology

Professor Julian Bion

Professor of Intensive Care Medicine

Professor Adrian Williams

Professor of Neurology

Mr Simon Bramhall

Liver Transplant Surgeon

Professor Gerard Nash

Professor of Cardiovascular Rheology

Professor Charlie Craddock

Consultant Haematologist

Clare Travis

Clinical Lead, Occupational Therapy

Dr Neil Steven

Deputy Clinical Director, Clinical Trials Unit

Professor Tom Elliott

Consultant Microbiologist

Mike Hammond

Chief Executive

Queen Elizabeth Hospital Birmingham Charity

Our staff

The charity directly employs nine members of staff.

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 some of the 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.



Volunteers Judith Campbell and Jancie Scott

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.

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 £3,852,000. (2012/13: £2,233,000)

It should be noted that the construction costs of Fisher House were capitalised as an asset rather than as expenditure. The costs will then be spread over a ten year period. This will show in charitable expenditure over the coming years.

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)
- Baker Tilly LLP: St Philips Point, Temple Row, Birmingham B2 5AF (internal auditors from 11 August 2014)
- Mazars LLP: 45 Church Street, Birmingham B3 2RT (external auditors)
- 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)

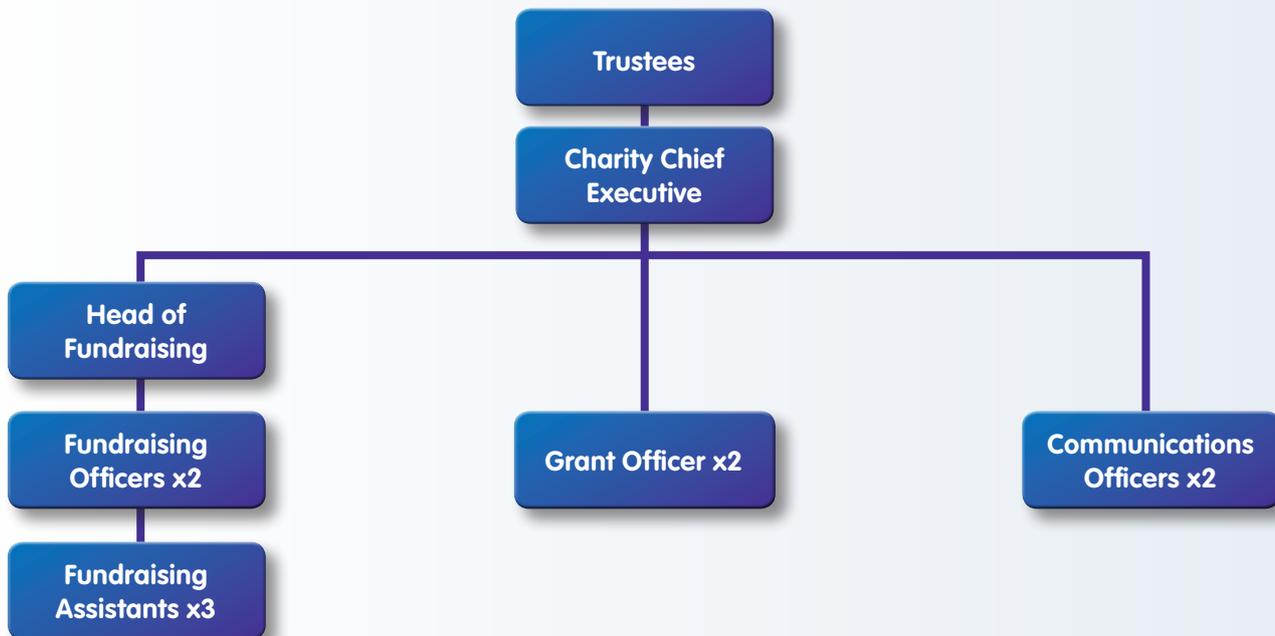
Wider networks and related parties

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. 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 2014



External support structure as at 31 March 2014



Risk Management

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 Schoders 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."

