

Leicester Hospitals Charity
TRUSTEE'S ANNUAL REPORT
FOR THE YEAR ENDED 31 MARCH 2020

Foreword by the Chairman of University Hospitals of Leicester NHS Trust

I am delighted, as Chairman, to present the Leicester Hospitals Charity annual report for the year ended 31 March 2020.

Leicester Hospitals Charity is the official charity of the University of Leicester NHS Trust (UHL), with UHL acting as Corporate Trustee for the Charity. The charity exists to support our patients, visitors and staff by helping to fund equipment, environmental improvements, research opportunities and various other resources that our hospitals would otherwise be unable to have.

I am pleased to report that the charity has had another successful year with total income of £4.7m and £1.6m spent on charitable activities to improve Leicester's Hospitals in 2019-2020.

Towards the end of the financial year the Covid-19 pandemic started to have an impact on the charity. As the UHL began to change its operations to treat those affected by Covid-19, the Charity launched an emergency response appeal to support the Trust during this time.

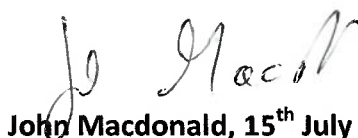
Key highlights of the past year include:

- £382k spent on buildings and equipment to improve the experience of our patients and their families
- £677k spent on patient welfare and amenities and improvement to the environment
- £277k spent on supporting the welfare of our staff so that they can provide excellent care
- £233k spent on supporting research and treatment to improve the outcomes for patients.

The most significant project the Charity has worked on this year is the capital appeal for Phase 1 of the new Leicester Children's Hospital.

The Children's Hospital Appeal was officially launched on 9 July 2019 with the kind hospitality of Leicester City Football Club. As of 31 March we reached a milestone for the appeal with £4.5m raised for Phase 1 of this legacy development for the City and the East Midlands. Our plan is to raise the remaining £3m in 2020-2021.

From our charity and Trust staff to our volunteers and thousands of supporters, I express my sincere gratitude to everyone who has helped contribute to Leicester Hospitals Charity's efforts throughout this last year.



John Macdonald, 15th July 2021

Who we are

Leicester Hospitals Charity (the Charity) is a registered charity (number 1056804). We exist to support patients, their carers; and the NHS staff who look after them in Leicester, Leicestershire, Rutland and beyond.

We do this through targeted fundraising appeals and effective management of donations, to provide additional resources, assets and skills which are not available through NHS funding, and which link closely with the strategic aims of the University Hospitals of Leicester NHS Trust and the broader strategic aims of NHS healthcare in the East Midlands.

UHL provides care to over 1,000,000 people each year from Leicester, Leicestershire and Rutland, and the wider East Midlands, and is our key partner in fulfilling our charitable aims.

We would like you to support us in our crucial work so please read on and let us tell you more about ourselves, what we do, what we have achieved, and how we go about spending the gifts given to us.

What we aim to do: our objective and activities

Our Mission

By raising new money and careful management of our existing funds, Leicester Hospitals Charity provides a public benefit by *“making grants for any charitable purpose relating to the University Hospitals of Leicester NHS Trust.”*

Grants are made in accordance with charity law, our objects, and the wishes and directions of donors. In making grants, we endeavour to reflect the wishes of patients and staff by directing funds towards the areas they tell us are most in need.

During the year 2019/20, grants totalling £1.4m were made. When considering where to focus our attention our corporate trustee's board and particularly the members of the Charitable Funds Committee have regard to the Charity Commission's guidance on public benefit and what this means for LHC.

Our future plans are to continue to increase our level of fundraising over the next three years to achieve an annual target of £5m a year which will help us work with UHL to transform the health prospects of our community.

What we have achieved: highlights from the activities undertaken in the year

Our key aim is to serve the NHS patients of UHL for the public benefit. The Charity defines 'the public' as patients, their carers and the NHS staff who look after them in Leicester, Leicestershire, Rutland and beyond. By funding research, services and equipment we are

able to help UHL provide a level of care which goes beyond that which they are funded by the state to provide. By working with UHL, we assist patients from every walk of life, irrespective of race, creed, ethnicity or personal or family financial circumstances.

We put this aim into practice by helping patients, their families and carers, and visitors to the hospital by:

- enhancing the care UHL offers through funding new equipment and building improvements, to deliver better services and facilities
- improving the environment in which care is delivered through funding major capital projects
- funding medical research to better understand the diseases affecting our patients so that we can develop the cures and therapies of tomorrow
- investing in the people who work at the hospital to create a caring environment for the patients receiving care, their family and visitors.

We do this through a range of programmes funded by our generous donors. Highlights from the main programmes undertaken in the year are detailed below to give a wider understanding of the difference we can make to the patients of UHL.

We are pleased to present a selection of case studies to illustrate the impact that charitable funding has within UHL.

Caring better using new equipment

The skills of our clinical staff cannot be fully realised without the most effective equipment being available for them to use. The constant development of technology means that there are always newer and more effective tools that can be instrumental in making care more effective, more efficient and more comfortable for patients.

As a charity, one of the most powerful impacts we can directly have on patient care is by helping to fund additional or new equipment, over and above that which the NHS provides.

In 2019, Consultant Gastroenterologist Dr Sudarshan Kadri received a grant of £36,219.15 for an Ultrathin Transnasal Endoscope. Before his arrival at UHL, Dr Kadri was the first consultant in the UK to use the Ultrathin Endoscope and wanted to bring the benefits of this technology to the Endoscopy Department at the Leicester General Hospital.

Case Study

Compared to the Ultrathin Endoscope now in use, the standard-sized endoscope utilised by the department is relatively thick. The vast majority of the time, patients must be sedated for it to be used. If a patient has cancer, staff may not be able to pass the endoscope past the cancer, because the scope is too wide.

The Ultrathin Transnasal Endoscope is four times narrower and rarely requires sedation. Patients who don't have anyone who can join them for their appointment regularly struggle

with the standard sized endoscope. With the newer, smaller endoscope, those struggles are almost entirely negated.

Dr Kadri notes, “for patients with cancer, the ultrathin endoscope allows us to do what is necessary for the patient to diagnose whether they have cancer or whether we can rule it out. So for patients who are referred for cancer pathway, this is an ideal scope.

”Because the procedure can be done without sedation, the patient only needs one member of clinical staff with them. They also sit up while the procedure is done through the nose. Overall, it's more comfortable for patients, and there is more space in the treatment room as less people are required.”

As well as being more effective and more comfortable for patients, the Ultrathin Endoscope has also allowed the department to reduce waiting times too. Because a general anaesthetic isn't required, the procedure can be scheduled more quickly, which is of vital importance to patients being treated for cancer. In addition to reducing waiting times, it helps to give our patients more peace of mind.

Dr Kadri believes the impact of the new scope can be measured in how patients on the cancer pathway are often able to be diagnosed earlier than they would have with just the standard-size endoscopes available.

“We cannot afford to miss a cancer diagnosis,” Dr Kadri explains, “so it's fair to say that we've been able to catch more cancers and diagnose them earlier for patients than we would've done before having the ultrathin endoscope.”

As a result of Dr Kadri's success, Leicester's Hospitals has now purchased three more ultrathin endoscopes, meaning we have four now across all three hospital sites. By providing an opportunity for Dr Kadri to try out new technology and demonstrate objective benefits, the Trust has now adopted this new approach.

This would all not have been possible without the generous legacy donation to Leicester Hospitals Charity provided by the late Ms Jean Dakin in January 2019. By leaving a donation in her will with the wish that it go towards medical equipment for oesophageal surgery, Ms Dakin's legacy has had a measurable and important impact on Dr Kadri's patients and the Endoscopy Department. This shows the power that all legacy donations, gifts in wills and donations in memory of loved ones to our charity can have for our hospitals.

Supporting our Staff through difficult experiences

Helping to support the wellbeing of UHL staff is very important to us. Perhaps the most notable example of this is through our regular UHLotto, which Trust staff are able to enter for a chance to win exciting prizes for just £1 a month.

Thirty percent of the money raised from the UHLotto is used to support the Trust's Wellbeing at Work programme to benefit all of our staff, including activities, therapies and

discounts to help staff enhance their physical and mental health. The remaining funds are used for additional, larger wellbeing projects.

This year, one of those projects was the introduction of Schwartz Rounds across all three hospital sites. The Charity awarded a two-year grant in the amount of £12,000 to pilot Schwartz Rounds for staff across UHL.

Case Study

Schwartz Rounds are incredibly valuable to staff across the Trust – both clinical and non-clinical – specifically in regards to supporting their mental health and wellbeing

Licensed in the United Kingdom by The Point of Care Foundation, Schwartz Rounds provide a support framework to organise structured forums where all staff come together regularly (usually monthly) to discuss the emotional and social aspects of working in healthcare.

Once the Round starts, a panel, comprised of three or four staff, share their experiences for the first 15-20 minutes. On each panel, there is ideally a mix of clinical and non-clinical staff with different levels of seniority. Rounds are private and identities of staff involved are protected.

The purpose of Schwartz Rounds is to understand the challenges and rewards that are intrinsic to providing care. The emphasis is not on solving problems or on the clinical aspects of patient care, but on providing a compassionate and understanding environment for staff, just as they themselves show compassion and understanding to patients under our care.

Prior to introducing Schwartz Rounds to our hospitals, there was clear evidence from other NHS Trusts of how they can help hospital staff feel less stress and less isolated in their roles. With the introduction of Schwartz Rounds in UHL, our staff can feel more supported in their jobs, allowing them the time and space to reflect on their roles.

Leicester's Hospitals Freedom to Speak Up Guardian and Nurse, Becky Ballinger, has taken part in this pilot both as a panel member and as part of the audience. She says that Schwartz Rounds have been beneficial for her and her colleagues.

"When I was invited to take part in a Schwartz Round it was something I thought was really important," says Becky.

