



UK-MED

**Eighteen month old
Jesse Lie after being treated
for the complications
of measles Apia Samoa**

With thanks to Jesse's
family for their permission
to share his photograph.

Building a world prepared to help.

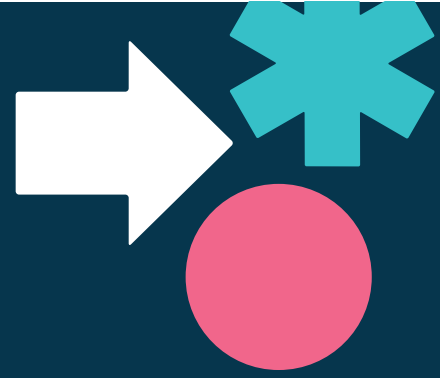
Annual Report
April 2019 - March 2020

Charity Number: 1166956

uk-med.org

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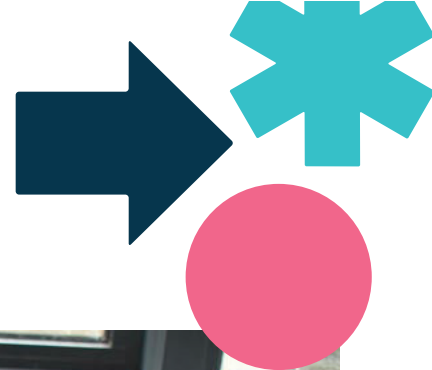
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The reason we respond

- our patients



In late 2019, an outbreak of measles swept through the tiny island nation of Samoa. With a population of under 200,000, the highly infectious disease infected 5,707 people and a state of emergency was declared. Many of those that became unwell with severe complications were children under five, and after weeks of working day and night the Samoan healthcare teams were overwhelmed. A call went out for international assistance. UK-Med responded by sending two teams of doctors and nurses. The team cared for over 500 children over a period of a month.

Jesse was one of those children. He was sixteen months old when he was admitted to the paediatric ward at the main hospital in Apia Samoa on 22nd December. Jesse is a happy smiley baby, fascinated by glasses and who enjoys cuddles. On Christmas Day, he suddenly took a sharp turn for the worse. He struggled to breathe and become very poorly, very quickly. The doctors on shift were thankfully able to resuscitate him. Jesse was swiftly transferred to the High Dependency Unit where he could be carefully monitored.

Thanks to the expert care he received, and the love and support of his family, Jesse recovered. He was soon smiling again. His mother Monika was able to take him home saying **“His older brothers and sisters really miss him”**. Monika expressed her thanks to the international teams who supported the Samoan national staff throughout the outbreak: **“They are always friendly and smiling, always asking how we are and trying to make the babies laugh. They have served us good. We will miss you.”**

The outbreak claimed 83 lives, most of them children under five. More lives would have tragically been lost if international teams hadn't stepped in to support. UK-Med were able to offer support in the emergency phase, and work alongside their Samoan colleagues to ensure the healthcare system was built back stronger. Patients like Jesse – who deserve life-saving emergency healthcare – are the reason we respond.

Our year in numbers

Cyclone Idai

Affected over 3 million people, with over 1000 people tragically losing their lives. UK-Med supported the WHO to coordinate **1200** cholera vaccinators in **300** sites to reach more than **800,000** people in four high-risk districts in just **6 days**.



Mozambique

Our outbreak response register has **73** highly specialised doctors, nurses, midwives, epidemiologists, public health, community engagement and logistics experts, risk communications and community engagement experts – a significant resource in the fight against outbreaks, epidemics and pandemics.



Global

During our Cambodia, South Africa and Ghana COVID-19 responses in early 2020 we trained **4,163** **healthcare workers**.



COVID-19

During our October mass casualty training in Myanmar we trained **126 clinicians** across several hospitals in Mandalay and Yangon.



Myanmar

South Sudan has some of the worst health outcome indicators globally. A mother in South Sudan is **87 times** more likely to die in childbirth than a mother in the UK, and her baby twenty-four times less likely to reach the age of five. ^(WHO)

In October 2019 we trained **86 midwives** in vital skills.



South Sudan

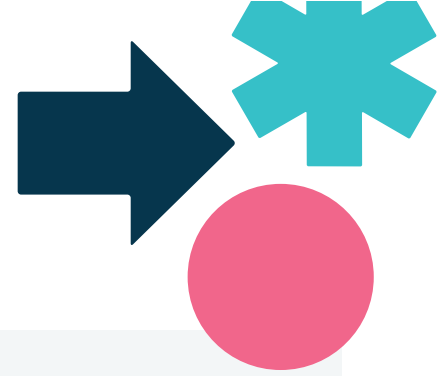
The measles outbreak that swept through Samoa infected **5,707 people** (of a population of under 200,000) leading to 83 tragic deaths, most of them children under 5. Our teams helped Samoan colleagues care for over **500 children** suffering complications from the illness.

WHO Sitrep 11



Samoa

Thirty years on, we're still prepared to help



UK-Med began life as the South Manchester Accident Rescue Team (SMART). Working as an A & E consultant in a busy Manchester hospital in the 1980s - the days before paramedics - some patients would arrive at A & E beyond our help. I recruited fellow A & E consultants to join an on-call register, ready to accompany ambulances to emergencies in order to provide life-saving care at the scene, or to accompany ambulances when transferring critical patients. Those clinicians were motivated by the same altruism demonstrated by our members today.

When a huge earthquake hit Armenia in 1988 our responses became international. The team and I flew to help set up field hospitals to treat the injured. Thirty years later, the charity set up on these principles is still answering calls for help.

We are an agile team with a big reach. Our register of more than 400 NHS medics is rigorously trained for emergencies. Along with our global network of health professionals, we're on-call to get to disaster zones at 24 hours' notice. Whether it's earthquake, tsunami, disease, or war - we stay focused on delivering the best care in the toughest circumstances. Our standards never ever drop. What's more, we take pride in sharing our skills and learning from others.

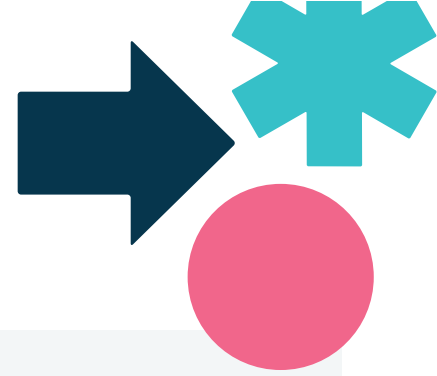
The experience brought home by our dedicated NHS teams benefits us all, with our members reporting that training and responding with us has helped them in their roles tackling COVID-19 here in the UK. As the UK was gripped by the first wave of the COVID-19 pandemic, myself and UK-Med staff members David Anderson and Sarah Collis were able to use our knowledge tackling Ebola and setting up field hospitals to help the NHS team establish the Nightingale North West in late March. Our huge thanks to our UK members up and down the country who have been working tirelessly to keep our friends and family safe.

