

## **Orthocycle Foundation**

Report of the trustees for the year ending 31<sup>st</sup> March, 2025

The Trustees of The Orthocycle Foundation Charity present their annual report and accounts for the year ended 31<sup>st</sup> March 2025 and confirm they comply with the requirements of the Charities Act 2011, the trust deed and the Charities SORP (FRS 102).

### **Our Aims**

- To recycle medical appliances from the UK to less developed countries
- To build capacity in less developed countries by service provision and training

### **Our Objectives**

- To provide a conduit for the recycling of medical appliances in less developed countries with the necessary infrastructure in the UK and abroad
- To raise funds for the running of the operational arm of the charity
- To aid capacity building in less developed countries by service provision, teaching, training and exchange programmes
- To fund educational activity compatible with the aims of Orthocycle

### **Activity**

- Overall Activity

The level of activity of Orthocycle in the financial year April 2024 to March 2025 was decreased compared to previous years. This is because both of the Orthocycle trustees suffered significant health issues which decreased their opportunities to spend time on the charitable work of Orthocycle. However, despite this, there was still considerable activity in pursuit of the aims of Orthocycle – recycling and training doctors in specialist areas of surgery. The main areas that were decreased was surgical treatments in our partner countries and running courses within the UK.

- Recycling

Orthocycle has continued to recycle considerable volumes of orthotics, including rehabilitation boots, knee braces, and spinal braces. These shipments have been sent to Tanzania mainly, but we have now expanded to distribution to Iraq and Libya. These destinations have received much smaller volumes, but the equipment sent has been specifically chosen so that all of the orthotics and surgical equipment sent are to address specific needs. Orthocycle has been able to justify the costs of shipping to these locations, on the basis that the price of the donated equipment sent is vastly more than the price of shipping.

Orthocycle has also been gifted large volumes of surgical equipment, which are now held in storage. These include laryngoscopes, resuscitation equipment, aprons, surgical masks, and ambulance helmets. These are of considerable value to our partner countries, although they were donated free of charge. Some of the volume would not be cost effective to ship – principally surgical masks and aprons, and these are being distributed to UK destinations that would find them useful free of charge. This includes surgical labs.

Orthocycle has been supported by the donation of unwanted bespoke items from the NHS, as these would have been disposed of and wasted ordinarily. We are grateful to the commercial and NHS entities that have donated these unwanted or surplus orthotics.

- Storage

In the previous financial year, Orthocycle started using commercial storage space to accommodate, sort and dispatch boxes of orthotics and surgical equipment. This was necessary as the volume of donations was so significant that this could no longer be run from domestic property as had been possible in previous years.

The large donation of surgical equipment, resuscitation equipment and surgical masks was of considerable size – comprising 23 pallets of equipment. As the purchase value of these was considerable, we have invested in commercial storage to house these items until these are shipped to an appropriate destination, or donated within the UK to a suitable recipient. There is a large volume of surgical masks, which are out of date. These are being slowly distributed to surgical labs, but are costly to store. As the alternative would be incineration or landfill, we have continued to store these items in the hope of finding a network to distribute these. There are three 20 foot shipping containers housing this in commercial storage. As soon as there has been enough distribution of equipment, we can scale back the scale of storage required. The costs are being met by Orthocycle funds. This would be a suitable focus for donors to contribute to.

Orthocycle has a storage facility on Zanzibar in order to house the shipping that is sent to Tanzania. This includes surgical stores as well as orthotic stores. This is paid for by Orthocycle but at a cost of only \$150 per month. This allows us to sort and distribute boxes of orthotics within Tanzania.

- Cadaveric Surgical Courses

In March 2025, we were able to run a foot and ankle cadaveric surgical course in the Surgical Skills Centre in Manchester. This was successful in teaching UK and visiting surgeons the principles and practice of managing trauma to the foot and ankle, and generated highly complimentary feedback from the delegates.

Our aim is to continue to run such courses in the future. They have a large financial outlay, which is normally met by sponsorship and delegate fees for

courses. A decrease in the number of courses this year has resulted in less income from this source.

- Circular Frame Course in Dar Es Salaam, Tanzania

In November 2024, Orthocycle ran a free two day course in Muhimbili Orthopaedic Institute in Dar Es Salaam. Although no longer the capital city, Dar Es Salaam is still the commercial hub and the medical educational hub in Tanzania. The course used saw bones, which were taken to Tanzania by us. The equipment was also supplied by us, but the audiovisual facilities and venue were supplied by the Muhimbili Orthopaedic Institute. The course was overseen by two surgical faculty from the UK – Alwyn Abraham and Amer Shoaib, but a significant contribution was made by Tilumanywa Mkama, who made a lot of logistical provisions and also liaised directly with Muhimbili Orthopaedic Institute. The delegates did not pay Orthocycle for attending the course. This is in line with our values.

