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**ANNUAL REPORT and
ACCOUNTS 2013 – 2014**

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COMPANIES HOUSE

The
**Dunhill
Medical
Trust**

The Dunhill Medical Trust: a company limited by guarantee

Registered in England:

Company Number 07472301

Registered Office:

6 New Bridge Street EC4V 6AB

Registered Charity Number:

1140372

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REFERENCE AND ADMINISTRATIVE INFORMATION

The Dunhill Medical Trust is a charitable company limited by guarantee registered in England (Company Number 07472301; Charity Number 1140372)

TRUSTEES

The following Trustees served during the year ended 31 March 2014

Professor Sir Roger M Boyle CBE	
The Right Reverend Christopher T J Chessun	
Mrs Kay Glendinning MBE	
Professor Roderick J Hay	
Professor Peter R Lansley MBE	
Professor James McEwen	<i>Chairman of Grants & Research Committee</i>
Richard A H Nunneley	<i>Chairman of Investment Committee to 19.11.13 §</i>
John A Ransford CBE	<i>Chairman of Investment Committee from 05.06.14</i>
Ronald E Perry	<i>Chairman of Trustees</i>
Timothy W Sanderson	<i>§</i>
Professor Martin P Severs OBE	
Mrs Helen C S Davies	<i>appointed 05.06.14</i>
	<i>§ resigned 31.03.14</i>

EXECUTIVE OFFICERS

Mrs Claire Large	<i>Executive Director</i>
Mrs Sarah Allport	<i>Grants & Research Manager</i>
Ms Shirley Jones	<i>Administration & Governance Officer</i>
Ms Jenna Horsfield	<i>Assistant Grants Officer</i>

Registered Office

3rd Floor, 16-18 Marshalsea Road, London SE1 1HL *to 18.11.13*
5th Floor, 6 New Bridge Street, London EC4V 6AB *from 18.11.13*

Auditors

Williamson Morton Thornton LLP St Albans AL1 3AW

Accountants

Rouse Partners LLP Beaconsfield HP9 1QL

Solicitors

Veale Wasbrough Vizards London EC4A 1AD

Bankers

C Hoare & Co London EC4P 4DQ

Investment Managers

Cedar Rock Capital Fund plc	London W1U 3RW
The Charities Property Fund c/o Cordea Savills LLP	London W1J 6ER
Colchester Global Investors Ltd	London W1S 3PR
Dalton Capital (Guernsey) Ltd	Guernsey GY1 1DB
Findlay Park Partners LLP	London W1K 2BU
Heronbridge Investment Management LLP	Bath BA1 1HE
Rathbone Brothers plc	London W1J 5FB
Schroder Investment Management Ltd	London EC2V 7ER
Silchester International Investors LLP	London W1J 6TL

The Dunhill Medical Trust

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2014

The Trustees of the Dunhill Medical Trust present their report and audited financial statements for the year ended 31 March 2014. The financial statements have been prepared in accordance with the accounting policies set out in Note 2 to the accounts and comply with the charity's Memorandum and Articles of Association, the Companies Act 2006 and the Statement of Recommended Practice (SORP): Accounting and Reporting by Charities published in 2005. Advantage has been taken of the exemptions available to small companies in the preparation of this report.

This report is a Directors' Report as required by s417 of the Companies Act 2006.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Background to The Dunhill Medical Trust

The funds comprised in The Dunhill Medical Trust originated from the Will Trust of Herbert Edward Dunhill who died on 8 November 1950. The funds were intended to be used for the furtherance of medical knowledge and research, in the light of Herbert Dunhill's own experience of some twenty-five years of ill health resulting from the effects of tuberculosis.

With the agreement of the Charity Commissioners, the funds comprising the Charitable Trust previously contained in Clause 17(B) of the Will of Herbert Edward Dunhill were reconstituted by a Declaration of Trust dated 15 April 1986, which broadened the charitable objects to include research into care of the elderly and the provision of accommodation and care for the elderly.

By a Scheme dated 15 April 1988, the Charity Commissioners for England and Wales directed that the property hitherto administered under the terms of Clause 17(B) of the Will of Herbert Edward Dunhill should thenceforth be administered and managed as part of the property of the Charity called The Dunhill Medical Trust.

In 2010 the Trustees resolved that, in line with best practice for charities with substantial assets, it would be more appropriate for the Trust to adopt a corporate form and become a charitable company limited by guarantee. As a result, a process for incorporation of the Trust was put into effect, with the Articles of Association being adopted on 16 December 2010 and all assets and undertakings of the Trust being transferred to the new corporate entity on 1 April 2011. The operation of the Trust was unaffected by the change of structure and the charitable objects remain unchanged. All Trustees of The Dunhill Medical Trust are also Directors and Members of the charitable company.

CHANGE OF REGISTERED ADDRESS

As reported in the 2012/13 accounts, the Trust's registered address at 16-18 Marshalsea Road SE1 1HL was sold on 27 March 2013, with the sale being completed on 8 May 2013. The relocation of the Trust's offices was effected on 18 November 2013, from which date the registered address of The Dunhill Medical Trust was changed to:

5th Floor
6 New Bridge Street
London EC4V 6AB

Connection with the tobacco industry:

The Dunhill Medical Trust promotes the highest ethical practices in scientific and medical research. It does not receive or seek funds from any external body and has had no connection with the tobacco industry for many years. The Trust fully complies with the Joint Protocol of Cancer Research and Universities UK on Tobacco Industry Funding to Universities (2004) which states that:

The following do not constitute tobacco funding for the purposes of this Code: funding from a trust or foundation no longer having any connection with the tobacco industry even though it may bear a name that (for historical reasons) has tobacco industry associations.

THE BOARD OF TRUSTEES AND ITS SUB-COMMITTEES

Under the Articles of Association, the Trustees are responsible for the charity, its property and funds and are appointed by the Board of Trustees. Trustees serve for four years, after which period they may put themselves forward for reappointment for one further term of office. Although the Articles provide for a minimum of three trustees, no maximum number is specified to ensure the Board's ability to have access to a wide range of expertise appropriate to the strategic development of the Trust.

Trustees' meetings are held quarterly (normally in June, September, December and March of each year). At these meetings, the Trustees agree the broad strategy and areas of activity for the Trust in relation to grant-making, investment, risk management, policies and procedures etc. The day-to-day administration and management is delegated to the Executive Director, who is supported by a Grants & Research Manager, Administration & Governance Officer and Assistant Grants Officer. This includes the administration of grants and processing of grant applications, and administration relating to investments, prior to their consideration by the relevant sub-committee appointed by the Board of Trustees.