We provide the best the NHS has to offer to the world, at the worst of times.
I hope you enjoy reading about our work.

Best wishes,
Tony



The growing need



Today, more people are in need of humanitarian assistance than ever before. The increasing prevalence of disease outbreaks, natural disasters and conflict is placing additional strain on already overwhelmed health systems globally.

As we've seen during the COVID-19 pandemic, health emergencies take lives, separate families, and devastate communities. The people affected are often the world's poorest, and the health problems they experience post-disaster are long-lasting. When health emergencies hit, UK-Med responds fast. Our teams save lives, but also help build resilient health systems that are better able to respond to emergencies in the future.

Our work focuses on four areas:



Preparedness saves lives.

By providing technical expertise we help health systems put in place the necessary planning for disease outbreaks and disasters.



In emergencies, national teams are often the first responders.

But when these teams are overwhelmed, our international teams are on the ground providing essential support and working together to help save lives.



Globally, there is a shortage of trained healthcare workers.

Our training for national and international health care workers helps save lives in an emergency, but also allow healthcare teams to build back stronger for the future.

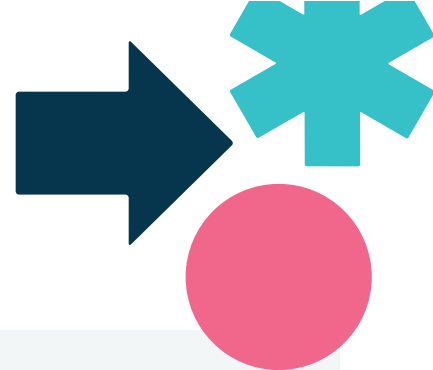


People affected by disaster deserve the best possible care.

We work with academic bodies on operational research to improve patient care and support the professionalisation of humanitarian health care.



The growing need



We are proud partners in the UK Emergency Medical Team, the front line of the UK government's response to a humanitarian crisis overseas, funded with UK Aid from the Department for International Development (now the Foreign, Commonwealth and Development Office). As our closest and longest standing donor, we would like to thank them and the British people for their ongoing commitment to our patients and our work.

The EMT network is driven by the World Health Organisation (WHO) and ensures that teams that respond following disasters are well trained, self-sufficient and have the skills and equipment to respond effectively rather than imposing a burden on the national system. For all our responses we work closely with WHO country offices and the Secretariat in Geneva.

Our standby registers are generally staffed by the best of the NHS, but due to the strains placed on the UK healthcare system by COVID-19 earlier this year, UK-Med adapted quickly to find highly skilled staff from around the world to lead our responses. This has been an exceptional pivot for the organization and we're delighted to welcome our new members. I'd also like to pay tribute to our hard-working, dedicated and passionate small staff team who have demonstrated a herculean effort to recruit, onboard, train, deploy and manage our teams in the field so quickly and so skillfully.

In this year we have refined further our operating model of embedding our staff with host organizations or facilities – allowing us to hit the ground running and have the maximum impact. We look forward to building on the fantastic relationships we have with our partners the Fire and Rescue Service (FRS), Humanity & Inclusion (HI), Palladium, the Humanitarian and Conflict Response Institute (HCRI) at the University of Manchester, The Johns Hopkins Centre for Humanitarian Health and The John Hopkins Centre for Communication Programmes, Mercy Malaysia, Save the Children Federation, Save the Children UK and Save the Children South Sudan, our Australian Emergency Medical Team counterparts AUSMAT and the various Ministries of Health who we work closely with around the world.

We are driven by the belief that people affected by health emergencies deserve the highest quality emergency healthcare. Our work to ensure they receive that life-saving care would not be possible without our donors. Thank you for sharing our belief in a world prepared to help.

Best wishes,
David



Our vision, mission & values



Vision

Disaster affected populations have equitable access to high quality health outcomes.

Mission

To provide high quality essential health care in response to natural and man-made disasters and work with teams to prepare for future threats.

Values

Professional

Our work meets the highest professional standards and we deliver high quality programming.

Excellent

The emergency medical care we provide in the aftermath of disasters is of the highest standard, recognised by both the World Health Organisation and UK government.

Accountable

Our patients, colleagues, partners and donors are at the core of what we do.

Collaborative

We work with partners and other medical teams to respond to disasters quickly and effectively.

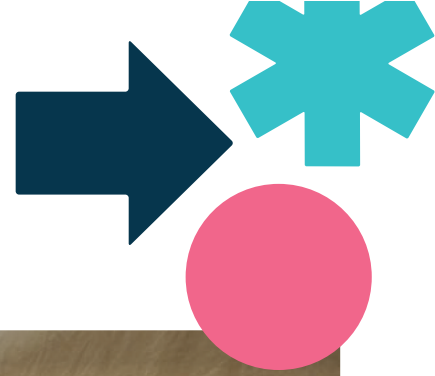
Effective

We are able to respond quickly where the need is greatest, adapting our actions to the specific context.

Altruistic

Saving lives and alleviating suffering is our drive.

Our year in review



UK-Med CEO David Wightwick working with the WHO in Beira, Mozambique following Cyclone Idai



March / April 2019

In March 2019, Cyclone Idai swept through Mozambique, Zimbabwe and Malawi. A total of 3 million people were affected in the three countries. Tragically, over 1000 people lost their lives. In the aftermath, a cholera outbreak and disruption of healthcare services threatened many more lives. From late March through April, we helped the WHO coordinate a vast vaccination and treatment programme. More than 1200 vaccinators in around 300 sites reached more than 800 000 people in four high-risk districts in just six days.

April

UK-Med took part in Modex – a European-wide training exercise bringing together emergency medical teams across to improve continental collaboration and response in the event of a mass casualty health emergency.

May

Throughout May we supported Save the Children in Mozambique, where we helped set up eight mobile clinics in the rural area of Sofala, where villages after roads were destroyed by the floods. The clinics provided ongoing primary health care services like anti-malarial treatments and care for mothers and babies.

Our year in review



UK-Med member Liz Wennington works with healthcare workers in Myanmar



Mass casualty training exercises in Mandalay and Yangon hospitals

May

Myanmar is one of the most at-risk countries in the world, regularly experiencing severe natural disasters including cyclones, floods and droughts. In May and September 2019, our team helped deliver mass casualty trainings at hospitals in Mandalay and Yangon, supporting the development of emergency department major incident planning.