"Because I'm a nurse, my clinical experience taught me that people in our field don't always talk about things that affect us in our day-to-day working lives - even traumatic experiences, and it is really important for staff to have an opportunity to speak about their experiences.

"It's not about resolving it or make it better, but sharing it. For example, normalising something like watching someone die, no matter what the circumstances, is not normal."

Becky recognises that staff in a hospital environment can sometimes work in 'bubbles' where they perhaps don't interact or understand what colleagues in different roles or departments go through. Through the Schwartz Rounds forums, Becky says that she and fellow colleagues are able to gain an insight into what other staff within the Trust have to face, which is very valuable.

“For me, being able to share something that happened 20 years ago, that I never realised still had an effect on me, was really beneficial. It's really good to sit with other colleagues, no matter what staff group they're from, and realise that we've all had experiences that haven't been all that positive. It's not all negative, but the level of learning and awareness we get from Schwartz Rounds are so important.”

The benefits for Becky reflect the experience of many staff who have participated in Schwartz Rounds so far. In a report on the programme in February to the Executive Quality Board following the first three series of Schwartz Rounds across all three sites, the majority of staff surveyed rated the quality of the forums as either ‘Excellent’ or ‘Exceptional’, while 85% of staff who have participated said they feel better able to care for patients because of it.

The Schwartz Rounds has been especially important during the coronavirus pandemic as staff across UHL are being affected by post-traumatic stress, anxiety and other mental health concerns. Programmes like the Schwartz Rounds have never been more important for staff to help them continue to provide the compassionate and high-quality care our patients and their loved ones rightly expect. to our patients.

In providing this grant through the Staff Lottery funds, Leicester Hospitals Charity is helping to improve the working environment for staff by ensuring they have an opportunity to share and think about the things that they go through. It enables staff to reflect, empathise and learn from a wide range of experiences and situations to improve the patient’s journey.

Research to improve patient’s lives

The John Walls Renal Unit at Leicester General Hospital helps to treat people with kidney disease not just from Leicestershire & Rutland, but from parts of Lincolnshire, Northamptonshire and Cambridgeshire.

The renal team treat hundreds of people who complete kidney failure and need dialysis treatment or a kidney transplant to take the place of the kidneys. They also treat many people with less severe kidney disease and work to stop it getting worse.

As well as caring for patients, staff at the John Walls Renal Unit are very involved in research to better understand kidney disease; find better ways of preventing, diagnosing and treating kidney disease; and improving the health of people who live with the long term effects of kidney failure.

Some of this research is takes place in laboratories, while some of it involves working with patients. In their research, they work closely both with the University of Leicester and Loughborough University.

Although the NHS provides excellent clinical facilities, we always need additional equipment to help improve the quality of care for our kidney patients who must live with a demanding long term condition.

All this is supported by funding raised through our Kidney Care Appeal. The appeal, launched in 2005, has raised over £140,000 to date to support kidney patients and research. We continue to raise funds for two special projects:

Case Study

Regular exercise is important for us all and also helps patients with all stages of kidney disease. The Renal Unit's research is finding out how exercise helps kidney patients, working out the best sort of exercise for them, helping patients to start regular exercise and continue it. Leicester is now the leading centre in the UK for research into exercise for kidney disease.

One of the biggest benefits of funding from our Kidney Care Appeal is in helping to kick-start pilot studies for early career researchers that can act as a proof-of-concept and help to attract larger-scale funding in the future.

Kidney Lifestyle Team PhD Research Assistant, Kate Robinson, is one researcher who we have supported through the appeal with two grants totalling £11,069 to help with her study into muscle wasting in patients with CKD.

"We look at the nature of muscle wasting in patients who have Chronic Kidney Diseases and the treatments, such as exercise interventions, that are used to help combat this," says Kate.

"We're looking into if and how they work, so treatments can be more tailored or you know what type of exercise is best for patients and how it affects their muscles positively. You can ultimately tell whether it's working or not working.

"I'll speak to patients to recruit them, have a biopsy or people will recruit them into exercise studies and do exercise and I'll take the samples to the lab. So, for me, this is my day-to-day work in the laboratory.

Kate applied for two different sets of funding from our charity this year. The first was to help enable her to look at the expression in the muscle of hundreds of different genes, so she can see what has changed and focus on those particular pathways.

The second was to enable her to look at circulating microRNAs (ribonucleic acid), which are small molecules in the bloodstream.

"I've become interested in the heart disease that patients with kidney disease get and whether these circulating molecules can tell us or help predict whether patients develop bad heart disease or whether they're going to get heart disease and the severity of it," explains Kate.

"Because the work that we're doing is quite novel, we rely on charities like Leicester Hospitals Charity to help us with funding so we can explore these ideas. This means we can make a good foundation to take them further and seek core funding to extend the study over a number of years, rather than just having that initial look and see. It means we can go on and lead future investigations and get greater funding to increase the scope of the study.

"I'm really grateful for all the patients who get involved. For early-career researchers like me, these small charity pots of funding and patients willing to take part is the only way we

can explore our ideas when there is only limited funding available to us. It gives up an opportunity to innovate early in our career.”

While we do not yet know what conclusions Kate will draw from her research, we do know that studies like hers will help inform future treatment of Chronic Kidney Disease at the John Walls Renal Unit into the future.

Improving facilities to support our patient’s wellbeing

Play has many benefits to a child’s wellbeing and that is why the United Nations consider it a human right of a child. Charitable funding is vital to provide additional play facilities within the hospitals.

It is well researched that being outdoors and surrounded by nature is beneficial for a child’s environmental and spiritual health and thanks to a £3,000+ donation from the family of a leukaemia patient, the play-roof above the Windsor Building has been given a new lease of life.

Case Study

The new play-roof has been designed to encompass activities that holistically benefit the health and development of young patients. The conservatory divides its time acting as a storage unit filled with beanbags, bikes, toys and tents; and working as an indoor space to play and learn.

There is increasing research that a holistic approach to care accelerates the recoveries of young patients. “Play is the centre of everything for a child,” says Elisha. It’s a normal behaviour and is crucial for a child’s mental and social health. Play helps to release tension and reduce negative feelings such as anger, frustration and isolation due to their condition. Play is also an indicator of their recovery. This space allows children and their families to escape from the wards and forget that they are in hospital, even if only for a brief moment.

The team of play specialists play a pivotal role in supporting the emotional health of children through therapeutic play. They use the play-roof to build a comforting bridge of trust between the child and the clinical world through exploration of their fears and the development of coping strategies. They use a range of resources to explain procedures to apprehensive young patients and often accompany them to and from theatre. “Depending on the patient, we use age appropriate photobooks and teddy bears to demonstrate what is going to happen to them,” illustrates Elisha. “Especially when those procedures involve the insertion of cannulas, needles and lumbar punctures which are often distressing and uncomfortable,” she adds.

The play-roof also serves a vital function in the rehabilitation of young patients. The Physiotherapy Department often utilise the space to improve the physical health of young patients through exercise and mobility development. The space also serves as a “half-way” sensory experience for patients who from birth have never left the hospital and experienced

sounds and sensations that we take for granted. “Imagine never hearing noises such as traffic, or feeling the wind or rain on you face,” emphasises Elisha. For these young patients, the experience of leaving hospital for the first time in their lives can be really overwhelming and the play-roof provides a safe space for these children to be exposed to such stimuli, develop their resilience and ease their anxiety ahead of discharge.

Kirsty’s son Arthur, aged 6, spent over two months in hospital with stays in the Intensive Care Unit (ICU) and Ward 10. Until the play-roof opened, he was unable to go outdoors and enjoy the summer weather. Kirsty explains the importance of this outdoor space.

“During that summer Arthur was getting very down and depressed. He was feeling quite excluded and frustrated because he was so poorly. We were very lucky that we were able to benefit from this fantastic play-roof before he was discharged.

As a parent, it was so moving to see his face light up with when he felt the sun and rain on his face. I will never forget his beautiful smile when he was enjoying a lollypop outdoors – a simple treat that most of us take for granted. It’s my fondest memory of our time at the hospital. To go outside and benefit from the fresh air is so crucial for mental health – being confined to a hospital bed may treat the physical condition but it can be really hard-going emotionally for the children who have to face uncomfortable treatments day after day.

The ability to play or learn outdoors gives children and parents like us, a break from the hospital bubble. It presents an opportunity for the children to play with each other and spend time with the play specialists. It also allows us parents to socialise amongst ourselves. It provided a great sense of belonging to a community during those hard times and we made lifelong friends.”

Enabling more tailored care for our patients

For the last 4 years, the Charity has organised a “Butterfly Walk” event which raises funds for the Breast Care Centre. 2019’s event successfully raised over £20,000 which helped purchase a salient dual head injection system for the centre. This purchase has since led to the opening of the Contrast-Enhanced Spectral Mammography (CESM) Clinic in December 2019.

This specialist clinic offers advanced breast x-ray examinations through the use of a special dye that is injected into the patient’s arm using the salient dual head injection system. This dye produces a clearer image than a traditional mammography – it highlights any abnormalities and allows the radiologist conducting the investigation to understand the structure of the patients’ breast tissue better.

Case Study

This advanced mammography is relatively new, with its first usage reported 2013 by researchers in Nottingham. With little research present at the moment, CESM is not currently funded by the NHS. As a result, charitable funds provide the solution by financing these emerging innovative technologies. The NHS currently provides funding for standard

mammograms and MRI scans to diagnose and stage breast cancer; however, these procedures are not suitable for everybody. Traditional mammography is not as sensitive in identifying abnormalities for patients with dense tissue. For these patients and those requiring further investigation, an MRI scan would be used to help determine diagnosis. MRI scans have limitations - they cannot be conducted if the patient has a pacemaker fitted or they have metal located within their body. CESM resolves these problems by giving the Breast Imaging Team an alternate diagnostic tool to help understand and treat these patients more effectively.

