



UK-MED



Geitaoui Hospital Medical
Director Dr El Khalil shows
UK-Med's David Anderson
damage caused by blast at
Beirut port

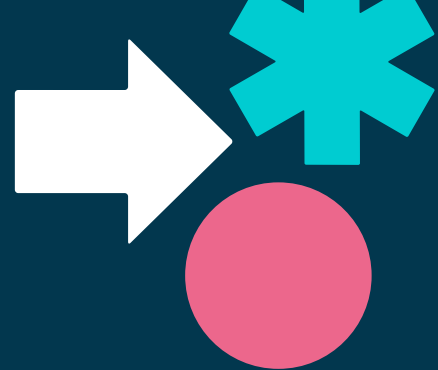
We save lives in emergencies

Annual Report to the
year ending March 2021

Charity Number: 1166956

uk-med.org

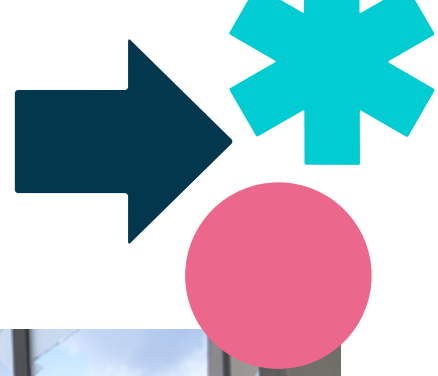
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A disaster during a pandemic

- The Beirut Blast



When the world stops, we carry on

I remember where I was when I heard about the Beirut blast. It was early afternoon and I was at home in Canada. My girlfriend, also an aid worker, was in the city waiting to fly home after working in neighbouring Syria. She rang me, asking “Check the news”. A huge blast had rocked the city, glass littered the streets. Thankfully she was unhurt, but there was a terrifying smell in the air. Had there been a chemical attack?

Beirut stepped into emergency mode. As people desperately searched for survivors, social distancing was the last thing on their mind. In those frantic minutes and hours, people were thinking “*Who can I save?*”, not worrying about an illness that could make them sick in a week. Three of the main hospitals were evacuated, hospitals still operating were overwhelmed with casualties, people were being treated on the pavements.

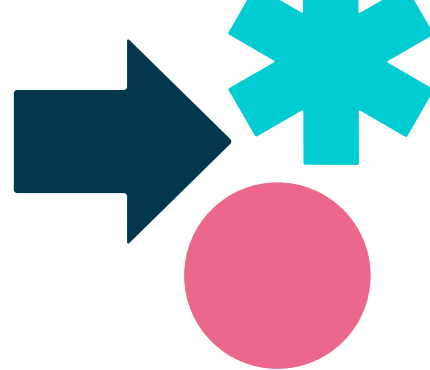
The explosions came as many intensive care units were already reaching capacity with COVID-19 patients, and careful separation of patients broke down in the confusion. Sadly, 200 people were not pulled out from the wreckage alive. Over 6,000 people were injured and 300,000 people were left homeless or displaced from their severely damaged homes.

A UK-Med advance team was out the door within hours of the blast. They quickly saw a deadly second COVID-19 wave was being unleashed across the city. They put out a call for a team to support. I answered the call, grabbed my bag, and got on a plane.

We were the only international emergency medical team able to answer Beirut’s call for help with the escalating COVID-19 situation. Hospitals were on their knees. Damaged from the blast with limited PPE, staff were petrified of catching COVID-19 and taking it home to their loved ones.

A disaster during a pandemic

- The Beirut Blast



The team I was leading got straight to work in two public hospitals. We worked shoulder to shoulder, treating patients, taking some of the load off and worked with staff on managing stress. The fact we were able to build the team needed so quickly saved countless lives.

We were able to quickly make an impact through our incredible hand-picked team that combined NHS, humanitarian and local expertise. We were welcomed warmly and we went with a learning mindset and we brought our experience of fighting COVID-19 in our home countries. There was a sense that we were part of something big, something global, and that as healthcare workers we were standing together to provide the best care for our patients.

The people of Beirut showed incredible civic spirit following the blast. When COVID-19 cases started to rise, naturally rumours, misinformation and distrust started to swirl in communities. A key part of our approach was to work with hospitals to become reliable hubs of information and to build links with key religious and political figures in the community to help people trust they could come to the public hospitals. Local staff were used to seeing international teams come and go, but we were able to stay for eight months – they knew they could rely on us.

Helping where the need is greatest

As we've seen, the pandemic affected us all but inevitably it hits the poorest hardest – and that was sadly the case in Lebanon. Over 1.5 million refugees from Syria, Ethiopia, Iraq, Sudan and Palestine live there, the highest per capita head in the world. People who have left everything fleeing war, who have been through so much already. Without money to pay for care, they come to the public hospitals which have suffered years of neglect. We were able to support across six public hospitals, ensuring those people were able to get the help and high-quality healthcare they needed.

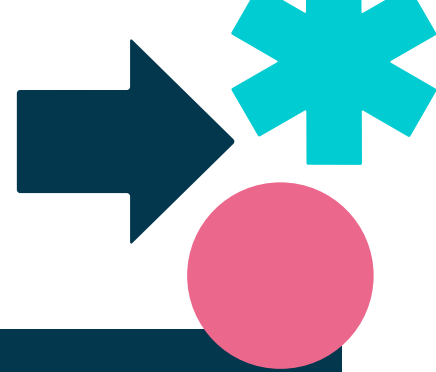
I'm so proud of what the team achieved during our time in Lebanon. I know we will be leaving health services stronger than when we arrived. This is a vital part of what we do – although we arrive in the emergency phase, we're always thinking: *how do we leave a lasting and sustainable impact?* If we can help communities prepare for future crises, we know we've done our job right.

We're living through a global health emergency and it's going to take all of us to tackle it.

Dr. Ram Vadi, MD, MSc
UK-Med Health Director



Our year in numbers



The 'Safer Hospitals' project we're supporting will last **3 years**.

2.5 million people are served by the five facilities we're working in.



Myanmar

Our response following the Beirut blast in August 2020 lasted for **7 months**. With **6 hospitals** supported across the country



Lebanon

100 health staff

we trained on how to manage coronavirus patients. **5 health facilities** supporting with COVID-19



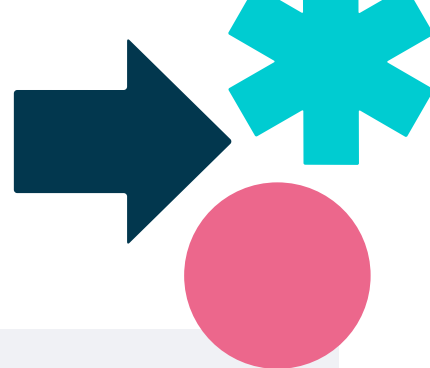
Yemen



9000+ health staff trained

85 experts sent to **8 countries** as part of the UK Emergency Medical Team response in Armenia, Burkina Faso, Bangladesh, Chad, Eswatini, Lebanon, Lesotho and Zambia

A field hospital in my home town



UK-Med began life in Manchester, but I never thought I'd be building a field hospital in the city.