Member Voices

Liz Wennington, Emergency Nurse Practitioner and UK-Med member was one of the training team:

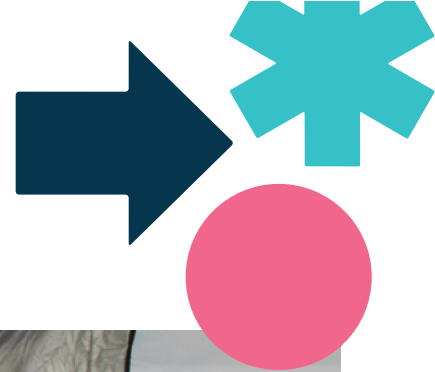
“I have worked for the NHS for 40 years since arriving from Malaysia on a very cold December day in 1978 to start my nurse training. I remembered being driven from Heathrow to my nurses’ accommodation and black bin bags lined the streets- that famous Winter of Discontent (now I am showing my age)! I have worked in various Emergency Departments, finally settling in a Walk in Centre that treats minor illness and injuries in Greater London as an Emergency Nurse Practitioner.

What impressed me most was the “can do” attitude of all the doctors and nurses I met.

I was absolutely thrilled to be selected to join the Disaster Preparedness and Mass Casualty technical support team in Myanmar. What impressed me most was the “can do” attitude of all the doctors and nurses I met. There was no such thing as a hospital divert when there is no hospital bed. One reply was “We will make beds even if the patient has to be admitted onto benches and chairs.” Medical wards that have capacity for 60 beds often accommodate 80. The staff are supported by medical students and relatives who will wash and feed family members and act as porter to transport to X-ray or CT departments. They worked in conditions that to my eyes were very challenging and with a lack of basic equipment like sphygmomanometers and oxygen monitoring equipment.

The various clinical departments tended to work in isolation, so we worked on facilitating a more collaborative approach during Major Incident Management. There is no public ambulance service in Myanmar and patients are brought in by ‘charity ambulances’, which sometimes can be a tuk-tuk. The hospitals had their own ambulances for transfer of patients to other parts of the hospital because the hospital was large and sprawling, with many different buildings.”

Our year in review



May continued

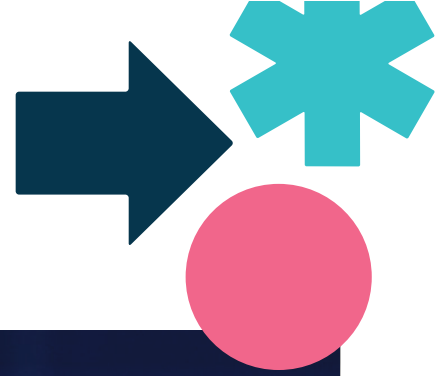
May also saw our participation in SIMEX in Portsmouth, the UK's largest annual international disaster response exercise. This allowed our on-call teams of medics train for a response, practising drills and testing and improving procedures. With the team on standby to be deployed anywhere in the world within twenty-four hours, exercises are vital to ensure our teams are well-trained – ready to save lives as soon as they arrive in-country.

July

For the year leading up to July 2019, an Ebola epidemic gripped the Democratic Republic of Congo. The epidemic was the second largest recorded outbreak with more than 2,700 people infected and over 1,800 deaths, with over 1,180 children orphaned as a result. When the first case was confirmed in the congested border town of Goma, the WHO declared the outbreak a Public Health Emergency of International Concern.

UK-Med deployed a small team of Ebola experienced doctors, nurse and outbreak infrastructure specialist to Rwanda to work with the WHO and Rwandan Ministry of Health to prepare for Ebola spreading across the border. Reviewing their plans and preparations for reducing the risk of Ebola spreading. We continued to provide support in this area for 2019, before re-purposing our work in early 2020 in light of the growing threat of coronavirus.

Our year in review



Outbreak response register training



August

In August, Dr Anisa Jafar of the Humanitarian and Conflict Response Institute at the University of Manchester published research featuring participants from the UK-Med register of clinicians. The research looked at understanding and improving medical documentation in disasters, providing an invaluable contribution to an under-researched and essential aspect of disaster response.

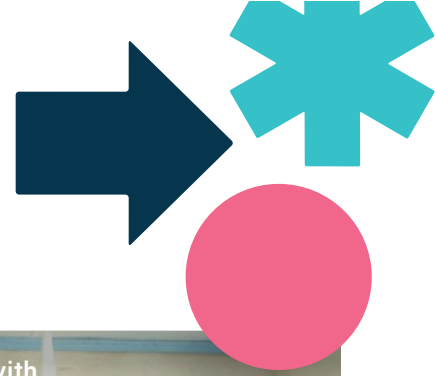
The relationship between UK-Med with the Humanitarian and Conflict Response Institute (HCRI) of the University of Manchester is extremely important and provides an academic supportive wrap-around to our work.

September

Coronavirus has shown that aside from the number of lives a disease claims or forever alters, outbreaks create unimaginable hardships and long-lasting impacts for any affected country. The poorest and most marginalised communities – people in poverty, migrants, internally displaced people, refugees, women and children – are invariably the worst affected.

The challenges faced by governments and the global humanitarian community in responding to an outbreak situation are enormous. That's why UK-Med has been part of the READY project since late 2018 with partners Save the Children, The Johns Hopkins Centre for Humanitarian Health and MERCY Malaysia. With funding from the United States Agency for International Development (USAID) Office of U.S. Foreign Disaster Assistance (OFDA) READY aims to improve outbreak preparedness and response. We have built our highly skilled and experienced Outbreak Response Team, who underwent an intense training programme in September 2019.

Our year in review



UK-Med member Yuheng Zhou running a training session with healthcare workers in South Sudan



Midwife Brenda (right) with colleagues in Kapoeta, South Sudan

October

In October 2019 we worked alongside the South Sudan Ministry of Health to provide Emergency Obstetric and Neonatal Care training to 86 healthcare workers in South Sudan. Brenda (pictured above) is one of the dedicated, dynamic and passionate midwives we met. South Sudan has experienced years of civil war since independence, with many health care workers fleeing the country or having their training halted by ongoing violence.

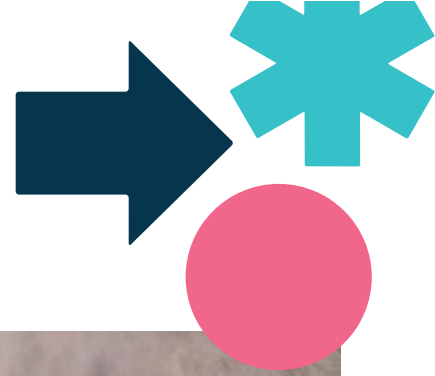
As a result, there is a severe shortage of trained healthcare professionals, including midwives, which means South Sudan has the highest maternal mortality rate in the world. A mother in South Sudan is eighty-seven times more likely to die in childbirth than a mother in the UK, and her baby twenty-four times less likely to reach the age of five.