The team at the Breast Care Centre are currently auditing the equipment and comparing results with MRI scans to provide further support for its usage. Early information is showing that when it comes to patient experience, CESM has benefits that outweigh MRI methods

“MRI scans are extremely sensitive and can lead to false positives, especially with lobular breast cancer,” explains Tracyann Crawshaw, a Trainee Consultant Radiographer at the Breast Care Centre. “Sometimes MRI scans highlight non-cancers within the breast where biopsies aren’t necessary,” Tracyann adds. The extra sensitive nature of the MRI images mean that it takes “about 3-4 working days to get [the findings] to the surgeon,” assures Dr Al-Attar, Consultant Radiologist. CESM examination results are turned around within twenty-four hours and the specific nature of these results mean that patients receive the best treatment for their condition. When provided with the best treatment first time, patients are less likely to require further examinations and surgeries which reduce their trauma and stress whilst “saving money for the NHS,” claims Tracyann.

Juliette is just one of the patients who has undergone both CESM and an MRI scan at the Breast Care Centre. “Before I had the Contrast-Enhanced Spectral Mammogram, I had an MRI scan. I found the MRI scan really unpleasant. Going into the machine was quite frightening and it was uncomfortable trying to lie perfectly still for over an hour. The MRI was also really noisy, I was given earphones to help drown out the sound but they didn’t really work for me. I could hear the electronic radio noises for the whole duration of the scan and I could still hear the noises long after the scan had finished.

I had a much nicer experience with the CESM investigation. It was really easy and I was out of the clinic within 40 minutes. “

Enabling “first of its kind” treatment to save lives

Approximately 1 in 5 people aged over 60 in the UK have a form of vascular disease, a condition where the arteries suffer from a build-up of fatty deposits which prevent blood, oxygen and vital nutrients from reaching skin and tissue – particularly in the feet. It is usually caused by smoking and diabetes and for some; this can lead to a serious condition called Critical Limb Threatening Ischaemia (CLTI) where symptoms include persistent leg pain and ulceration. For these patients, access to quick medical intervention is crucial to prevent loss of limbs.

Worldwide, someone has a major lower limb amputation every 30 seconds. In the UK, statistically 12 people lose their foot or leg every day. Treatment typically follows a referral from non-specialist health professionals within the community, which can be lengthy. As a result, 40% of vascular problems occur as emergencies and often lead to patients needing to be admitted as an inpatient to the Vascular Ward or the Leicester Institute of Vascular Treatment.

In recent times, the introduction of multidisciplinary team work across hospitals has improved the outcomes for those suffering from poor leg circulation however, time delays with regard to their care, have continued to have a disastrous impact on outcomes. Upon this knowledge, the Vascular Society published quality improvement guidelines which included a target where patients suffering from suspected CLTI are treated within 14 days of referral.

George Davies, a local philanthropist, most known for being the founder of high-profile clothing brands Next and George at Asda, generously donated £5.15 million to the University of Leicester and the University Hospitals of Leicester Trust to fund research into vascular disease and set up The Vascular Limb Salvage (VaLS) Clinic at Glenfield Hospital.

Case Study

The VaLS clinic is the first of its kind and aims to provide a rapid access service to adult patients suffering from suspected CLTI or Diabetic Foot Ulceration (DFU). Patients from all over the UK can self-refer, although most referrals come via an email, letter or a phone call from GP's, district health nurses, podiatrists, staff in emergency departments and other specialities.

Two nurses supported by a vascular scientist, run the outpatient clinic and see around four patients a day. At assessment the patients are graded on their risk of amputation from one (very low risk) to four (very high risk). Their cases are then reviewed by a vascular consultant and a care plan is made unless no immediate treatment is required. Where no treatment is provided, patients are educated to limit their risk of CLTI and discharged. If necessary, outpatient follow ups are arranged.

Now in its third year in operation, the clinic has cared for over 500 patients, is yielding positive results and is winning awards. 2019 saw Robert Davies, Consultant Vascular Surgeon; deliver a Marvellous Medicine talk on 'Limb Salvage' on 18 September, whilst Nurse Jivka Dimitrova won the James Purdie Prize. The prize was awarded by the Vascular Nurses Society for the best abstract presentation for research and practice development.

The research data comprised of patient outcomes at the clinic which were compared with two other sets of data – the outcomes of patients going down alternate pathways for their treatment and past patient data gathered before the clinic opened. The results have shown that treatment at the VaLS Clinic is helping to save limbs. 74% of patients who walked through the clinic's doors did not have any limbs amputated within a year after treatment. This is a 15–19% improvement when compared to those outcomes in the pre-clinic and alternative pathway data.

In addition, the clinic has witnessed a 50% decrease in the rate of major amputations when compared to the other data – meaning that the clinic is not only helping to save limbs, but those requiring amputations are more likely to have a less-severe minor amputation. A less-invasive procedure leads to quicker rehabilitation and an improved quality of life for these patients.

Based at Glenfield, the clinic can benefit from using the existing vascular facilities. The outpatient model currently carries out endovascular and open/hybrid procedures which benefit both patients and the NHS. Endovascular procedures are highly innovative and less invasive for CLTI patients, which reduces trauma and improves recovery time, meaning a patient can resume daily life sooner. By operating on an outpatient basis and utilising existing resources, the model provides a cost-effective solution for the Trust and also increases bed space.

Treatment time has also showed significant improvement when using the VaLS Clinic. Treatment turnaround averages at six days and ranges from 3–11 days which is under the target times set out by the Vascular Society. This is a much better turnaround time than the pre-clinic times which ranged between 2–22 days. This shows that the model used by the VaLS clinic is surpassing the target despite operating during business hours and its results are supporting existing research that time is crucial factor in preventing amputations amongst CLTI patients.

The research model focuses on continuously improving treatment. Considerations are being made on whether to increase the service to operate at weekends and from 2020, there are plans to run weekly clinics in collaborations with Diabetology and Podiatry. With such impressive results, the VaLS clinic is providing a blueprint for other hospitals to follow suit. It comes as no surprise that King's College Hospital and another healthcare provider in the USA want to replicate this great work.

How we funded our work, our achievements and performance

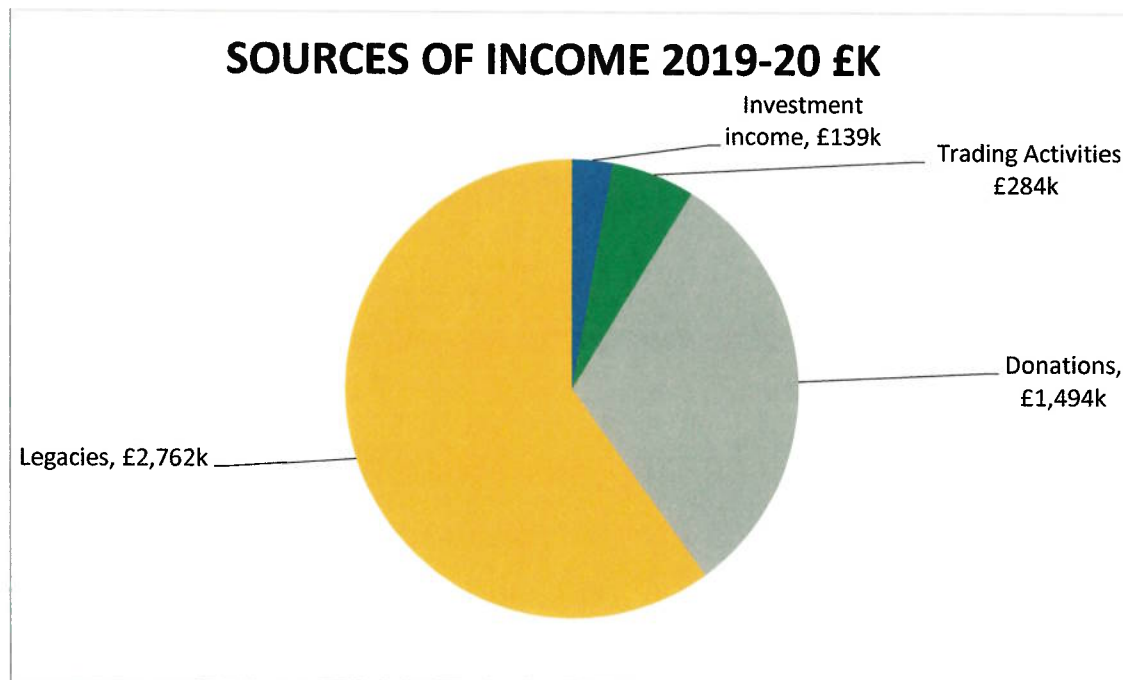
The following figures are taken from the full accounts approved on 15th July 2021 which carry an unqualified audit report. If more details are required please refer to the full accounts. This is part of the Trustee's annual report comments on key features of those accounts. In this section we firstly explain how we raised the money and then how we spent it.

Money received £4.7m Money spent £2.2m

LHC can only continue to support the work of UHL for as long as we receive the money needed. Almost all of our income comes from the voluntary efforts of the general public. Overall, we ended the year with £4.7m income before the performance of our investments was taken into account.

Money received: sources of income

The pie chart shows our main sources of income. Our largest source of income this year was from legacies, and the second largest was gifts from the public, either direct or through corporate giving.



General donations (£381k) As a charity, by the largest sources of donations by volume comes from general donations from members of the public. These vary in amount from 50p to £500 or more. Often, these kind donations are not for any specified appeal or cause and go towards general funds.

Events (£54k) Our fundraising events form an important part of how raise money for specific appeals as well as increase the profile of the charity.

Community (£155k) There are many local community groups who make generous gifts to the charity to show their support for Leicester's Hospitals. These groups either wish to help us with particular appeals or projects, or they can give generally to our hospitals to go to where the funds are needed most.