I founded SMART, UK-Med's first iteration, when I was working as an Accident and Emergency Consultant in busy South Manchester hospitals in the 1980s. In those days there was limited medical support to the ambulance service for critically ill or injured patients, particularly when they were trapped or on life support machines and needed transfer between hospitals. Paramedic training was in its infancy. I therefore recruited a team of Manchester A&E consultants and nurses to sign up to an on-call register, ready to accompany ambulances to emergencies or when transferring critically ill patients. The volunteers were able to ensure many lives that could have been lost were saved.

When a huge earthquake hit Armenia in 1988, I led some of the team to help treat the injured and our international responses were born. We continued to send teams worldwide throughout the 1990s and 2000s, and registered UK-Med as a charity in 1995. We have established field hospitals all around the world and when Ebola struck West Africa in 2014, UK-Med recruited and trained 150 UK clinicians who worked alongside local medical teams to bring the outbreak under control - extending our expertise into the management of disease outbreak.



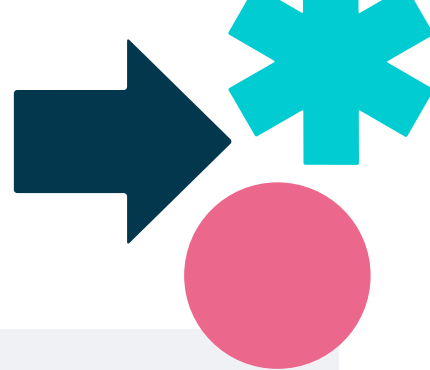
I've spent years preparing for and responding to threats overseas. But the COVID-19 pandemic brought the response to our home, and what we learned overseas we could bring to the benefit of the UK. Last March, I was proud to support our skilled and dedicated NHS colleagues by taking on the role of Medical Director as part of the team building NHS Nightingale Hospital North West, the field hospital constructed at the Manchester Central Convention Complex to care for some of the region's COVID-19 patients. I was joined by UK-Med colleagues David Anderson and Sarah Collis, along with a mix of professionals from the NHS, private sector and the army, all working towards one objective – to ensure the region's hospitals were supported as they dealt with the first COVID-19 wave. We managed to set up and open the hospital within 14 days. The hospital was an insurance policy and thankfully only some of its potential capacity was required. It did though serve to decompress acute hospitals and was reconfigured later in the year to support the rehabilitation of patients.

I've always known that the team members who respond with us bring so much back to their clinical role in the UK – but the COVID-19 pandemic threw this into sharper focus. Health is a human right and the bedrock of peace and prosperity. In this interconnected world our health is not only dependent on what is happening in our own country but what is happening elsewhere. A global outlook is vital to the wellbeing of everyone, everywhere.

Jon



The growing need



2020 was a year like no other for us all. We found ourselves fighting the COVID-19 pandemic in some of the most challenging situations imaginable - from war-torn Yemen's damaged hospitals, to refugee camps in Cox's Bazar Bangladesh. We worked in twelve countries and our support reached tens of thousands of patients.

Our work has continued apace in 2021. Being able to reach so many patients has only been made possible with the support of our donors, partners and members. We are incredibly proud to be partners in the UK Emergency Medical Team - the front line of the UK government's response to a humanitarian crisis overseas, funded with UK Aid from the British people via the Foreign, Commonwealth and Development Office. The partnership continues to go from strength to strength and we were part of eight UK Emergency Medical Team responses in this period.

New partnerships were forged with key donors, including the International Organisation for Migration, the Federal Ministry of Economic Cooperation and Development (Germany) and we extended our work with the USAID's Bureau for Humanitarian Assistance. We look forward to developing even deeper relationships to reach more patients.

A huge thank you to the members of the public and charitable trusts who have chosen to support our work. The trustees of Dowager Countess Eleanor Peel Trust supported with a grant for equipment for our Type 1 Field Hospital, and the trustees of the Souter Trust gave a grant to our project in Myanmar. Hundreds of new donors chose to support our work with a one-off or regular gift - which has enabled us to extend programmes or get a needs assessment team out the door quickly. We are so glad to have you on the team - together, we are saving lives.



We were delighted to cement our partnership with the Humanitarian and Conflict Response Institute at the University of Manchester through a collaborative research project looking at the readiness of the aid system to meet the challenges of the climate emergency. The report is part funded by the Disasters Emergency Committee alongside Save the Children UK and will be launched ahead of the COP26 climate negotiation in November 2021.

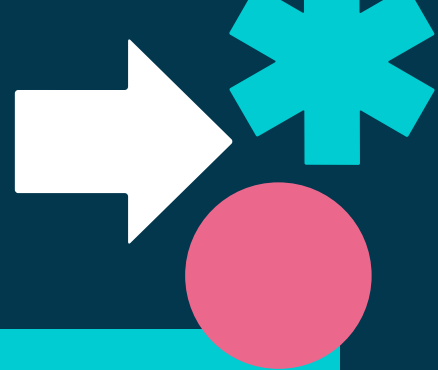
We were pleased to work with the Royal College of Surgeons Edinburgh 2020 to integrate UK-Med's expert knowledge in humanitarian healthcare into the Faculty of Remote, Rural and Humanitarian Healthcare. We're glad to continue championing the increased professionalisation of the sector to ensure patients receive the best quality care.

Alongside our donors, supporters and partners, our work would not be possible without the skill and dedication of our field and HQ teams. Navigating myriad travel restrictions to get nearly 100 expert health staff where they were needed has taken grit and creativity. I'd like to pay tribute to our members, working in tough contexts delivering the highest standard of care. For those working on the NHS frontline here in the UK - thank you for keeping our friends and family safe.

What unites us all is the belief that everyone should get the healthcare they need when disasters hit. We will continue to answer calls for help - saving lives, training health staff and empowering communities. Your support has never been more needed. Thank you.



Our vision, mission & values



Vision

A world where everyone has the healthcare they need when crises or disasters hit.

Mission

We save lives in emergencies. When health services are overwhelmed, we get expert health staff to where they're needed fast. We help communities prepare for future crises.

Values

Excellence

We set high standards for ourselves and the organisation. We strive to be outstanding in everything we do.

Learning

We believe in knowledge-sharing and giving people the means to develop their capabilities. Our work is informed by academic research and best available evidence. We value learning and continual growth.

Compassion

We care about people. The health and wellbeing of our patients and our people is central to everything we do.

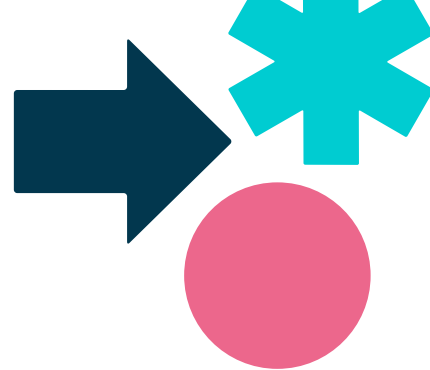
Determination

We have a can-do attitude and thrive on problem solving. No matter what the challenge, we explore all options in a timely fashion. If there's a way, we'll find it. We don't give up.

