

# DR MILLEY'S HOSPITAL

England & Wales · Charity number 1202435

## Details

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**Status** Registered

**Legal form** CIO

**Registered** 2023-03-21

**Register** [View on the Charity Commission register](#)

## Contact

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**Address** Dr Milleys Almshouses  
7 Beacon Street  
Lichfield  
Staffordshire  
WS13 7AA

**Phone** 07580971928

**Email** [drmilleys@hotmail.com](mailto:drmilleys@hotmail.com)

## Activities

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**Objects:** THE OBJECTS OF THE CIO ARE: 1) THE PROVISION OF HOUSING ACCOMMODATION FOR POOR WOMEN IN NEED, HARDSHIP OR DISTRESS WHO ARE RESIDENT IN THE AREA COVERED BY LICHFIELD DISTRICT COUNCIL, WITH PREFERENCE FOR THOSE PERSONS RESIDENT IN THE CITY OF LICHFIELD, AND IN EXCEPTIONAL CIRCUMSTANCES THOSE RESIDENT OUTSIDE THE AREA COVERED BY LICHFIELD DISTRICT COUNCIL BUT WHO ARE OTHERWISE QUALIFIED. 2) SUCH EXCLUSIVELY CHARITABLE PURPOSES WITHIN THE LAWS OF ENGLAND AND WALES FOR THE BENEFIT OF THE RESIDENTS AS THE CHARITY TRUSTEES DECIDE.

**Activities:** The charity provides accomodation to lone women in need, who are resident in the area covered by Lichfield Distict Council with preference to those resident in the City of Lichfield. The trustees can, in exceptional circumstances, give the accomodation to those outside the area covered by the Lichfield District Council area but who are otherwise qualified.

## Classification

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- **How:** Provides Buildings/facilities/open Space
- **What:** Accommodation/housing
- **Who:** Elderly/old People, Other Defined Groups

## Geography

- Area of benefit: LOCAL
- Staffordshire

## Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31		£0	£0	-
2023-12-31		£0	£0	-

## Trustees

Name	Role	Appointed
CYNTHIA Mary TIPPER		2023-03-18
DONNA MARIE GREATOREX		2023-03-18
David Werry		2024-07-18
Elaine Price		2023-03-18
GAIL RYAN		2023-05-10
Jane Douthwaite		2024-03-27
Mark Lupton		2023-07-01
ROGER MICHAEL HARTLEY		2023-03-18
ROSIE HARVEY-COGGINS		2023-08-01
Wendy Dee		2023-05-01

**DR MILLEY'S HOSPITAL**

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# Accounts

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**DR MILLEY'S HOSPITAL ANNUAL VISIT FORM**

**STRICTLY CONFIDENTIAL**

NAME OF RESIDENT:

DATE RESIDENCY STARTED:

DATE OF VISIT:

TRUSTEES UNDERTAKING THE VISIT:

REASON FOR TAKING UP RESIDENCY AT DR MILLEYS:

*(a brief outline e.g. domestic violence, loss of accommodation, financial problems, which would show the 'need' which satisfied the granting of accommodation and highlighting any changes in circumstances)*

CURRENT SITUATION

A HEALTH:

*E.g. no significant health issues raised or brief outline of issues that would affect employment /independent living/leaving Milley's.*

B EMPLOYMENT STATUS:

*E.g. 'works for X company, five days a week for 30 hours. Hourly rate = minimum wage.'*

C FINANCIAL POSITION:  
*e.g. 'no debts' / paying off x debts at y per week*

D PARTICIPATION IN THE MILLEY'S COMMUNITY:  
*(would include here participation in residents' activities, friendships, gardening and Residents' Meetings)*

E SOCIAL TIES INCLUDING FAMILY:  
*(would include here activities/relationships with wider Lichfield community and family, if any and if relevant)*

F RESIDENT'S FUTURE PLANS, IN PARTICULAR AS REGARDS RESIDENCY AT DR MILLEY'S HOSPITAL:  
*(whether Milley's' seen as a stepping stone or permanent residence and any factors which may hinder the resident from becoming fully independent)*

G CONDITION/CLEANLINESS OF FLAT:

H. ARE THE EMERGENCY CONTACT DETAILS STILL CORRECT?

J DOES THE ADMINISTRATOR STILL HAVE THE CORRECT PHONE NUMBER FOR THE RESIDENT?

