



ST GEORGE'S HOSPITAL CHARITY

Registered Charity Number: 1171195 (Formerly 241527)

Constituted by Statutory Instrument 2001 No. 171 and No 190
which came into effect from 1 April 2001. Reconstituted as a
Company Limited by Guarantee on 1 April 2017.

Registered Address:

St George's Hospital Charity
St George's Hospital
Blackshaw Road
London
SW17 0QT

St George's Hospital Charity

Trustees

Mrs Anna Walker (Chair) – Appointed – 13th June 2016
Dr Stephen Hickey (Retired – 29th September 2016)
Dr Carol Varlaam (Vice-Chair)
Mr Anthony Marshall (Treasurer)
Dr Hazel Norman
Ms Annette Ward (Retired – 16th September 2016)
Ms Zeynep Meric-Smith
Mr Michael Rappolt
Ms Katie Mantell (Appointed - 29th September 2017)
Mr Paul Sarfaty (Appointed – 29th September 2017)
Ms Schellion Horn (Appointed – 29th September 2017)
Ms Kathy Tyler (Appointed – 29th September 2017)

Executive Management Team

Mr Martyn Willis (Chief Executive Officer)
Mr Kabba Njie (Director of Finance & Operations)
Mr Noel Cramer (Director of Fundraising & Marketing)

Investment Managers and Advisers

Investec Wealth and Investment Ltd
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London
EC2V 7QN

Bankers

National Westminster Bank PLC
282 London Road
Mitcham
CR4 2ZP

Independent Auditors

Grant Thornton UK LLP
30 Finsbury Square
London
EC2P 2YU

Solicitors

Withers LLP
16 Old Bailey
London
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St George's Hospital Charity

Chairman's Statement

Foreword

I was delighted to be appointed Chair of St George's Hospital Charity from October 2016 and my thanks go to my predecessor Stephen Hickey for his selfless and dedicated work over the past eight years.

I must also thank Annette Ward for her support and contribution to the work of the Charity during the same two terms as trustee.

The year 2016-17 was a particularly difficult one for St George's University Hospitals NHS Foundation Trust, the patients of which are the principal beneficiaries of our work. However the Charity continued to raise funds (£1.4 million) and award grants (£1.9 million) to improve the experience of patients.

I would like to thank all of the generous supporters who have given a donation over the past year. Your contributions have enabled the Charity to support a number of projects such as the Live Arts programme. Funded by the Big Lottery Fund the Live Arts programme supports patients suffering from dementia, Parkinson's disease and with renal problems.

Also in this year we have seen the conclusion of three projects for which funding was approved in the previous year; the expansion of the Neo Natal department; the refurbishment and expansion of the Chemotherapy Day Unit and the opening of a new Neurology MRI Scanner.

I am pleased to report that new, permanent appointments to the Trust have now been made and we are establishing working relationships which will have a significant positive impact in identifying projects for charity funding, whether it is from existing funds or through a concerted fundraising campaign.

From 1 April 2017, the Charity has been granted independence from the Department of Health. This means that the Trustees of the Charity will be able to demonstrate to donors and the Charity Commission their independence of decision making and be able to widen its objects to make new income streams available.

The Charity Trustees have set out a vision that will take us through the next five years on a pathway to raising in excess of £18 million including the launch of a major appeal, yet to be announced.

That vision has been converted into a clear strategy by our Executive Management Team for their talented fundraising staff to implement.

I am very excited about the future of St George's Hospital Charity and the support we can give to St George's University Hospitals Foundation Trust in their work as they deliver exceptional healthcare to the communities they serve.



Mrs Anna Walker
Chair
St George's Hospital Charity



St George's Hospital Charity

Trustees' annual report

Review of 2016/17

Introduction

The purpose of St George's Hospital Charity is to support St George's University Hospitals NHS Foundation Trust in its delivery of care to patients at St George's and Queen Mary's Hospitals and in the wider Merton and Wandsworth communities, by adding value.

Added value can be defined as providing benefit for service users over and above what can be achieved through mainstream funding.

In addition the Charity seeks to advance and promote knowledge and education in health care, including by funding health-related research, working closely with St George's University of London and by supporting Foundation Trust staff with their career development and wellbeing.

The ultimate outcome is to enhance the health and wellbeing of the patient community at St George's, Queen Mary's hospitals and Community Services through charitable activities.



Children's department appeal launched

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Fundraising activities undertaken this year

The Fundraising team concluded the New Kit Appeal fundraising initiative which successfully raised £80,000 for five pieces of equipment across the hospitals. Many individuals, trusts, companies, schools, clubs and societies rallied to the Appeal for urgently needed equipment that is over and above what the NHS can provide. One example, a portable echo machine, enables the specialist cardiac investigators to have a second machine thanks to our fundraising efforts and means patients can be seen in their ward instead of being moved to the Cardiac Investigations Department thanks to the portable nature of this item. It is certainly enhancing the patient experience in line with our mission and vision.

New Appeals were launched once the New Kit Appeal had concluded. The MP for Tooting and A&E consultant at St George's, Rosena Allin-Khan, helped us launch the 'Better Everywhere' Appeal in September 2016 which supports all parts of the hospitals wherever the need is the most urgent. The Gym, Tooting kindly welcomed us to launch our Appeal at their exciting premises and James Cracknell Olympic gold medallist, also supported our public launch.



Launching our Appeal - Rosena Allin-Khan MP and James Cracknell

In October 2016 we were delighted to launch the Neuro Appeal with Mr Matthew Crocker, Consultant Neurosurgeon, who described as 'outstanding' the work done at St George's by those in the neuro 'family' of interconnected neuro disciplines; a high quality service at this hospital.

Aiming to raise £120,000 initially to acquire new surgical equipment that improves the surgeon's ability to navigate complex spinal tumours in theatre, we introduced two patients who had benefitted from such specialist work and who spoke movingly of their experience. We are so fortunate to have such expertise at St George's and the hospital charity's Neuro Appeal is designed to create ever greater outcomes for patients.

Appeals for Children, A&E and Cardiac were also launched in the period as we focus on areas with which our supporters can identify and where their own experiences are rooted. The overall aim of

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the Appeals is to raise £350,000 as quickly as possible – the need is urgent and our fundraisers recognise that new items can make the experience for patients and relatives even better.

The charity organised its first abseil in May 2016 which involved 100 people and raised £12,000. It was a very successful undertaking and we are grateful to The Pelican Hotel at St George's Hospital for making the hotel available for the abseil and for being so engaged in the whole undertaking.

Our trusts and foundations successes were notable this year and included a 4-year grant award from The Big Lottery Fund valued at some £144k.

Extraordinary fundraising efforts were recognised at our Annual Supporter Event in January 2017 reflecting some exceptional people whose efforts went further than they had thought possible when they embarked on their support for our Appeals. Craig Peters, known forever as 'Burpee Man', Jane Gallagher, Grace Havard, Jane Burdett and Molly's Smile Fund, and Furzedown FACE, and the collections at the Royal Albert Hall were collectively responsible for raising over £100,000 in the year. The individual stories behind these fundraising initiatives are available in the news section of our website, and in each case our fundraisers were bowled over by the generosity of those who responded so positively to their activities. One thing appears to be true when evaluating what our fundraisers achieve – the genuine desire to help others allied to stories of such an emotional nature brings people to offer their support, even if St George's or Queen Mary's are not their local hospital.

Remarkable support also came from Mark Williams who raised more than £10,000 for the General Intensive Care Unit, The Patel family, Sutton Green Golf Club, Earlsfield Charity Events, Zoe Conway and Lisa Bryant of the Big Orange Fun Day/Winter Ball, Mark and Shaena Beresford and the wider Beresford family whose tribute to George Beresford continues to support many patients in the Neuro Intensive Care Unit. The powerful stories that each of our fundraisers tell us are available on the charity website in the news section and remind us all of the appreciation for the medical teams within St George's and Queen Mary's.

Our admiration for these and all of our fundraisers is immeasurable and the direct link between fundraising and the impact it has on the experience of staff and patients is a key focus for us. We will produce our first Impact Report that takes stock of the year, highlighting just what has been made possible in the clinic, ward, lab and unit through fundraising. And to be clear, the most important message is that whatever amount people raise – whether large or small – every gift is hugely valuable. We estimate our average donation is between £6 and £7; this shows that when someone starts fundraising for the charity they are overwhelmingly supported by large networks of family members, friends, colleagues and their communities who help them achieve their goal. We thank all those in our communities who support the hospital charity and whilst we cannot name all of you by name we know who you are and the amazing things you have achieved.

With this in mind the charity now has a dedicated Communications, PR and Marketing Manager, Kat Baldwyn, who has brought together many of the stories we wish to share and broadcast them as widely as possible.

The range of fundraising activities reflects the creativity of our supporters. Combined with the power of social media and online ways of giving, the emerging need for the fundraising team to be adept with technology is second only to the need for the highest quality supporter care.

The charity changed its Supporter Relationship Management (database) system to ensure that we are efficient, compliant, and accurate in all that we do. It has been a significant undertaking and is an indication the charity is creating the means to grow and develop as our support and fundraising expands.

Fundraising regulation became a major theme for the charity sector during the year and the charity has become a subscriber to the new Fundraising Regulator scheme. Further developments in the areas of regulation, oversight and compliance aim to provide greater clarity for charities and donors alike.

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In the latter half of the year, fundraising contributed to the formulation of a new 5 year strategy for the charity. Our greatest ambitions will be underpinned by continually growing our supporter base so that we can become a reliable strategic partner to the evolving aims of the hospital.