Collaboration

Working in partnership with stakeholders, communities and colleagues is key to the success of our work. We respect the skills, knowledge and experience of those we work with and take care to listen and adapt to changes in need.

Our year in review



April 2020

Moria Camp, Lesvos: One tap shared by 1,300 people. How can you wash your hands?

As the COVID-19 pandemic rapidly expanded across Europe and Greece, we were on the ground in Lesvos to help in the Moria Camp that housed 20,000 refugees. Our team assisted with the design of much-needed isolation facilities for the families of COVID-19 positive patients inside the camp.

Working hand in hand with the NHS

"I never believed my outbreak experience gained with UK-Med would be required in the UK." The NHS Nightingale North West supported by UK-Med opened on Easter Monday 2020. Our Humanitarian Health Advisor David Anderson was seconded to the NHS for three months, bringing his wealth of experience in responding to a multitude of outbreaks, from Ebola in West Africa to the measles outbreak in Samoa in late 2019.

"I have had the privilege of working around the world in many different contexts with some special individuals and teams as part of my work with UK-Med. It's been inspiring to work with colleagues to ensure we can and will deliver the highest possible level of care in these most challenging of conditions. However, my endearing hope is that all of this work will not be required, as I truly hope and wish that the Nightingale facilities will never be required to operate fully, as this will mean that we have contained COVID-19, and limited this most difficult of diseases."

Thankfully, the hospital was an insurance policy and only some of the capacity was used – You can watch a video from inside the hospital on BBC North West Tonight [here](#).

With the world in lockdown, we launched our remote support desk

Travel restrictions hit aid organisations hard. Unable to move to countries that needed help, we quickly launched our online support tool. We created a virtual reality learning and support package to help NGOs, governments and communities build COVID-19 treatment centres around the world and we adapted a Psychological First Aid course specifically designed for aid workers fighting on the frontline of the pandemic. This quick innovation helped share our expertise remotely across the planet to save lives, an approach we will continue throughout the pandemic and beyond.

Burkina Faso: Responding to COVID-19 in a complex situation

"My aim was actually to go to every ward and train them... and I think that actually the most rewarding thing so far is actually being able to get them out of their comfort zone and speaking up... and we were learning with each other."

Angela, a Portuguese nurse and experienced aid worker, arrived in Burkina Faso towards the end of April 2020. She worked to support the COVID-19 response at one of three hospitals in Ouagadougou, Burkina Faso's capital city. Recurring droughts and military coups have significantly affected Burkina Faso's already fragile healthcare system, making a response to coronavirus even more complex and difficult.

Our year in review



Responding to COVID-19 in Zambia

“We’ve been helping to push the key messages to wash hands, avoid mixing between households, encouraging people to stay at home if they are symptomatic and get tested, especially if they are a key worker.” Ngoni Nyambawaro – Team Lead, UK-Med in Zambia.

When the team first arrived in Zambia in April, the majority of outbreaks were taking place in hotspots around major cities such as Lusaka and Kitwe, as well as border points between Tanzania and Zimbabwe. The situation escalated over the following months, with community transmission of the virus identified in every province. The team worked hard to support a consistent countrywide approach, created and delivered a COVID-19 training curriculum as well as creating a tool to health staff manage oxygen supply.

May 2020

Responding in Cox’s Bazar: “I can’t think of a more dangerous place to be during the coronavirus pandemic.”

UK-Med Health Advisor Mel Johnson was part of our team that arrived in Bangladesh in early May. She was there to help the Rohingya refugees living in and around Cox’s Bazar – the world’s biggest refugee camp. The Rohingya people have faced unimaginable hardships.

The team worked in Cox’s Bazar until December, the first six months with the UK Emergency Medical Team and then for another two months working as UK-Med in partnership with IOM.



We helped establish COVID-19 treatment centres, provide training for health staff and care for patients – including the safe delivery of a number of babies.

June 2020

Lockdowns put a halt to face to face fundraising in 2020

But that didn’t stop our supporters from getting behind our efforts. In June our CEO David again took on the guise of quiz master, to test the general knowledge of everyone who tuned into our first virtual pub quiz.

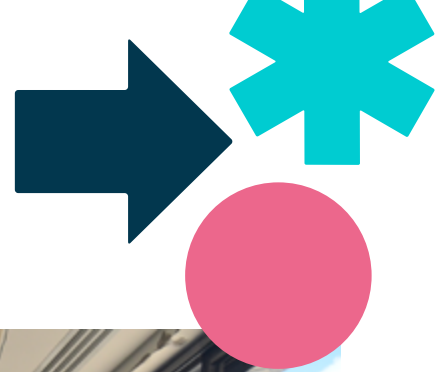
July 2020

Responding in Chad, one of the poorest countries in the world.

With an average life expectancy of just 54 and limited access to basic healthcare services, COVID-19 presented a huge threat to the people of Chad.

Our team arrived in the country in July to help with training and support. The team helped support the coordination of the COVID-19 response at a national level, with particular attention paid to equipping health staff with knowledge they required for communicating the risks of the virus.

Our year in review



August 2020

The Beirut Blast: “This is the worst disaster my team has ever had to deal with”

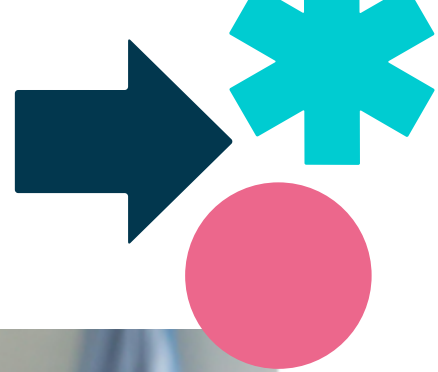
On Tuesday 4th August at 6pm a warehouse at the Beirut Port containing large quantities of ammonium nitrate exploded. Geitaoui Hospital was 1.5km from the blast site and one of the hospitals destroyed. Almost all the hospital's wards were destroyed, including a newly-built state of the art COVID-19 treatment unit. The structural damage was extensive, with most windows smashed and ceilings collapsed.

The hospital's Medical Director, Dr El Khalil described how medical staff carried patients out of destroyed wards in their arms in complete darkness, down six flights of stairs, as the electrical power had been blown out. The hospital staff successfully transferred all admitted patients to other hospitals, including those in intensive care. Despite having years of experience in responding to humanitarian crises and mass casualty events, Dr El Khalil described this as the worst disaster his team has ever had to deal with.

The explosions created a crisis within a crisis for Lebanon. Economic contraction, increasing poverty and rising prices have made life harder for Lebanese and non-Lebanese communities, including the large refugee population in Lebanon. COVID-19 transmission strained the country's health systems and deepened social tensions across the country.