K ANY CONCERNS RAISED BY RESIDENT DURING VISIT RE LIVING AT MILLEY'S:

L SUGGESTIONS RAISED BY TRUSTEES:

*(could be signposting to help/support from other agencies or organisations, or how to address issues raised by living at Milley's)*

M THE HANDBOOK AND RESIDENTS' RULES.

*(a gentle reminder about the handbook and how broken rules could lead to a setting aside of the occupancy)*

**\*\*\*\*\*PLEASE NOTE THAT AS AGREED AT A TRUSTEES MEETING, THIS WILL ALSO BE SEEN AS AN OPPORTUNITY TO CHECK THE FLAT FOR ANY MAINTENANCE ISSUES, PLUS THE STATE OF THE FLAT, INCLUDING THE OTHER ROOMS IN THE FLAT/STUDIO\*\*\*\*\***

**DR MILLEY'S HOSPITAL**

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# Accounts

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# Trustees' Annual Report for the period

<b>From</b>	Period start date			<b>To</b>	Period end date		
	Day 21	Month Mar	Year 2023		Day 31	Month Dec	Year 2023

## Section A Reference and administration details

**Charity name** Dr Milley's Hospital

**Other names charity is known by** n/a

**Registered charity number (if any)** 1202435 (X - ref 214782)

**Charity's principal address**

7 Beacon Street  
Lichfield  
Postcode **WS13 7AA**

### Names of the charity trustees who manage the charity

	Trustee name	Office (if any)	Dates acted if not for whole year	Name of person (or body) entitled to appoint trustee (if any)
1	Elaine Price	-	Whole year	
2	Mark Lupton	-	1/7/23 – to present	
3	David Werry	-	18/07/24 – to present	
4	Roger Hartley	-	Whole Year	
5	Gail Ryan	-	10/5/23 – to present	
6	Jane Douthwaite	-	27/3/24 – to present	
7	Sheila Linger	-	1/7/23 – to present	
8	Donna Greatorex	-	Whole year	
9	Susan Gallagher	-	01/7/23 – to present	
10	Cynthia Tipper	-	Whole year	
11	Rosie Harvey - Coggins	-	01/8/23 – to present	
12	Wendy Dee	-	1/5/23 – to present	
13				
14				
15				
16				
17				
18				
19				
20				

### Names of the trustees for the charity, if any, (for example, any custodian trustees)

Name	Dates acted if not for whole year
As above	

**Names and addresses of advisers (Optional information)**

Type of adviser	Name	Address
N/a		

**Name of chief executive or names of senior staff members (Optional information)**

n/a

**Section B Structure, governance and management**

**Description of the charity's trusts**

Type of governing document (eg. trust deed, constitution)	Constitution
How the charity is constituted (eg. trust, association, company)	Trust
Trustee selection methods (eg. appointed by, elected by)	Elected by

**Additional governance issues (Optional information)**

You **may choose** to include additional information, where relevant, about:

- policies and procedures adopted for the induction and training of trustees;
- the charity's organisational structure and any wider network with which the charity works;
- relationship with any related parties;
- trustees' consideration of major risks and the system and procedures to manage them.

Charity yet to convert to CIO. Aim is to convert to CIO in January 2024. Cross reference with Charity number 214782 for full details.