Charitable activities

The Charity provides funding in five key areas: patient and family experience; staff development and welfare; research; capital projects; and medical equipment. In this financial year we were able to award nearly £2 million St George's and Queen Mary's Hospitals.

In addition, key projects for which funds totalling £1.5 million committed last year, were all completed this year.

Expansion of the Trevor Howell Chemotherapy Day Unit which sees 200 patients a week at St George's Hospital, transformed what was previously a cramped space into a spacious and bright area for patients and staff, resulting in a treatment environment promoting privacy and dignity and boasting sixteen new treatment chairs.

The much needed Neurology MRI Scanner installation was only made possible thanks to charity funding. It is expected the new scanner will enable the department to increase the number of examinations from their current 8,500 per year.

The Chemotherapy Day Unit refurbishment and the MRI Scanner installation were made possible thanks to one generous individual legacy from Mr Ronald Joseph Riches who passed away in 2013.

The expansion of the Neo Natal unit was necessary because of the steady increase in patient numbers needing High Dependency over the preceding 3 years. The funding for this project has been drawn from a number of Special Purpose Funds to which supporters have donated and has allowed us to increase the High Dependency cots from nine to thirteen.

Patients and Family Experience

The primary focus for the Charity is on improving the patient and patient family's experience during their stay at either St George's or Queen Mary's hospitals and those who receive a health related service in the community.

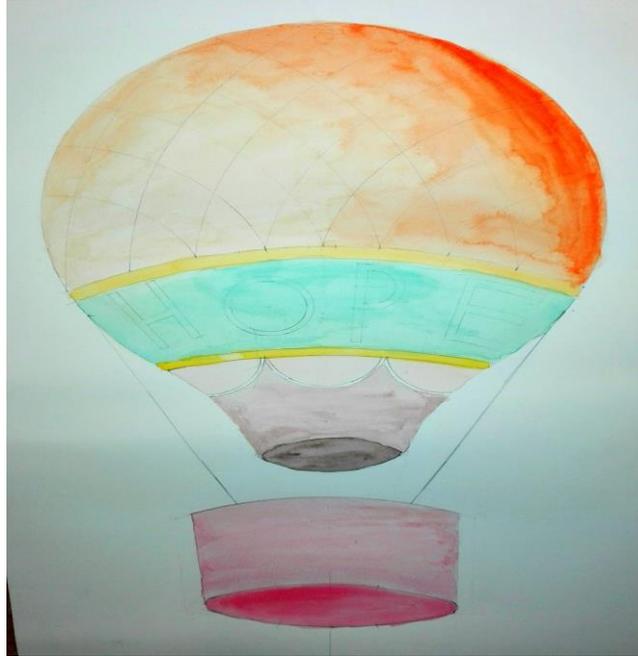
A legacy from the late Mrs Betty Kathleen Faulkner who passed away in 2014 enabled the Charity to support the purchase of some specialist Neuro monitoring equipment to be used to help prevent paraplegia during Cardiac, Neurological and Vascular surgery at a cost of £45,000. Thanks to the Big Lottery Fund (BLF) mentioned above the charity has made a commitment of some £144k over the next four years to fund the expansion of the services the Foundation Trust currently provides for people with Parkinson's disease, those recovering from neurological injury and those undergoing kidney dialysis so that more patients can develop improved confidence, mobility and social interaction. This is achieved by them taking part in tailored activities through performance arts.

As part of the BLF's Reaching Communities programme our Performance Arts project includes dance and movement classes for people with progressive Parkinson's disease and their carers giving participants the opportunity to exercise with other people living with the same condition. It also includes Neuro Rehabilitation Saturday socials, such as quiz nights at Queen Mary's Hospital and St George's Hospital which prove beneficial for people enjoying activities at weekends that are focused on achieving goals.

The Renal, Open Doors project provides activities for people with end-stage kidney disease, whilst on dialysis to contribute to their self-esteem and development.

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Manuel Calvo, the teacher who leads art workshops for these patients, said: "Overall the workshop has provided patients with an opportunity to experience their weekly dialysis sessions in a different way. The art practice during two hours enables them to explore techniques to express emotions and ideas through art as well as providing a sense of accomplishment within a leisure context. The art activities reinforce communication between patients and introduce a different element in the hospital unit."



Artwork by Katherine



Artwork by Russ

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Quotes from the Movement and Music workshops for those recovering from neurological injury

"I thought it was excellent. It made me move and put me in a good mood. I do yoga, go to the gym. I am an exercise person. We have an active family. I am 82 years old. I do love exercise. It's like a meal for my body. When I don't get it I feel like something's missing. This class was like a meal to me." -Eslin

"It was lovely" -David (Claudia's husband)

"Ben is really getting something from it". Ben's mother

Bridget has cognitive communication difficulties, aphasia and memory difficulties but she was speaking very clearly." Nurse

"They remember it and talk about it and ask when you are coming again. It's brilliant. It's really lovely. It's getting more embedded. They're telling each other." -Mary Holland, performer

"It's been absolutely marvellous. Thank you for taking the time." -Margaret, patient

The impact of the Big Lottery Fund Grant is tangible with the following number of people benefitting from the Performance Arts programme in its first nine month period to the end of March 2017:

The number of people with improved confidence – 274

The number of people attending specialised classes – 319

The number of people improving their health outcomes – 232

Staff Development and Welfare

Staff were asked to describe why they chose to work at St George's and to describe what professional identity meant to them. They said that they would like their professional identity to be acknowledged through the award of a Foundation Trust badge and it was agreed that the essence and professional identity of Nursing and Midwifery at St Georges was: 'Where Meaningful Care Matters'.

All nurses and midwives at St George's are to be awarded a new badge to honour the work they do thanks to a £3,000 grant from the charity. To receive one, all Nurses, Midwives and Healthcare Support Workers will have to demonstrate how they have cared for patients, staff and others in accordance with the Foundation Trust's Values – Excellent, Kind, Responsible and Respectful as part of their appraisal and personal development reviews. Newly qualified staff will receive the badge on completion of their Preceptorship programme; Healthcare Support Workers will receive recognition on completion of their Care Certificate. The badges will be presented in a small ceremony on International Nurses Day.

Trustees approved the grant of £10,000 to cover the cost of an event to honour winners of the Trust Values and Long Service Awards and volunteers

Trustees approved a grant of £3,000 to cover the cost of refreshments for the attendees at the forum known as Schwartz Rounds for healthcare staff who meet to reflect on the emotional demands of providing health care. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation of each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.

Research

Every patient that comes to St George's Hospital has access to a level of treatment and clinical care that is expected from one of the best hospitals in its field. However our doctors and scientists are

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always looking for ways to improve treatments available to patients by introducing better ways of diagnosing and treating diseases through break-through research. The charity is committed to supporting this endeavour through a number of different grant funding opportunities.

In 2016/17, the charity spent a little over £400,000 on research projects at St George's Hospital and its academic research partner, St George's University of London.

Research projects supported included Neurosurgery, various Cancer projects, Heart Science and post Knee Replacement pain as well as awarding grants totalling £50,000 for seed funding start-up research projects.

Thanks to the Wimbledon Foundation, funding included £10,000 for Lymphoedema Research by the Lymphovascular Research Unit, a world leading research unit that has an active programme of work investigating the genetic causes of lymphoedema. It has so far been successful in finding 8 of the 12 known genes that cause lymphoedema.



Rafael (above) was diagnosed with Primary Lymphoedema aged 9 months. His mum said: "This illness is psychologically very difficult for the patients because they look different. You can see their disease. Many people are not aware of this disease and just look at you and try to find out what's wrong. My son is very aware that he looks different and in weak moments says how fat he looks which makes me utterly sad. Despite these problems Rafael has always been a very chatty, happy and social child, which has helped us to survive the many hospital visits and doctors. He is extremely intelligent and makes us very happy with his school results and talent for music and sports."

Peter Mortimer, Professor of Dermatological Medicine, Molecular and Clinical Sciences Research Institute said: "Grants such as these are invaluable. These 'pump priming' grants enable preliminary work to be undertaken so that a new research direction can be explored without the need for some of the research to have been already completed before a big grant application. Only through research will a cure for lymphoedema be discovered."

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A new, improved approach to research will be adopted in the coming year with the introduction of a new strategy backed up by an independent advisory committee who will scrutinise applications for research funding.

Capital Projects and Infrastructure

A new leisure room for young people with cancer opened at St George's Hospital. The charity benefitted from several years' contribution from the Furzedown Annual Charity Event (FACE) and used the £20k to fund the Teenage and Young Adult (TYA) Room in the Ruth Myles Unit. It is an oasis of calm away from the busy general wards and waiting areas of the main hospital. Young people with cancer can meet there, use their laptops to study or play games, listen to music, watch TV and chill out. It is also a base for a specialist nurse to provide support and therapeutic activities.

Treatment for cancer can be a long and traumatic process with lengthy in-patient stays and frequent outpatient visits. The new room will provide a dedicated space for teenage and young adult patients to meet with their peers or have some quiet time and provide them with an environment in which they feel more comfortable and not so isolated.

Teenage and Young Adult Room – Ruth Myles Unit



Chemotherapy Day Unit – Trevor Howell Ward



Hannah Overland, Lead Nurse for Chemotherapy, commented: “Before the refurbishment, we had a real issue with ensuring privacy and dignity for our patients. Treatment chairs were cramped together, and there wasn’t much space for visitors.

“The refurbished unit is so much bigger and brighter. Each treatment chair has a curtain, meaning patients can have privacy during their treatment if they wish. Our staff also have much more room to carry out their tasks.”

Patient, Robert Hamilton (pictured above with staff nurse Marianne Sew), said: “The unit looks great compared to before, but my experience here is really down to the staff. They are so helpful and the care is so good. This should be a sad place, but it isn’t – it’s excellent.”