Legacies / Gifts in Memory (£2,926k) Many donations we receive are made by people in memory of loved ones who have died, or through legacies left to us in the wills of people who want to improve hospitals for their community. We are deeply grateful to all those who choose to leave a gift in their will to our charity after their deaths and to the many donations we have received by people to honour the memories of those close to them.

Corporate donations (£115k) We are fortunate as a charity to have the support of a number of businesses and private organisations who recognise the important difference we can make to our hospitals and donate money, resources or time to our charity to help give something back to their local community.

Grants & Trusts (£99k) Every year, we are grateful to receive numerous grants from charitable trusts and other grant-making organisations who wish to support us in our work

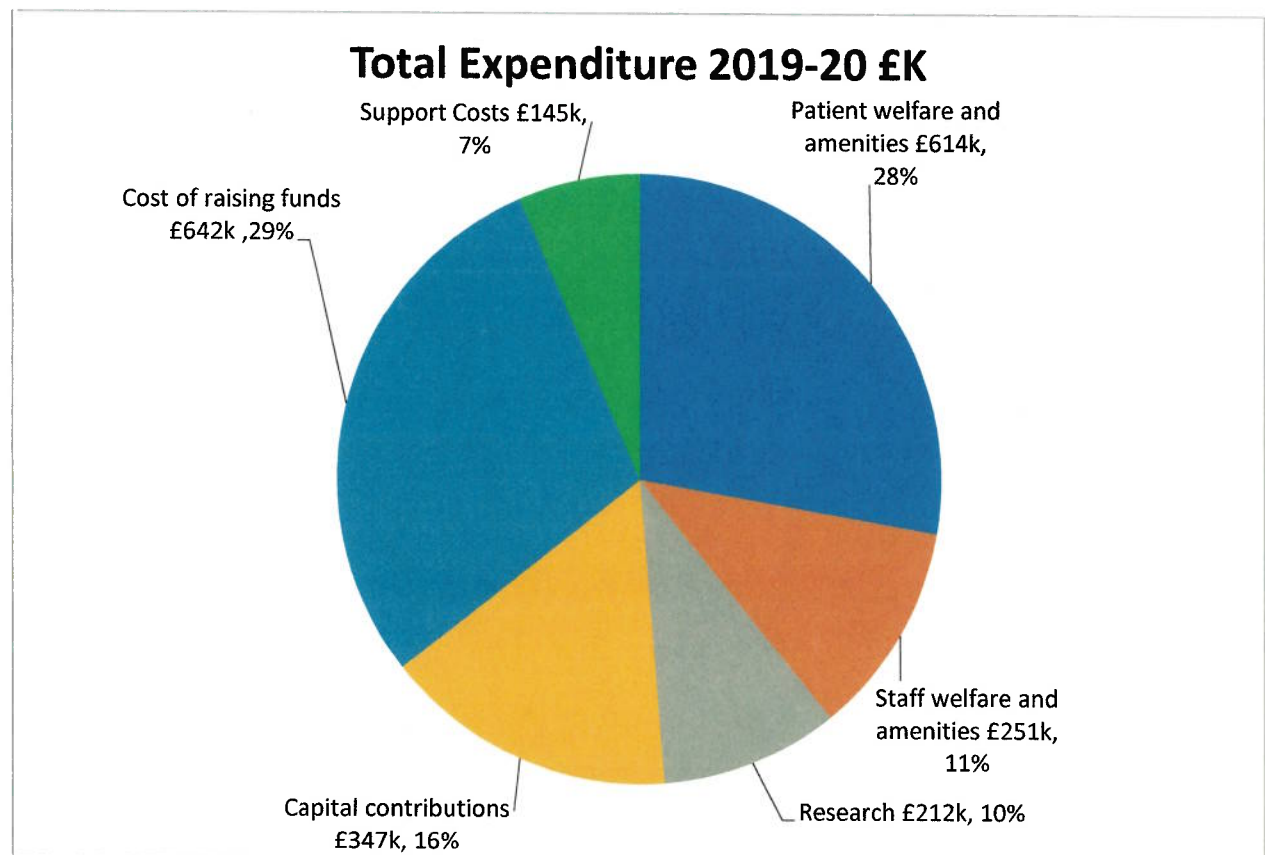
to help improve Leicester's Hospitals. These grants may contribute to larger projects or appeals or they may allow us to purchase entire pieces of equipment outright – but we appreciate all grants that are given to us.

Major gifts (£522k) Major gifts can often have some of the greatest impacts on our hospital by providing large, dedicated amounts of funding that can help to transform a project or service.

Lottery (£240k) UHLotto is a staff lottery that offers colleagues a chance to support the charity work financially as well as giving them the opportunity to win some fantastic prizes. Over 3,000 members of Leicester's Hospitals staff regularly participate in, with numbers increasing in the run up to special lottery draws.

Money spent: what we spent the money on

As the pie chart below shows, the largest part of our spend was on charitable activities in the form of grants.



Our charitable work was made up of the following areas:

Grants to provide benefits to patients

The Charity spent £677k (2018-19: £675k) on grants to provide benefits to patients, including £253k to furnish patient areas, £82k to purchase medical and dental equipment, and £46k on purchase of other equipment.

Grants to provide benefits to staff

The Charity spent £277k (2018-19: £253k) on grants to provide benefits to the Trust of investing in staff, including £60k on educational and training support, £21k on social activities, £33k on furnishing improvements to staff areas.

Capital projects for donation to the NHS Trust

The Charity spent £382k (2018-19: £467k) on grants to provide benefits to patients and staff through capital expenditure, including £148k for construction works, £164k for medical and dental equipment and £34k on computers and other equipment. It is also worth noting that LHC continued to accumulate capital funds during 2019-2020 for the Leicester Children's Hospital Appeal.

Grants awarded for research projects and patient outcome project

The Charity spent £233k (2018-19: £250k) on grants to support research related activities, including £41k on medical and other equipment and consumables, and £166k funding posts.

The cost of grants includes a proportion of support cost.

Performance against objectives

Spending the money is only part of the story because we are concerned to achieve value for money. To ensure the money is well spent, applications for grants include questions about the objectives, impact and success criteria for the proposed project. The charity requests reports on all grants awarded over £5,000 and a sample of smaller grants to establish the extent to which the intended benefits have been realised.

We ask the applicant what the outcome of the grant was both in terms of what they spent the money on and what difference it made to the medical care and treatment of our patients.

This information informs future grant making policy as well as providing a basis for assessing our performance.

Our Fundraising Practices

Members of Leicester Hospitals Charity fundraising team organise fundraising events and co-ordinate the activities of our supporters both in the hospital and in the wider community on behalf of Leicester Hospitals Charity. We do not use external professional fundraisers or involve commercial participators. There has been one complaint about fundraising activity this year regarding a third-party fundraising event.

The Fundraising Regulator publishes the Code of Fundraising Practice that sets the standards that apply to fundraising carried out by all charities and third-party fundraisers in the UK. The Fundraising Regulator is the independent regulator of charitable fundraising in England, Wales and Northern Ireland. The fundraising department has signed up to the Fundraising Regulator's Code of Fundraising Practice.

All direct marketing is undertaken by the fundraising department to ensure that it is not unreasonably intrusive or persistent. All marketing material contains clear instructions on how a person can be removed from mailing lists as well as information on our privacy policy.

Our fundraising performance

During the year the total donations, legacies and income from fundraising came to £4.7m against a plan of £3.9m. The Charitable Funds Committee commended the charity team in their efforts to come in over plan. All our fundraising events for 2019-2020 took place before the end of February 2020 so were unaffected by the Covid-19 pandemic. Clearly, our fundraising programme for 2020-2021 will be affected by the crisis. We benchmark our fundraising activity with our peers through the Association of NHS Charities and monitor the comparative success of campaigns and overall fundraising cost to income ratios. We continue to perform well with an average cost to income ratio compared to the average of similar size NHS Charities. By working to raise our fundraising profile further, we have ambitious plans to increase our annual funds raises to £5m.

What we plan to do with your donations: our future plans

We are working to build our fundraising activities towards achieving our goal of raising £5m every year by 2024.

We will achieve our mission by working with to UHL to support its upcoming reconfiguration priorities, notably the new Children's Hospital, transformation of the Leicester General Hospital site, the new Women's Hospital, and the ITU expansion at Glenfield Hospital. To identify the treatments of tomorrow we actively seek to assist in equipping NHS staff with the skills they need and provide financial support to our research partners in their important work.

We have set a five year course for the charity. This is summarised below with main objectives aimed to track growth in both income and grant making for the benefit of Leicester's Hospitals. An area of caution is the current Covid-19 outbreak and the effect it may have on charitable fundraising in the UK.

2020/21 (Year One)

Objective 1 Major Appeals help provide added benefit to the Trust's capital programme, providing environmental enhancements that would not otherwise be possible, and closing the gap when capital is not available. This year we will work to ensure the success of the current Leicester Children's Hospital Appeal to build Phase 1 of the first dedicated Children's Hospital in the East Midlands. We will also begin working on Phase 2 of the appeal. With UHL colleagues, we will also identify future major appeals that support UHL's reconfiguration priorities to 2027.

Objective 2 We will use targeted communications to raise our profile among staff and the wider community. We will focus on demonstrating the impact of charitable funds within Leicester's Hospitals and celebrate the success of those who support us.

Objective 3 We will invest in the Charity Team to build up our Individual Giving and Finance capabilities to ensure we have the knowledge, skills and resource to properly manage the increase in donors, funds raised and grants made.

Objective 4 We will continue to build diverse income streams. This will include updating our portfolio of in-house, challenge and in aid of events. We will aim to launch a new flagship event if the restrictions posed by Covid 19 allows us to do so. We will build our community fundraising programme, and we will also look into the feasibility of payroll giving and closer links with the Leicester business community.

Objective 5 It is extremely important to ensure we have a healthy balance of undesignated funds. Alongside our main appeals, we will also develop a strategy to build the General Purposes Funds up to a meaningful level to support emerging priorities in the Trust.