To assist the Trustees in ensuring rigorous appraisal of grant applications, a Grants & Research Committee has been established as a sub-committee of the Board. The Committee is chaired by a medically/scientifically qualified Trustee and includes a number of external medical/scientific advisers with expertise appropriate to the interests of the Trust. It meets quarterly (normally at least one month prior to a Trustees' meeting) to consider grant applications that meet the criteria and priority areas for support, and to make recommendations to the Trustees. The Committee also advises the Trustees on the on-going development of DMT's research funding strategy and its implementation, and acts as a reference point in matters relating to the monitoring of grants awarded by DMT.

The Board has also established an Investment Committee, the purpose of which is to provide strategic direction on investment matters appropriate to meeting the Trust's charitable aims, and to recommend to the Trustees any changes in investment arrangements which the Committee considers appropriate. The Committee is also responsible for monitoring the performance of the Trust's investment managers. It meets quarterly and includes Trustees and external advisers with relevant investment/financial expertise, as well as a senior representative from the Trust's accountants ex officio.

The Trustees wish to record their thanks to Mr Timothy Sanderson and Mr Richard Nunneley, who resigned their trusteeships with effect from 31 March 2014. Mr Sanderson gave many years' service to the Trust, particularly in the field of investments, in which his extensive knowledge and experience were key to the sustained increase in value of DMT's assets over an extended period. Mr Nunneley also made an important contribution in the field of investments during the five years in which he was a Trustee and member (subsequently Chairman) of the Investment Committee.

GOVERNANCE

The Trust has a conflict of interest policy and code of conduct based on the Nolan Principles of Good Governance. In accordance with this policy, conflicts of interest arising from agenda items are declared and minuted at the beginning of each Board or sub-committee meeting, with the Trustee or committee member in question declaring his/her interest being required to withdraw from any subsequent discussion as deemed appropriate by the Chairman.

All Trustees and sub-committee members are required to declare all relevant interests, details of which are kept in a Register of Interests that is verified and updated regularly to ensure its completeness and accuracy. A code of conduct has also been agreed which sets out what is expected from Trustees as members of the Board and its sub-committees.

Additionally, the Grants & Research Committee has its own code of conduct which sets out how conflicts of interest relating to grant applications will be dealt with and provides rigorous governance arrangements. Whilst the code does not prevent external advisers (most of whom are active researchers) from being able to be named applicants on research proposals, it ensures that they have no involvement in the decision-making process relating to these proposals.

Trustees and external advisers give their time on a voluntary basis, with out-of-pocket expenses being reimbursed in line with an agreed expenses policy. Details of Trustees' expenses and related party transactions for the year 2013/14 are disclosed in Note 9 to the accounts. Grants to institutions and charities where Trustees or external advisers have a significant interest are noted in the list of grants (pages 37 to 40).

RECRUITMENT, INDUCTION AND TRAINING OF NEW TRUSTEES

The Dunhill Medical Trust has a policy and process for the appointment of trustees which is based on the Charity Commission's requirements to demonstrate openness and good governance. Regular reviews of the existing skill mix are carried out by the Board of Trustees, in order to identify any gaps which may require to be filled. Whilst nominations may be put forward by current Trustees, open advertisement is also used to ensure that the widest possible range of potential candidates is reached. A formal selection process is followed, including interview of the shortlisted candidates. The preferred candidate is then asked to confirm in writing that they are eligible to become a trustee (under the terms of Charity Commission guidance) and director (under the terms of company law) and is invited to attend the next available Trustees' meeting, at which he/she is formally proposed and appointed as a Trustee, Director and Member of The Dunhill Medical Trust.

New Trustees are provided with a comprehensive induction pack (including a copy of the Memorandum and Articles of Association, the latest annual report & accounts and minutes of meetings held by the Board of Trustees and its sub-committees during the last year), as well as a copy of the Trust handbook which contains a wide range of information on the administration of the Trust. Induction meetings with other Trustees and members of staff are arranged as appropriate. Any requirements for training for the new Trustee are identified as part of the induction process and suitable courses identified as necessary.

In the light of the resignations of Mr Sanderson and Mr Nunneley, in the latter part of 2013/14, a key objective has been to appoint an additional Trustee with a background and practical experience of investment management and finance. An open recruitment process has been undertaken, which has attracted a number of high calibre candidates. Accordingly, the Trustees are pleased to announce the appointment of Mrs Helen Davies as a Trustee of The Dunhill Medical Trust with effect from 5 June 2014. Mrs Davies will bring to the Board and Investment Committee her valuable skills and experience as a qualified actuary, as well as important insights as a trustee of a care home that will fit well with DMT's focus on older people.

RISK MANAGEMENT

The Trustees have adopted a formal risk policy and undertake an annual risk assessment for each of the principal areas of the Trust's operations.

In the opinion of the Trustees, the Trust has established resources and review systems which, under normal conditions, should allow the risks identified by them to be mitigated to an acceptable level in its day-to-day operations. It is recognised that systems can only provide reasonable but not absolute assurance that major risks have been adequately managed.

OBJECTIVES AND ACTIVITIES FOR THE PUBLIC BENEFIT

The Trustees confirm that they have referred to the Charity Commission's guidance on public benefit when reviewing the Trust's aims and objectives, in setting grant-making policy and in planning future activities. In particular, the Trustees have considered how planned activities will contribute to the aims and objectives they have set.

Under the terms of the governing document, the charitable objects of the Dunhill Medical Trust are:

- the furtherance of medical knowledge and research and the publication of the useful results thereof and the provision of medical care and facilities in such manner as the Trustees shall from time to time in their absolute discretion think fit; and
- research into the care of the elderly and the publication of the useful results thereof and the provision of accommodation and care for the elderly.

In line with the charitable objects, the overall strategic aim of the Trust is to support schemes (both large and small) which help the furtherance of medical knowledge and its dissemination or application, or which improve the environment in which older people live.

The Dunhill Medical Trust carries out this aim by:

- providing research project and programme grants relating to the main priority areas identified for support, i.e.
 - care of older people, including rehabilitation and palliative care
 - research into the causes and treatment of diseases, disability and frailty related to ageing;
- supporting pilot and proof-of-concept research studies in these priority areas which could establish whether major funding is justified;
- supporting non-research projects that seek to provide innovative services or facilities relating to the designated priority areas which can subsequently be evaluated to establish their effectiveness and transferability;
- supporting research fellowships and other research training opportunities aimed at expanding research capacity in the designated priority areas;
- exceptionally, providing endowments for innovative academic posts within the designated priority areas.