Brenda (pictured above) is one of the dedicated, dynamic and passionate midwives we met.

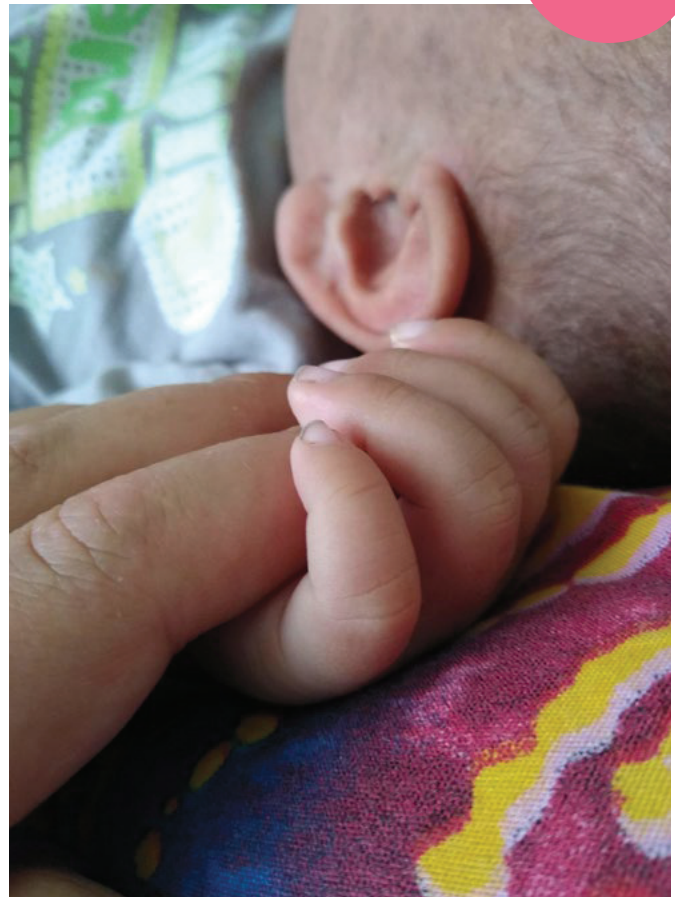
“We are here to save human life. And as you save mothers, you save the nation.”

“South Sudan as a whole has 2054 mothers dying in a year due to complications from labour, delivery and pregnancy. So the skills that we received, it is going to bring good impact. We are here to save human life. And as you save mothers, you save the nation. If mothers die, there is no nation. Because they’re the one to take care and bring up the children, they’re the ones to protect the children’s health to be the next generation. I believe it’s a very good idea to form up this team and come and give the skills to reduce maternal and neonatal death.”

Our year in review



Nurse Susanna Keirderling
and her patient



December

Member Voices

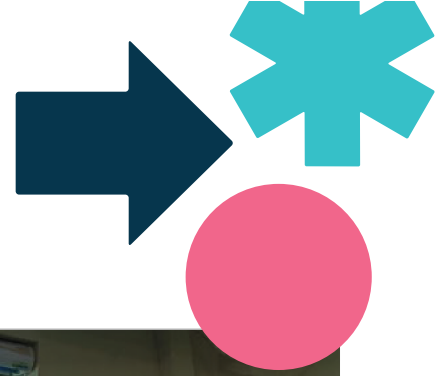
Susanna Keirderling – Paediatric Nurse

“It was a privilege to work together with the Samoan staff during this time and learn from each other. Most of these nurses had been working for weeks since the outbreak started without a day off, yet still had a smile on their faces. The way that the Samoan people welcomed us in was truly touching, and it was a Christmas I'll never forget. Experiencing the deaths of children from this preventable disease was really heart-breaking, but seeing the children I'd been caring for who had been so unwell, improve and be discharged home with their families was amazing.”

Our two teams totalling 26 clinicians from the UK worked alongside Australian Medical Assistance Team (AUSMAT) colleagues. Both teams mainly worked in the overflow tents in the hospital grounds to cope with the unprecedented numbers of measles cases that had overwhelmed this small island.

We'd like to thank everyone who supported the team – partners, colleagues, donors, friends and family to save lives and provide care to alleviate the suffering of the children and families affected. We are grateful for the care, compassion, skill and professionalism our teams showed, and the huge difference they made to the lives of the children and their parents. It was an incredibly tough response and we are very proud of what the team achieved.

Our year in review



Dr Fredrick Mate speaks to staff in a clinic in Ghana



February 2020

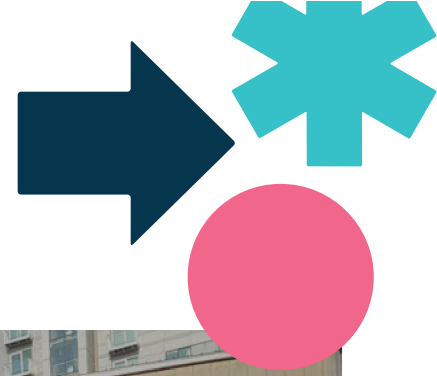
On January 30th, 2020, the WHO declared the 2019-nCoV outbreak a Public Health Emergency of International Concern.

UK-Med responded to calls from the governments of Cambodia, South Africa and Ghana in February to work with them to put in place the systems and processes to help their healthcare systems deal with an outbreak of COVID-19 and train frontline health care workers.

Preparedness efforts such as this save lives. During our Cambodia, South Africa and Ghana responses we trained 4,163 healthcare workers in how to use PPE, case management and infection prevention and control protocols. We worked at national level with the Ministries of Health to adapt the WHO guidelines on COVID to the particular country context.

As the cases grew in these countries, it was clear that our preparedness work had proved vital in ensuring robust plans were in place to ensure effective containment of the virus.

Our year in review



Nurse David Anderson joins the team setting up the Nightingale Hospital in Manchester



March 2020

At the end of March, UK-Med Humanitarian Health Advisor David Anderson and Senior Health Advisor Sarah Collis were seconded to help set up the NHS Nightingale North West. They brought experience of responding to outbreaks and our Founder Professor Tony Redmond led the team as Medical Director.

Member Voices

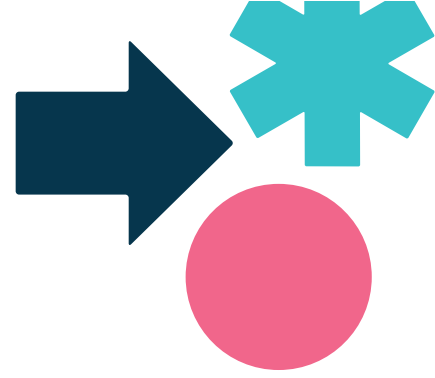
David Anderson

“I have had the privilege of working around the world in many different contexts with some special individuals and teams as part of my work with UK-Med.