Objective 6 As our level of funds increase, it will be important to review and revise our grant making strategy to help us identify how the charity can make the greatest impact across the Trust.

2022/2023 (Year 3)

Objective 1 Major Appeals. We will consider launching an appeal to coordinate with UHL's 25th Anniversary. This will be a three year appeal culminating in 2025, the Silver Jubilee Year of UHL.

Objective 2 Events. We will build our challenge events, and create and launch high profile challenge, along the lines of an Everest or Kilimanjaro climb.

2024/2025 (Year 5)

Objective 1 Silver Jubilee. In this year we will Organise a major UHL wide celebration of UHL's Silver Jubilee and the 25th Anniversary Appeal.

Objective 2 We will evaluate our progress in raising awareness of LHC across the East Midlands.

Objective 3 We will evaluate the resources needed for a sustainable growth into the next five years.

How we manage the money

Our grant making policy

Leicester Hospitals Charity makes grants from both its unrestricted and restricted funds. Within the unrestricted funds, grants are made from general purpose funds and designated (earmarked) funds. Currently grant requests are considered on a rolling basis at Charitable Fund Committee meetings every two months. Based on their knowledge of the hospital, the committee agree funding priorities and review the applications for quality and value for money and how they match the objects of the Charity.

Designated (earmarked) funds are established for a particular part of the hospital or activity nominated for support by the donor. They are overseen by fund advisors who can make recommendations on how to spend the money within the designated area.

Grants are awarded through the scheme of delegation, and authorisation is dependent on the fund's purpose and the value of the application. The grant application process ensures that individual funds are not able to commit expenditure in the absence of available funds.

Grant applications are subject to robust review and challenge before they are approved, including a review as to whether the expenditure is for the public benefit and cannot be met through core NHS funds.

Where expenditure relates to the purchase of medical equipment there is an expectation that the NHS Trust Medical Equipment Panel approves these before any application is submitted for consideration. This ensures that there remains consistency between the capital expenditure plans of the NHS Trust and the Charity in terms of capital planning, and compatibility with existing resources.

Our Reserves policy

The Charity has an overall plan to provide long term support to the Trust. The Corporate Trustee has held the view that income donated to the Charity should be expended in a timely way in accordance with the wishes of the donors. This does not prevent any individual fund balances from being built up in order to purchase larger items in the future.

The charitable funds committee has established a reserves policy as part of its plans to provide long term support to Leicester Hospitals Charity. The charitable funds committee calculate the reserves as that part of the charity's unrestricted income funds that is freely available after taking account of designated funds that have been earmarked for specific projects.

Breakdown of reserves	£'000
Total funds	9,521
/less restricted funds	(4,710)
/less committed funds	(516)
Freely available reserves	4,295

Taking into account the level of income and expenditure over the last five years it would be prudent to maintain freely available reserves at no less than £2m to ensure that the Charity has sufficient funds to cover its immediate commitments, plus sufficient funds to cover any likely annual deficit.

The charitable funds committee expects that designated funds will be spent within 12 months. It therefore regularly reviews the balances held in designated funds against this benchmark unless it has been agreed that a different period is more appropriate based on the reason for the designation. Where the fund has not been spent within two years, the charitable funds committee will determine whether the fund is likely to be committed in the

near future and the extent to which there is a continuing need for the particular designated fund(s). Where it is decided that the designation is no longer necessary or the designated fund has been inactive for more than five years, the funds are closed and transferred to reserves

Our financial health: a strong balance sheet

The assets and liabilities of the Charity as at 31 March 2020 are stated below, compared with the position at 31 March 2019.

	Total Funds 2019-20 £000	Total Funds 2018-19 £000
Fixed Asset Investments	4,324	4,725
Net Current Assets	5,197	2,755
Total Net Assets	9,521	7,480
Funds of the Charity		
Endowment Funds	-	-
Restricted Funds	4,710	3,910
Unrestricted Funds	4,811	3,570
Total Funds of the Charity	9,521	7,480

Useful definitions:

Fixed Asset Investments are investments in quoted stocks and shares.

Net Current Assets represent cash held on deposit plus debtors less the value of outstanding liabilities.

Restricted Funds represents money which is held by the Trustee which can only legally be used for specified purposes.

Unrestricted Funds are funds available to be spent within the objects of the Charity which can legally be spent wholly in accordance with the discretion of the Trustee.

In practice, respecting the non-binding preferences expressed by donors, the charitable funds committee has sub categorised the unrestricted income funds under two headings.

Designated (earmarked) funds represent some 115 separate funds which the charitable funds committee has created to accord, as far as practicable, with the specific intentions of the gifts received through wards, departments and specialties. By designating funds, the committee ensures that those gifts are channelled towards charitable purposes in those areas. These funds are supervised by about two hundred fund advisors from the wards, departments and specialties concerned.

The *General Purposes* fund represents those funds available for distribution by the trustee which have not been restricted or earmarked.

About our investments

Investments of LHC are managed by Brewin Dolphin Investment Management. The objective of the portfolio is for a balance between capital growth and income. The investment strategy aims to preserve capital with a diversified portfolio with low volatility and a broadly low risk investment strategy with a focus on income. In addition the trustee has decided not to invest in companies whose principal activities are tobacco related because of the proven link between smoking and poor health which would make such investment contrary to our charity aims.

Appeal funds and funds intended to be used to pay grants in the near future are held on deposit to minimise investment risk.

Investment performance is monitored by the charitable funds committee by reviewing regular reports from the investment managers. During the year, the total return, including dividends and interest was £139k . We expect that the financial performance in 2020/21 will continue to be affected by the impact of the Covid-19 pandemic on the financial markets.

How we organise our affairs: reference and administration details

Leicester Hospitals Charity is registered under the Registered Number 1056804.

How to contact us

The charity office and principal address is:

Belgrave House
Gwendolen Road
Leicester General Hospital
LE5 4PW

Tel: 0116 258 8709

For Fundraising queries please contact:

Charities Director
Belgrave House
Gwendolen Road
Leicester General Hospital
LE5 4PW
Tel: 07538077592

The corporate trustee, UHL's principal address is:

The Chief Executive
University Hospitals of Leicester NHS Trust
Trust Headquarters
Level 3, Balmoral Building
Leicester Royal Infirmary
Infirmary Square, LE1 5WW

Trustee Arrangements

The University Hospitals of Leicester is the sole corporate trustee of the charity. The corporate trustee's responsibilities are therefore carried out by UHL's Trust Board. The board is appointed in accordance with the Trust's constitution. Details of the UHL board membership can be found in its annual report and accounts and on its website www.leicesterhospitals.nhs.uk.

As LHC has a corporate trustee it is, in accounting terms, controlled by UHL and is therefore its subsidiary. Financially, the charity is not material to UHL so it is not consolidated into UHLs accounts.

UHL board meet annually as corporate trustee to:

- review and approve LHCs strategic plan
- re-appoint or appoint members of the charitable funds committee and
- approve the trustee's annual report and accounts for the year.

The board of directors of UHL delegate responsibility for the day to day management of the LHC to the charitable funds committee and the Director of Charity in accordance with the scheme of delegation and standing financial instructions. Together, they are responsible for fulfilling the corporate trustee's strategic plan and for working with the professional advisors and with the representatives of UHL who provide the financial services to the charity.

The charitable funds committee comprises two executive members of the board and three non-executive members. Other members of UHL staff are invited to attend committee meetings but do not have a vote at those meetings. During the year, the committee members were:

Mr K Singh CBE	Trust Chairman (Ex Officio)
Col (Ret'd) I Crowe	Non-Executive Director
Ms C Fox	Chief Nurse
Mr A Johnson	Non-Executive Director
Mr B Patel	Non-Executive Director
Mr P Traynor	Chief Financial Officer (until 31 Oct 2019)
Mr S Lazarus	Interim Chief Financial Officer (from 12 Dec 19)

Members of the charitable funds committee are selected to give the charity a good mix of appropriate professional skills—for example medical, finance, investment and fundraising.

All members of the CFC are provided with the Charity Commissions' *guidance: public benefit: an overview and the essential trustee: what you need to know* (CC3) and a summary of what this means for a corporate trustee.

Our Staff and advisors

The Charity employs twelve staff. Lisa Davies is the Director of Charity.

The charitable funds committee is also assisted by a number of professional advisors, as detailed below:

External Auditors	Cooper Parry Group Limited One Central Boulevard Blythe Valley Business Park Solihull Birmingham
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Solicitors	Eversheds 1 Royal Standard Place Nottingham NG1 6FZ
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Bankers	The Royal Bank of Scotland St Johns House East Street Leicester LE1 9NB
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Investment Managers	Brewin Dolphin 9 Colmore Row Birmingham B3 2BJ
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Key management personnel remuneration

The board of the corporate trustee and the Director of Charity comprise the key management personnel of the charity as they are in charge of:

- directing and controlling the charity
- running and operating the charity on a day to day basis.

UHL's board members are either executive members who are employees of UHL or non-executive members who are remunerated in accordance with the UHLs constitution. None of the board members are specifically paid in relation to LHC, they give of their time freely.

Members of UHL board are required to disclose all relevant interests and register them with the Charity Director and withdraw from decisions where a conflict of interest arises.

All related party transactions are disclosed in note 4 to the accounts.

The Director of Charity is employed by UHL on NHS terms and conditions. Her remuneration is reviewed annually and is increased in accordance with the nationally agreed increases for her pay scale. LHC is fully recharged by UHL for the employment costs relating to the Director of Charity and her team.

Risk Analysis

As part of the business planning exercise carried out during the year, the Director of Charity has considered the major risks to which LHC is exposed and sited the charitable funds committee to them. She has reviewed systems and identified steps to mitigate those risks. Three major risks have been identified and arrangements have been put in place to mitigate those risks.