The course was very successful. The course was attended by over 40 delegates from all over Tanzania, including from Mwanza in the north west and Dodoma in the West.

The course was appreciated by the delegates, although the availability of circular frames is limited in Tanzania due to the cost. For many delegates, this was their first practical exposure to circular frames. The aim of the course was to encourage trainee surgeons to develop an interest in this type of surgery so that it can be provided more widely within Tanzania.

There were areas of concern from the course. The charge for catering was over £1100. This was far more than would be expected in Tanzania, where food is very cheap, and a concern that we were being exploited was raised by Mr Mkama, a Tanzanian diaspora, which was echoed by others. This represents a breach of trust. As a result of this, we are minded not to work in Dar Es Salaam, but to focus on other hospitals where we feel that we have more trust in our partnerships.

- Mnazi Mmoja Hospital, Zanzibar, Tanzania.

We visited Mnazi Mmoja Hospital in November 2024 in order to work with our orthopaedic colleagues there. The lead orthopaedic surgeon was not there, and we struggled with liaison with the hospital. This stemmed from a lack of engagement with the international liaison department, despite the Minister of Health being very enthusiastic for our involvement in the development of orthopaedic surgical services in Zanzibar. We met other visiting foreign surgeons, which has opened opportunities for joint working and coordination of training possibilities in the future. We have submitted a memorandum of understanding to lay out our respective responsibilities but this has not yet been signed.

- The Orthocycle website has been updated with Twitter postings and Linked In postings. Twitter/X and LinkedIn have not been used in this financial

year. Although there are events that we could celebrate from our activity, this seemed inappropriate in the light of the ongoing conflicts around the world.

- East African Health Summit

We attended the East African Health Summit held at the Royal College of General Practitioners in Euston. This allowed us to meet with our previous contacts from Tanzania, and meet new potential collaborators.

## **Future Plans**

Despite the limitations to our activity from illness of the Trustees, the three aims of Orthocycle have all been achieved this year and the aim for the next year is to continue with these.

This means that we would like to continue recycling to Tanzania especially, as well as providing treatments abroad and providing training within the UK and abroad.

We are recycling to several countries now, and we hope that there will be opportunities to recycle more. The limit on our storage means that we cannot collect as much as has been offered from individuals donors in the past. The large donations have been accommodated but we are now stretched to our limits for storage as this has cost implications, and we should scale back to match income as soon as possible.

There is an East African Health summit held annually at BMA House in London, and we plan to attend this again. We have since had positive feedback from the Zanzibarian Health Department and aim to maintain our involvement in Tanzania. We would like to be involved in Zanzibar and on the mainland but as we have had more engagement from Zanzibar, this will be where we concentrate our efforts.

Education for doctors and nurses is one of our main objectives, and there are several further courses on the horizon, including cadaveric courses on the foot and ankle, amputations and orthopaedic fixation methods.

The outgoings for working in Turkey were unsustainable in previous years, and this activity was not financially possible in this financial year. It is not anticipated that Orthocycle can independently fund these missions, and we will need to work with partners in order to allow these to continue.

## **Our Finances.**

The initial balance was £553.35.10. The final balance was £1104.75. The account remained in credit for the whole financial year. The income for the year was £24, 876.93. The overall balance has been in credit, but the charity does not have a safety net or reserve in case the level of donations dips. The expenditure was cost effective despite our decrease in overall activity. This lessening of activity is partly from activities that would have provided income. We should however have sufficient funds to dispose of Orthocycle assets in the case of winding up of the charity.

The principal sources of income were from the cadaveric courses, as well as individual donations from the general public within the UK and the Trustees.

The hospitals in Tanzania have no associated costs apart from travel and accommodation for Orthocycle surgical teams.

No trustee was paid or reimbursed for expenses in this or other financial years.

### **Reserves and Financial Health**

The Trustees reviewed the finances, budgets and spend against budget.

The Trustees consider that the charity financial status is satisfactory. There remains stable cash flow from the general public, from courses and from the Trustees. Costs mirrored income. However, a financial reserve would be desirable.

### **Structure, Governance and Management**

The charity trustees are responsible for the overall management and control of the Orthocycle Foundation Charity.

All trustees give of their time freely and no remuneration or expenses were paid in the year. No person connected with a Trustee received any benefit.

### **Accounts of the Orthocycle Foundation 2024-2025**

Initial Balance	£553.35
Payments In	£24876.93
Payments Out	£24,326.53
Remaining Balance	£1104.75