Medical Equipment

The charity funds the purchase of medical equipment which helps ensure a stay in one of the hospitals is the very best it can be.

In 2016/17, the charity gave grants totalling nearly a quarter of a million pounds for extra medical equipment to be purchased to enhance diagnostic capability and the speed and effectiveness of treatments. As part of this, £80,000 was raised through the New Kit Appeal to fund vital new equipment. This included a foetal endoscopic set which is used to improve the lung function of a foetus when the diaphragm has failed to form, preventing the lungs from developing properly.

New equipment also included two new dialysis machines to help reduce delays caused by older machines needing maintenance. St George's Hospital is the kidney transplant centre for patients in South West London, Surrey and Sussex. With 20 inpatient beds, three haemodialysis units, a transplant clinic and home therapies training area, St George's Renal unit supports 330 patients three times a week on the haemodialysis programme. This means its fleet of haemodialysis

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machines were used over 50,000 times this year to support the lives of those who have kidney failure.

Dialysis machines



Ama Basoah, (pictured) a renal patient at St George's, receives dialysis treatment three times a week. She has been dialysing for 10 years and received kidney transplants in 2007 and 2013. She described how additional machines will improve the service:

"Although St George's isn't far away, it's far enough to affect the day if my appointment changes. This new equipment is really important because it offers greater opportunity to respond to acute patient demand while continuing with pre-booked sessions.

"The team here are great. I've been coming here for 10 years and I know that I can always call them if I'm feeling particularly unwell or need advice and they will always help. Even out of hours, they have a service available."

Alice Kebbay, staff nurse at St George's, said: "Having more machines will greatly improve patient experience and give us the versatility that having more equipment brings."

Sensory Play Trolley

The charity also funded a sensory play trolley which helps children in hospital ahead of surgery, distracting them during a procedure and improving their experience of being in hospital. While the sensory equipment can be used with all children, it is specially designed so that it can benefit those with the most complex needs. The trolley is equipped with mirrors, a bubble tube, fibre-optic lights and a projector to help young patients interact with clinicians during procedures.



Lisa Lewington, Play Coordinator at St George's Hospital (pictured above with Magic FM DJ Nick Snaith) said: "Some children are unable to express their pain due to the limitations of their illness but by using this equipment we have seen a reduction in their blood pressure and pulse rate, both of which can be physiological markers of pain. Other children are often too young to verbalise so this stimulation can be a great way to express themselves"

Volunteering

The charity's work has been significantly aided by the contribution of our volunteers who bring with them their time, energy and, in particular enthusiasm. December 2016 saw a very significant number of volunteers support the charity's largest ever collection from departing audiences at the Royal Albert Hall Christmas events.

As in previous years the management of the RHA has allowed us together with Paul's Cancer Support Centre to collect at the end of a series of Christmas concerts and we are extremely thankful for this permission and the collaboration of promoters Raymond Gubbay Limited. Around 150 volunteers donated some 450 hours of their time to help us raise the record sum of £31,000 and we are immensely grateful for such support.

Volunteer skills also include cheering, clapping, blowing whistles, and shouting encouragement to marathon runners in the London and Brighton events. Many of our fundraising volunteers dedicate several months to train and raise money selflessly to support our cause. It is wonderful therefore that our cheer squad volunteers turn up, come rain or shine, and lend their wholehearted support.

Developing our capacity and capability with volunteers has involved us liaising closely with the Foundation Trust to find ways in which we can collaborate on the recruitment and induction of more.

This is an ongoing piece of work that we hope will unlock the talents of many more who wish to give their time in appreciation of the work of staff at the hospitals. 'Giving something back' is a phrase we hear regularly and volunteering can involve giving in a way that suits each individual.

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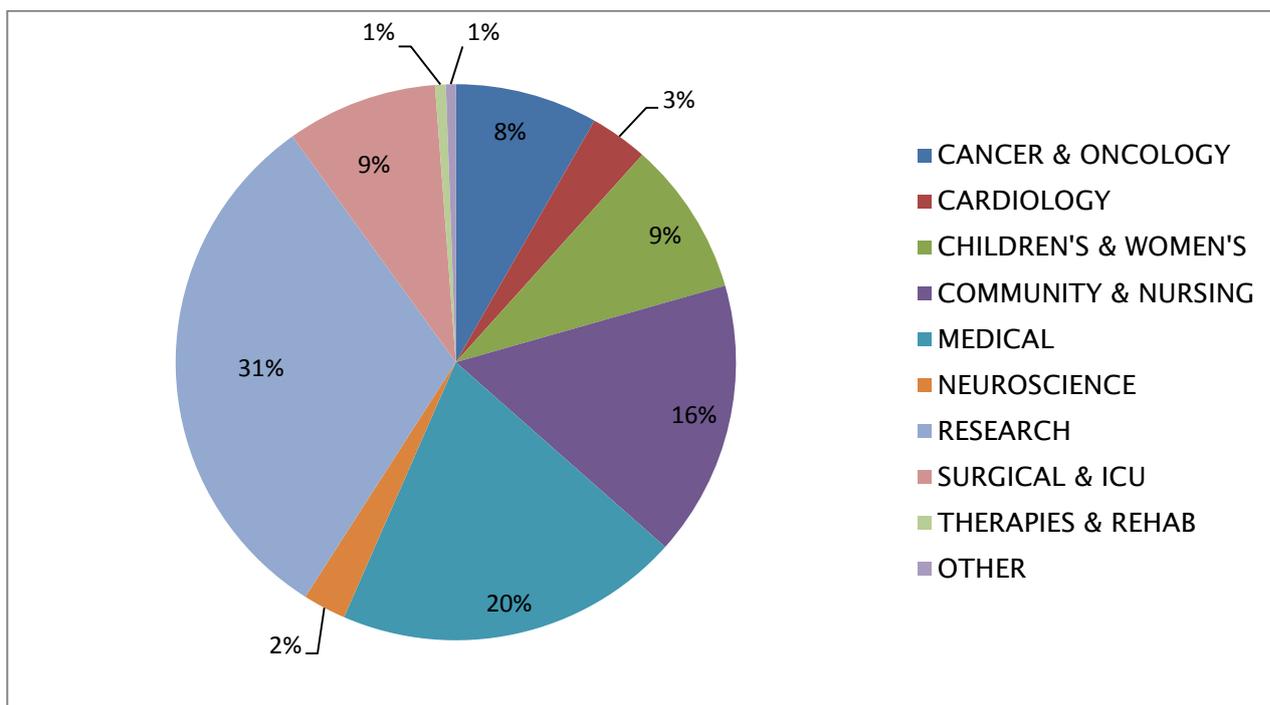
We are approached periodically by school age volunteers and we are keen to explore ways in which we can harness the positive citizenship of our younger local community. Much work has been done within other NHS hospital charities to create meaningful youth volunteering programmes and we plan to pilot such an initiative with the hospital in the coming year.

We are grateful to those medical staff who give freely of their time (often a lunch hour, an evening, or part of a weekend) to support the hospital charity. The donation of time from those most closely involved in caring for patients reinforces why our hospital community is itself a source of volunteer potential and one which we hope to develop. It is also inspiring to see such altruism from busy people and the maxim that 'if you want something done ask a busy person' still rings true.

Special Purpose Funds

St George's Hospital Charity manages more than 270 Special Purpose Funds (SPF's) which are individual funds dedicated to particular ward/department or area of research within the Trust. Each fund has defined charitable objectives, some designated and some restricted, to serve towards the enhancement of patients and family experience and/or improving staff development within the hospital. These charitable funds are usually administrated by clinicians and admin staff, who, giving their time freely, have been given delegated authority by the charity's trustees to act on their behalf.

At the year-end SPF's managed by St George's Hospital Charity had a total value in excess of £6.5million including a share of investment portfolio gains. The graph below shows the share of those funds by directorate:



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Charity objectives

Faced with the Foundation Trust's continued challenges, the Charity amended its targets to better align with it by not launching a major Capital Appeal and instead concentrating on a series of smaller, targeted appeals such as the New Kit Appeal, designed to raise funds for the purchase of Medical Equipment; the Better Everywhere Appeal which will benefit several departments; and the Neuro Appeal, which focuses as its name implies, on the Neurology department. Together these appeals will realise £300,000 and we are already well on our way to achieving the individual targets.

However we continue to remain ambitious and have developed a challenging five year Strategic Plan in which a Capital Appeal has been included. We will be working closely with the Foundation Trust to identify a project as soon as practicable for them in which we can add significant value.

The Charity's main objectives for the financial year to 31 March 2017 and the performance of the Charity in meeting these objectives are set out below.

Objective	Whether met
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Fundraising

New Kit Appeal	Target of £80,000 met
Launch Better Everywhere Appeal	Launched in September 2016 to raise funds for all parts of the hospital
Launch Neuro Appeal	Launched in October to raise £120,000
Big Lottery Fund Application	£144,000 grant over four years obtained
Launch a Capital Appeal	Not met as the project has been deferred by the Foundation trust.