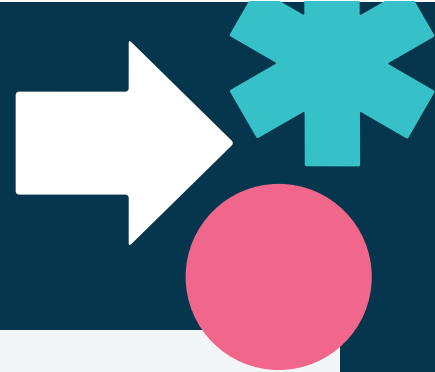
Working at NHS Nightingale North West has been one of the most spectacular examples of teams from all sectors working together to deliver, in the shortest of timescales, a facility which can deliver the highest possible level of care to the wonderfully diverse population in the North West.

It's been inspiring to work with colleagues to ensure we can and will deliver the highest possible level of care. However, my endearing hope is that all of this work will not be required, as I truly hope and wish that the Nightingale facilities will never be required to operate fully, as this will mean that we have contained COVID-19, and limited this most difficult of diseases.”

Thank you to our supporters,
donors and fundraisers who've
made our work possible this year



Our plans for the future



Our work to deliver our vision and mission is guided by our three-year strategic plan. Our current strategic period runs to June 2021 and we are in the process of developing our next strategy. We monitor the progress of our projects through weekly sitreps, followed by more detailed monthly reporting and an end of project report. This feeds into the quarterly reports prepared for the board of trustees to monitor organisational performance at a strategic level, with the directors reporting on progress and challenges at each quarterly board meeting.

To date, UK-Med has been involved in short-term responses during specific emergencies, especially outbreaks. We are continuing to develop our longer-term programming, building on these responses and partnerships to continue with training and healthcare system strengthening over a longer period of time. Alongside this we are developing a framework to perform a long-term impact evaluation of our interventions.

In the future we we hope to strengthen our partnerships with academic bodies. We are partnering with the Humanitarian health responses. We are also partnering with the Humanitarian and Conflict Response Institute and Save the Children on producing a report on Humanitarian Response and the Climate Emergency.

We are also working to develop clearer career pathways for humanitarian health workers. We are partnering with the Royal College of Surgeons on integrating humanitarian healthcare into their Faculty of Remote and Rural Medicine – to give clinicians who would like to practice overseas and maintain their NHS practice a professional home.

We hope to build on the warm reception we received to our first ever fundraising events and initiatives. We are incredibly grateful to those who are supporting with a monthly gift, those who took part in our fundraising events like the Great Manchester Run, pub quiz and comedy night and to our fundraising volunteers including the UK-Med University of Manchester Student Society.



A key priority for UK-Med in the coming year is developing our operational capacity and systems. We have brought on board new team members in order to do this, and as of March 2020 our staff headcount stood at **27** from the previous year at 21 team members.

Our finances

The main source of income for the charity is a grant from the Department for International Development (DFID), now the Foreign Commonwealth and Development Office. This grant has been extended by twelve months, running from 1 January 2016 to 31 December 2021. Additional funding has been secured this year through partnership working with other NGO's including Save the Children on the USAID OFDA Ready programme and with other organizations on smaller contracts supporting outbreak and emergency response. We are undertaking an institutional donor mapping and beginning registration in the EU. We have strengthened our finance function and systems to ensure strong donor compliance and restricted fund management. We have grown and continue to grow our communications function so we are able to effectively support our institutional partnerships and grow our donor base.

UK-Med is very new to fundraising, but we are committed to growing our voluntary income and our start-up fundraising strategy commenced in February 2019 and has shown promising progress. We've updated our website, set up the infrastructure to accept donations from the public and started fundraising from events. We have started to build an individual giving, trusts and major giving programme. The next fundraising strategy seeks to broaden our range of institutional donors and grow our voluntary income to 20-30% of our turnover.

A professional fundraiser, a member of the Chartered Institute of Fundraising, has been in post since November 2018. In 2019 the charity registered with the Fundraising Regulator and subscribed to the Code of Fundraising Practice. The board approved an Ethical Fundraising Policy in early 2019 which outlined the approach to fundraising, as well as our Fundraising Promise. We set up a fundraising complaints procedure, and no formal complaints were dealt with during the year. However one enquiry was received following the first direct mail campaign and answered by the SMT and chair of the board. UK-Med policies have been reviewed in line with fundraising obligations, with revisions made to the charity's Privacy Policy and Safeguarding Policy in relation to fundraising and vulnerable persons.

The charity does not hold investments. Cash reserves are held in a current account and used as working capital. The charity has a defined contribution pension scheme for its employees. The trustees are satisfied with the charity's financial position at 31 March 2020 and consider that both cash flow and the level of unrestricted reserves to be healthy.

Reserves policy

The trustees consider that reserves are needed for the following reasons:

1. To enable the charity to respond to overseas emergencies at short notice before external funding is secured (from the government or other sources).
2. To enable the charity to pay for its core costs when externally funded projects do not include core costs and so to allow the charity to continue and be able to respond to emergencies.
3. To act as a buffer for cash flow to cover delays in payment.

For example, the current main source of funding for UK-Med is a grant from the Department for International Development (DFID), which is usually received midway through each quarter. UK-Med is therefore funding charitable activities from reserves for the first part of each quarter. The core grant received each quarter is typically £400,000 to £500,000.

Reserves are required should the charity cease to operate to cover its winding up costs. These represent 3 to 6 months core costs which the charity estimates to be £300,000 to £600,000.

A major grant from DFID was secured for five years from 1 January 2016. As at 31 March 2020, total UK-Med reserves were £957,873. This comprised restricted funds of £53,584, designated funds of £440,140 and free reserves of £464,149. £150,000 was transferred out of free reserves into two designated funds at the start of the year which meant there was an overall reduction on free reserves of £63,004 during the year.

The £150,000 transfer was into 2 designated funds. £75,000 went into a deployment reserve, £11,723 of this was spent during the year leaving a balance of £63,277 at 31 March 2020. The other £75,000 went into a development reserve, £4,784 of this was spent during the year, leaving a balance of £70,216.