During 2013/14, key activities have included:

- continuing to maintain the current grant-making programmes, developing them as appropriate in the light of available funding dependent on investment performance;
- developing a portfolio of initiatives to improve the care of older people, focusing on safety, effectiveness and satisfaction within the NHS and social care;
- implementing a further round of Research Training Fellowships with this focus as the first of the above initiatives.

In addition, as reported earlier, in November 2013 the Trust relocated its registered offices to 5th Floor, 6 New Bridge Street, London EC4V 6AB. Although this involved a considerable amount of staff time, normal grant-making activities continued throughout the relocation period and the move has resulted in the Trust now having a base which will allow it to grow as appropriate over the next

few years and which has been designed specifically to facilitate the carrying out of the charity's functions effectively, both now and in the future.

GRANT-MAKING POLICY

DMT's strategic aims and objectives underpin its grant-making policy, which is kept under regular review to ensure its continued appropriateness and clarity in terms of public benefit.

The main beneficiaries of the Trust's grant-making programmes are ultimately older people within the UK and those with age-related diseases, or with disabilities, or requiring rehabilitation as a result of ageing. This focus on ageing and the need to improve the health and well-being of older people reflects the demographic changes towards increased life expectancy and a rapidly increasing proportion of older people in the population. It applies to both research and general (i.e. non-research) programmes and projects. The Trust's research programmes support researchers at all levels within higher education institutions (HEIs) and NHS institutions. Any benefit received by researchers, HEIs, health and social care bodies, or charities is purely incidental to the objects of DMT's charitable grants.

General/non-research projects are mainly supported via UK registered charities, with the beneficiaries being the users and carers for whom the projects are designed. In order to ensure the widest benefit for older people from projects supported, an underlying principle of the Trust's grant-making is that applicant organizations should not be unduly restrictive and should operate a policy of inclusiveness, equality and non-discrimination.

The main method by which DMT invites grant applications is via its website at www.dunhillmedical.org.uk. In addition to the detailed grant-making policy, guidelines for general grants, research grants and research-related infrastructure grants are available, as well as specific guidelines for DMT's Research Training Fellowship scheme. All guidelines are regularly reviewed to ensure that they are as 'user-friendly' as possible for potential applicants and are consistent with all other grant making documentation and policies. All documents are available in PDF format and may be downloaded from the website, which also provides access to a range of other information about the Trust, including the latest annual report and accounts, and grants made in the last three financial years.

The Trust aims to provide a prompt response to all grant applications and requests for information. Rather than proceed to formal application at a stage when many applications may not meet the eligibility criteria, potential applicants are asked to provide a brief outline of the proposed project, together with details of the financial support requested. Applicants for research and research-related grants are required to complete a short downloadable outline application form, which includes a focused question as to the difference that the research is expected to achieve within 5 to 10 years in terms of patient benefit/ improving the health & well-being of older people.

Once received, outline applications are subject to initial assessment to ensure that they meet the basic criteria for funding, which is undertaken by staff in consultation with the Chairman of the Grants & Research Committee (and where appropriate a sub-group of the Committee, or the Committee as a whole). Where outline applications meet the eligibility criteria, applicants are invited to submit a formal application for consideration by the Grants & Research Committee, which makes recommendations to the Trustees on those which are deemed worthy of support. Final decisions are taken at Trustees' meetings and applicants are informed as soon as practicable thereafter. The timescale between initial enquiry and decision may vary dependent upon the complexity of the application, but is kept as short as is practically possible, commensurate with the need to ensure all appropriate steps are taken to reach an informed decision.

The Dunhill Medical Trust is a member of the Association of Medical Research Charities (AMRC) and a recognised non-commercial partner of the National Institute for Health Research (NIHR). In line with AMRC and NIHR standards, the Trust follows best practice in maintaining the independence of research funding and in requiring researchers funded by the Trust to abide by research governance

regulations and practice. This includes the highest standards with regard to the use of protected animals in research, with the aim of minimizing the likelihood of harm to research volunteers and animals, by requiring grant holders to comply with the *Animals in Research: Reporting In Vivo Experiments* (ARRIVE) guidelines published by the National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs). A rigorous system of both external and internal peer review is in operation in respect of all research and research-related grants, with independent opinion being sought from at least two (and normally three) appropriate external referees, both from within the UK and internationally. This is provided by a very wide range of clinicians and academics, who are identified via literature searches using Europe PubMed Central (EPMC) and PubMed (the US National Institutes of Health National Library of Medicine bibliographic database) to ensure that the most appropriate expert opinion is being sought. The referees' reports are taken into consideration by the Grants & Research Committee alongside the detailed internal scrutiny to which applications are subjected.

In the case of an application for a research grant involving human participants, organs, tissue or data, DMT requires evidence that ethical approval and NHS R&D approval have been secured before a grant can be released. In addition, written confirmation is required that the research has a formally approved and explicitly stated research sponsor (as required under the terms of the NHS Research Governance Framework) or, alternatively, is not applicable.

MONITORING, AUDIT AND EVALUATION

All grants awarded by the Trust are monitored through:

- annual reports submitted by grant holders (which must demonstrate appropriate progress to ensure continuation of a grant made for longer than a period of one year);
- visits by DMT executive officers and/or Trustees/members of the Grants & Research Committee, which may be made at any time during the duration of the grant.

Following consideration of a progress report and/or any monitoring visit, the Trustees reserve the right to terminate the grant or to withhold payment of subsequent instalments of the grant as they consider fit in the circumstances. On conclusion of the project, the grant holder is expected to submit a final report (normally within 3 months of the end of the grant) detailing fully the results and outputs/outcomes from the project.

DMT's grant-making programmes are subject to audit processes to assess their effectiveness and to help inform future grant-making strategy. Progress reports for both research and general grants are requested through completion of an audit form and a financial statement for the period, in lieu of conventional progress reports, with the purpose of achieving more focused, comparable information to assess how well DMT funding is being used and whether the aims and objectives of work supported are being met by grant recipients. This system has proved to be a useful and effective grant-making tool.

The Trust is also keen to encourage rigorous independent evaluation of all general project developments and initiatives it supports to ensure that the best possible use is made of the charitable funds at the Trustees' disposal. Plans for sustainability of projects seeking support are an important part of assessment of applications received.