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."



Queen Elizabeth Hospital Birmingham

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 2014 were £10.661 million. The total level of unrestricted reserves is calculated as follows:

	£
Total funds available at year end 31 March 2014	10,661,000
Less:	
Fisher House capital asset	3,352,000
Restricted funds	41,000
Designated funds/unrealised gains or losses/funds which it would not be prudent to include in the reserves	6,935,000
Total unrestricted reserves	333,000

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

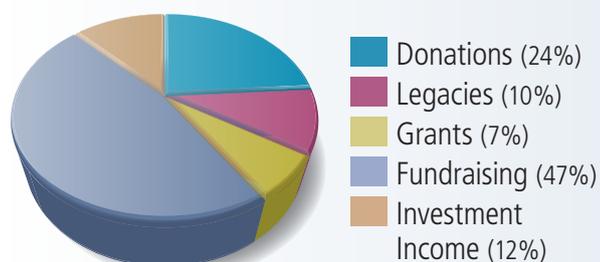
The full 2013/14 Statement of Financial Activities and Balance Sheet are set out on pages 37 to 43.

Income during the year (primarily from donations,

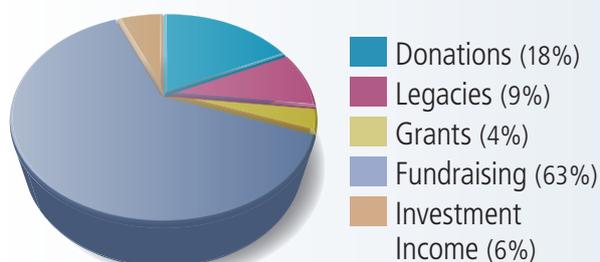
legacies, fundraising and investment income) amounted to £3.51 million (2012/13: £5.72m) and expenditure in the year was £4.40 million. (2012/13: £2.69 million)

1. Overall Income

2013/14 Income

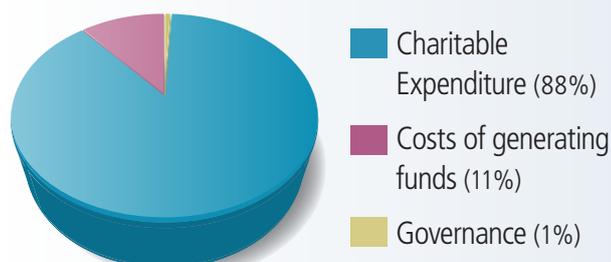


2012/13 Income

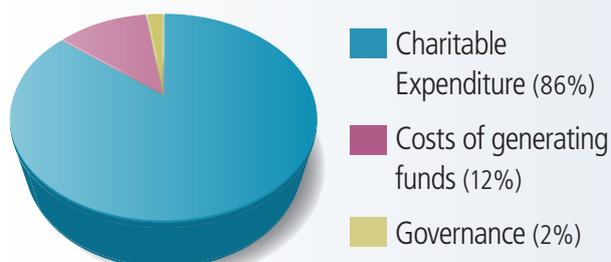


2. Overall Expenditure

2013/14 Expenditure

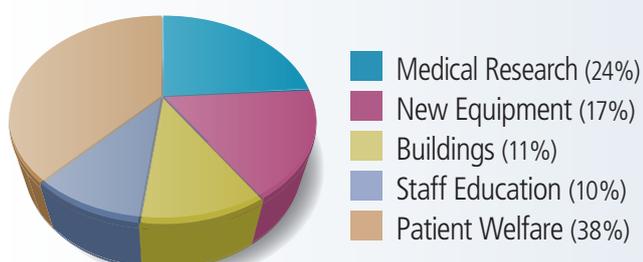


2012/13 Expenditure

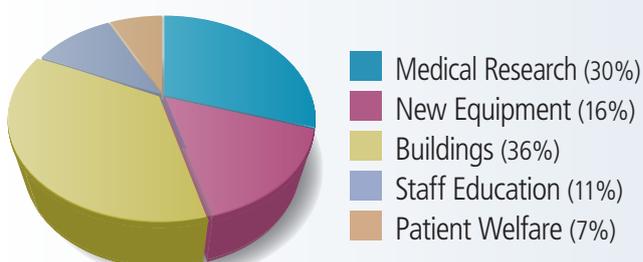


3. Breakdown of Charitable Expenditure

2013/14 Expenditure



2012/13 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 requires 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 38 to 51 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 6 August 2014
.....