We worked in Lebanon for seven months. In total, we sent 34 staff who worked across six hospitals. We delivered 191 training workshops for 1525 healthcare workers. We also held intensive training for twelve ‘trainer of trainers’ – just one of the measures to ensure the project had a lasting impact.

Our year in review



Faculty of Remote, Rural and Humanitarian Healthcare is launched

August 2020 also saw the integration of humanitarian healthcare into the Faculty of Remote, Rural and Humanitarian Healthcare at the Royal College of Surgeons Edinburgh. The faculty will support individual clinicians and organisations delivering medical aid overseas by setting professional and educational standards, developing leaders, accrediting training and supporting innovation in the field. We're glad to continue championing the increased professionalisation of the sector in order to ensure patients receive the best quality care. In the future we hope the Faculty will enable clinicians to move between working at home and overseas, thus encouraging more health staff to spend periods of their career practicing medicine in humanitarian settings.

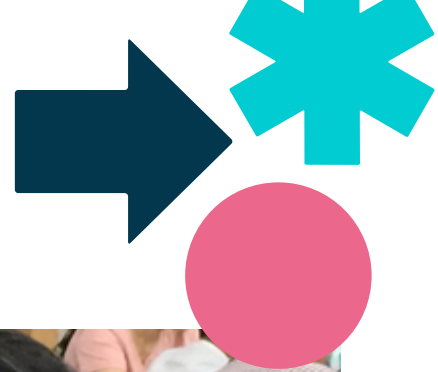
Yemen: A pandemic in a war-torn country

Yemen has been gripped by war since late 2014 and continues to be one of the world's biggest humanitarian crises. The crisis has become more and more desperate as the war drags on and an estimated 24.1 million

people across Yemen are in need of humanitarian aid. Aid organisations held their breath hoping the pandemic would not reach the country. When the first case of COVID-19 was confirmed in Yemen on 10th April 2020, the country's healthcare system was already overwhelmed. Vital medical supplies such as ventilators, oxygen cylinders, and protective equipment were in short supply.

Since last August, UK-Med has been operating in Yemen to support the country's COVID-19 response. The team provided hospital assessments, developed training materials, and delivered critical care training for 100 doctors, nurses, and anaesthetists from 13 different governorates, meaning the impact of this project will be carried across Yemen as workers take their knowledge learnt back to the critical care facilities that cater to their communities. Importantly, we have worked in 5 regions in the former north of the country, where most of the population currently live but few NGOs currently work.

Our year in review



October 2020

Our online webinar: What have we learned from the COVID-19 pandemic and what's next for outbreak response?

In October we welcomed Professor David Heymann and UK-Med field staff to a panel discussion looking at lessons learned during the pandemic. Our expert panel had a lively discussion, reiterating the importance of:

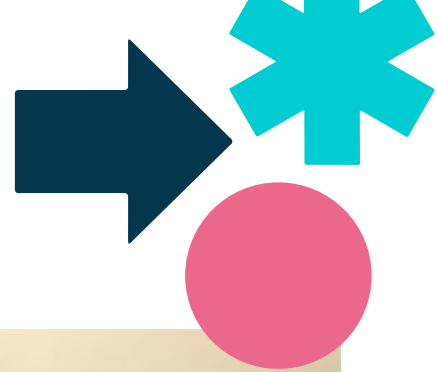
- Having trained clinicians, funding and equipment ready to go at short notice.
- Building partnerships with international and national organisations.
- Sharing real-time information between front line responders and academic partners for modelling and future learning.
- Continuing essential health services. The knock-on effects of disruption to health services can impact the health of people much more than the outbreak itself.
- Prioritising training for national health staff, who will always be the first responders in any crisis.

November 2020

“Myanmar is prone to disaster such as flood, earthquake and so it is important to prepare the disaster, in spite of facing the pandemic”

In November, a three-year ‘Safer Hospitals’ project was launched in Myanmar. The collaborative projects sees UK-Med training staff across five hospitals to prepare for situations where they face an influx of patients. We'll also be training volunteer ambulance drivers, an essential part of Myanmar's healthcare system. A key focus of the training was behaviour and attitude change towards people with disabilities and other vulnerable groups including women and older people. In the wake of natural disasters and violent conflict, already vulnerable groups are often at even higher risk of exploitation and abuse.

Our year in review



December 2020

Responding to COVID-19 in Armenia: “The universal horror of patients suffering away from loved ones. The anguish is the same in Laos or London or Armenia.”

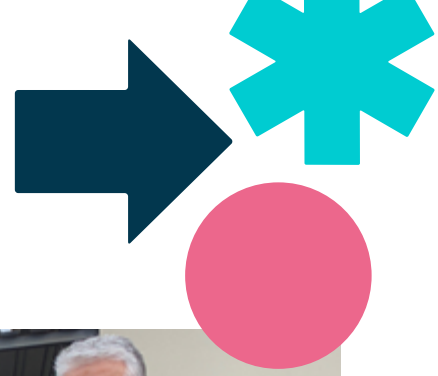
In December 2020 we responded to a call from the Ministry of Health in Armenia to support with COVID-19. We provided direct clinical care to patients like Miquel, and the team of five provided support and training for the dedicated Armenia health staff.

Emergency Medicine Consultant Paul Ransom is pictured here at Nork hospital with one of his patients, Miquel.

When he arrived at the hospital, 63-year-old Miquel was very short of breath with low levels of oxygen in his blood, but has been improving after treatment with oxygen and steroids.

Paul says, “He was pleased to show me that now he was able to walk around without being too short of breath. Such low levels of oxygen in the blood would trigger alarm in the UK, but in this context showed a significant improvement and was a cause for celebration.”

Our year in review



January 2021

Helping Eswatini breathe: “Doctors were having to make the incredibly hard decisions to choose who gets oxygen and who doesn’t.”

At the start of 2021, the small southern country of Eswatini experienced a huge surge in coronavirus cases which overwhelmed their healthcare system. UK-Med sent out a team of 9 experts to support the country’s coronavirus response in January 2021, which included for the first time, a Biomedical Engineer – Sean Ryder.

“During the second wave, Eswatini learned very quickly that the oxygen supplies – which were 100% supplied from South Africa – were going to leave them woefully short from what they required. Remember that South Africa was also struggling with the second wave at the same time. We helped investigate the possibility of investing in oxygen generation plants so that they were not totally reliant on external providers, should a third wave hit. We were able to support four plants set up, which will provide more than 70% of Eswatini’s own oxygen requirements.

At each facility we’ve worked at or visited in Eswatini, the story was the same – they all ran out of oxygen totally at the peak of the second wave and felt helpless towards the situation. They were witnessing doctors having to make the incredibly hard decisions to choose who gets oxygen and who doesn’t.

This, however, filled them with a desire not to let it happen again, and the work we supported will mean hopefully the next time wave hits they will be better placed to cope.”