Structure, governance and management

Charity number	1166956
Registered office and operational address	UK Med c/o HCRI 1st floor, Ellen Wilkinson Building Oxford Road Manchester M13 9PL
Trustees	<p>Trustees who served during the year and up to the date of this report were as follows:</p> <p>Professor Alistair Ulph - Treasurer - Retired Feb 2020 Professor Anthony Redmond - Chair Professor Bertrand Taithe Mark Vincent Prescott - Retired Feb 2020 John Philip Shuker - Retired Feb 2020 Harpreet Kohli Professor John Simpson Orla Fee Pamela Welsh Louise Parnell - Appointed 31 October 2019 (appointed to Treasurer in Feb 2020)</p>
Key management personnel	<p>David Wightwick - Chief Executive Roy Daley - Operational Lead Sinead O'Reilly - Health Programmes Director - Stepped down October 2019 Dr Lina Evecherri - Appointed November 2019</p>
Bankers	<p>Lloyds Bank Plc 46-48 High Street Newcastle-under-Lyme ST5 1QY</p>
Auditors	<p>Slade & Cooper Limited Greenfish Resource Centre 46-50 Oldham St, Manchester, M4 1LE</p>

The trustees present their report and the audited financial statements for the year ended 31 March 2020. Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the charity's constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Purposes and aims

UK-Med trains and deploys specialist medical and other healthcare personnel to disasters overseas, particularly where local and national health services have been overwhelmed and are unable to cope without outside help.

UK-Med (charity no. 1166956) was established in 1995 for the “relief of any sickness, suffering and injury caused by any natural or man-made disaster by the provision of emergency medical aid, and the re-establishment of health and associated services and the rehabilitation of such victims where possible”. Running parallel to, and in support of, the delivery of this emergency medical humanitarian assistance is promoting “the advancement of the education of the public by the provision of training facilities to enable them to aid and assist in the care and treatment of victims of such disasters and the advancement of the education of the public by promoting study and research in to methods of providing emergency medical aid and associated activities to areas affected by such disasters and disseminating the useful results thereof”.

The trustees review the aims, objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Governing document

UK Med is governed by a Charitable Incorporated Organisation Constitution dated 5 May 2016.

Recruitment and appointment of trustees

We appointed a new Trustee to the board to take on the role of UK-Med Treasurer. The Trustees each reflecting the necessary skills to oversee such an organisation, including medicine, humanitarian and conflict response, charity law and financial management experience..

Induction and training of trustees

All trustees are fully conversant with the role, duties and obligations of Charitable Trustees. New Trustees have been through an internal induction training programme before taking up their position on the Board.

The required skills of the membership of the Board of Trustees is kept under constant review and adjustments made as necessary. Recruitment of additional trustees is planned for 2020 - 21.

Trustee meetings

The trustees meet quarterly when they review the activities of the Charity and receive update reports from the Senior Management Team (SMT). A standard agenda item is updating the register of trustees' interests which helps to identify any conflicts of interest. Where a conflict of interest is identified, it is properly managed i.e. the conflicted trustee would normally leave the meeting where that issue is being discussed.

Approximately two weeks before each meeting, a finance sub-committee (FSC) meets. The FSC consists of the treasurer (who chairs the FSC), the Chief Executive, the Operational Lead, the Head of Finance, and the external financial consultant. Management accounts are reviewed in detail by the FSC which makes recommendations to the full board.

Organisational structure

Day to day management has been in the hands of the Chief Executive, David Wightwick, Roy Daley who is the Operational Lead and Dr Lina Echeverri as Health Director. Current external advisory consultants include a Chartered Accountant specialising in Charities and a human resources company (with extensive knowledge of charities). This Senior Management Team meets on a weekly basis.

UK Med is governed by a Charitable Incorporated Organisation Constitution dated 5 May 2016. The trustees are members of the charity with voting rights. The trustees have no beneficial interest in the charity.

The trustees give their time voluntarily and receive no financial benefits from the charity. Any expenses reclaimed from the charity are set out in note 10 to the accounts.

Related parties and relationships with other organisations

Professor Bertrand Taithe is the Executive Director of the Humanitarian and Conflict Response Institute (HCRI) at the University of Manchester and Professor Anthony Redmond is Emeritus Professor at HCRI. UK-Med occupies a suite of offices in the HCRI and shares university meeting room facilities and IT support.

Remuneration policy for key management personnel

Levels of pay are "benchmarked" against salaries paid by the University of Manchester. For key management personnel, their level of pay is approved by the trustees.

Auditors

Slade & Cooper Ltd were re-appointed as the charity's auditors during the year and have expressed their willingness to continue in that capacity.

26 Nov 20

The trustees' annual report has been approved by the trustees on <date> and signed on their behalf by:

Name
Title

Anthony Redmond
Chair



Risk management

The trustees have in place a risk management register where risks are identified and graded according to likelihood and impact. This document is updated quarterly and systems are put into place to manage key risks. In terms of the day to day risks, the charity has considerable expertise in managing medical emergencies, and as such ensures that risks associated with such activities are carefully managed.

These systems mean that the charity's trustees have given consideration to the major risks to which the charity is exposed and satisfied themselves that procedures are established in order to manage those risks.

Statement of responsibilities of the trustees

- The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year that give a true and fair view of the charity's financial activities. The trustees observe the methods and principles in the Charities Statement Of Recommended Practice (SORP)

and:

- 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 statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

Independent Auditors' Report to the Trustees of UK-Med

Opinion

We have audited the financial statements of UK-Med (the 'charity') for the year ended 31 March 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. 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.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2020, 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.

Basis for opinion

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 8, the trustees are responsible for the preparation of financial statements which give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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

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

Use of our report

This report is made solely to the 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 trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Slade & Cooper Limited
Statutory Auditors
Green Fish Resource Centre
46-50 Oldham Street
Manchester
M4 1LE



Date: 01 / 19 / 2021

Slade & Cooper Limited 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 2020

	Note	Unrestricted Funds £	Restricted Funds £	Total funds 2020 £	Total funds 2019 £
Income from:					
Donations and legacies	3	110,476	-	110,476	877
Charitable activities: Humanitarian aid including training	4	257,889	2,276,943	2,534,832	1,796,534
Total income		368,365	2,276,943	2,645,308	1,797,411
Expenditure on:					
Charitable activities: Humanitarian aid including training	5	424,716	2,150,312	2,575,028	1,910,473
Total expenditure		424,716	2,150,312	2,575,028	1,910,473
Net income/(expenditure) before net gains/(losses) on investments	7	(56,351)	126,631	70,280	(113,062)
Net income/(expenditure) for the year		(56,351)	126,631	70,280	(113,062)
Transfer between funds		162,265	(162,265)	-	-
Net movement in funds for the year		105,914	(35,634)	70,280	(113,062)
Reconciliation of funds					
Total funds brought forward		798,375	89,218	887,593	887,593
Total funds carried forward		904,289	53,584	957,873	774,531

The statement of financial activities includes all gains and losses recognised in the year.
All income and expenditure derive from continuing activities.