Future levels of income

LHC is reliant on donations to allow it to make grants to UHL. If income falls, then the charity would not be able to make as many grants or enter into longer term commitments with UHL. The committee mitigates the risk that income will fall by engaging with the Fundraising Team. That team comprises dedicated fundraising experts who work with UHL to provide a co-ordinated approach to raising funds. Fundraising activity is regularly benchmarked against our peers and thorough reviews are undertaken after major campaigns and events to understand what worked well and how things could be done better. The public's support of the NHS has been demonstrated through increased donations during the Covid-19 pandemic. However, social distancing measures in place in 2020, particularly during the spring and summer months have affected our fundraising events and therefore reduced our fundraising income. The Fundraising team is managing this risk by looking at alternative on-line events.

Fall in investment returns

The Charity has established an investment strategy to mitigate this risk, which requires an investment portfolio which balances risk and return, and includes investments which can be converted to meet short term cash requirements.

Financial reports are presented to the Charitable Funds Committee and any significant trends and risks are highlighted in the commentaries supporting the reports. Other low priority operational risks relate to the grant application process and the financial system risks around the receiving of donations, ordering of goods and services and payment of invoices.

Appropriate controls and systems have been established to mitigate these risks, including the Charity adopting UHL's standing orders and standing financial instructions. Assurances are obtained from internal audit that these controls are operating effectively.

Wider networks

LHC is one of over 250 NHS linked charities in England and Wales who are eligible to join NHS Charities Together. As a member charity, 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 members of the charitable funds committee.

Related parties

UHL is the corporate trust of LHC and is therefore a related party. The University of Leicester is our main research partner. Although the committee is careful to consult with representatives of these organisations formally through their committee meetings and via other, less formal contacts, they retain their independence to act in the best interests of LHC and the charity's beneficiaries.

Our relationship with the wider community

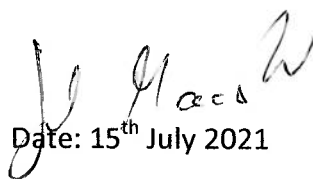
The ability of LHC to continue its vital support for UHL is dependent on its ability to maintain and increase donations from the general public. LHC also continues to forge strong relationships with members of staff of the hospital without whose co-operation the ability to make an effective contribution would be much diminished.

Volunteers

On behalf of the trustee body, the charitable funds committee would like to pay tribute to:

- the members of staff who give of their time out of hours in support of the work of LHC in working with us to identify how we can help them care for the patients
- our fundraisers who do so much to encourage others to enrich lives through donations and fundraising activities.

Signed on behalf of the trustee: Mr John Macdonald (Chairman)



Date: 15th July 2021

Statement of trustee's responsibilities in respect of the trustee's annual report and accounts

Under charity law, the trustee is responsible for preparing the trustee's annual report and accounts for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period. In preparing these financial statements, generally accepted accounting practice requires that the trustee:

- selects suitable accounting policies and then apply them consistently
- makes judgments and estimates that are reasonable and prudent
- states whether the recommendations of the SORP FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements
- states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The trustee is 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 trustee to ensure that, where any statements of accounts are prepared by the trustee under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The trustee has general responsibility for taking such steps as are reasonably open to the trustee to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

Signed on behalf of the trustee:



Mr Simon Lazarus (Chief Financial Officer)

Mr John Macdonald (Chairman)



Date: 15th July 2021

ACCOUNTS

Independent Auditor's Report to the Trustees of Leicester Hospital Charity

Opinion

We have audited the financial statements of Leicester Hospital Charity (the 'charity') for the year ended 31 March 2020 which comprise Statement of Financial Activities, The Balance Sheet, The Statement of Cashflows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the 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.

Independent Auditor's Report to the Trustees of Leicester Hospital Charity (continued)

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 26, 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, 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.

Cooper Parry Group Ltd.

Cooper Parry Group Limited, Statutory Auditor

One Central Boulevard, Blythe Valley Business Park, Solihull, West Midlands, B90 8BG

Date 11 August 2021

Cooper Parry Group Limited is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Leicester Hospitals Charity
Statement of Financial Activities for the year ending 31 March 2020

	Note	Unrestricted Funds £000	Restricted Funds £000	Total Funds 19-20 £000	Total Funds 18-19 £000
Income from					
Donations and legacies	5.3	2,826	1,430	4,256	2,660
Other trading activities	5.2	44	240	284	277
Investments	8.3	64	75	139	152
Total income		2,934	1,745	4,679	3,089
Expenditure on					
Raising funds	6.1	440	202	642	543
Charitable activities	6.2	1,050	519	1,569	1,645
Total expenditure		1,490	721	2,211	2,188
Gains/(losses) on investment assets	8.1	(178)	(249)	(427)	58
Net income/(expenditure)		1,266	775	2,041	959
Gross transfers between funds in year	11.2	(25)	25	-	-
Net incoming/(outgoing) resources		1,241	800	2,041	959
Reconciliation of funds					
Total funds brought forward		3,570	3,910	7,480	6,521
Total funds carried forward		4,811	4,710	9,521	7,480

Notes

All activities are on-going and that there are no discontinued or acquired operations in the year.

Leicester Hospitals Charity
Balance Sheet as at 31 March 2020

	Note	Unrestricted Funds £000	Restricted Funds £000	Total Funds 19-20 £000	Total Funds 18-19 £000
Fixed assets					
Investments	8	1,773	2,551	4,324	4,725
Total fixed assets		1,773	2,551	4,324	4,725
Current assets					
Debtors	9	973	431	1,404	1,188
Cash at bank and in hand		2,169	2,107	4,276	1,866
Total current assets		3,142	2,538	5,680	3,054
Liabilities					
Creditors: amounts falling due within one year	10	(104)	(379)	(483)	(299)
Net current assets		3,038	2,159	5,197	2,755
Total net assets		4,811	4,710	9,521	7,480
Funds of the Charity					
Restricted funds	11.2	-	4,710	4,710	3,910
Unrestricted funds	11.2	4,811	-	4,811	3,570
Total funds of the Charity		4,811	4,710	9,521	7,480

Note

Debtors includes major donations in both years as per the SOFA

Simon Lazarus

Chief Financial Officer

15th July 2021

Leicester Hospitals Charity

Statement of Cash Flow at 31 March 2020

Table 1: Statement of Cash Flow	19-20 Total Funds £000's	18-19 Total Funds £000's
Cash flows from operating activities:		
Net cash provided by operating activities	2,297	1,530
Cash flows from investing activities:		
Dividends, interest and rents from investments	139	152
Net cash provided by investing activities	139	152
Change in cash and cash equivalents in the reporting period	2,410	1,699
Cash and cash equivalents at the beginning of the reporting period	1,866	167
Cash and cash equivalents at the end of the reporting period	4,276	1,866

Table 2: Reconciliation of net income/(expenditure) to net cash flow from operating activities	19-20 Total Funds £000's	18-19 Total Funds £000's
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	2,041	959
Adjustments for:		
(Gains)/losses on investments	427	(58)
Dividends, interest and rents from investments	(139)	(152)
(Increase)/decrease in debtors	(216)	1,605
Increase/(decrease) in creditors	184	(824)
Net cash provided by operating activities	2,297	1,530

Table 3: Analysis of cash and cash equivalents

	£000's	£000's
Cash in Hand	4,276	1,866
Total cash and cash equivalents	4,276	1,866

Leicester Hospitals Charity

Notes to the Accounts

Note 1 - Charity Information

Leicester Hospital Charity is a private unincorporated charity (registration number: 1056804). The charity is registered and domiciled in the United Kingdom. The principal address is Belgrave House, Gwendolen Road, Leicester General Hospital, LE5 4PW.

Note 2 - Accounting Policies

a) Basis of preparation

The financial statements have been prepared on an accruals basis. The financial statements have been prepared under the historical cost convention with the exception of investments which are included at fair value. The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts have been prepared on a going concern basis and there are no material uncertainties about the charity's abilities to continue.

The 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 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.

The financial statements are prepared in sterling which is the functional currency of the charity and rounded to the nearest £1.

b) Incoming resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable that the resource will be received and the monetary value of incoming resources can be measured with sufficient reliability.

c) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives from the estate(s) that the probate has been granted.
- The executors have established that there are sufficient assets in the estate to pay the legacy.
- All conditions attached to the legacy have been fulfilled or are in the Charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

d) Gifts in kind

Gifts in kind are recorded in the statement of financial activities as incoming resources if they are given and held as stock for distribution by the Charity, and an equivalent amount will be disclosed as resources expended to reflect their distribution. Assets given for use by the Charity are included within incoming resources and also recognised as a fixed asset when receivable. Where a gift has been made in kind and on trust for future conversion into cash for use by the Charity, then the incoming resources will be recognised if material and when receivable, with an adjustment being made to the valuation upon realisation of the gift. Items donated for resale in the on-site hospital shops are recognised as income upon the sale of those items. The proceeds of those sales are recognised as income from trading activities.

e) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Unrestricted funds are those which the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds which are funds the Trustees have chosen to earmark for set purposes, although there is no legal restriction as to their use.

f) Resources expended

The accounts are prepared in accordance with the accruals concept. Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

g) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the charitable objectives. They are accounted for on an accruals basis and are recognised in the accounts where the conditions for their payment have been met or where a third party has reasonable expectation that they will receive a grant.

h) Costs of generating funds

The cost of generating funds are the costs associated with generating income for the funds held on trust. This will include the costs associated with the salaries of the fundraising department and investment management fees.

i) Support and overhead costs

Support and overhead costs are accounted for on an accruals basis and mainly relate to recharges of the appropriate proportion of costs incurred for the administration and management support supplied by the University Hospitals of Leicester NHS Trust.