ACHIEVEMENTS AND PERFORMANCE

MAINTENANCE AND DEVELOPMENT OF GRANT PROGRAMMES

During 2013/14, the Trust has maintained its current grant programmes which include:

- Research grants:
 - Project and programme grants[§]
 - Research-related building and equipment grants
 - Joint Research Fellowships with partner organisations
 - Research Training Fellowships
- General grants:
 - Core & staffing grants
 - Building grants
 - Equipment grants
 - Small grants under £10,000

note:

§ as reported in the 2012/13 Annual Report, following a review, DMT's Serendipity Award scheme was discontinued with effect from 1 April 2013, although proof-of-concept grants are still an important priority within the main project grant programme.

RESEARCH GRANTS

In line with recent years, the year to 31 March 2014 has seen the number of applications for research project grants continue to increase, with a very wide spread of applications from universities across the UK. In contrast, few applications have been received for programme grants or research-related building and equipment grants. In view of this, the Grants & Research Committee has reviewed the minimum and maximum financial limits set on research grants. Having compared these with limits for similar grants made by other AMRC member charities, it has been recommended to the Trustees that research project grants should not be accepted for sums below £25k, although the upper limit should remain at £300k. The upper limit for programme grants has been raised to £1m, to take into account the increased costs of research over recent years and the average upper limit stipulated by other funders. These changes will be implemented in mid 2014.

GENERAL GRANTS

As noted in 2012/13, the relatively low level of eligible applications for general grants has continued during 2013/14, particularly in respect of applications for building grants for capital projects (possibly due to the continuing economic problems throughout most of 2013). There have also continued to be fewer applications in relation to innovative approaches to providing services for older people; instead, charities providing such services have mostly been seeking core funding to keep their organisations afloat, particularly in the light of continued cuts in statutory funding. As DMT's grant-making policy precludes the provision of replacement funding of this kind, these applications are often ineligible for support. These factors have again resulted in fewer general (non-research) grants being awarded during the year, with a continuing emphasis on supporting high quality research applications. The current ratio of funding for research grants compared to general grants is approximately 80% : 20%.

APPOINTMENT AND RETIREMENT OF EXTERNAL ADVISERS TO THE GRANTS & RESEARCH COMMITTEE

To facilitate the maintenance and development of DMT's grant programmes, the Grants & Research Committee has the benefit of a wide range of expertise provided by a number of medically and scientifically qualified external advisers to whom DMT is greatly indebted for the very considerable amount of time and effort they contribute to the Trust on a voluntary basis. During 2013/14, two additional external advisers have been appointed to the Grants & Research Committee:

- Professor Sube Banerjee (*Professor of Dementia*, University of Sussex)
- Professor David Kipling (*Professor of Biogerontology*, Cardiff University).

The complementary expertise in the fields of ageing that Professor Banerjee and Professor Kipling bring will be of great value to the Trust.

The Trustees would also like to express their sincere thanks to two external advisers who have completed their terms of office as members of the Grants & Research Committee during the year:

- Professor Stanley Gelbier (*Emeritus Professor of Dental Public Health*, King's College London)
- Professor Tom Kirkwood (*Associate Dean for Ageing*, Newcastle University).

Both Professor Gelbier and Professor Kirkwood have had long associations with the Trust and their very valuable input to the Committee will be greatly missed.

OLDER PEOPLE'S CARE IMPROVEMENT INITIATIVE (OPCI)

During 2013, the Trustees resolved to implement a new strategic programme in response to the findings of the Francis Report on the failings at the Mid Staffordshire NHS Foundation Trust⁶. The Older People's Care Improvement Initiative (OPCI) is a medium term programme that will commit significant resources (approximately £3-4m) over a 3-4 year period from 2014 to 2018. It consists of four strands which will be implemented on an incremental basis over the period:

- (i) A new round of Research Training Fellowships focusing on improved safety, effectiveness and/or satisfaction of care for older people [see paragraph below for further details]
- (ii) A call for proposals for a complex research intervention aimed at improving the care of the frailest older people in society. The focus for this will be on the person in his/her place of residence (which could be their own home, or a residential or nursing home) and on continuity of care and integrated health and social care, placing all care professionals (particularly consultant geriatricians) at the forefront of decision-making, responsibility and accountability.
- (iii) An innovative approach aimed at achieving a complete change in public sector provision from one founded in technical excellence to one which offers technical excellence but within a human framework that will provide for specific needs of older people, such as adequate time in providing care and interacting on a personal basis with the person being cared for, explanations given in a considered and suitable pace, and reassurance.
- (iv) Educational improvement awards for university undergraduate courses that build on best practice in dealing with older people per se and those with special needs in order that they can maintain dignity and receive a high standard of care, together with key qualities such as kindness and time.

note:

§ *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Robert Francis QC; Feb 2013.*

DMT RESEARCH TRAINING FELLOWSHIPS

A third round of DMT Research Training Fellowships was advertised in Autumn 2013 and resulted in 17 high quality applications on diverse topics, all clearly related to the designated focus described above. Five candidates were shortlisted and interviewed in early 2014. Although the Trustees had approved the appointment of four RTFs, the standard was so high that it was difficult for the interview panel to make a distinction between them. As a result, the Trustees were asked to approve the award of five RTFs, a proposal to which they agreed⁸. Details of the RTFs are set out on page 12.

note:

§ *As the Research Training Fellowships were awarded beyond the end of the 2013/14 financial year, they will be accounted for in 2014/15.*

RESEARCH TRAINING FELLOWSHIPS AWARDED IN 3RD ROUND

Fellow	Institution	Title of project
Beth Edwards	University of Bath	<i>Exploring the impact of siblings in older life: their effect on the physical, emotional and well-being of older people.</i>
Dr Nicholas Evans	University of Cambridge	<i>Imaging Carotid Atheroma in the Recovery and Understanding of Severity in Stroke study (ICARUSS)</i>
Michelle Gibbs	King's College London	<i>Understanding the experience of the dietetic consultation and design of a more effective model of nutritional care for older adults to enhance levels of patient satisfaction</i>
Dr Terence Ong	University of Nottingham	<i>A spinal orthogeriatric model of care in the management of spinal insufficiency fractures in older people</i>
Katharine Orellana	King's College London	<i>The future of day centres for older people in search of the evidence on their role, outcomes and commissioning</i>

JOINT FELLOWSHIP SCHEMES WITH PARTNER ORGANISATIONS

During 2013, the Trustees approved a fifth round of Joint Research Fellowships with the Royal College of Surgeons of England. The decision was based on the excellence of the RCS scheme and the high quality of the young surgeons who are candidates for the Fellowships. Once again, the focus of the Fellowships is on surgical interventions in older people. Five Fellowships have been awarded, details of which are set out below:

Fellow	Institution	Title of project
Dr Jemma Bhoday	The Royal Marsden Hospital NHS Foundation Trust	<i>Relevance and predictors for treatment induced cell-death in rectal cancer</i>
Dr Andrew Currie	St Mark's Hospital & Academic Institute	<i>Developing innovative risk-reducing surgery for colonic polyp excision</i>
Dr Robert Macfarlane	Imperial College London	<i>3D cellular implants for bone tissue engineering in revision joint arthroplasty</i>
Dr Mahim Qureshi	Imperial College London	<i>Biomarker research in thromboembolic stroke</i>
Dr Holly Roy	University of Oxford	<i>Deep brain stimulation for bladder control</i>

STRATEGIC REVIEW 2013/14

Over the last three years and as reported in annual reports during that period, DMT has undertaken reviews of all its grant programmes. In addition to this (as reported on page 11) the Trustees have made a major commitment to implement a new strategic programme, the Older People's Care Improvement Initiative. Although it is normally the policy of the Trustees to undertake an overall strategic review every three years, in view of these factors the Board has decided that it is neither necessary nor appropriate to carry out a full strategic review at the present time.

OUTPUTS/OUTCOMES FROM DMT GRANTS DURING 2013/14

DMT is a member of a consortium of funders supporting Europe PubMed Central (EPMC), a web-based resource which offers open access to more than two million peer reviewed biomedical research publications previously only available to academic researchers. Linked to EPMC membership, DMT has also established an open access policy which requires (i) all outputs resulting from DMT grants to be made freely available within 6 months of publication; and that (ii) the papers should be linked to individual DMT grants in EPMC, thus facilitating the assessment of grant outputs. Although this remains an on-going development, it is clear that there are undoubted benefits arising from DMT's commitment to this development in respect of the Trust's ability to fulfil one of its charitable objects relating to the publication of the useful results of the research supported.

The nature of research means that most outcomes and resulting benefits to the population group being studied are of necessity long-term. However, the data given below provide some indicators in respect of recent DMT grants in terms of outcomes/outputs for the year ending 31 March 2014.

Table A Outputs and outcomes arising from DMT grants for the year ending 31 March 2014

Publications etc.

- 143 Peer reviewed publications
- 148 Academic presentations
- 44 Posters, abstracts and other publications

Career promotion for Dunhill researchers

- 1 Professorial Chair
- 2 Associate professorship/Readership
- 2 Lectureships previously funded by a DMT grant converted to substantive posts

Grants awarded to take forward research funded by DMT include

National Institute for Health Research
Medical Research Council
Engineering & Physical Sciences Research Council
Alzheimer's Society
Guy's & St Thomas' Charity
Diabetes UK
European Research Council
National Eye Research Centre
Foundation for Prader Willi Syndrome Research

Degrees awarded

- 4 PhD
- 2 MPhil
- 1 BSc (hons)

Clinical developments

Emergency model of care for trans ischaemic attack (TIA) adopted by NICE
Phase II clinical trial of work on inflammatory eye disease
NHS funding obtained from SW Kent Clinical Commissioning Group to extend a project on chronic pulmonary obstructive disease (COPD) and singing

Other outcomes included

Queen's Anniversary Prize for Higher & Further Education (stroke prevention)
Patient & public involvement (PPI) developments, including YouTube accessible films relating to two DMT-funded projects; DVD featuring patients explaining research in which they were involved.

GRANTS MADE DURING 2013/14

The Trust received approximately 380 grant applications over the year 1 April 2013 to 31 March 2014. As in previous years, a higher proportion of eligible research applications and ineligible general applications were received. Overall, approximately 80% of applications met the basic criteria for funding. Of those meeting the criteria, 65% were within the priority areas designated by the Trustees.

In 2013/14, grants paid totalled £3,198,414, a figure almost 20% higher than the previous annual distribution for 2012/13 (£2,675,329). An additional £2,512,122 has been committed to grants to be spread over the next three years, dependent upon various conditions being met (2012/13 commitments: £1,707,877). Total grants awarded (including commitments) for the year 2013/14 amounted to £4,002,659.

Data A below shows the distribution of grants by grant category during 2013/14, with 53% of funds (£1,709,470) being dedicated to research project and programme grants; 5% (£149,809) to Serendipity Awards; 21% (£659,865) to DMT Research Training Fellowships and Joint Research Fellowships with partner organisations; 13% (£413,570) to services relating to care for older people; and 8% (£265,700) to provision of accommodation for older people.

Data A Distribution of grants 2013/14 by grant category

%	Activity
53	Research project and programme grants
21	Research Training Fellowships and Joint Research Fellowships
5	Serendipity Awards
13	Services relating to the medical care of older people
8	Accommodation for older people

EXAMPLES OF GRANTS MADE DURING 2013/2014

Below are examples of some of the grants made during 2013/14, demonstrating different aspects of DMT's research and non-research grant-making programmes. All of these have a clear link to the priority areas of ageing and older people. A full list of grants is available in Section 3: Charitable Grants by Category (page 36).

RESEARCH AND RESEARCH-RELATED GRANTS

Dr M Taal et al: Royal Derby Hospitals NHS Foundation Trust

Title: *Clinical impact of adopting a new equation utilising cystatin C and creatinine to estimate glomerular filtration rate for diagnosing and risk prediction in older people with chronic kidney disease in primary care*

Total grant £300,618; paid in year £105,604

Chronic kidney disease (CKD) is predominantly found in older people and is a serious problem. Measurement of creatinine (a blood chemical cleared by the kidneys) is used to estimate how well the kidneys are working by assessing glomerular filtration rate (GFR). It can also be used to diagnose chronic kidney disease. Creatinine levels are, however, influenced by other factors that may result in lower GFR values and over-diagnosis of CKD, particularly in older people. Cystatin-C, another marker of GFR, is no more accurate than creatinine alone but GFR estimates may be more accurate if both are measured. However, this has not been assessed in routine practice. This two year grant has been awarded to evaluate the impact of using both creatinine and cystatin-C in the diagnosis of CKD and the tests' ability to predict complications in a large group of older people with CKD (average age 73 years) who are already enrolled in a 10-year observational study. The added cost of cystatin-C will also be evaluated against the benefits of reduced over-diagnosis of CKD.