- Bullying and harassment policy and procedures
- Complaints handling
- Complaints policy and procedures
- Financial reserves policy and procedures
- Internal charity financial controls policy and procedures
- Internal risk management policy and procedures
- Investing charity funds policy and procedures
- Investment
- Paying staff
- Risk management
- Safeguarding policy and procedures
- Safeguarding vulnerable beneficiaries
- Serious incident reporting policy and procedures
- Trustee conflicts of interest policy and procedures
- Trustee expenses policy and procedures

**Summary of the objects of the charity set out in its governing document**

The charity provides accommodation to lone women in need, who are resident in the area covered by Lichfield District Council with preference to those residents in the City of Lichfield. The trustees can, in exceptional circumstances, give the accommodation to those outside the area covered by the Lichfield District Council area but who are otherwise qualified.

**Summary of the main activities undertaken for the public benefit in relation to these objects (include within this section the statutory declaration that trustees have had regard to the guidance issued by the Charity Commission on public benefit)**

Provides Buildings/facilities/open Space.

**Additional details of objectives and activities (Optional information)**

n/a

You **may choose** to include further statements, where relevant, about:

- policy on grantmaking;
- policy programme related investment;
- contribution made by volunteers.

## Section D

## Achievements and performance

**Summary of the main achievements of the charity during the year**

n/a

## Section E Financial review

**Brief statement of the charity's policy on reserves**

n/a

**Details of any funds materially in deficit**

n/a

### Further financial review details (Optional information)

You **may choose** to include additional information, where relevant about:

- the charity's principal sources of funds (including any fundraising);
- how expenditure has supported the key objectives of the charity;
- investment policy and objectives including any ethical investment policy adopted.

n/a

## Section F Other optional information

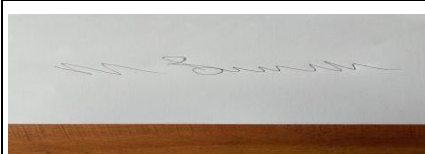
n/a

## Section G Declaration

The trustees declare that they have approved the trustees' report above.

**Signed on behalf of the charity's trustees**

**Signature(s)**



**Full name(s)**

Margarite Burnell

**Position (eg Secretary, Chair, etc)**

Administrator

**Date** 5.11.2024



CHARITY COMMISSION  
FOR ENGLAND AND WALES

Charity Name	No (if any)
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## Receipts and payments accounts

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For the period from	Period start date 21-Mar-23	To	Period end date 31-Dec-23
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### Section A Receipts and payments

	Unrestricted funds to the nearest £	Restricted funds to the nearest £	Endowment funds to the nearest £	Total funds to the nearest £	Last year to the nearest £
<b>A1 Receipts</b>					
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
<b>Sub total (Gross income for AR)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>A2 Asset and investment sales, (see table).</b>					
	0.00	0.00	0.00	0.00	
	0.00	0.00	0.00	0.00	0.00
<b>Sub total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total receipts</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>A3 Payments</b>					
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
<b>Sub total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>A4 Asset and investment purchases, (see table)</b>					
	0.00	0.00	0.00	0.00	
	0.00	0.00	0.00	0.00	0.00
<b>Sub total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total payments</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Net of receipts/(payments)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
A5 Transfers between funds	0.00	0.00	0.00	0.00	0.00
A6 Cash funds last year end	0.00	0.00	0.00	0.00	0.00
<b>Cash funds this year end</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

## Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
<b>B1 Cash funds</b>	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
		0.00	0.00	0.00
	<b>Total cash funds</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	(agree balances with receipts and payments account(s))	OK	OK	OK

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
<b>B2 Other monetary assets</b>	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00

Categories	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
<b>B3 Investment assets</b>	n/a		0.00	0.00
	n/a		0.00	0.00
	n/a		0.00	0.00
	n/a		0.00	0.00
	n/a		0.00	0.00

Categories	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
<b>B4 Assets retained for the charity's own use</b>	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00
	n/a	0.00	0.00	0.00

Categories	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
<b>B5 Liabilities</b>	n/a	0.00	0.00	
	n/a	0.00	0.00	
	n/a	0.00	0.00	
	n/a	0.00	0.00	
	n/a	0.00	0.00	

Signed by one or two trustees on behalf of all the trustees

Signature	Print Name	Date of approval