The costs of fundraising, overhead and support costs have either been directly allocated or apportioned to funds on an appropriate basis. Where costs require apportionments, these have been charged to funds on a quarterly basis using average quarterly fund balances as the basis of apportionment. For purposes of the Statement of Financial Activities, overhead costs have been split between expenditure on raising funds and charitable activities.

j) Pensions

The Charity is a grant making Charity and has no employees. Staff recharged to the Charity are employed by the University Hospitals of Leicester NHS Trust under NHS terms and conditions and including its pension arrangements. Recharges to the Charity are inclusive of pension costs.

Leicester Hospitals Charity

Notes to the Accounts

Note 2 - Accounting policies continued

k) Pensions continued

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

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

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

l) Charitable activities

Cost of charitable activities comprise all costs incurred in the pursuit of charitable objects of the Charity. These costs comprise direct costs incurred as a result of the awarding of grants and an apportionment of overhead and support costs.

m) Fixed asset investments

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at the transaction value and are subsequently measured at their fair value (market value) as at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year. Quoted stocks and shares are included in Balance Sheet at the current market value quoted by the investment analyst, excluding dividend. Other investments are included at the Trustee's best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub-sectors. Further information on the charity's investments can be found in note 8.

n) Debtors

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

o) Cash and Cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are short term, highly liquid investments, in an interest bearing savings account.

p) Creditors

Creditors are amounts owed by the Charity. They are measured at the amount that the Charity expects to have to pay to settle the debt.

q) 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 market value (or purchase date if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase date if later).

r) VAT

The Charity currently utilises benefits from the use of VAT exemption certificates for relevant purchases for donations to the NHS trust. The Charity also reclaims VAT on relevant contracted out services that are supplied to the NHS trust as part of the awarding of grants. Any irrecoverable VAT is charged back against the category of resources expended for which it was incurred.

Leicester Hospitals Charity

Notes to the Accounts

Note 3 - Prior year comparatives by type of fund

The primary statements provide prior year comparatives in total; this note provides prior year comparatives for the Statement of Financial Activities and Balance Sheet for Unrestricted and Restricted funds held by the Charity.

Unrestricted funds - Statement of Financial Activity for the year ended 31 March 2020

	31 March 2020 £000	31 March 2019 £000
Income from		
Donations and legacies	2,826	1,196
Other trading activities	44	37
Investments	64	93
Total Income	2,934	1,326
Expenditure on		
Raising funds	440	371
Charitable activities	1,050	1,286
Total expenditure	1,490	1,657
Gains/(losses) on investment assets	(178)	(73)
Net income/(expenditure)	1,266	(258)
Gross transfers between funds in year	(25)	(33)
Net incoming/(outgoing) resources	1,241	(291)
Reconciliation of funds		
Total funds brought forward	3,570	3,861
Total funds carried forward	4,811	3,570

Unrestricted funds - Balance Sheet as at 31 March 2020

	31 March 2020 £000	31 March 2019 £000
<i>Fixed assets:</i>		
Investments	1,773	2,808
Total fixed assets	1,773	2,808
<i>Current assets:</i>		
Debtors	973	96
Cash at bank and in hand	2,169	898
Total current assets	3,142	994
<i>Liabilities:</i>		
Creditors falling due within one year	(104)	(232)
Net current assets	3,038	762
Total net assets for unrestricted funds	4,811	3,570
Total Unrestricted funds	4,811	3,570

Leicester Hospitals Charity

Notes to the Accounts

Note 3 Continued

Restricted funds - Statement of Financial Activity for the year ended 31 March 2020

	31 March 2020 £000	31 March 2019 £000
Income from		
Donations and legacies	1,430	1,464
Other trading activities	240	240
Investments	75	59
Total Income	1,745	1,763
Expenditure on		
Raising funds	202	172
Charitable activities	519	359
Total expenditure	721	531
Gains/(losses) on investment assets	(249)	15
Net income/(expenditure)	775	1,217
Gross transfers between funds in year	25	33
Net incoming/(outgoing) resources	800	1,250
Reconciliation of funds		
Total funds brought forward	3,910	2,660
Total funds carried forward	4,710	3,910

Restricted funds - Balance Sheet as at 31 March 2020

	31 March 2020 £000	31 March 2019 £000
<i>Fixed assets:</i>		
Investments	2,551	1,917
Total fixed assets	2,551	1,917
<i>Current assets:</i>		
Debtors	431	1,092
Cash at bank and in hand	2,107	968
Total current assets	2,538	2,060
<i>Liabilities:</i>		
Creditors falling due within one year	(379)	(67)
Net current assets	2,159	1,993
Total net assets for restricted funds	4,710	3,910
Total restricted funds	4,710	3,910

Leicester Hospitals Charity

Notes to the Accounts

Note 4 - Related party transactions

Name of connected organisation

University Hospitals of Leicester NHS Trust (the Trust).

The Trust, which is the corporate trustee, provides accommodation and managerial support to the Charity. Members of the Trust Board sit on the Charitable Funds Committee which oversees the workings of the Charity.

Turnover of connected organisation

£1,090 million (£992 million in 2018-19)

The Trust is the sole beneficiary of the Charity. Following the approval of grant applications received from the Trust, the Charity incurs expenditure which benefits the Trust's patients, their carers and the staff who look after them. The funding amounted to **£1.6m (£1.6m in 2018-19)** and is reflected under charitable activities within the Statement of Financial Activities. During the year no members of the Trust Board or senior Trust staff or parties related to them were beneficiaries of the Charity.

The Charity has paid charges amounting to **£126k** to the Trust in the year for accommodation charges, finance staff and senior management costs. The Charity's fundraising staff are paid directly by the Trust and recharged to the Charity.

Details of the debtor and creditor balances held between the Trust and the Charity on 31 March 20 can be found in notes 9 and 10.

Note 5 - Incoming resources

The income received by the Charity has been categorised on the face of the Statement of Financial Activities. This mainly comprises of donations, legacies, fundraising and investment income.

Note 5.1 - Income from other trading activities

The Charity runs a public lottery, staff lottery and hospital charity shop which are all classed as trading activities.

	Total 2019-20 £'000	Total 2018-19 £'000
Note 5.2 - Income		
Lottery Income	242	241
Hospital Support Shop Income	42	36
Total Income from trading activities	284	277

Leicester Hospitals Charity

Notes to the Accounts

Note 5.3 - Donations and Legacies

	Income £'000k	Total £'000k
Legacies		
Specific legacy - Diabetes, Heart & Ophthalmology	1,971	
Specific legacy - Surgery, Rheumatology & Musculo	150	
Specific legacy - Cardiology	100	
Specific legacy - Breastcare	75	
Specific legacy - Childrens	70	
Specific legacy - Cardiology	60	
Specific legacy - Cardiology	60	
Other legacies	276	
		2762
Donations		
Charitable Foundation	181	
Charitable Foundation	100	
Charitable Foundation	100	
Charitable Foundation	66	
Charitable Foundation	60	
Private donation	50	
Other donations and fundraising	937	
		1,494
Total Donations and Legacies		4,256

Note 6 - Resources expended

The Statement of Financial Activities summarises expenditure between charitable activities and the expenditure on raising funds.

Note 6.1 - Expenditure on raising funds

	Unrestricted Funds £'000	Restricted funds £'000	Total 2019-20 £'000	Total 2018-19 £'000
Fundraising team salaries	345	42	387	271
Charity Shop costs	29	-	29	15
Major appeal project costs	-	-	-	27
Lottery prizes	-	108	108	121
Appeals and events expenditure	11	41	52	16
Printing, stationery & marketing	2	2	4	5
System costs	4	1	5	17
Other miscellaneous costs	34	6	40	54
Investment Manager's Fees	15	2	17	17
Total expenditure on raising funds	440	202	642	543

Leicester Hospitals Charity

Notes to the Accounts

Note 6.2 - Expenditure on charitable activities

The only charitable activity that the Charity undertakes is the awarding of grants. The Charity does not make grants to individuals and the actual disbursement received by the beneficiaries for each category is disclosed below. These figures include an apportionment of support costs.

	Grant Funded Activity £'000	Support Costs £'000	Total 2019-20 £'000	Total 2018-19 £'000
Patient welfare and amenities	614	63	677	675
Staff welfare and amenities	251	26	277	253
Research	212	21	233	250
Capital contributions	347	35	382	467
Total expenditure on charitable activities	1,424	145	1,569	1,645

All grants are made to the Trust. The Trustee operates a Scheme of Delegation through which all grant funded activity is managed by fund managers, responsible for the day to day disbursements on their projects. This activity is undertaken in accordance with the directions set out by the Trustee in its Standing Orders and Standing Financial Instructions which have been adopted by the Charity.

	Unrestricted Funds £000s	Restricted funds £000s	Total 2019-20 £000	Total 2018-19 £000
Patient welfare	511	103	614	623
Staff welfare	151	100	251	233
Research	45	167	212	231
Capital	214	133	347	430
Total grants	921	503	1,424	1,517

Note 6.3 - Analysis of staff costs

The Charity does not employ any direct staff but is recharged with the costs of staff from the NHS trust. These staff provide administration, accounting, fundraising and management support to the Charity and their costs are summarised in the Table below:

	2019-20 £'000	2018-19 £'000
Fundraising & appeals team	413	282
Finance accounting & administration	107	90
Total staff costs	520	372

This can be further analysed as follows:

	2019-20 £'000	2018-19 £'000
Salaries	428	309
Pensions	55	37
National insurance contributions	37	26
Total staff costs	520	372

The average number of full time equivalent employees during the year was 12 (10 in 2018-19). 1 employee had emoluments in excess of £60,000 and had employee benefits excluding employer pension costs of between £70,000 and £80,000. (none in 2018-19).

Note 6.4 - Auditor's remuneration

The External Auditor's remuneration of £7,080 inclusive of VAT (£7,080 in 2018-19 inclusive of VAT) related solely to the audit of the Charity's accounts, with no additional work undertaken.

Note 6.5 - Grant returned to third parties

There were no grants returned to third parties in 2019-20 (£0 in 2018-19).