February 2021

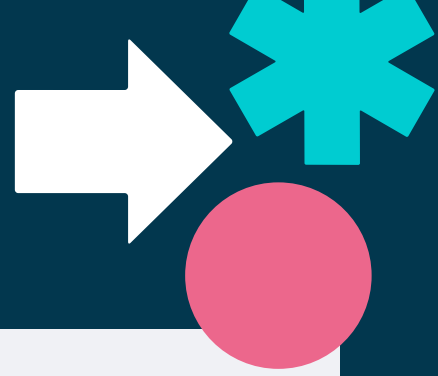
Responding to COVID-19 in Lesotho

“Lesotho welcomes this vital clinical support which comes at the opportune time when the country is relooking into its strategies and strengthening them to become effective and resilient in dealing with the dynamism of this COVID-19 virus.” – Hon. Semano Sekatle, Minister of Health for Lesotho.

With a surge of coronavirus case numbers in early 2021 in Lesotho, UK-Med sent a team of 9 medics to support the country’s COVID-19 response.

The team provided clinical assistance on isolation wards at Berea and Mafeteng Hospitals, where they supported local staff with critical care for severe and critical COVID-19 cases, conducted ward rounds, and helped train doctors and nurses.

Our plans for the future



As you can see from our review of the year, it was our busiest to date. Whatever challenges we experienced due to the COVID-19 pandemic, we know the global health situation is set to get more difficult. Disease outbreaks, the climate emergency and conflict are affecting millions of people each year. And that number is growing.

Since August 2020, we have been developing our next organisational strategy to meet that growing need. We have consulted thoroughly with staff, partners, member representatives, donors, sector leaders and trustees to develop our vision, mission, organisational priorities and Theory of Change.

The strategy is an evolution rather than a departure from our existing approach, and we are excited to launch our focused and ambitious plan from Summer 2021. We believe that we've established a very clear sense of what impact UK-Med can make, where we can best add value and how we can best save lives and alleviate suffering among some of the most vulnerable people in the world.

When I took over as Chief Executive in January 2019, UK-Med had a small staff team- under ten. By March 2021, we had 40. Moving the organisation through this period of growth has required significant investment in improving our systems and processes and embedding new ways of working. We have adapted quickly to remote working, which has allowed us to connect our teams working across the world. As the world adapts to the 'new normal' we will work to take forward the benefits of hybrid working whilst ensuring our team has the face-to-face interaction required for continued excellent teamwork.

A key priority for us in the coming months is building our Type 1 Field Hospital facility which will help us to provide a broad range of medical and emergency services for up to 100 patients a day. Operating within a fixed structure, we will be able to provide 12 hours of care per day, 7 days a week. The World Health Organisation (WHO) is visiting later in the year to verify that the facility meets international standards. We will then be ready to respond to WHO requests when a disaster hits. Our huge thanks to the trustees of the Dowager Countess Eleanor Peel Trust for their continued support and contribution to this vital project.

We have recruited heavily to our register of health staff – which stands near to 1000 experts, hand-picked, vetted, trained and ready to respond to a wide range of disasters. Given the complexities of staffing humanitarian responses, this significant resource means that we can guarantee with high reliability that we can find people with the exact and often niche skills required to save lives in emergencies.

Our life-saving work is only possible with the backing of our donors and supporters. We will continue to nurture our current relationships, whilst significantly growing the number of institutional and private supporters of our work in order to meet the growing need worldwide.

A Message from our CEO – David Wightwick

Financial Review

A significant proportion of our income in 2020/21 was a ringfenced grant delivering our work leading the UK's Emergency Response Team (UK EMT) on behalf of the Foreign, Commonwealth and Development Office. This funding has been extended until March 2022, and UK-Med has engaged in the early stages of the bidding process for the new iteration of this project post-2022. Given our significant expertise, strong performance and good relationship with the Foreign, Commonwealth and Development Office, we believe this partnership will continue to develop and strengthen in the future.

New funding partnerships were forged with key donors, including the International Organisation for Migration, the Federal Ministry of Economic Cooperation and Development (Germany) and we extended our work with the USAID's Bureau for Humanitarian Assistance. We also received funding from the Foreign, Commonwealth and Development Office via embassy funding mechanisms.

Prior to May 2020, UK-Med had one staff member working in fundraising and communications. Despite the cancellation of all planned face-to-face events in 2020 (wiping 50% off our fundraising forecast) we grew voluntary income fourfold in 2020/21. We also worked to become an excellent communications partner to the Foreign, Commonwealth and Development Office through supporting the media activities of the UK Emergency Medical Team.

The next five-year fundraising strategy seeks to broaden our range of institutional donors and grow our voluntary income to closer to 10% of our turnover – enough to fund one response per year. The board endorsed further investment in the fundraising and communications function, growing the team to four in order to attract more potential supporters to our cause. The fundraising and communications spend not attributed to our programming is forecast at less than 3% of our overall income for the coming year (c. £135k annually), and in the 2021/22 we are forecasting to raise income equal to this investment.

Our fundraising focus will be inspiring solidarity from the British people, who have already shown great generosity in times of crisis. For strategic partnerships, we will look to the UK and globally.

We will continue to tell positive impact stories that demonstrate the difference the support of the UK public makes overseas. By showcasing the work of our members and our unique link to the NHS we can connect more people to our mission.

Your compassion counts – the impact of a gift to UK-Med

We know we can't do it alone. There are three ways you can save lives in emergencies:

- Help us act fast. Your one-off or regular gift to our response fund will help us respond rapidly to unpredictable emergencies.
- If you share our values, let's talk. Building long-term partnerships for longer term programming is the only way we'll achieve our mission.
- Use your voice, donate your time, connect with your community and spread the word. Use your passion and inspire others to build a world where everyone gets the healthcare they need when crises or disasters hit.

What are you doing to make sure your fundraising follows best practice?

The UK fundraising sector as a whole has faced ethical challenges and increased scrutiny over the last few years, with issues around donor safeguarding, data and the introduction of GDPR. UK-Med is committed to the highest level of supporter care, fundraising regulation compliance and we will always be truthful and respectful in our communications.

We are dedicated to having personalised and thoughtful interactions with our donors and members. We will use positive messaging that respects our beneficiaries and partners, and creates a reciprocal relationship with our donors. We will clearly articulate the impact of donations and our work.

In order to ensure that our contacts and supporters can have confidence in our fundraising we have taken a number of steps. All our activities abide by the Code of Fundraising Practice and our own Fundraising Promise and we are registered with the Fundraising Regulator. We have written and are actively using our Ethical Fundraising Policy. We have updated our Privacy Policy to ensure it reflects our fundraising activities, and have shared these updates with everyone in our database. We regularly give our contacts the opportunity to manage how we contact them – via email or in any mail we send to them.

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

Reserves policy

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

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

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

At 31 March 2021, UK-Med hold reserves comprising restricted funds of £252,513, designated fixed assets of £99,004, stock £144,718, designated reserves to be used for Deployment £75,000 and for Verification of UK-Med EMT £94,982, and free reserves of £660,908 (totaling £1,074,612).