Date 6 August 2014
.....

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

Independent auditor's 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 31 March 2014 which comprise 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 1, 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 Ethical Standards for Auditors. This report is made solely to 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.

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 2014 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.

Signed *Mazars LLP*

Date 1 December 2014

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 2014

	Note	Unrestricted Funds £000	Restricted Funds £000	2013-14 Total Funds £000	2012-13 Total Funds £000
Incoming resources					
<i>Incoming resources from generated fund</i>					
Voluntary income:	3				
- Donations		835	3	838	1,042
- Legacies		335	1	336	469
- Grants		263	0	263	207
Activities for generating funds:					
- Fundraising Events		1,641	5	1,646	3,622
- Other		18	0	18	2
Investment Income	9.3	364	0	364	367
<i>Incoming resources from charitable activities</i>					
Course / Conference Fees	4	51	0	51	12
Total incoming resources		3,507	9	3,516	5,721
Resources expended					
<i>Costs of generating funds</i>					
Costs of generating voluntary income:	1.5				
- Costs of Fundraising Office		244	1	245	230
Costs of Activities for Generating Funds:					
- Costs of Fundraising Events		224	0	224	113
Investment management costs		34	0	34	41
Cost of Maintaining Investments		4	0	4	5
Total Costs of Generating Funds		506	1	507	389
<i>Charitable Activities</i>					
<i>Grant funding of Activities</i>					
Medical Research	6	845	0	845	839
Purchase of New Equipment		582	36	618	444
New Building and Refurbishment		15	0	15	412
Staff Education and Welfare		300	45	345	322
Patient Education and Welfare		391	0	391	198
Grants to other Bodies		0	0	0	4
Fisher House Running Costs		990	0	990	14
Fisher House Depreciation Costs		372	0	372	0
Total Charitable Expenditure		3,495	81	3,576	2,233
<i>Governance costs</i>	5	41	0	41	74
Total resources expended		4,042	82	4,124	2,696
Net incoming/(outgoing) resources before Transfers		(535)	(73)	(608)	3,025
Gross transfer between funds		0	0	0	0
Net incoming/(outgoing) resources before other recognised gains and losses		(535)	(73)	(608)	3,025
Gains/(Losses) on revaluation and disposal of investment assets		139	0	139	674
Net movement in funds		(396)	(73)	(469)	3,699
Total funds brought forward					
31 March 2012		10,992	114	11,106	7,407
Total Funds carried forward at 31 March 2013		10,596	41	10,637	11,106

The notes at pages 42 to 51 form part of these Financial Statements

All operations are continuing

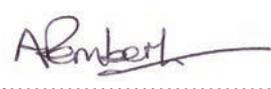
Balance Sheet as at 31 March 2014

	Note	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2013 £000	Total at 31 March 2013 £000
Fixed Assets					
Investments	9	7,510	41	7,551	7,448
Assets Under Construction	9.1	3,352	0	3,352	3,405
Programme Related Asset		63	0	63	0
Total Fixed Assets		10,925	41	10,966	10,853
Current Assets					
Current assets held for sale	10	24	0	24	24
Debtors	10	128	0	128	143
Cash at bank and in hand		3,369	0	3,369	4,979
Total Current Assets		3,521	0	3,521	5,146
Creditors: Amounts falling due within one year	11	737	0	737	1,494
Provisions for liabilities and charges	12	1,654	0	1,654	2,210
Total Current Liabilities		2,391	0	2,391	3,704
Net Current Assets		1,130	0	1,130	1,442
Total Assets less Current Liabilities		12,055	41	12,096	12,295
Amounts falling due after one year					
Provisions for liabilities and charges	12	1,459	0	1,459	1,189
Total Net Assets		10,596	41	10,637	11,106
Funds of the Charity					
Income Funds:					
Restricted	14	0	41	41	114
Unrestricted	15	10,596	0	10,596	10,992
Total Funds		10,596	41	10,637	11,106