Charitable expenditure

Launch Live Arts Programme to provide therapy and stimulation to patients	Programme successfully launched supporting Parkinson Disease, Renal and Neurorehabilitation patients
Young Onset Dementia Group	Year one funded from Charity General Funds. Year two funding secured from external sources commencing 1 st April 2017
Neurology	Thanks to two legacies we were able to fund a Neuro X-Ray room and Neurology equipment totalling £50,000

Governance

To achieve independence from the Department of Health and set up a new charity structure by 1 st April 2017	Completed 1 st April 2017
To recruit new Trustees to the current Board	A new Trustee who took up the role of Chair was recruited in September 2016. An additional four were recruited after April 1 st

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Financial review

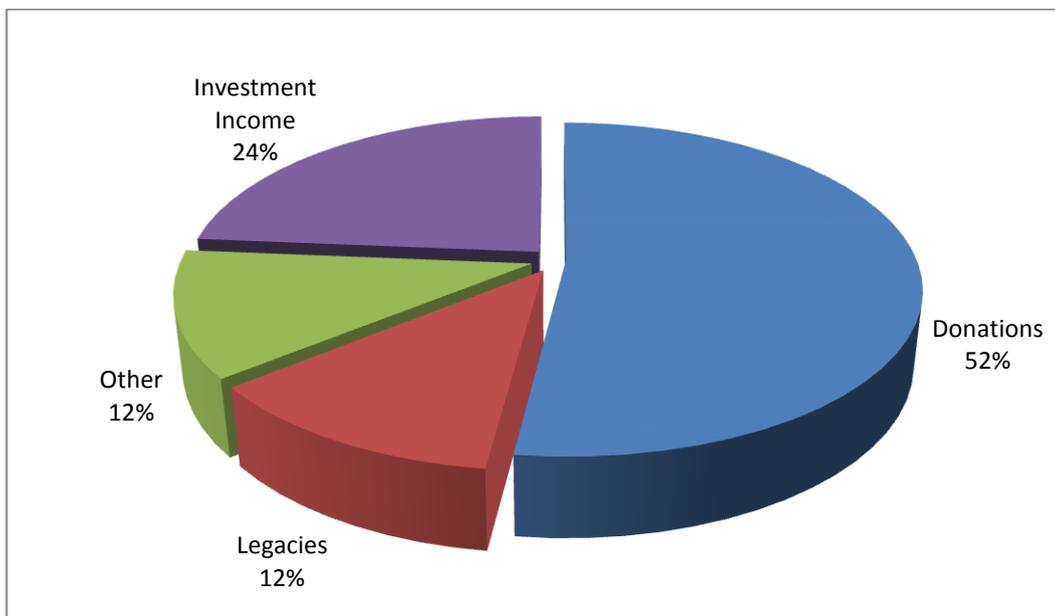
Income

In the year to 31 March 2017, total income amounted to £1.85million (2015/16: £2.1 million). The decrease was mainly due to a reduction in income generated from legacies compared to the previous year, however donations increased by nearly £200k. Despite this, results were also greatly affected by changes to the charity's fundraising plans due to the decision by the Foundation Trust not to proceed with major capital projects.

The principal funding sources of the Charity with comparisons to the previous year are shown below:

Funding Sources 2016/17

	2016/17 £'000	2015/16 £'000
Fundraising activities		
Donations	963	754
Legacies	224	650
Other	225	284
	1,412	1,688
Investments	438	442
Total	1,850	2,130



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Expenditure

The total costs of generating funds increased by £24k to £558k (2015/16: £534k) primarily as a result of continuing investment in fundraising and full time staff to support planned increased activities. There was also a share of cost included in the support of generating funds in recognition of the management and administration that is required for fundraising activities. The charity expects the investment in fundraising and support functions to provide significant growth in long-term sustainable income in the coming years.

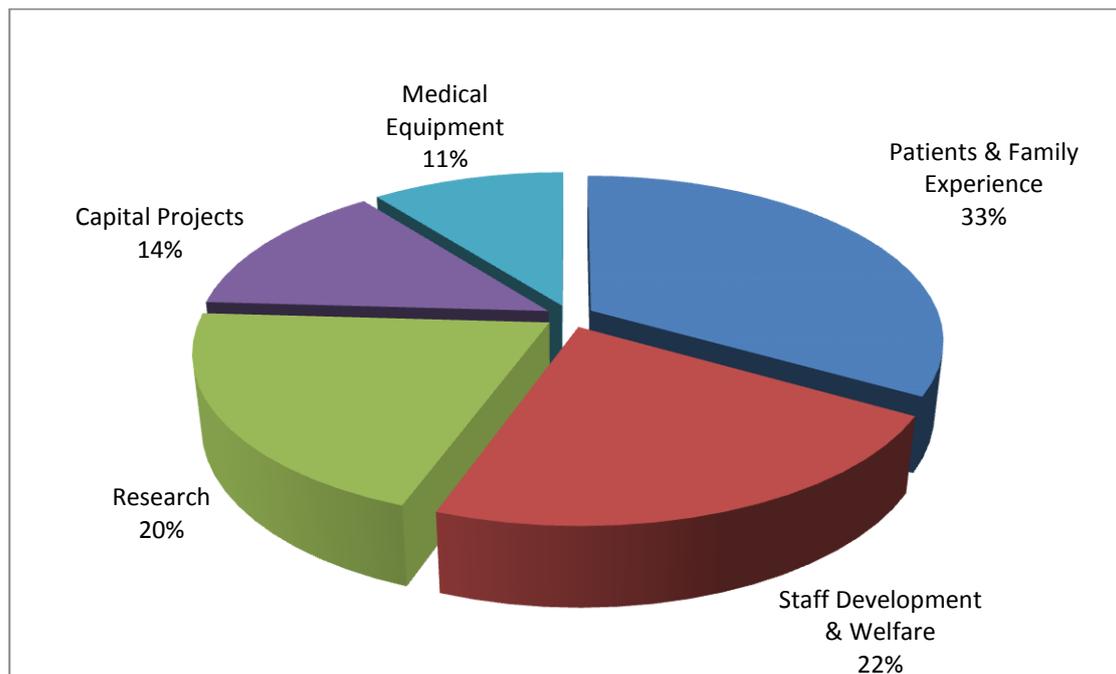
Expenditure for the year totalled £2.6million (2015/16: £4.6 million), with £1.9million (2015/16 £4.0 million) being spent or committed to charitable activities. Charitable activities are grouped into five broad categories for reporting: Patient & Family experience, Staff Development & Welfare, Research, Capital Projects and Medical Equipment, and this year in total we have approved spending as follows:

Charitable Expenditure 2016/17

Charitable activities expenditure	Grants awarded* 2016/17	Other costs** 2016/17	Total 2016/17	Total 2015/16
	£'000	£'000	£'000	£'000
Patients & Family Experience	508	113	621	430
Staff Development & Welfare	358	76	434	363
Research	320	81	401	504
Capital Projects	216	43	259	850
Medical Equipment	166	80	246	1,854
Total	1,568	393	1,961	4,001

* Grants awarded include the return of grants previously awarded that have not been fully used.

** Other costs are the allocation of costs incurred by the charity to support and facilitate these charitable activities.



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Operating costs

The charity endeavours to maximise the proportion of expenditure devoted towards enhancing services and therefore patients experience at the hospital. Our costs of raising funds have risen slightly this year as a consequence of our strengthening the fundraising team, but we are confident that this will enhance our capability to raise additional income in the coming years as reflected in our 5 year business plan.

Future plans and key objectives

The Foundation Trust now has a new leadership team with a new Chair and Chief Executive supported by a completely new Executive Board. Whilst it is clear they still have many challenges to face the Charity will be there to support them in every charitable way possible.

We will be looking to establish a new working arrangement with the Foundation Trust which will help us to identify new projects to support, will help remove obstacles to progress and encourage Foundation Trust staff to come forward with their support.

In fact staff retention, development and morale will feature heavily in our plans for the year ahead. The Charity will work closely with the Foundation Trust in finding ways of improving the working experience at St George's Hospital, which will help improve the patient experience.

One other key objective for the year ahead is an overhaul of the Special Purpose Funds. A Project Manager will be employed with a view to streamlining these funds to more manageable proportions through mergers and closures in order to create easier access to larger sums in areas of greatest need.

Administrative details, governance and management

The administrative details of the Charity are stated on page 3.

Structure and governance

The information detailed below applied to the original charity throughout the year to 31 March 2017 (see 'Change in legal structure' below for reference to the period from 1 April 2017).

Governing document

The Charity is governed by a Charity Commission Scheme dated 16 January 1996. The Trustees are incorporated by a Certificate of Incorporation issued by the Charity Commission in 08th March 2001 under Part VII of the Charities Act 1993 under the name "The Trustees of St George's Hospital Charity".

Trustees' appointment

The volunteer Board of Trustees consists of a Chairman and six Trustees, chosen for their skills and experience. The Trustees are appointed by the NHS Trust Development Authority (NTDA), acting on behalf of the Secretary of State for Health, as Trustees for St George's Hospital Charity under Section 11 of the NHS Act 1977. Trustees may serve two periods of four years. In exceptional circumstances the second term may be extended by two years with NTDA approval.

A tailored induction programme is provided for Trustees on appointment. The Trustees set annual objectives for the Board that were reviewed at each meeting and formally reviewed at the year end. Each member of the Board receives an annual appraisal and the Chairman's performance is in turn evaluated by fellow Trustees. Members of the Board had individual areas of expertise and shared information on relevant changes in legislation affecting the charity and best practice when required.

Trustees' responsibilities

The Board of Trustees is responsible for providing governance and leadership for the charity. It agrees strategic plans for fundraising and other operations, and approved the allocation of funds to charitable expenditure.

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A subcommittee of Trustees meet as the Finance Subcommittee (FINSUB). The FINSUB agrees both internal and external audit plans and reports, monitors compliance with policies, reviews the integrity of the charity's financial statements and financial reporting (recommending the annual financial statements to the Board of Trustees for approval) and reviews risk management systems. The charity also has a Fundraising Subcommittee (FUNSUB) that meets regularly to monitor and review performance against the charity's fundraising strategy. A Remuneration Committee was recently formed responsible for determining staff pay levels for the Charity. All committees reported directly to the full Board of Trustees. There are at least four full Board meetings each year.