Dr F Eperjesi et al: Aston University

Title: *Colour contrast sensitivity for the detection of the pre-symptomatic stage of neovascular age-related macular degeneration*

Total grant £299,154; paid in year £110,262

Wet age-related macular degeneration (AMD) is a retinal disease and is the leading cause of sight loss in people over the age of 50. Sight-loss has been associated with loss of independence, depression, social isolation, and falls. Although recent advances in medicine allow this condition to be treated, success is more likely when treatments occur at a very early stage. Unfortunately, the early stages of wet-AMD do not cause symptoms and most patients are diagnosed when irreversible damage has already occurred. In all stages of AMD, retinal function is abnormal and, even when the patient has no symptoms, colour perception is slightly altered. This three year grant has been awarded to the team at Aston University and their clinical collaborators to evaluate a simple but highly sensitive technique to assess colour vision (colour contrast sensitivity), to establish if people with wet-AMD can be identified before symptoms develop. This would allow timely treatment and avert poor vision, avoiding the significant personal suffering and the socio-economic burden associated with sight loss.

Professor S Barclay et al: University of Cambridge

Title: *Decision-making concerning eating and drinking for people with progressive neurological disease with and without decision-making capacity: patient, public, professional and family perspectives*

Total grant £221,705; paid in year £78,332

Making decisions about eating and drinking for patients at the end of life is difficult, and even harder if people lose the mental capacity to make such decisions themselves. People with neurological conditions could be more vulnerable as they often experience decline in their

swallowing, communication and mental abilities as their illness advances. These situations are becoming more common as the UK population ages. The recent review and withdrawal of the Liverpool Care Pathway highlighted nutrition and hydration in end-of-life patients as an area of major concern. The research team at Cambridge have been awarded a three year grant for a study based on their recently published research literature review (PLOS ONE, 2013) and subsequent research in a hospital examining this subject. This new study was developed with multidisciplinary colleagues to investigate decision-making for people with progressive neurological diseases in the community. It will consist of three studies:

- (i) a face-to-face public opinion survey concerning feeding at the end-of-life;
- (ii) interviews and observations with patients, relatives, health and social professionals; &
- (iii) focus groups developing a toolkit to improve decision-making and healthcare.

Dr J van den Elsen et al: University of Bath

Title: *Protein glycation in Alzheimer's disease: implications for dementia diagnosis, prognosis and therapy*

Total grant £201,845; paid in year £67,506

There are currently no disease markers that can be used as indicators for Alzheimer's disease (AD) or for other non-AD dementias. Novel disease markers highlighting these aspects of the disease are urgently needed to improve the accuracy of AD disease diagnosis, prognosis, and therapies. The research team at Bath has developed a new technology to detect glycosylated proteins and have identified a number of novel modified proteins in post-mortem brain that might support a role for the immune system in the pathology of AD. The modification of proteins by abnormal sugar levels, known as protein glycation, has been shown to be an important factor and indicator in ageing and age-related chronic disease such as AD. This three year grant has been awarded to allow the team to further the development of new tools to detect, identify and quantify these altered proteins and to assess the potential use of identified markers in blood and saliva samples from dementia patients that could ultimately be used to help diagnose this devastating disease of ageing.

Dr A Zeman et al: University of Exeter

Title: *Transient Epileptic Amnesia: causation, prognosis and the benefits of treatment*

Total grant £179,343; paid in year £61,280

Transient Epileptic Amnesia (TEA) is a recently described form of epilepsy which starts in later life. It causes short periods of severe memory difficulty lasting around half an hour. These often give rise to concern about possible dementia, but usually stop promptly once the underlying epilepsy is diagnosed and treated. However, despite treatment, sufferers usually notice persistent background problems with memory, especially with regard to important personal events. This three year grant will support the first study to assess the long-term outcome of TEA, by reviewing 50 patients ten years after their diagnosis with TEA. In addition, the research team will aim to establish whether treatment of TEA improves background memory (a question often asked by patients and scientists). The grant will enable the team to perform additional testing (examining blood samples and the sense of smell) to improve the understanding of the causes and consequences of TEA and to update a database relating to TEA, thus facilitating work by the Exeter team and other research groups studying this condition.

Professor Jonathian Evans et al: University of Glasgow

Title: *Music for the brain: Music and mindfulness intervention for the improvement of cognition and mood after stroke*

Total grant £127,622; paid in year £65,666

Stroke is the biggest cause of disability in older adults. Low mood and cognitive difficulties with regard to attention and memory are commonly experienced following stroke, leading to poorer recovery and quality of life for stroke patients. However, accessible and effective therapies for these problems are currently lacking. Preliminary evidence suggests that listening to music may aid the recovery of memory, attention and mood following stroke. Similarly, mindfulness techniques adapted from meditation practices have been shown to improve these abilities. This two year grant will allow researchers at Glasgow to combine these two techniques and test whether the combination may further enhance recovery when compared with audiobook or music listening alone. The acceptability of this simple, low cost intervention also requires evaluation, together with the feasibility of recruiting and retaining 100 patients for six months post-stroke before attempting a further trial to assess the effectiveness of this new intervention. Mood and cognition will be assessed at regular intervals and patients will also be interviewed about their experience of engaging in the intervention.

Dr C Cooper et al: University College London

Title: *Inequalities in access to good quality care in dementia in the UK*

Total grant £121,053; paid in year £60,862

UK government policies aim to ensure all people with dementia receive high quality care. This includes drugs to control dementia symptoms (if appropriate), good physical and preventative health care; and sedative drugs only as a last resort, as they can harm patients. In a previous small study, the UCL team found that people with dementia from more deprived backgrounds were less likely than others to receive drugs to control their dementia symptoms. With the support of this two year grant, the researchers will use The Health Improvement Network (THIN) database of 11 million UK general practice patient records to investigate whether people with dementia in deprived areas, in different age-groups, sexes or who live in different regions or types of neighbourhood receive better or worse mental and physical health care. The multidisciplinary team (which includes public, patient and third sector representatives) will explore how this phenomenon has changed over time, and what it tells us about how existing dementia care inequalities can be reduced.