The notes at pages 42 to 51 form part of these Financial Statements

Signed:

Chairman 
Brian Hanson

Trustee 
Andrew Pemberton

Date 6 August 2014

Date 6 August 2014

Notes to the Financial Statements

These Financial Statements for the year ended 31 March 2014 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 2014.

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.

c) Programme Related Asset

The purchase of No. 2 Elizabeth Court (50% share) is carried at cost as completion was 24/03/14.

1.7 Current Assets held for sale

Current assets held for sale comprise of:

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.

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 (or 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.

Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.uk/pensions. 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 payable to the scheme for the accounting period.

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

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014, is based on valuation data as at 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed is IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public services schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes in public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate. The next formal valuation

to be used for funding purposes will be carried out as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total percentage earnings over the relevant pensionable service.

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.

Members can purchase additional service in the NHS pension scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

2. Related Party Transactions

David Ritchie was a Non Executive Director of University Hospitals Birmingham NHS Foundation Trust 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 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.

Trustee expenses reimbursed	2013-14	2012-13
	£	£
Travel and parking re-imburements	0	0
Travel and parking direct payment to third parties	320	0
	320	0
Total number of Trustees who claimed	7	0

3. Analysis of Voluntary Income

	Unrestricted Funds £000	Restricted Funds £000	Total 2014 £000	Total 2013 £000
Donations from individuals	642	3	645	474
Donations from companies	193	0	193	568
Legacies	335	1	336	469
Grants	263	0	263	207
	1,433	4	1,437	1,718

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	Total 2014 £000	Total 2013 £000
Salaries & pension	99.6	0.0	99.6	94.1
Travel	0.6	0.0	0.6	1.2
Training	0.1	0.0	0.1	5.0
Office costs	3.9	0.0	3.9	1.7
Stationery	13.1	0.0	13.1	6.4
Insurance	0.5	0.0	0.5	2.9
Annual Report	2.4	0.0	2.4	1.0
Trustees training & expenses	0.3	0.0	0.3	0.5
Internal Audit	(15.2)	0.0	(15.2)	14.0
External Audit	9.3	0.0	9.3	9.0
Bank charges	0.2	0.0	0.2	0.2
Finance SLA	111.8	0.0	111.8	111.8
Other	11.4	0.0	11.4	5.5
	238.0	0.0	238.0	253.3

5.2 Governance Costs (defined in note 1.5c)

	Total £000	Allocate to Governance £000	Residual to Apportion £000	Basis of Allocation
Salaries & pension	99.6	17.7	81.9	Allocated on time
Travel	0.6	0.1	0.5	Proportionate to Salaries
Training	0.1	0.1	0.0	Governance
Office costs	3.9	0.7	3.2	Proportionate to Salaries
Stationery	13.1	2.3	10.8	Proportionate to Salaries
Insurance	0.5	0.5	0.0	Governance
Annual Report	2.4	2.4	0.0	Governance
Trustees training & expenses	0.3	0.3	0.0	Governance
Internal Audit	(15.2)	(15.2)	0.0	Governance
External Audit	9.3	9.3	0.0	Governance
Bank charges	0.2	0.0	0.2	Charitable Expenditure
Finance SLA	111.8	11.2	100.6	Allocated on time
Other	11.4	11.4	0.0	Governance
	238.0	40.8	197.2	

Support Costs attributable to Charitable Expenditure £174.6K and Costs of Generating Funds £22.6K have been apportioned on the basis of the number of individual transactions undertaken by the charity.