Management

Authority is delegated to the Chief Executive, who reports to the Trustees, and to the members of the Executive Management team, who report to the Chief Executive. Detailed allocation and administration of certain grants that have been awarded are delegated to committees of staff. These committees report to the Trustees on their activities and decisions, as do the Chief Executive, the Director of Finance and Operations and the Director of Fundraising and Marketing.

To ensure that our accounting records are accurate, that accounting systems are developed to meet the Charity's needs, and to support the work of our statutory auditors, the charity has appointed William Giles Chartered Accountants as internal auditors to carry out financial audits and to report on other aspects of the Charity's operations.

Risk Management

The Trustees have continued the process of reviewing the Risk Register every year, with the assistance of the internal auditors, to ensure that it records the major strategic and operational risks to which the Charity is exposed. A statement of major risks is compiled using a scoring system in the risk register. Both the statement of major risks and the risk register are reviewed by the Trustees annually.

We have put in place specific action and contingency plans to ensure that the risks are properly managed and any potential harmful impact is minimised. The Internal Audit plan for each year is also designed with the Risk Register in mind so as to further manage the risks that the Charity faces.

Meeting the Public Benefit Test

We have referred to the guidance issued by the Charity Commission on public benefit when reviewing our aims and objectives, when making grants and in planning our future activities. The improved facilities, which the Charity helps to provide, benefit a wide cross-section of the public. The Foundation Trust treats more than 500,000 patients every year from a wide catchment area not limited to South West London.

In making grant decisions, Trustees have been keen to fund and support services and activities which fall outside the mainstream provision and which are not likely to attract priority funding, but which can nevertheless make a substantial difference to the experience of a large numbers of patients. The choice of projects which we have supported over the past few years reflects this and we are confident that the grants that we have made do indeed fulfil the public benefit test. We continue to be guided by those requirements when making grant decisions.

The charity's grants policy is structured to ensure that the money raised is used to best effect to support the Foundation Trust's work and is in line with donors' wishes and the charity's mission and objectives. Our charity does not provide facilities directly to the public but provides them to the Foundation Trust and, in so doing, for the patients of the Foundation Trust. Grants made to the Foundation Trust provide benefit to any patient requiring the service of the hospital, which are available to all who are entitled to NHS treatment.

Change in legal structure

St George's Hospital Charity, charity number 241527, is an unincorporated charitable trust. However, the Trustees of St George's Hospital Charity took the opportunity offered by what is now

St George's Hospital Charity

Part 12 of the Charities Act 2011 to incorporate the body of Trustees of that charity under the name "The Trustees of St George's Hospital Charity". This incorporated body held all the assets and contracts of the charitable trust and shares in its wholly owned subsidiary St George's Hospital Trading Ltd.

A new charity has been incorporated, St George's Hospital Charity (charity number 1171195), which is a Company Limited by Guarantee (company number 10565339), with effect from 1 April 2017, and appointed as the sole corporate Trustee of the original charity by the Department of Health. Immediately thereafter, the Charity Commission made an order under section 263 of the Charities Act 2011, which had the effect of vesting all of the property, rights and obligations of the incorporated body of Trustees in the new charity.

The legal ownership having vested, all the assets of the original charity were released from the existing trust so that the new charity owns them absolutely.

This change in legal structure has the effect of improving our governance arrangements but will not change our charitable objects or day to day operations.

Going concern

The Trustees have reviewed the financial position of the charity, including forecast cash flows, liquidity position and existing and potential funding commitments for the next five years. The charity's fundraising streams are well diversified and therefore a drop in any one channel would not adversely affect the ability to meet existing financial commitments. The Trustees will only agree to commit to fund charitable activities and other capital projects when they are confident that these obligations can be met. As a consequence, the Trustees believe that there are adequate resources to continue in operation for the foreseeable future.

Investment Policy and performance

The investment policy of the charity is risk averse, with the Trustees' first priority being to preserve capital in order to meet existing commitments and to increase our ability to make more grants available to the hospital. The portfolio is broadly split between short-term fixed income bonds, equities and investments in alternative assets and managed on a medium risk basis with the objective of maximising total return. The Trustees consider this appropriate given the current short-term nature of the charity's commitments and intentions to award funds to the Trust.

The charity uses the services of Investec Wealth Management, a reputable funds management company, who follow strict guidelines in line with the charity's moral and ethical policy. The performance of the investment manager is closely monitored by the Trustees involving a requirement to provide quarterly reports on income and capital. The investment manager meets annually with the Board and twice yearly with the Finance Sub-committee.

The Charity does not invest in companies categorised by ethical screening as falling within the categories of Alcohol Manufacture (Major), Alcohol Retail (Major) and Tobacco Manufacture.

Reserves Policy

The Trustees review the level of free reserves required on an annual basis, in line with FRS 102 and guidance issued by the Charity Commission. They recognise the need to ensure that the reserves held enable financial stability; are adequate to meet working capital requirements and can safeguard the charity's current commitments against fluctuation in income levels. Especially, the Trustees wish to ensure that sufficient unrestricted reserves are available to guarantee that operations can continue over the short-term and financial commitments to the Trust can be met.

Therefore, the Trustees believe that the current level of reserves is appropriate in order to maintain future commitments of the charity. The Trustees will continue to monitor and assess the risks facing the charity and review reserve levels when required.

The charity has various funds available to finance its activities:

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Special Purpose funds

These are individual funds intended for a specific purpose and are divided into two categories:

Restricted Funds

Expendable or permanent endowments are treated in accordance with the donor's wishes in so far as these are compatible with the Charity's aims and policies. If they are not compatible, efforts will be made to reach agreement with the donor or the donor's representatives.

Restricted funds consist of the unexpended balance of income received under trusts where the donor has defined what the money must or can only be used for, or in response to a specific appeal or fundraising event.

Restricted funds are expended only for the specific purposes for which they were received with the general expectation that this will be within 2 years of receipt, unless there are specific reasons for delaying expenditure beyond this point.

Designated funds

Designated funds from donors are expended only for the specific purposes for which they were received with the general expectation that this will be within 2 years of receipt, unless there are specific reasons for delaying expenditure beyond this point. If designated funds have not been expended within 2 years of receipt and there are no specific reasons for delaying expenditure further, the Trustees may use their discretion to re-designate the funds for a relevant purpose while respecting the original donor's wishes. In some cases it might be appropriate to remove the designation and transfer the funds to general funds.

Endowment funds

The charity holds one endowment fund, which has been granted in order to generate funds to support a specific charitable purpose.

Unrestricted funds

These are funds that are expendable at the discretion of the Trustees in furtherance of the charity's objectives. Free reserves are that part of the unrestricted fund that are not held as fixed assets or designated for other purposes. Designated funds are that part of the unrestricted fund that have been earmarked for a particular purpose by the Trustees.

General funds

General funds are those unrestricted funds which have not been designated.

General funds are available for charitable expenditure subject to retention of a reasonable balance to cushion the effects of the economic cycle and to provide a reasonable level of investment income within Charity Commission guidelines. Taking account of the strategic designated funds, the Trustees now judge the appropriate level of reserves for these purposes to be £5 million, with flexibility to implement the Charity's grant making policy.

The strategic fund

The Strategic Fund has been established to provide for the costs of developing the Charity's infrastructure to meet its strategic objectives.

Fixed assets (tangible and intangible)

The charity owns fixed assets, the majority of which form part of the Arts Collections installed around the hospital. This collection is made up of a selection of fine art and sculptures. The majority of the fine art is displayed in wards and corridors around the hospital as part of our Arts Therapy programme. Similarly the sculptures installed in the grounds of the hospital play an important role in the patients' experience of the hospital.

As these assets serve a charitable purpose and are not held as investments, they cannot be easily converted into funds for day-to-day use. Therefore the Trustees have decided that reserves relating to fixed assets should be placed in a designated fund, which by definition, will increase or decrease

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to reflect the net book value of these assets. If a decision is made to dispose of any the collections, the attributable value is transferred from the fixed asset fund.

Independent Auditors

The Charity's auditors are appointed by the Public Sector Audit Appointment Limited. Grant Thornton UK LLP were appointed in 2012/13 and continue in office.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice.

The law applicable to charities in England and Wales requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources of the Charity for that period.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

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, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the Trust deed. 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 Charity 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.

By order of the Trustees



Mrs Anna Walker
Chair

29 September 2017



St George's Hospital Charity

Independent auditor's report to the Trustees of St George's Hospital Charity

We have audited the financial statements of St George's Hospital Charity for the year ended 31 March 2016 which comprise [the statement of financial activities, the balance sheet, the statement of cash flows, and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

This report is made solely to the charity's trustees, as a body, in accordance with the Charities (Accounts and Reports) Regulations 2008 made under Section 154 of the Charities Act 2011. 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 its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' responsibilities set out on page 22, the trustees are responsible for the preparation of the financial statements which give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Charities (Accounts and Reports) Regulations 2008 made under Section 154 of the Charities Act 2011. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

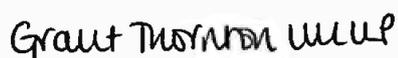
In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2016 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.