Professor C Hughes et al: Queen's University Belfast

Title: *Development of an intervention to improve appropriate polypharmacy in older people in primary care*

Total grant £104,632; paid in year £59,079

Medicines are prescribed to treat medical conditions and to improve health. However, sometimes too many medicines are prescribed, and they may not be always appropriate, particularly in older people who may be suffering from a number of different illnesses and receiving a large number of medications for these. On the other hand, medicines are not always prescribed when they should be. There may be several reasons for this, such as difficulties patients experience in taking many medicines at the same time. Some studies have tested new ways to ensure patients are prescribed all the medicines they require appropriately, although many of these have not proved to be successful, possibly because the new approaches tested have not considered the views and opinions of patients, and healthcare professionals as part of the study. This two year grant has been awarded to allow the research team in Belfast to review research already published on the subject, interview GPs and pharmacists, and conduct focus groups with patients so that their suggestions and opinions can be taken on board when designing a service to improve medicines prescribing. This approach will then be tested in two general practices and community pharmacies.

GENERAL GRANTS

St John's Hospital: Bath BA1 1SQ

One-off grant £100,000

A one-off building grant awarded to St John's Hospital towards the refurbishment of Rosenberg House, which forms part of an almshouse complex in the centre of the city of Bath. Established in 1174, St John's is one of the oldest almshouse charities in the UK but is forward-thinking in ensuring that residents have access to appropriate modern facilities for older people, despite the buildings' listed status. Total internal remodelling will be carried out to create 15 large flats capable of accommodating couples. These will be fully adaptable to cope with the increasing frailty and needs of residents as they age, to facilitate the ability of care staff to meet these needs and to provide high quality homes for life for older people who meet the eligibility criteria for the Hospital.

Avocet Trust: Hull HU9 1DN

Total grant £115,323; paid in year £49,752

Research shows that people with learning disabilities are among those most likely to suffer other unrelated health problems and least likely to access health care options to help address these. An increasing phenomenon in recent years is the proportion of people with learning disabilities who are developing dementia as their life expectancy has risen. This two year core costs grant has been awarded for a project to establish a replicable model for the design and delivery of learning disability dementia services nationally. The project will develop a person-centred care model focusing on personalisation of services, compassion, personal choice and dignity of the individual. It is envisaged that the main impact of the project will be on the vastly improved quality of life for individuals, their families and carers by meeting clients' care needs whilst ensuring that each individual is able to live a fulfilled and valued life even as their condition deteriorates.

Vitalise: London N1 0QH

Total grant £112,034; paid in year £34,437

Alzheimer's disease and other dementias are devastating for people suffering from these conditions, their families and carers. Vitalise seeks to mitigate the effect by providing specialised breaks for both people with dementia and their carers at three centres across the UK. This three year core costs grant will provide funding to help support nine dedicated Alzheimer's Weeks over the next three years. It will allow guests and carers to benefit from 24-hour support of care staff and volunteers, enabling them to relax and reconnect with each other. Supported excursions and stimulating centre-based activities are provided in a socially inclusive setting, with the aim of achieving improved quality of life for people with dementia and improved well-being and resilience for their carers.

Age UK Cheshire East: Macclesfield SK11 6RA

Total grant £102,548; paid in year £43,527

Domestic garden sheds have long been seen as a haven for men to be themselves and do the things that interest them. This three year staffing grant is for a project co-ordinator to run Age UK Cheshire East's 'Men in Sheds' project. The project aims to bring socially isolated, and/or financially and physically disadvantaged older men together to access a range of health support services, whilst enjoying the traditional shed environment. With the support of the project co-ordinator and volunteers, the large wood-working shed provides a space for men to exchange skills, form friendships and create a mutually supportive network, whilst also providing access to a wide range of activities that support healthy lifestyles for this

hard-to-reach group. The shed is situated within a Health & Wellbeing Centre which offers exercise classes, arts and IT sessions, information & advice and a counselling service, thus providing pathways for older men towards better mental and physical health and away from pervasive problems such as isolation and depression.

Royal Opera House Foundation: London WC2E 9DD

Total grant £97,986; paid in year £27,802

This three year grant has been awarded to support a programme of engagement for older people, both at the Royal Opera House and in the community. The Active Engagement Programme will allow older people who find it difficult for a range of various reasons to be able to get to the ROH to experience opera and singing within residential and day centres, with a music education team including professional singers delivering a series of performance workshops to inspire and engage participants with what opera is and also sing themselves. The programme will also provide opportunities for older people to join a new community choir, and come to the Royal Opera House on a weekly basis to sing choral and operatic repertoire together under the direction of a choral leader. The choir will provide an excellent opportunity to reduce isolation, improve confidence and wellbeing and promote social interaction amongst older people who may have never previously experienced the magic of opera and singing in a world-class opera house.

TTVS: Bideford EX39 2QE

Total grant £31,527; paid in year £10,730

The Taw and Torridge Caring (TCC) project has been established to respond to the needs of older carers by allowing them to take regular breaks from their caring duties. Living mainly in isolated rural areas, carers are usually elderly themselves, with a significant proportion of the people they care for having dementia. TTC has developed a high quality matching service which assesses in detail both the needs of carer and the cared-for person, with sitters being selected for their compatibility. The matching and continuity of the service is highly valued by carers and sitters alike, often resulting in strong bonds that last for many years. This three year staffing grant has been awarded to recruit a part-time support worker to help increase capacity for the sitting service by recruiting additional volunteers, with the aim of extending it across the whole of North Devon. This will include overnight 'sits' in response to client requests, which will in turn allow TTVS to work towards gaining accreditation from the Care Quality Commission.

Magpie Dance: Bromley BR1 1HA

Total grant £28,566; paid in year £10,373

This three year core costs and staffing grant has been awarded to provide a programme of dance for older people with dementia and learning disabilities in a day-care setting within an NHS mental health trust. This cross-sector collaboration between a dance charity and a healthcare provider draws from both the social and medical models of disability and enables the two organisations to work together to develop a new and innovative project for this disadvantaged group of older people to engage in dance sessions as a different way to interact. The sessions also provide opportunities for physical activity for clients who often do not normally take any exercise at all. The programme is a follow-up to a successful pilot project in 2012, an evaluation of which demonstrated that the dance sessions improved clients' confidence, self-esteem, non-verbal communication skills and group-working.

FINANCIAL REVIEW AND INVESTMENT POLICY

Under the terms of the Articles of Association of the charitable company, the Trustees have full powers to hold the Trust Funds in any form of investment which they deem to be suitable in furtherance of the charitable objects.

As required by the Trustee Act 2000, the Investment Policy is reviewed annually by the Investment Committee, with any subsequent changes being recommended to the Trustees for approval. As the policy continues to meet the overall investment objectives of the Trust, no significant changes have been made since it was originally approved in June 2001. The policy outlines the Trust's current long and medium term objectives, as well as restrictions with regard to capital, income and financial investments, and establishes the broad parameters within which fund managers are appointed and individual mandates given.