Balance Sheet as at 31 March 2020

	Note	2020 £	£	2019 £	£
Fixed assets					
Tangible assets	12		155,623		79,339
Total fixed assets			155,623		79,339
Current assets					
Stock		151,024		191,883	
Debtors	13	606,647		221,829	
Cash at bank and in hand		264,322		625,677	
Total current assets		1,021,993		1,039,389	
Liabilities					
Creditors: amounts falling due in less than one year	14	(219,743)		(231,135)	
Net current assets			802,250		808,254
Total assets less current liabilities			957,873		887,593
Net assets			957,873		887,593
Funds of the charity:					
Restricted income funds	15		53,584		89,218
Unrestricted income funds	16		904,289		798,375
Total charity funds			957,873		887,593

The notes on pages 31 to 39 form part of these accounts.

Approved by the trustees on 26 November 2020 and signed on their behalf by:



Professor Anthony Redmond (Chair)



Louise Parnell (Treasurer)

Statement of Cash Flows for the year ending 31 March 2020

	Note	2020 £	2019 £
Cash provided by/(used in) operating activities	18	(226,684)	(43,082)
Cash flows from investing activities:			
Purchase of tangible fixed assets		(134,671)	(18,551)
Cash provided by/(used in) investing activities		(134,671)	(18,551)
Increase/(decrease) in cash and cash equivalents in the year		(361,355)	(61,633)
Cash and cash equivalents at the beginning of the year		625,677	687,310
Cash and cash equivalents at the end of the year		264,322	625,677

Notes to the accounts for the year ended 31 March 2020

1) Accounting policies

The principal accounting policies adopted, judgments and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015), including update bulletin 1 - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

UK-Med meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b) Preparation of the accounts on a going concern basis

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. There were no key judgments made by the trustees which have a significant effect on the accounts.

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

c) Income

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

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

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

d) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised; refer to the trustees' annual report for more information about their contribution.

These accounts include a donation of fixed assets, this is equipment for a field hospital mainly consisting of tents, these have been valued at replacement value.

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

e) Interest receivable

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

f) Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of charity.

Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose.

Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

g) Expenditure and irrecoverable VAT

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

- Expenditure on charitable activities includes the costs undertaken to further the purposes of the charity and their associated support costs.
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Operating leases

Operating leases are leases in which the title to the assets, and the risks and rewards of ownership, remain with the lessor. Rental charges are charged on a straight line basis over the term of the lease.

i) Tangible fixed assets

Individual fixed assets costing £1,000 or more are capitalised at cost and are depreciated over their estimated useful economic lives on a straight line basis as follows:

Medical & IT Equipment 25%

j) Stock

Stock is included at the lower of cost or net realisable value. In general, cost is determined on a first in, first out basis. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving, and defective stocks. Donated items of stock are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

k) Debtors

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

l) Cash at bank and in hand

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

m) Creditors and provisions

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

n) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

o) Pensions

Employees of the charity are entitled to join a defined contribution 'money purchase' scheme. The charity's contribution is restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end.

2) Legal status of the charity

The charity is a charitable incorporated organisation, registered as a charity in England & Wales.

3) Income from donations and legacies

	Unrestricted £	Restricted £	Total 2020 £	Unrestricted £	Restricted £	Total 2019 £
Donations	5,855	-	5,855	877	-	877
Fixed assets donated	96,160	-	96,160	-	-	-
Stock donated	8,461	-	8,461	-	-	-
Total	110,476	-	110,476	877	-	877

4) Income from charitable activities

	Unrestricted £	Restricted £	Total 2020 £	Unrestricted £	Restricted £	Total 2019 £
Grant income						
DFID - core	-	1,740,767	1,740,767	-	1,625,874	1,625,874
DFID - Samoa	-	243,388	243,388	-	-	-
DFID - nCoV Response	-	48,580	48,580	-	-	-
DFID - Rwanda	-	91,567	91,567	-	-	-
Save the Children	-	152,641	152,641	-	26,075	26,075
Handicap International	4,017	-	4,017	-	-	-
Total grant income	4,017	2,276,943	2,280,960	-	1,651,949	1,651,949
Earned income						
Palladium Pharmacy	64,198	-	64,198	92,298	-	92,298
DFID pharmacy	109,575	-	109,575	-	-	-
Palladium other	29,628	-	29,628	13,017	-	13,017
DAI - TDDAP	42,937	-	42,937	-	-	-
Training	2,543	-	2,543	39,270	-	39,270
Save the Children	4,991	-	4,991	-	-	-
Total earned income	253,872	-	253,872	144,585	-	144,585
Total for humanitarian aid including training	257,889	2,276,943	2,534,832	144,585	1,651,949	1,796,534

5) Analysis of expenditure on charitable activities

	Humanitarian aid Including training £	Total 2020 £	Total 2019
Staff costs	1,148,841	1,148,841	930,793
Travel & transport	287,022	287,022	65,474
Insurance	92,394	92,394	77,365
Depreciation	58,387	58,387	31,274
Project costs	838,506	838,506	670,496
Administration	75,019	75,019	68,932
Premises costs	69,841	69,841	63,667
Governance costs (see note 6)	5,018	5,018	2,472
	2,575,028	2,575,028	1,910,473
	2020 £	2019 £	
Restricted expenditure	2,150,312	1,655,137	
Unrestricted expenditure	424,716	255,336	
	2,575,028	1,910,473	

The cost of stock purchased and used by the charity is included within project costs. It is difficult to separate this cost from project costs as the cost of stock occurs within different parts of project costs.

6) Analysis of governance and support costs

	Basis of apportionment	Support £	Governance £	Total 2020 £
Audit fees	Governance	-	5,018	5,018
Accountancy services	Governance	-	-	-
Meeting costs	Governance	-	-	-
		-	5,018	5,018

	Basis of apportionment	Support £	Governance £	Total 2019 £
Audit fees	Governance	-	2,045	2,045
Accountancy services	Governance	-	-	-
Meeting costs	Governance	-	427	427
		-	2,472	2,472

7) Net income/(expenditure) for the year

This is stated after charging/(crediting):

	2020 £	2019 £
Depreciation	58,387	31,274
Auditor's remuneration - audit fees	5,018	2,045

8) Staff Costs

Staff costs during the year were as follows:

	2020 £	2019 £
Wages and salaries	764,627	619,408
Social security costs	76,617	62,069
Pension costs	70,366	62,276
Seconded staff, consultancies & temporary staff	214,927	149,918
Staff recruitment, training and development costs	22,304	37,122
	1,148,841	930,793

One employee received between £90,000 and £99,999 remuneration in the year, and one employee also received between £90,000 and £99,999 in 2019.

The average number of staff employed during the period was 20.17 (2019: 21).

The average full time equivalent number of staff employed during the period was 19.53 (2019: 14.69).