Grant Thornton UK LLP
Statutory Auditor, Chartered Accountants
London

Grant Thornton UK LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

St George's Hospital Charity

Statement of financial activities for the year ended 31 March 2017

	Notes	Unrestricted Funds £'000	Restricted Funds £'000	Endowment Funds £'000	Total 2017 £'000	Total 2016 £'000
Income and Endowments						
Donations & Legacies	2.1	413	774	-	1,187	1,404
Charitable activities	2.2	69	111	-	180	238
Other trading activities	2.3	29	15	-	44	46
Investments	2.4	249	181	9	439	442
Total income and endowments		760	1,081	9	1,850	2,130
Expenditure						
Raising funds:						
Cost of fundraising activities for charitable purpose		558	-	-	558	534
Investment management costs		65	-	-	65	59
Total cost of raising funds	4.1	623	-	-	623	593
Charitable Activities:						
Patients and Family Experience		442	179	-	621	430
Staff welfare and motivation		236	198	-	434	363
Research		141	238	22	401	504
Capital Projects		228	31	-	259	850
Medical Equipment		(170)	416	-	246	1,854
Total Charitable Activities	4.2	877	1,062	22	1,961	4,001
Total expenditure		1,500	1,062	22	2,584	4,594
Net gains/(losses) on investment assets		1,029	745	26	1,800	(819)
Net income / (expenditure)		289	764	13	1,066	(3,283)
Transfers between funds	15	(68)	68	-	0	0
Net movement in funds		221	832	13	1,066	(3,283)
Reconciliation of funds:						
Fund balances brought forward at 1 April 2016		8,098	5,107	216	13,421	16,704
Fund balances carried forward at 31 March 2017		8,319	5,939	229	14,487	13,421

Notes 1 to 18 form part of the financial statements.

All income relates to continuing activities.

There is no material difference between the net income of the year and the historical cost equivalents.

All gains and losses recognised in the year are included in the Statement of Financial Activities.

St George's Hospital Charity

Balance Sheet

as at 31 March 2017

	Notes	Total 31 st March 2017 £'000	Total 31 st March 2016 £'000
Fixed assets			
Tangible assets	8	955	930
Intangible assets	9	97	45
Investments	10	14,925	13,555
Total Fixed Assets		15,977	14,530
Current assets			
Debtors: amounts falling due within one year	11	270	284
Cash at bank and in hand		230	463
Total Current Assets		500	747
Creditors			
Creditors: amounts falling due within one year	12	1,991	1,856
Net current Assets		(1,490)	(1,108)
Total assets less current liabilities		14,487	13,421
Total Net Assets		14,487	13,421
The Funds of the Charity			
Endowment Funds	15.1	229	216
Funds:			
Restricted	15.2	5,939	5,107
Unrestricted			
Designated	15.3	2,995	2,790
General	15.3	5,324	5,308
Total Funds		14,487	13,421

The Financial statements on pages 1 to 41 were approved by the Board of Trustees on 29th September 2017 and signed on its behalf by

Anna Walker

Mrs Anna Walker
Chair

St George's Hospital Charity

Statement of Cash Flows

For the year ended 31 March 2017

	2017	2016
	£'000	£'000
Cash flows from operating activities		
Net income for the financial year	1,066	(3,283)
Adjustments for:		
Amortisation of intangible assets	35	15
Loss (Profit) on investments	(1,800)	819
Interest received	(438)	(451)
Decrease / (increase) in debtors	14	1
Increase / (decrease) in creditors	135	552
Cash from operations	(988)	(2,347)
Interest paid	-	-
Income taxes paid	-	-
Net cash provided by (used in) operating activities	(988)	(2,347)
Cash flows from investing activities:		
Proceeds from sale of fixed assets	4	11
Proceeds from sale of investments	2,539	4,450
Purchase of intangible assets	(117)	(60)
Purchase of investments	(2,109)	(3,388)
Interest received	438	451
Net cash provided by (used in) investing activities	755	1,464
Change in cash & cash equivalents in the reporting period	(233)	(883)
Cash & cash equivalents at beginning of reporting period	463	1,346
Cash and cash equivalents at end of year	230	463

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Notes to the financial statements for the year ended 31st March 2017

1. Principal of accounting policies

A) Basis of preparation and assessment of going concern

The financial statements have been prepared under the historic cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant notes to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

St George's Hospital Charity is an unincorporated charity registered with the Charities Commission under the Charities Act 2011.

The Charity meets the definition of a public benefit entity under FRS 102.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern, and are satisfied that adequate financial resources exist to fund the Charity's operations for the foreseeable future. Although the old entity upon which these accounts are prepared was dissolved on 1 April 2017, it remains appropriate to prepare the accounts on a going concern basis.

The accounts have been presented in pounds sterling.

(B) Reconciliation with previous Generally Accepted Accounting Practice

In preparing the financial statements, the Trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS102 a restatement of comparative items was needed.

Notes to the reconciliation

1. Legacies

As explained in more detail under note C2, under FRS 102, the Charity is required to recognise Legacy income when income is considered probable. Income from legacies was recognised appropriately to satisfy the requirements of FRS 102 at 1st April 2016 and 31st March 2017.

2. Short term compensated absences

Prior to applying FRS 102, the Charity did not make provision for holiday pay (i.e. holiday earned but not taken prior to the year-end). FRS 102 requires the cost of short term compensated absences to be recognised when employees render the service that increases their entitlement. Consequently an additional accrual of £5K was made at 31st March 2017.

A summary of the principal accounting policies, which have been applied consistently, is set out below.

(C) Income recognition

Income is included in full in the Statement of Financial Activities as soon as the following factors can be met:

- i. entitlement - when control over the expected economic benefit that arises from the incoming resource has passed to the Charity and in the case of donations, when received; and

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- legacies, when all conditions of probate are passed and it is probable that funds will be received;
- ii. probability - when it is more likely than not that economic benefit will flow to the Charity;
 - iii. measurement - when the fair value or value to the Charity of the incoming resources can be measured with sufficient reliability.

The material items of income for the Charity, and applicable accounting policies are as follows:

(C1) Donations

Donations are recognised when the Charity has been notified in writing of both the amount, and settlement date. Where a donation is subject to conditions that require a level of performance before the Charity is entitled to funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the Charity and it is probable that those conditions will be fulfilled in the reporting period.

(C2) Legacies

Legacies are accounted for as income once payment has been agreed with the Executors prior to the Balance sheet date and the payment is either received before the Accounts are approved or is notified as receivable and receipt is considered probable.

(C3) Grants receivable

Grants receivable are 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.

(D) Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the Charity to that expenditure, it is probable that settlement will be required, and the amount of the obligation can be measured or estimated reliably. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

All expenditure is accounted for on an accrued basis.

(D1) Expenditure on raising funds

Expenditure on raising funds includes the cost of generating voluntary income such as donations and legacies, and does not include the costs of disseminating information in support of charitable activities. It also includes the cost of managing the Charity's investment portfolios shown as investment management costs.

(D2) Expenditure on charitable activities

Expenditure on charitable activities include all costs incurred in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to its charitable activities.

Charitable activities at St George's Hospital Charity consist of grants payable to third parties (including NHS bodies) in furtherance of the charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. Contributions to the NHS Trust's capital programme are recognised on the same basis.

If a grant is not spent within 3 years then it will be written back.

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(D3) Support costs

Support costs are the costs of those functions that assist the work of the Charity but do not directly undertake charitable activities. They include costs incurred in supporting income generating activities such as fund raising, management of Charity assets, and all aspects of Charity administration. Some of these costs are recharged from the NHS Trust on the basis of staff time in accordance with a Service Level Agreement.

Governance costs - in accordance with SORP 2015, Governance costs are now classed as support costs, and allocated to activities along with the other support costs. These are costs associated with the governance arrangements of the Charity such as audit, insurances, legal advice, and meeting statutory & constitutional requirements.

(E) Holiday pay

The charity recognises the requirement to include a provision for annual leave accrued by employees as a result of services rendered in the current period, and which employees are entitled to carry forward and use within the next 12 months. The provision is measured at the salary cost payable for the period of absence. Although the charity considers this provision to have immaterial impact on these accounts, a provision of £5k was made to this effect.

(F) Fund accounting

Unrestricted funds are those funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity. They are divided between General funds, where there are no constraints on how the trustees may use these funds, and Designated funds where the trustees might need to have due regard for donors' wishes.

Strategic designated funds have been set aside by the Trustees. The Art Collection funds represent the balance sheet value of the art collection as these funds are not available for distribution. Other strategic funds have been designated for specific purposes for expenditure within the next five years. Details of the funds are given towards the end of Note 15 below.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for specific purposes.

(F1) Allocation and apportionment of costs and income

Fundraising costs are charged directly to specific funds where these can be readily attributed. The balance of fundraising costs and all support costs and governance costs are apportioned to each fund on the basis of average balances in the funds during the year. Investment management costs are charged separately by the investment managers to the different classes of funds on the basis of their costs of providing the service.

Investment income and gains are apportioned to each fund on the basis of the average balances of the underlying assets.

(G) Fixed assets

G1. Intangible assets

Intangible assets are measured at cost less accumulated amortisation and any accumulated impairment losses.

Software development costs are recognised as an intangible asset when all of the following criteria are demonstrated:

- The technical feasibility of completing the software so that it will be available for use or sale.
- The intention to complete the software and use.
- The ability to use the software.
- How the software will generate probable future economic benefits.

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- The availability of adequate technical, financial and other resources to complete the development and to use the software.
- The ability to measure reliably the expenditure attributable to the software during its development.

Amortisation is charged so as to allocate the cost of intangibles less their residual values over their estimated useful lives, using the straight-line method. The software development costs are amortised over 4 years to match their useful economic life.

If there is an indication that there has been a significant change in amortisation rate or residual value of an asset, the amortisation of that asset is revised prospectively to reflect the new expectations.