Structure, governance and management

Charity number	1166956
Registered office and operational address	UK Med c/o HCRI 1st floor, Ellen Wilkinson Building Oxford Road Manchester M13 9PL
Trustees	<p>Trustees who served during the year and up to the date of this report were as follows:</p> <p>Professor Anthony Damien Redmond OBE - Chair Professor Bertrand Olivier Taithe Dr Harpreet Kohli Professor John Lawson Simpson - Resigned 31/5/2021 Orla Fee Jenny Christine Appleton Buckle - Appointed 19/03/2021 Dr Tsitsi Dadirai Chawatama-Kwambana - Appointed 19/03/2021 Louise Parnell - Appointed to Treasurer in Feb 2020</p>
Key management personnel	<p>David Wightwick - Chief Executive Adil Shah - Director of Support Services (appointed Dec 2020) Dr. Ram Vadi - Health Director (appointed Jan 2021) Andy Clarke - Humanitarian Operations Director (appointed Jan 2021) Holly Smith - Fundraising and Communications Director (promoted Feb 2021)</p>
Bankers	Lloyds Bank Plc 46-48 High Street Newcastle-under-Lyme ST5 1QY
Auditors	Slade & Cooper Limited Greenfish Resource Centre 46-50 Oldham St, Manchester, M4 1LE

The trustees present their report and the audited financial statements for the year ended 31 March 2021. Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the charity's constitution and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Purposes and aims

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

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

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

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

Governing document

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

Recruitment and appointment of trustees

We appointed a new Treasurer and two new Trustees to the board. The Trustees each reflecting the necessary skills to oversee such an organisation, including medicine, humanitarian and conflict response, charity law and financial management experience.

Induction and training of trustees

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

The required skills of the membership of the Board of Trustees is kept under constant review and adjustments made as necessary. Recruitment of additional trustees is planned for 2021 – 22.

Trustee meetings

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

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

Organisational structure

Day to day management has been in the hands of the Chief Executive, who is supported by the Executive Team. An external human resources company (with extensive knowledge of charities) supports UK-Med with complex HR matters. The Senior Management Team that consists of Executive Team and Head of Functions meets on a weekly basis.

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

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

Related parties and relationships with other organisations

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

Remuneration policy for key management personnel

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

Risk management

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

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

Statement of responsibilities of the trustees

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

and:

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

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

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

Going Concern

The trustees have assessed whether the use of going concern assumption is appropriate in preparing these accounts. The trustees have made this assessment in respect to the period of one year from the date of approval of these accounts.

Whilst the degree of uncertainties around Emergency Deployment Team (EDT) funding warrants a disclosure, which will have significant impact on our funding in the short to medium term, the trustees have concluded that it does not constitute a material uncertainty related to going concern at this stage.

The trustees going concern assessment is based on the assumption that EDT funding will continue to flow through UK-Med. The current EDT funding is ending on 31st March 2022 with expectations of new funding to be in place before end of this period. UK-Med is preparing to participate in the bidding process as and when proposals are requested for the new funding. We are currently working to ensure that organisation's systems and processes are developed to a high standard and support the bidding process.

Therefore, the financial statements for the year ended 31 March 2021 are prepared on the going concern basis.

Auditors

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

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

Professor Anthony Damien Redmond OBE
Chair of the Board

Date: 26/11/2021

Independent Auditors' Report to the Trustees of UK-Med

Opinion

We have audited the financial statements of UK-Med (the 'charity') for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2021, 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

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

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

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

We have nothing to report in this regard.

Matters on which we are required to report by exception

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page XYZ, 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- enquiry of management and those charged with governance around actual and potential litigation and claims.
- enquiry of the charity's staff, management and those charged with governance to identify any instances of non-compliance with laws and regulations.
- reviewing minutes of meetings of those charged with governance.
- reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.
- auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx>. This description forms part of our auditor's report.

Slade & Cooper Limited
Statutory Auditors
Beehive Mill
Jersey Street
Manchester
M4 6JG

Date: 20/12/2021

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

Statement of Financial Activities for the year ended 31 March 2021

	Note	Unrestricted Funds £	Restricted Funds £	Total funds 2021 £	Total funds 2020 £
Income from:					
Donations and legacies	3	34,932	-	34,932	110,476
Charitable activities: Humanitarian aid including training		377,970	5,049,995	5,427,965	2,534,832
Total income		412,902	5,049,995	5,462,897	2,645,308
Expenditure on:	4				
Raising funds:		54,567	-	54,567	-
Charitable activities: Humanitarian aid including training		505,474	4,533,604	5,039,078	2,575,028
Total expenditure		560,041	4,533,604	5,093,645	2,575,028
Net income/(expenditure) before net gains/(losses) on investments		(147,139)	516,391	369,252	70,280
Net income/(expenditure) for the year		(147,139)	516,391	369,252	70,280
Transfer between funds		317,462	(317,462)	-	-
Net movement in funds for the year		170,323	198,929	369,252	70,280
Reconciliation of funds					
Total funds brought forward		904,289	53,584	957,873	887,593
Total funds carried forward		1,074,612	252,513	1,327,125	957,873

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

Balance Sheet as at 31 March 2021

	Note	2021 £	2020 £
Fixed assets			
Tangible assets	10	99,005	155,623
Total fixed assets		99,005	155,623
Current assets			
Stock		144,718	151,024
Debtors	11	1,220,521	606,647
Cash at bank and in hand		212,205	264,322
Total current assets		1,577,444	1,021,993
Liabilities			
Creditors: amounts falling due in less than one year	12	349,324	219,743
Net current assets		1,228,120	802,250
Total assets less current liabilities		1,327,125	957,873
Net assets		1,327,125	957,873
Funds of the charity:			
Restricted income funds	13	252,513	53,584
Unrestricted income funds	14	1,074,612	904,289
Total charity funds		1,327,125	957,873

Signed by the Chair of the board on behalf of all the trustees.

Professor Anthony Damien Redmond OBE
Chair of the Board

Date: 26/11/2021

Statement of Cash Flows for the year ending 31 March 2021

	Note	2021 £	2020 £
Cash provided by/(used in) operating activities	18	(44,659)	(226,684)
Cash flows from investing activities:			
Purchase of property, plant and equipment		(7,458)	(134,671)
Cash provided by/(used in) investing activities		(7,458)	(134,671)
Change in cash and cash equivalents in the reporting period		(52,117)	(361,355)
Cash and cash equivalents at the beginning of the year		264,322	625,677
Cash and cash equivalents at the end of the year		212,205	264,322

Notes to the accounts for the year ended 31 March 2020

1) Accounting policies

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

a) Basis of preparation

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

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

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

The financial statements are presented in sterling and are rounded to the nearest pound.

b) Preparation of the accounts on a going concern basis

The trustees have assessed whether the use of going concern assumption is appropriate in preparing these accounts. The trustees have made this assessment in respect to the period of one year from the date of approval of these accounts.

Whilst the degree of uncertainties around the continuation of Emergency Deployment Team (EDT) funding warrants a disclosure, which will have significant impact on our funding in the short to medium term, the trustees have concluded that it does not constitute a material uncertainty related to going concern.