Leicester Hospitals Charity

Notes to the Accounts

Note 7 - Financial Instruments

The Charity has financial assets and financial liabilities in the following categories:

	2020 £'000	2019 £'000
Financial Assets		
Financial assets measured at fair value through income and expenditure:		
Cash at Bank and in hand	4,276	1,866
Debt instruments measured at amortised cost:		
Trade debtors	147	87
Other debtors	60	35
Total	<u>207</u>	<u>122</u>
Financial Liabilities		
Financial Liabilities measured at amortised cost:		
Trade payables	454	273
other creditors	29	26
Total	<u>483</u>	<u>299</u>

Note 8 - Fixed asset investments

The Charity does not hold any tangible or heritage assets. The only fixed assets that the Charity holds relate to an investment portfolio managed by the Trust's investment manager's instructed to maximise the level in growth in funds that is consistent with a broadly low risk strategy.

Note 8.1 - Movement in fixed asset investments	2019-20 £'000	2018-19 £'000
Market value at 1 April 2019	4,725	4,684
Add: additions to investment at cost	4,886	780
Less: disposals at carrying value	(4,860)	(797)
Add: realised gain on disposal *	76	24
Add: Unrealised gain (loss) on revaluation *	(503)	34
Market value as at 31 March 2020	<u>4,324</u>	<u>4,725</u>

*Total realised and unrealised losses for 2019-20 (£427)k (2018-19 £58k gain)

Leicester Hospitals Charity

Notes to the Accounts

Note 8.2 - Analysis of investment portfolio

	Held in UK £'000	Held outside UK £'000	2019-20 Total £'000	2018-19 Total £'000
Investments listed in unit trusts	2,444	1,830	4,274	4,498
Cash held as part of investment portfolio	50	0	50	227
Market Value as at 31 March 2020	2,494	1,830	4,324	4,725

Note 8.3 - Analysis of gross income from investments

	Unrestricted Funds £'000	Restricted Funds £'000	2019-20 Total £'000	2018-19 Total £'000
Income from investment manager's portfolio	60	70	130	148
Other investments	4	5	9	4
Total investment income	64	75	139	152

Leicester Hospitals Charity

Notes to the Accounts

Note 8.4 - Investments

	Value as at 31st March 2020 £'000	Value as at 31st March 2020 £'000	% of portfolio as at 31st March 2020 %
Equities			
UK equities			
BP Ord USD0.25	56		1.3%
Royal Dutch Shell 'B'Ord Euro.07	50		1.1%
Croda Intl Ord GBP0.10609756	60		1.4%
Rio Tinto Ord GBP0.10	60		1.4%
Howdens Joinery GR Ord GBP0.10	62		1.4%
Unilever Plc Ord GBP0.031111	72		1.7%
Glaxosmithkline Ord GBP0.25	78		1.8%
Relx PLC GBP0.1444	79		1.8%
Compass Group Ord GBP0.1105	43		1.0%
Intercontinental Hotels Ord GBP0.208521303	48		1.1%
National Grid Ord GBP0.12431289	76		1.8%
Lloyds Banking Gp Ord GBP0.10	40		0.9%
Admiral Group Ord GBP0.001	71		1.6%
Hiscox Ord GBP0.065 (DI)	39		0.9%
Legal & General GP Ord GBP0.025	53		1.2%
ISHARES CORE FTSE100 UCITS ETF GBP	151		3.5%
International equities			
Ballie Gifford American B Nav Acc	168		3.9%
JPMorgan Funds Lrt US Equity Inc	222		5.1%
Vanguard Inv UK LT US Equity IDX	468		10.8%
Kone OYJ Ser'b'npv	69		1.6%
Alcon AG CHF0.04	59		1.4%
Blackrock FM Ltd European Dynamic	126		2.9%
Ballie Gifford Japanese	85		2.0%
Hermes Invest Mngm Asia Ex-Japan EQTY F	111		2.6%
Total Equities		2,345	54.2%
Bonds			
UK Bonds			
Henderson Investment Janus Hend	134		3.1%
Jupiter UT Managers Strategic Bond	262		6.0%
Pimco Global Advis UK Corp	251		5.8%
International Bonds			
Newton Global DYNM	251		5.8%
Xtrackers II	271		6.3%
Total Bonds		1,169	27.0%
Property			
Charities Prop FD Property fund income	113		2.6%
Mayfair Capital in Prop inc Trust for charities	223		5.2%
Total Property		336	7.8%
Other			
Link fund Sol Ltd Capita Trojan X Dis	168		3.9%
Blackrock (Lux) SA UK Emg Cos Abs Rtn s" GBP	169		3.9%
Int Public Partner ord GBP0.0001	69		1.6%
SEQUOIA ECONOMIC I NPV	19		0.4%
Total Other		425	9.8%
Cash			
Total cash		50	1.2%
Total investments		4,324	100%

Leicester Hospitals Charity

Notes to the Accounts

Note 9 - Analysis of debtors

	2019-20 £'000	2018-19 £'000
<i>Amounts falling due within one year:</i>		
Accrued income	1,197	1,066
Debtors - recharges due from UHL NHS Trust	147	87
Other debtors	60	35
Total debtors	1,404	1,188

Note 10 - Analysis of creditors

	2019-20 £'000	2018-19 £'000
<i>Amounts falling due within one year:</i>		
Creditors - recharges due to UHL NHS Trust	454	273
Other creditors	29	26
Total creditors	483	299

Note 11.1 Endowment funds

The Charity held no endowment funds during the year 2019-20 (2018-19 Nil).

Note 11.2- Analysis of material restricted & unrestricted funds

	Balance at 31 March 2019 £'000	Incoming Resources £'000	Resources Expended £'000	Transfers £'000	Gains and losses £'000	Balance at 31 March 2020 £'000
Restricted Funds						
Alliance	-	100	-	-	-	100
Cardio-respiratory	136	32	(13)	-	1	156
Childrens appeal	3,126	1,089	(142)	-	32	4,105
Pathology - Blood Bank	68	1	(7)	-	1	63
Pears project	32	45	(24)	-	-	53
Staff lottery	149	244	(143)	(84)	2	168
Vascular Research	96	182	(168)	-	1	111
Others (26 funds)	303	52	(224)	109	(286)	(46)
Total restricted funds	3,910	1,745	(721)	25	(249)	4,710
Unrestricted Funds						
Breast Care Services appeal	86	26	(13)	-	1	100
Cardio Respiratory	120	508	(140)	-	2	490
Childrens appeal	665	17	(303)	-	6	385
Critical Care	120	32	(74)	-	1	79
Diabetes	-	657	-	-	-	657
General Purposes of Leicester Hospitals	214	179	(131)	(20)	2	244
Lincoln Renal Unit - Patients & Staff	135	4	(20)	-	1	120
Neonatal	120	27	(40)	-	1	108
Nursing - GHSS	94	45	(39)	-	1	101
Nursing - RVS	221	96	(125)	-	2	194
Oncology	155	60	(74)	-	2	143
Ophthalmology	-	665	(1)	-	-	664
OUR SPACE Cancer Appeal	92	19	(14)	-	1	98
Pancreatic & Hepatobiliary Research	192	9	(16)	-	2	187
Surgery - Breast Care Services	170	109	(56)	-	2	225
Others (67 funds)	1,186	481	(444)	(5)	(202)	1,016
Total unrestricted funds	3,570	2,934	(1,490)	(25)	(178)	4,811
Total Funds	7,480	4,679	(2,211)	0	(427)	9,521

All transfers between funds have been appropriately approved in accordance with the Charity's policy. Where transfers have been made between restricted and unrestricted funds the purpose of both the restricted and unrestricted funds involved in the transfer were the same.

All unrestricted funds are designated funds apart from the General purposes fund. The Charity designates funds by department and as either staff benefit, patient benefit, equipment or research. The Charity permits transfers between designated funds.

Restricted funds 'Other' balance includes the Unrealised Gains Reserve fund balance of (£303)k which reflects the fall in the investment values seen in the year. There are no other negative fund balances held at 31 March 2020.

Leicester Hospitals Charity

Notes to the Accounts

Note 11.3 - Details of material restricted funds as in 11.2

Name of fund	Description, nature and purpose of fund
Childrens appeal	To support the development of the Childrens Hospital.
Cardio-respiratory	For the benefit of patients in the Cardio-Respiratory department.
Vascular Research	Research into vascular disease and limb amputation.
Alliance	To support the development of the Melton Hospital.
Pathology - Blood Bank	To purchase equipment for the benefit of the Pathology department.
Staff lottery	Provision of a lottery with the surplus used for the benefit of staff.
Pears Projects	To support the young volunteers pears project.

Note 12 - Contingencies

The Charity does not have any contingencies to be included in the accounts for the financial year 2019-20 (2018-19 -Nil).

Note 13 - Commitments, liabilities and provisions

The Charity has the following commitments as at the 31 March 2020:

	2019-20 £'000	2018-19 £'000
Charitable projects	516	554
Total	516	554

The Charity recognises liabilities in the accounts once there is a legal or constructive obligation to expend funds. The commitments in this note reflect the Charity's intentions to spend, and as such are not classed as liabilities in the accounts. They are all due within one year.

		2019-20 £'000	2018-19 £'000
Movement within year	Opening value	554	988
	Arising in year	1,649	1,697
	Utilised in year	(1,250)	(1,593)
	Unused / reversed	(437)	(538)
Closing value		516	554

Note 14 - Trustee expenses and remuneration

The Charity did not make any reimbursements for expenses or remuneration to the Corporate Trustee or any of its agents during the financial year 2019-20 (2018-19 - Nil).

Note 15 - Details of transactions with the Trustee or connected parties

The Charity did not have any connected person, other than the connected organisation noted in Note 4.

Note 16 - Volunteers

There are no volunteers attached to the Charity. UHL volunteer staff occasionally help in various projects. Other volunteers may be available at various events. These occasional volunteers enable the charity to more effectively raise funds.