G2. Tangible assets

The only tangible fixed assets currently held by the Charity are works of art. These are considered as heritage assets and included at estimated market value based on valuations made every five years. The latest valuation was made in April 2014 by Bonhams 1793 Ltd Auctioneers and Valuers. Any works of art purchased subsequently are included at cost until the next valuation. Donations of works of art received are included at a valuation provided by the Arts Director and then revalued in accordance with the above policy.

Depreciation has not been charged because the assets, being works of art, generally have very long useful lives and their residual value cannot be estimated to differ materially from their carrying amount. Thus any depreciation charge would not be material and would not contribute to an understanding of the charity's financial position.

(H) Fixed asset investments

Investments are included at closing mid-market value at the balance sheet date. Any realised and unrealised gains and losses on revaluation are combined in the Statement of Financial Activities. Income from investments is included in the year in which it is received by the investment managers. Cash held by the investment managers for the purpose of re-investment is included in fixed asset investments.

(I) Realised gains and losses

Realised gains and losses on investments are calculated as the difference between the net sale proceeds and the market value at the beginning of the year. Unrealised gains and losses are calculated as the difference between the market value at their opening carrying at the end of the year and the market value at the beginning of the year.

(J) 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 discount due.

(K) Cash at bank and in hand

Cash at bank includes amounts paid in before the year-end but credited to the bank account after the year end, and excludes cheques issued before the year-end but not presented until after the year-end. Any cash balance held by the investment managers with the expectation that it will be withdrawn to meet expenditure commitments in the following year is included in cash at bank and in hand.

(L) Liabilities

Liabilities include amounts owing to third party creditors and accruals, and constructive obligations to one of the beneficiary organisations in the form of an agreement to pay a grant. Third party

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creditors and accruals 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. Constructive obligations are recognised on the date the charity trustees approve the grant or in the period to which they determine the grant is attributable.

Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

(M) Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are recognised at transaction value and subsequently measured at settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method. The charity does not hold any bank loans at the year end.

(N) Connected companies

Five trustees of St. George's Hospital Charity each currently hold one nominal £1 share in a dormant company, St. George's Trading Limited (Company Number 3481144). This company is being retained as it might be used to facilitate trading in furtherance of appeals that the charity might run.

(O) Pension contributions

Most employees are members of a defined contribution pension scheme. Contributions are chargeable to the SOFA in the period to which they relate.

The charity also participates in the NHS Pension Scheme, with one current employee and a former employee being covered by the provisions of that scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable the charity to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the Government Financial Reporting Manual (FRoM) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

(P) Taxation

St George's Hospital Charity as a registered charity is exempt from income tax under part 10 of the Income Tax Act 2007 or Section 256 of the Taxation of the Chargeable Gains Act 1992, to the extent that surpluses are applied to its charitable purposes.

The Charity is not registered for Value Added Tax. Any irrecoverable Value Added Tax is charged to the Statement of Financial Activities as a cost against the activity for which the expenditure was incurred, or capitalised as part of the related asset, where appropriate.

(Q) Revaluation reserve

The charity recognises the requirement to account for gains and losses on revaluation of assets under FRS102. The charity has elected to account for current valuation of its art collection deemed as book costs at 31 March 2017 then subject to revaluation thereon.

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(S) Significant accounting estimates and judgements

In determining the carrying amounts of certain assets and liabilities, the Charity makes assumptions of the effects of uncertain future events on those assets and liabilities at the balance sheet date. The Charity's estimates and assumptions are based on historical experience and expectation of future events and are reviewed periodically.

There is estimation uncertainty on the accrued legacy income of £135k due to the judgemental nature of determining the exact amount to include. Management is satisfied that valuation of the investment portfolio based upon the mid-price results is a materially correct carrying value for investments.

(T) Events after the reporting period

On 1 April 2017, the charity became incorporated into a new entity with Charity Commission approval.

2. Incoming resources

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total at 31 March 2017 £000	Total at 31 March 2016 £000
Incoming resources from generated funds					
2.1 Donations & legacies					
Direct gifts from individuals and trusts	223	264	-	487	429
Legacies	(65)	289	-	224	650
Community fundraising	230	215	-	445	60
Corporate, campaigns, events and other income	25	6	-	31	265
Total	413	774	-	1,187	1,404
2.2 Charitable activities					
Grants	69	111	-	180	238
Total	69	111	-	180	238
2.3 Other trading activities					
Course fees, sponsorship and other income	29	15	-	44	33
Fundraising trading	-	-	-	-	13
Total	29	15	-	44	46
2.4 Investment income	249	181	9	439	442
Total income & endowments	760	1,081	9	1,850	2,130

2.5 Legacies

In accordance with the accounting policy (Note 2.1 above) legacies are recognised as income once payment has been agreed with the Executors of the will prior to Balance Sheet date and the payment is either received before the Accounts are approved, or is notified as receivable, and receipt is considered probable. The Charity has been notified of one legacy with a potential value to the charity of about £135k. These have been included in these Accounts because they meet the above criteria.

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3. Investment income

	Unrestricted funds	Restricted funds	Endowment funds	Total at 31 March 2017	Total at 31 March 2016
	£000	£000	£000	£000	£000
Investments and fixed income portfolio	245	181	9	435	439
Cash Investments	4	-	-	4	3
Total	249	181	9	439	442

4. Resources Expended

	Direct costs	Support costs	Total 31 March 2017	Total 31 March 2016
	£000	£000	£000	£000
4.1 Cost of raising funds				
Donations, legacies and grants	298	260	558	534
Investment management costs	65	-	65	59
Total cost of generating voluntary income	363	260	623	593
4.2 Charitable activities				
Patients and family experience	508	113	621	430
Staff development and welfare	358	76	434	363
Research	320	81	401	504
Capital projects	216	43	259	850
Medical equipment	166	80	246	1,854
Total	1,568	393	1,961	4,001

4.3 Expenditure include charges for:

Auditors remuneration for audit services (inclusive of VAT)	15	13
Professional fees	42	2
Indemnity insurance for trustee liability	<u>1</u>	<u>1</u>

During the year, the charity took the opportunity offered under section 12 of the Charities Act 2011 to incorporate as a Company Limited by Guarantee effective from 1st April 2017. This process led to a change in the charity's legal structure, which resulted in higher than usual professional fees in the year compared with the previous years.

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4.4. Support costs

	Staff costs £'000	IT and Comms £'000	Other £'000	Total at 31 March 2017 £'000	Total at 31 March 2016 £'000
Cost of fundraising	183	41	36	260	193
Patient Welfare	80	18	16	113	100
Staff Welfare	53	12	11	76	68
Research	57	11	10	81	55
Capital projects	31	7	6	43	15
Medical equipment	56	13	11	80	57
Total	460	102	90	653	488

Support costs include the costs of the following: Finance, Information Technology, Human Resources, Administration and Business Support including governance costs. Total support costs have been apportioned over other resources expended on the basis of time spent.

A proportion of support cost was allocated to cost of fundraising to show the time spent supporting this activity in line with FRS 102.

5. Grant Funded Activities

Grant funded activities included charitable activities as set below. The remaining grants consist of payments to suppliers or reimbursement of expenses incurred by employees of the NHS Trust and St George's University of London, thus indirectly benefitting those institutions.

Name of recipient:	Total at 31 March 2017 £000	Total at 31 March 2016 £000
St. George's University Hospitals NHS Foundation Trust	1,340	3,863
St. George's University of London	228	202
Total	1,568	4,065

6. Analysis of staff numbers, staff costs and remuneration of key management personnel

6.1 Staff numbers

	2017 No. of staff	2016 No. of staff
The FTE* average number of employees is split as follows:		
Fundraising	6	8
Management and administration	7	6
Total	13	14

* FTE (Full-Time Equivalent)

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	Total at 31 March 2017 £000	Total at 31 March 2016 £000
6.2 Analysis of staff costs		
Salaries and wages	579	518
Social security costs	51	53
Pension costs	32	38
Total emoluments of employees	662	609

Staff costs include 57k (£100k - 2015/16) payment to St George's University Hospitals NHS Foundation Trust relating to employees seconded to the Charity under a service level agreement.

Salaries and wages include £58k (£nil - 2015/16) relating to costs of temporary staff employed in the year to assist with the implementation of the finance system. Also included in salaries and wages was £17k (£nil - 2015/16) redundancy payment to one member of staff for loss of service.

The Charity employs 16 members of staff, only two of whom contributed to the NHS pension scheme. The two members of staff working for the Charity are employed by St. George's University Hospitals NHS Foundation Trust and paid for by the Charity either under a Service Level Agreement or under a salary recharging scheme. The remainder of the staff are enrolled to a Defined Contribution pension scheme that is compliant with auto-enrolment. No trustee received any remuneration from the Charity during the year.

6.3 Key management personnel

The charity considers its key management personnel to be the following:

- Executive Management team (Chief Executive Officer, Director of Finance & Operations and Director of Fundraising & Marketing)

The following number of senior employees received emoluments within the following range:

	2017 No. of staff	2016 No. of staff
£60,000 - £69,000	-	1
£70,000 - £79,000	1	-
£80,000 - £89,999	1	1

The aggregate total amount of remuneration for senior management was £205k (£195k - 2015/16)

7. Trustees expenses and remuneration

None of the Trustees received any remuneration from the Charity during the current or previous financial year. No Trustees were reimbursed for expenses incurred while carrying out their responsibilities for the Charity during the year (2015/2016 - £nil).