The trustees going concern assessment is based on the assumption that EDT funding will continue to flow through UK-Med. The current EDT funding is ending on 31st March 2022 with expectations of new funding to be in place before end of this period. UK-Med is preparing to participate in the bidding process as and when proposals are requested for the new funding. We are currently working to ensure that organisation's systems and processes are developed to a high standard and support the bidding process.

Therefore, the financial statements for the year ended 31 March 2021 are prepared on the going concern basis.

c) Income

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

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

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

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

d) Donated services and facilities

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

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

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

e) Interest receivable

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

f) Fund accounting

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

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

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

g) Expenditure and irrecoverable VAT

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

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

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

h) Operating leases

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

i) Tangible fixed assets

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

Medical & Surgical Equipment	25%
IT Equipment	25%

j) Stock

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

k) Debtors

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

l) Cash at bank and in hand

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

m) Creditors and provisions

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

n) Financial instruments

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

o) Pensions

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

2) Legal status of the charity

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

3) Analysis of income

	Unrestricted £	Restricted £	Total 2021 £	Total 2020 £
Donations and legacies:				
Donations and gifts	19,932	-	19,932	5,855
General grants provided by government/other charities	15,000	-	15,000	-
Fixed assets donated	-	-	-	96,160
Stock donated	-	-	-	8,461
Total	34,932	-	34,932	110,476
Grant Income				
FCDO – UK Emergency Medical Team	-	2,308,516	2,308,516	1,740,767
FCDO – Samoa	-	-	-	243,388
FCDO – Coronavirus Outbreak UK Response	-	1,395,066	1,395,066	48,580
FCDO – Rwanda	-	8,082	8,082	91,567
Save the Children – READY	-	70,764	70,764	152,641
Humanity and Inclusion – Intergrated Hospital Disaster Preparedness Myanmar	-	33,371	33,371	4,017
FCDO – Emergency Response to Beirut Explosion	-	689,351	689,351	-
FCDO – UK-Med Support to the COVID-19 Response in Yemen	-	476,809	476,809	-
IOM – COVID-19 Outbreak Surge Support in Cox's Bazar, Bangladesh	-	48,036	48,036	-
Save the Children – Climate Change	-	20,000	20,000	-
Total	-	5,049,995	5,049,995	2,280,960
Earned Income				
Palladium Pharmacy	-	-	-	64,198
FCDO – CHASE/Pharmacy	354,495	-	354,495	109,575
Palladium Other	5,221	-	5,221	29,628
DAI – TDDAP	18,254	-	18,254	42,937
Training	-	-	-	2,543
Save the Children	-	-	-	4,991
Total	377,970	-	377,970	253,872
TOTAL INCOME	412,902	5,049,995	5,462,897	2,645,308

4) Analysis of total expenses

	Emergency response and preparedness £	Fundraising costs £	Support costs £	Total £
2021				
Staff costs (note 6)	2,737,799	47,067	228,722	3,013,588
Training & Capacity Building	323,180	-	-	323,180
Deployment Readiness	109,629	-	-	109,629
Medical supplies & equipment	257,423	-	-	257,423
Travel and transport	895,465	-	-	895,465
Insurance	97,707	-	30,626	128,333
Professional Services	82,002	604	21,729	104,335
IT infrastructure and support	32,739	651	10,913	44,303
Premises and office running costs	115,432	718	90,721	206,871
Communications	3,176	1,363	1,059	5,598
Governance	-	-	4,920	4,920
Subtotal	4,654,552	50,403	388,690	5,093,645
Support costs	384,526	4,164	(388,690)	-
Total expenditure	5,039,078	54,567	-	5,093,645
2020				
Staff costs (Note 6)	1,148,841	-	-	1,148,841
Training & Capacity Building	-	-	-	-
Deployment Readiness	-	-	-	-
Medical supplies & equipment	-	-	-	-
Travel and transport	287,022	-	-	287,022
Insurance	92,394	-	-	92,394
Professional Services	-	-	-	-
IT infrastructure and support	-	-	-	-
Premises and office running costs	128,228	-	-	128,228
Project costs	838,506	-	-	838,506
Administration	75,019	-	-	75,019
Communications	-	-	-	-
Governance	5,018	-	-	5,018
Subtotal	2,575,028	-	-	2,575,028
Support costs	-	-	-	-
Total expenditure	2,575,028	-	-	2,575,028

5) Analysis of governance costs

	2021 £	2020 £
Auditors remunerations	4,920	5,018
Turstees reimbursement	-	-
Trustees meeting costs	-	-
Total	4,920	5,018

6) Staff Costs

	2021 £	2020 £
Salaries and wages	1,317,846	764,627
Social security costs	136,057	76,617
Pension costs (defined contribution scheme)	99,195	70,366
Total staff costs based in the UK	1,553,098	911,610
Staff cost for emergency response and consultancies	1,435,123	214,927
Staff recruitment, training and development	25,367	22,304
Total staff costs (UK and Overseas)	3,013,588	1,148,841

Band	Number of employees	
	2021	2020
£60,000 to £69,999	-	-
£70,000 to £79,999	-	-
£80,000 to £89,999	-	-
£90,000 to £99,999	-	1
£100,000 to £109,999	-	-
£110,000 to £119,999	1	-
	2021 Number	2020 Number
Average head count in the year	34.88	20.17
Total	34.88	20.17

The key management personnel of the charity comprise the trustees, the Chief Executive Officer, the Director of Support Services, the Operations Director, the Medical Director and Fundraising and Communications Director. The salaries and benefits, including pension contributions and employer's National Insurance contributions of the key management personnel were £377,461 (2020 £222,773) for the year ended 31 March 2021.

7) Trustees Remuneration and expenses, and related party transactions

No trustees received any remuneration during the year (2020: £nil).

8) Analysis of receipts of government grants

	2021 £
FCDO – UK Emergency Medical Team	2,308,516
FCDO – Coronavirus Outbreak – UK Response	1,395,066
FCDO – Rwanda	8,082
FCDO – Lebanon	689,351
FCDO – Yemen	476,809
Total	4,877,824
	2020 £
FCDO – UK Emergency Medical Team	1,740,767
FCDO – Samoa	243,388
FCDO – Coronavirus Outbreak – UK Response	48,580
FCDO – Rwanda	91,567
Total	2,124,302

9) Corporation tax

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

10) Fixed assets: tangible assets

	Medical & surgical equipment £	IT Equipment £	Total £
Cost or valuation			
At 1 April 2020	288,669	11,415	300,084
Additions	-	7,458	7,458
At 31 March 2021	288,669	18,873	307,542
Depreciation and impairments			
At 1 April 2020	141,402	3,059	44,461
Depreciation	59,769	4,307	64,076
At 31 March 2021	201,171	7,366	208,537
Net book value			
At 31 March 2020	147,267	8,356	155,623
At 31 March 2021	87,498	11,507	99,005