6. Analysis of Charitable Expenditure

6.1 Charitable Expenditure

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.

	Grant Funded Activity £000	Support Costs £000	Total 2013 £000	Total 2012 £000
Medical Research	775	70	845	839
Purchase of New Equipment	594	24	618	444
Building and Refurbishment	12	3	15	412
Staff Education and Welfare	316	29	345	322
Patient Education and Welfare	347	44	391	198
Grants to other bodies	0	0	0	4
Fisher House Running Costs	986	4	990	14
Fisher House Depreciation Costs	372	0	372	0
	3,402	174	3,576	2,233

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

	Total 2014 £000	Total 2013 £000
University Hospitals Birmingham NHS Foundation Trust	1,460	799
SSAFA & BB Fisher House Running Costs	1,066	0
University of Birmingham	857	1,816
Giles Duley Trust	16	10
University of Aston	4	44
	3,403	2,669

7. Analysis of Employees' Costs

	Total 2014 £000	Total 2013 £000
Salaries and wages	174	128
Social security costs	14	11
Other pension costs	14	12
	202	151

Pension costs are split as follows:

Defined Contribution Scheme	2	1
NHS Pensions Defined Benefit Scheme	12	11
	14	12

Outstanding contributions at year end were:

Defined Contribution Scheme	0	0
NHS Pensions Defined Benefit Scheme	0	0
	6.0	3.7

One member of staff left during the year.

One employee had emoluments in the range of £60,000 - £70,000 (2013 one). 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 £9,600 (2013 £9,312) related solely to statutory audit work. The charity did not commission any additional work during the year from the external auditor (2013 £nil).

9. Analysis of Fixed Assets

Movements during the year

	2014	2013
	Total	Total
	£000	£000
Market value at start of year	8,505	8,505
Less: Disposals at carrying value	(1,628)	(1,628)
Add: Acquisitions at cost - Equities & Securities		
Add: Acquisitions at cost - Programme Related Asset	0	0
Net (loss)/gain on revaluation	571	571
Transfer to Current Assets held for sale	0	0
Market value at end of year	7,448	7,448
Historic Cost	6,804	6,731
Programme Related Asset		
Add: Acquisitions at cost - Programme Related Asset	63	0
Historic Cost	63	0

9.1 Fisher House

	Freehold	2014
	Property	Total
	£000	£000
Cost		
At 1st April 2013	3,405	3,405
Additions	319	319
Disposals	0	0
At 31st March 2014	3,724	3,724
Accumulated Depreciation		
At 1st April 2013	0	0
Charge for the year	372	0
Disposals	0	0
At 31st March 2014	372	372
Net Book Values		
At 31st March 2014	3,352	3,352
At 31st March 2013	3,405	3,405

9.2 Market value at 31 March 2014

	Held in UK £000	Held outside UK £000	2014 Total £000	2013 Total £000
Schroders Charity Multi Asset Fund	7,534	0	7,534	7,375
Hedge Funds	0	0	0	56
Other investments	17	0	17	17
	7,551	0	7,551	7,448

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	2014 Total £000	2013 Total £000
A. Fixed Asset Investments				
Investments listed on a recognised Stock Exchange	246	0	246	306
B. Current Assets				
Interest earned on cash deposits during the year	118	0	118	61
Cash is held on deposit for maximum of one year				
	364	0	364	367

10. Analysis of Current Assets (Debtors)

	2014 Total £000	2013 Total £000
Amounts falling due within one year:		
Trade debtors	15	3
Accrued income	113	140
Total debtors falling due within one year	128	143

Accrued income includes legacies receivable of £74,00 at 31 March 2014 (£111,817 at 31 March 2013).