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8. Tangible fixed assets

Heritage assets	31 March 2017 £'000	31 March 2016 £000
Cost		
Balance as at 1 April	930	939
Additions	30	-
Disposals	(5)	(9)
Balance as at 31 March	955	930
Net Book Value	955	930

The Art Collection was revalued by Bonhams, an international art auctioneers and certified valuers at 31 March 2014. The Charity has conducted a full review of the collections and is satisfied that there was no impairment affecting the value of the collection as at 31 March 2017. The next full valuation is due on 31 March 2019; meanwhile the Charity will carry out an annual review of the Art Collection to determine any factors affecting carrying value of the assets.

Five year financial summary of heritage assets

	2016/17 £'000	2015/16 £'000	2014/15 £'000	2013/14 £'000	2012/13 £'000
Additions					
Purchases	-	1	-	-	2
Donations	28	-	-	-	6
Total Additions	28	1	-	-	8
Disposals					
Carry value	5	10	3	4	102
Sales proceeds	3	10	1	4	6

The artworks are held entirely in pursuance of the charitable objects of the Charity – for the benefit of patients and staff in St George's University Hospitals NHS Foundation Trust. In accordance with our accounting policy depreciation has not been changed.

9. Intangible fixed assets

	31 March 2017 £'000	31 March 2016 £'000
Cost		
Balance as at 1 April	60	-
Addition	87	60
Balance as at 31 March	147	60
Accumulated amortisation		
Balance as at 1 April	(15)	-
Charge in the year	(35)	(15)
Balance as at 31 March	(50)	(15)
Net Book Value at 31 March	97	45

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The addition of £87k to the intangible fixed assets represents capitalisation of finance software development costs incurred in the year and amortised over its useful life.

10. Investments

10.1 Analysis of fixed asset investments

	31 March 2017 £'000	31 March 2016 £'000
Fixed asset investments:		
Market value at 1 April	13,555	15,436
Less:		
Disposals at carrying value	(2,539)	(4,450)
Add:		
Acquisitions at cost	2,046	3,500
Net Cash Re-invested	63	(112)
Net (loss)/gain on revaluation	1,800	(819)
Market value at 31 March	14,925	13,555
Historic cost at 31 March	10,989	11,341

10.2 Market value at 2016

	2017 £'000	2016 £'000
Investments assets in the UK	11,374	10,867
Investments assets outside the UK	3,551	2,688
Total fixed asset investments	14,925	13,555

10.3 Investment portfolio

	31 March 2017		31 March 2016	
	£'000	%	£'000	%
Fixed Interest Bonds	2,283	15.3	2,576	19.0
UK Equities	7,426	49.8	6,779	50.0
Overseas Equities	3,551	23.8	2,688	19.8
Property & Alternative Assets	1,665	11.2	1,512	11.2
	14,925	100.0	13,555	100.0

10.4 Investment powers

The Charity Commission Scheme dated 18 August 1998 gives the Charity unrestricted investment powers to manage its own portfolio.

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11. Debtors

	Total at 31 March 2017 £'000	Total at 31 March 2016 £'000
Trade Debtors	23	13
Accrued Income	247	271
Total debtors falling due within one year	270	284

12. Creditors: amounts falling due within one year

	Total 31 March 2017 £'000	Total 31 March 2016 £'000
Trade Creditors	72	139
Creditors - grants (1)	1,810	1,667
Other Creditors	109	50
Total Creditors falling due within one year	1,991	1,856

(1) see note 1

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13. Grants Awarded

	Total 2017	Total 2016
	£'000	£'000
Outstanding liabilities at 1 April	1,667	1,074
Awarded during the year		
St George's University Hospitals NHS Foundation Trust	1,340	3,863
St George's University of London	228	202
Total	1,568	4,065
Paid during the year		
St George's University Hospitals NHS Foundation Trust	983	2,928
St George's University of London	194	192
Total	1,177	3,120
Adjustments in the year		
St George's University Hospitals NHS Foundation Trust	248	344
St George's University of London	-	8
Total	248	352
Outstanding liabilities at 31 March	1,810	1,667
Grant amounts falling due within one year	1,810	1,667
Total	1,810	1,667

Liabilities for grants awarded represent the unpaid balance on grants awarded by the Charity as at the balance sheet date. They relate to current activities funded by the Charity to which it is firmly committed.

14. Analysis of net assets between funds

	Unrestricted		Restricted	Endowment	2017 Total Funds	2016 Total Funds
	General	Designated				
	£'000	£'000	£'000	£'000	£'000	£'000
Fund balances at 31 March 2017 are represented by:						
Tangible and intangible fixed assets	-	1,052			1,052	975
Investments	6,658	2,033	6,035	229	14,925	13,555
Current assets and liabilities	(1,334)	-	(156)		(1,490)	(1,108)
Total net assets	5,324	3,055	5,878	229	14,487	13,421

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15. Charity funds

	Balance 31 March 2016 £'000	Incoming Resources £'000	Resources Expended £'000	Transfers between Funds £'000	Gains and losses £'000	Balance 31 March 2017 £'000
15.1 Endowment funds						
William A Amanet Bequest	216	9	22	-	27	229
Total endowment funds	216	9	22	-	27	229
15.2 Restricted funds						
Cancer & Oncology	363	60	53	-	67	437
Surgical & ICU	314	124	121	-	60	377
Children & Women	441	54	93	-	79	480
Therapy & Rehab.	37	2	8	-	7	39
Medical	699	63	107	-	128	783
Neurosciences	89	8	7	-	17	107
Cardio	87	15	9	-	19	112
Community & Nursing	660	45	225	-	113	593
Research	1,432	220	371	8	253	1,543
Other	985	439	67	60	-	1,467
Total restricted funds	5,107	1,080	1,062	68	745	5,938
15.3 Unrestricted funds						
General funds	5,308	366	1,088	12	726	5,324
Designated funds:						
Special Purpose Funds:						
Cancer & Oncology	84	10	7	-	16	103
Surgical & ICU	148	48	21	-	32	207
Children & Women	92	28	35	-	20	105
Therapy & Rehab.	3	-	1	-	-	2
Medical	475	116	198	-	84	477
Neurosciences	26	53	11	-	9	76
Cardio	85	22	18	-	17	107
Community & Nursing	287	14	48	-	48	301
Research	415	104	73	(8)	76	514
Total	1,615	395	412	(8)	302	1,892
Other Designated Funds:						
Fixed Asset Funds	975	-	-	76	-	1,051
Capital Appeal Cost Funds	60	-	-	(60)	-	-
Strategic Fund	140	-	-	(88)	-	52
Total	1,175	-	-	(72)	-	1,103
Total unrestricted funds	8,098	896	1,500	(68)	1,028	8,319
Total funds	13,421	1,850	2,584	-	1,800	14,487

The fixed asset fund includes the value of general funds invested in the art collections which are not, by nature of fixed assets, readily available for use for other purposes.

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15. Charity Funds (continued)

Endowment funds

Name of fund	Description of the nature and purpose of each fund
B William A Amanet Bequest	Capital in perpetuity bequests for general purposes

Restricted funds

Fund Directorate	Description of the nature and purpose of each fund
A Cancer & Oncology	To support development of Cancer and Oncology treatments
B Surgical & ICU	To support patients' experience and staff development for Surgical & ICU
C Children & Women	To provide funds for family support and children's play services
D Therapy & Rehab.	To support the therapy treatments & rehabilitation of patients.
E Medical	To support all areas of medicine not under the other directorates.
F Neurosciences	To advance Neurosciences at St George's Hospital
G Diagnostics	To develop research in to Diagnostics for all ailments.
H Cardio	To support all areas of the Cardiology Department to benefit patients.
I Community & Nursing	To support Community Services including Queen Mary's Hospital.

Unrestricted and designated funds

The fixed asset fund is designated to facilitate the replacement or refurbishment of assets belonging to the Charity. The value of this fund does not include properties identified for sale. The Capital Appeal Costs Fund was set up to cover direct fundraising cost that would have resulted from the fundraising activities relating to the Children's & Women's project that is now no longer going to take place. As a result, the Trustees decided to release the balance of this designation for general use. This figure also included income from fundraising relating to this project that has been transferred to restricted funds.

Transfers between funds represent:

- Where subsequent instructions are received from a donor restricting income that was originally received with no restrictions
- Where two restrictions have a common purpose, transfers may be made to support an individual project which matches their restriction

16. Commitments, liabilities and provisions

The Trustees do not have any other commitments, liabilities or provisions requiring disclosure other than those included in the financial statements (2015/16: £ nil) under grants award.

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17. Related-party transactions

During the year none of the Trustees or members of the key management staff or parties related to them has been involved in any material transactions with St. George's Hospital Charity.

Board members (and other senior staff) take decisions on both policy and financial matters, but do not seek to benefit personally from such decisions.

Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

There were no transactions with other entities in which either Trustees or senior employees of the charity hold positions of authority other than as described below.

Related party	Connected party	Relationship	2017 £'000	2016 £'000	Details of transaction
St George's University Hospitals NHS Foundation Trust	Mr Michael Rappolt	Mr Michael Rappolt was the Deputy Chair and Chair of the Audit Committee for the Trust (Retired April 2016)		3,863	<i>Grants made to St George's Hospital</i>
				1,248	<i>Creditors outstanding</i>
				134	<i>Amounts paid for services provided, i.e. rent and other charges</i>
			-	-	<i>Debtors outstanding</i>
Wandsworth CCG	Mrs Carol Varlaam	Lay member		15	<i>Grants received</i>

Although Mr Mike Rappolt retired as a Non-Executive Director with the Foundation Trust at the beginning of the year, the charity does not consider this period to qualify for related party.

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18. Financial assets & liabilities

	2017 £'000	2016 £'000
Financial assets measured at fair value	14,925	13,555
Financial assets measured at amortised costs	345	569
Financial liabilities measured at amortised costs	441	359



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