11) Debtors and prepayments

	2021	2020
	£	£
Grants receivable	1,067,898	468,932.0
Prepayments and accrued income	116,692	137,715.0
Other receivables (Deposits)	35,931	-
Total	1,220,521	606,647.0

12) Creditors and accruals

	2021	2020
	£	£
Trade creditors	217,983	115,199
Short term compensated absences (holiday pay)	58,589	14,500
Accruals	52,847	72,181
Taxation and social security	11,444	17,863
Other creditors	8,461	-
Total	349,324	219,743

13) Analysis of movements in restricted funds

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers £	Balance at 31 March 2021 £
FCDO – UK Emergency Medical Team	53,584	2,308,516	(2,002,787)	(140,196)	219,117
FCDO – Coronavirus Outbreak UK Response	–	1,395,066	(1,278,934)	(89,526)	26,606
FCDO – Ebola Technical Support for Rwanda	–	8,082	(2,271)	(159)	5,652
Save the Children – READY	–	70,764	(68,914)	(6,891)	(5,041)
FCDO – Emergency Response to Beirut Explosion	–	689,351	(644,253)	(45,098)	0
FCDO – UK-Med Support to the COVID-19 Response in Yemen	–	476,809	(445,616)	(31,193)	0
Humanity and Inclusion	–	33,371	(33,371)	0	0
IOM – COVID-19 Outbreak Surge Support in Cox's Bazar, Bangladesh	–	48,036	(44,893)	(3,143)	0
Save the Children – Humanitarian Sector Sector and the Climate		20,000	(12,565)	(1,256)	6,179
Total Funds	53,584	5,049,995	(4,533,604)	(317,462)	252,513

Previous reporting period	Balance at 1 April 2019 £				Balance at 31 March 2020 £
FCDO – UK Emergency Medical Team	84,573	1,740,767	(1,650,911)	(120,845)	53,584
FCDO – Samoa	0	243,388	(227,466)	(15,922)	–
FCDO – Coronavirus Outbreak – UK Response	0	48,580	(45,402)	(3,178)	–
FCDO – Rwanda	0	91,567	(85,577)	(5,990)	–
Save the Children	4,645	152,641	(140,956)	(16,330)	–
Total Funds	89,218	2,276,943	(2,150,312)	(162,265)	53,584

Name of restricted fund	Purpose and Restrictions
FCDO – Emergency Medical Team	The purpose of this funding is to maintain a deployable UK capability during a rapid onset humanitarian emergency overseas and that provides global co-ordination for the UK Emergency Medical Team (UK EMT).
FCDO – Coronavirus Outbreak – UK Response	This funding contributes to reducing morbidity and mortality as a consequence of the COVID 19 pandemic, through provision of expertise and support to national health Actors in eleven countries including Armenia, Bangladesh, Burkina Faso, Cambodia, Chad, Eswatini, Ghana, Lebanon, Lesotho, South Africa and Zambia.
FCDO – Ebola Technical Support for Rwanda	The purpose of this funding is to provide technical expertise utilising specialists in the area relating to outbreak preparedness in Rwanda.
Save the Children – READY	This funding is from USAID via STC to augment capacity for humanitarian emergencies of infectious diseases with epidemic or pandemic potential.
FCDO – Emergency Response to Beirut Explosion	The funding contributed to the UK EMT assessment of hospital facilities following the port explosion resulting in a programme to address identified needs in reducing morbidity and mortality from COVID-19 through the provision of technical expertise and capacity building of Health Actors.
FCDO – UK-Med Support to the COVID-19 Response in Yemen	This funding enabled UK-Med to provide a specialist medical team that can work alongside Yemeni health care staff to build capacity and capability through technical advice, on-the-job training, mentoring, clinical supervision, assessment of health facilities and support for RCCE.
Humanity and Inclusion – Integrated Hospital Disaster Preparedness: For more resilient health facilities, emergency institutions and communities affected by disasters in Myanmar	The funding is from BMZ via HI and the purpose is to enhance community resilience through disaster preparedness and incident management in hospitals with a focus on disabilities, multi partner coordination and community empowerment ensuring continuous inclusive care for disaster affected population in Myanmar.
IOM – COVID-19 Outbreak Surge Support in Cox’s Bazar, Bangladesh	The funding enabled UK-Med to support IOM in preparing for, and responding to the COVID-19 outbreak in three facilities in Teknaf and Kutupalong through the provision of training, capacity building and supervision related to clinical management, facility design and outbreak specific WASH management.
Save the Children – Humanitarian Sector and the Climate	This funding enabled UK-Med to produce a report that makes recommendations to support the humanitarian system to address the global climate emergency effectively.

14) Analysis of movement in unrestricted funds

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers £	Balance at 31 March 2021 £
General Fund	464,149	399,266	(454,490)	251,983	660,908
Development Fund	70,216	0	(1,745)	(68,471)	0
Deployment Fund	63,277	0	(27,227)	38,950	75,000
Verification Fund	0	0	(18)	95,000	94,982
Fixed Assets	155,623	7,458	(64,077)	0	99,004
Stock	151,024	6,178	(12,484)	0	144,718
Total Funds	904,289	412,902	(560,041)	317,462	1,074,612

Previous reporting period	Balance at 1 April 2019 £				Balance at 31 March 2020 £
General Fund	527,153	272,205	(349,822)	14,613	464,149
Development Fund	0	0	(4,784)	75,000	70,216
Deployment Fund	0	0	(11,723)	75,000	63,277
Fixed Assets	79,339	96,160	(58,387)	38,511	155,623
Stock	191,883	0	0	(40,859)	151,024
Total Funds	798,375	368,365	(424,716)	162,265	904,289

15) Notes and reconciliation to the statement of cash flows

A

Reconciliation of net movement in funds to net cash provided by (used in) operating activities

Net movement in funds (as per the statement of financial activities)

	2021	2020
	£	£
Adjustments for:	369,252	70,280
Depreciation charge	64,076	58,387
Decrease/(increase) in stock	6,306	40,859
Decrease/(increase) in Debtors	(613,874)	(384,818)
Increase/(Decrease) in creditors	129,581	(11,392)
Net cash provided by (used in) operating activities	(44,659)	(226,684)

B

Analysis of cash and cash equivalents

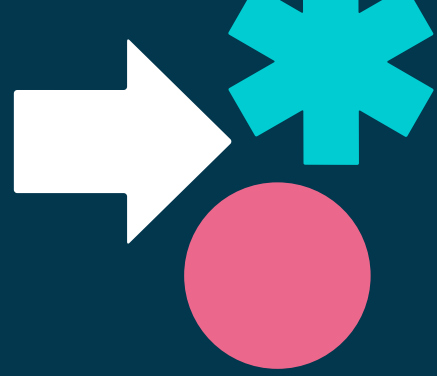
	2021	2020
	£	£
Cash at bank and in hand	212,205	264,322
Total cash and cash equivalents	212,205	264,322

C

Analysis of changes in net debt

	At 1st April 2020 £	Cash flows £	At 31st March 2021 £
Cash at bank and in hand	264,322	(52,117)	212,205

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