	2014 Total £000	2013 Total £000
Current Assets Held for sale comprise		
Artefacts	0	0
Leasehold properties	24	24
	24	24

11. Analysis of Current Liabilities

	2014	2013
	Total	Total
	£000	£000
Amounts falling due within one year:		
Trade creditors	520	1,167
Accruals	217	327
Total creditors falling due within one year	737	1,494

12. Provisions for Liabilities and Charges

	Charitable	Other	2014	2013
	Provisions	Provisions	Total	Total
	£000	£000	£000	£000
Movements during the year				
Provisions at the start of the year	3,399	0	3,399	4,764
Add: New provisions charged in the year	2,345	0	2,345	4,278
Less: Provisions released in the year	(2,370)	0	(2,370)	(5,380)
Change in value of brought forward provisions	(261)	0	(261)	(263)
Provisions outstanding at end of year	3,113	0	3,113	3,399
Timing of Commitments				
Provisions payable within one year	1,654	0	1,654	2,210
Provisions payable after more than one year	1,459	0	1,459	1,189
Provisions outstanding at end of year	3,113	0	3,113	3,399

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:

	2014	2014	2013	2013
	Land & Buildings	Other	Land & Buildings	Other
	£000	£000	£000	£000
Expiring:				
Within 1 Year	0	112	0	112
2-5 Years	0	0	0	0
Over 5 Years	0	0	0	0

Analysis of Charitable Funds

14. Restricted Funds

	Balance 31 March 2013 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and (Losses) £000	Balance 31 March 2014 £000
A Get Ahead	2	8	(1)	0	0	9
B Hear & Now	67	1	(36)	0	0	32
C Butler-Lines Income Fund	45	0	(45)	0	0	0
	114	9	(82)	0	0	41

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.

15. Unrestricted and Designated (Earmarked) Funds

	Balance 31 March 2013 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2014 £000
A Fisher House	628	1,267	(416)	(976)	0	503
B Accelerated Research Prog	0	0	0	500	0	500
C QEHB Charity	389	7	(111)	300	96	681
D Research Fund - Oncology	297	3	(5)	(24)	0	271
E Liver Foundation	115	111	(23)	(10)	0	193
F Endocrine Research Fund	183	0	(2)	0	0	181
G Genito-Urinary Medicine Services	176	0	(7)	0	0	169
H Inherited Metabolic Disease	106	31	(2)	21	0	156
I QE Eye Appeal	0	65	(60)	139	0	144
J Bone Marrow Unit	119	0	(2)	0	0	117
K Liver Research & Transplant	113	0	0	0	0	113
L PGMC Main Account	113	0	(9)	0	0	104
M Legacies	206	284	(1)	(454)	0	35
N QEHB Cancer Appeal	791	258	(1,010)	(10)	0	29
O Chronic Disease Resource Centre	113	0	(85)	0	0	28
P Art @ The QE	129	0	(51)	(59)	0	19
Q Faith Centre	646	0	0	(646)	0	0
R Other earmarked funds	5,793	1,481	(2,258)	1,567	0	6,583
All Funds Unrealised Gain/(Loss)	1,075	0	0	(348)	43	770
	10,992	3,507	(4,042)	0	139	10,596

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:

- A Fisher House; Forces and Families Centre.
- B AccerleraTED – Drugs Trial programme
- C QEHB CHarity 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 patients of University Hospitals Birmingham.
- D Research Fund – Welfare & Amenities for oncology patients and staff.
- E Support for the Liver Unit.
- F Endocrine related research including clinical and laboratory research.
- G Support for the Genito-Urinary Medicine Services unit.
- H Support for the Inherited Metabolic Disease Team.
- I Funds for the purchase of equipment to treat Retinal Disease.
- J Support for the Liver Unit.
- K Support for experimental liver research and clinical development of liver transplantation.
- L Support for the Post Graduate Medical Centre.
- M Legacies received by the charity, not yet committed to expenditure.
- N Funds for the purchase of equipment to treat Cancer: TomoTherapy TomoHD and Cyberknife.
- O Support for the Chronic Disease Resource Centre.
- P Art to improve the environment at the Queen Elizabeth Hospital Birmingham.
- Q Support for the development, building and ongoing functioning of a Faith Centre.
- R 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.



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Hospital
Birmingham
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