The key management personnel of the charity comprise the trustees, the Chief Executive Officer, the Operational Lead and Medical Director. The total employee benefits of the key management personnel of the charity was £222,773 (2019 £191,351).

9) Trustee remuneration and expenses, and related party transactions

No trustees received any remuneration of during the year (2019: £nil).

2 trustees received travel and subsistence expenses during the year of £379.55 (2019:£799).

David Wightwick, the CEO of UK Med, is also an investor in the Operations Partnership and previously held a post within that organisation. The trustees are aware of this relationship. The Operations Partnership offer consultancy in the humanitarian field and Uk Med have hired the Operations Partnership for specialist services during the year amounting to £43,999 (2019: £11,438). David was not involved in the decision made by the charity to use the services of the Operations Partnership.

10) Government grants

The government grants recognised in the accounts were as follows:

	2020 £	2019 £
DFID grants	2,124,302	1,625,874
	<u>2,124,302</u>	<u>1,625,874</u>

There were no unfulfilled conditions and contingencies attaching to the grants.

11) Corporation tax

The charity is exempt from tax on income and gains falling within Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects. No tax charges have arisen in the charity.

12) Fixed assets: tangible assets

	Medical & surgical equipment £	Total £
Cost		
At 1 April 2019	167,553	167,553
Additions	134,671	134,671
Disposals	(2,140)	(2,140)
	<u>300,084</u>	<u>300,084</u>
At 31 March 2020		
Depreciation		
At 1 April 2019	88,214	88,214
Charge for the year	58,387	58,387
Disposals	(2,140)	(2,140)
	<u>144,461</u>	<u>144,461</u>
At 31 March 2020		
Net book value		
At 31 March 2020	<u>155,623</u>	<u>155,623</u>
At 31 March 2019	<u>79,339</u>	<u>79,339</u>

13) Debtors

	2020 £	2019 £
Grants receivable	468,932	149,317
Prepayments and accrued income	137,715	72,512
	606,647	221,829

14) Creditors: amounts falling due within one year

	2020 £	2019 £
Trade creditors	115,199	117,760
Short term compensated absences (holiday pay)	14,500	12,200
Other creditors and accruals	72,181	83,614
Taxation and social security costs	17,863	17,561
	219,743	231,135

15) Analysis of movements in restricted funds

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers £	Balance at 31 March 2020 £
Activity 1					
DFID main grant	84,573	1,740,767	(1,650,911)	(120,845)	53,584
DFID - Samoa	-	243,388	(227,466)	(15,922)	-
DFID - nCoV Response	-	48,580	(45,402)	(3,178)	-
DFID - Rwanda	-	91,567	(85,577)	(5,990)	-
Save the Children	4,645	152,641	(140,956)	(16,330)	-
Total	89,218	2,276,943	(2,150,312)	(162,265)	53,584

Previous reporting period	Balance at 1 April 2019 £				Balance at 31 March 2020 £
Activity 1					
DFID main grant	210,203	1,625,874	(1,632,057)	(119,447)	84,573
Save the Children	-	26,075	(19,785)	(1,645)	4,645
Jeremy Dick	3,295	-	(3,295)	-	-
Humanitarian Fellows	1,000	-		(1,000)	-
Total	214,498	1,651,949	(1,655,137)	(122,092)	89,218

"Name of restricted fund"	Description, nature and purposes of the fund
DFID main grant	This is the current main DFID grant.
Mr Jeremy Dick	Mr Jeremy Dick is a neurosurgeon and member of the register. He raises money, usually by giving lectures and in place of a fee a donation is made to UK-Med. Jeremy Dick runs his own projects under the banner of UK-Med using the funds that have accumulated.
Transfers from restricted funds	These represent contributions to the core costs of the charity as agreed with funders and also the cost of items capitalised spent from the fund and items included in stock spent from the fund.

16) Analysis of movement in unrestricted funds

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers £	Balance at 31 March 2020 £
General fund	527,153	272,205	(349,822)	14,613	464,149
Development fund	-	-	(4,784)	75,000	70,216
Deployment fund	-	-	(11,723)	75,000	63,277
Fixed assets	79,339	96,160	(58,387)	38,511	155,623
Stock	191,883	-	-	(40,859)	151,024
	798,375	368,365	(424,716)	162,265	904,289
Previous reporting period	Balance at 1 April 2019 £				Balance at 31 March 2020 £
General fund	450,046	145,462	(255,336)	186,981	527,153
Fixed assets	92,062	-	-	(12,723)	79,339
Stock	244,049	-	-	(52,166)	191,883
	786,157	145,462	(255,336)	122,092	798,375

“Name of unrestricted fund” Description, nature and purposes of the fund

General fund	The free reserves after allowing for all designated funds
Development fund	Funds to be used by the charity for development of the charity's infrastructure and projects.
Deployment fund	Funds to be used by the charity for small scale deployments
Fixed assets	The net book value of fixed assets which are not considered to be part of reserves
Stock	The book value of stock which is not considered to be part of reserves

17) Operating lease commitments

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

	Property 2020 £	2019 £	Equipment 2020 £	2019 £
Less than one year	27,500	-	-	-
One to five years	-	-	-	-
Over five years	-	-	-	-
	27,500	-	-	-

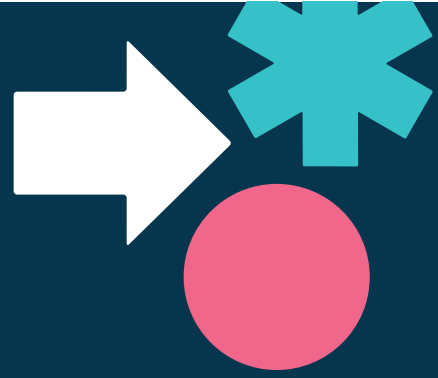
18) Analysis of net assets between funds

	General fund £	Designated funds £	Restricted funds £	Total £
Tangible fixed assets	-	155,623	-	155,623
Other net current assets/(liabilities)	464,149	284,517	53,584	802,250
Total	464,149	440,140	53,584	957,873
Previous reporting period				
	General fund £	Designated funds £	Restricted funds £	Total £
Tangible fixed assets	-	79,339	-	79,339
Other net current assets/(liabilities)	27,153	191,883	89,218	808,254
Total	527,153	271,222		887,593

19) Reconciliation of net movement in funds to net cash flow from operating activities

	2020 £	2019 £
Net income/(expenditure) for the year	70,280	(113,062)
Adjustments for:		
Depreciation charge	58,387	31,274
Decrease/(increase) in stock	40,859	52,166
Decrease/(increase) in debtors	(384,818)	(19,504)
Increase/(decrease) in creditors	(11,392)	6,044
Net cash provided by/(used in) operating activities	(226,684)	(43,082)

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