Performance against the Investment Policy is monitored by the Investment Committee on an on-going basis. Regular presentations to the Committee are made by the Trust's investment managers, including question and answer sessions to inform the Committee's assessment of performance, process and personnel. The Committee also holds 'beauty parades' of potential new/replacement managers as and when required.

The strategic aim of the Trust is to achieve long term overall return and, in order to minimise risk from market turbulence, a diverse range of assets are held by a number of mostly specialist investment managers. During 2013/14, the notably good performance of DMT's investments seen over the last two years has continued, resulting in quoted investments showing a further increase in market value from £102m to £107m. Accordingly, the Trustees' opinion remains that the Trust's financial health and stability is robust, whilst being aware that the continuing uncertain future of the global economy underlines the importance of maintaining vigilance in their guardianship of the Trust's assets. The Board is also aware that the market outlook for coming years is unlikely to be as buoyant as it has been in previous years, particularly in respect of the bond market, where Colchester Global Investors have maintained an excellent performance over an extended period of time.

In view of the continued increase in the overall value of the Trust, the Board accepted the Investment Committee's recommendation that the indicative distribution level should be increased from £3.5m to £4.2m, thus providing more leeway for the Grants & Research Committee to recommend a higher proportion of grants than in previous years. In the event, although the distribution level has increased by approximately £500k during the year, it is still within the indicative budget approved, as the Committee's key criterion remains the quality of applications and insufficient of those received were assessed as having met the required standards in order to be recommended for support.

During 2013/14, the Investment Committee has undertaken a review of current investment arrangements to ensure that the Trust has the most appropriate and up-to-date governance in place to meet Charity Commission requirements as set out in the reissued guidance CC14 *Charities and Investment Matters*. As part of the review, the Board has revised the constitution of the Investment Committee to clarify the relationship of the Committee to the Board and their relevant responsibilities. The Committee has also been carrying out a detailed process of assessment of providers of investment advice who could meet DMT's needs and add value, whilst ensuring that the ultimate responsibility for decisions remains with the Trustees. As a result of this process, the Trustees have accepted the Investment Committee's recommendation to appoint Stanhope Capital LLP as investment consultants with effect from June 2014.

Income received by the Trust during 2013/14 was somewhat more than the amount for the previous year, with total net income amounting to £3,165,497 (2012/13: £2,961,645). £3,120,145 of this amount arose from income from quoted securities.

Charitable grants made by the Trustees during 2013/14 totalled £3,198,414. Details of all grants may be found in Section 3 and are detailed in Data B and C (see page 21). The overall capital value of the fund over recent years is shown in Data D.

The total funds of the charity at the year end were represented as follows:

Holding	£m	%
Fixed Assets	0.20	0.17
Investments		
Quoted – Other	104.12	89.67
Quoted – Property	3.45	2.97
Property	0.57	0.49
Bank Balances	10.30	8.87
Net Current Liabilities	(2.53)	(2.17)
	116.11	100.00

Data B Value of grants 2013/14 (by grant size compared to previous year)

	2013/2014	2012/2013
0 - 10k	14,810	30,255
10k - 40k	379,917	617,728
40k - 100k	1,987,821	1,796,935
100k >	815,866	230,411

Data C Number of grants 2013/14 (by grant value compared to previous year)

	2013/2014	2012/2013
0 - 10k	6	6
10k - 40k	22	33
40k - 100k	33	33
100k >	5	2

Data D Capital value of fund (£ millions) over recent years

Year	£m	Year	£m	Year	£m
1990	56.5	1999	89.6	2008	86.0
1991	63.5	2000	87.8	2009	74.6
1992	64.0	2001	81.3	2010	95.5
1993	64.1	2002	78.0	2011	99.1
1994	69.9	2003	64.6	2012	98.6
1995	69.2	2004	72.7	2013	113.1
1996	78.8	2005	75.9	2014	116.1
1997	78.4	2006	87.8		
1998	88.6	2007	89.6		

FINANCIAL RISK

The Trustees consider the Trust's risk profile on a regular basis. The Trust's principal material financial risks, including foreign exchange exposures, relate to its investment portfolio and are in line with similar long-term endowment funds in the sector. Overall investment risk management is predicated on running a diversified portfolio of high quality assets across a wide variety of asset classes and markets. In recent years, the longer term strategic asset mix has been set by the Investment Committee, based upon principles employed by reputable investment advisory companies. Individual investment mandates are awarded to specialist managers after scrutiny by the Investment Committee.

With the appointment of Stanhope Capital LLP, independent external advice on asset allocation will provide another layer of risk management for the Trust. Accordingly, as a first step, Stanhope has been asked to undertake a full assessment allocation review of DMT's portfolio.

RESERVES POLICY

It is the policy of the Trust to distribute as grants the annual net income each year. At the Trustees' discretion, grants may also be made out of capital of the Trust.

The Trust holds a very large proportion of its assets in cash or relatively liquid equity and fixed income instruments. These are unrestricted assets, the value of which greatly exceeds current annual grants, annual running costs and the current financial commitments of the Trust.

PLANS FOR THE FUTURE

Whilst the main emphasis will be on maintaining DMT's mainstream grant-making activities, the Trustees continue to place a strong emphasis on using the resources at their disposal to improve the care that older people receive, both in health care settings and in the community. Accordingly, the main objectives for the year will be:

- To continue to maintain the current grant-making programmes, developing them as appropriate in the light of available funding dependent on investment performance.
- To continue to develop a portfolio of initiatives to improve the care of older people, focusing on safety, effectiveness and satisfaction within the NHS and social care. This will include issuing a call for proposals for a research programme to address the specific problems experienced by the frailest older people in society and how these could be dealt with most appropriately to ensure that they receive the highest and most compassionate quality of care.
- To ensure that proper consideration is given to (and where appropriate, implemented in line with AMRC advice to members) important developments in research, including (i) assessment of research involving animals; and (ii) support for research integrity.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also Directors of The Dunhill Medical Trust for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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 accounting estimates that are reasonable and prudent;
- state whether applicable UK 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 charitable company will continue in business.

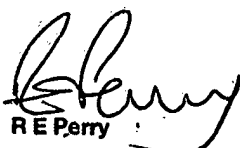
The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Approved by the Board of Trustees on 4 September 2014 and signed on its behalf by:


R E Perry
Chairman of Trustees

Date 9 October 2014

The Dunhill Medical Trust

AUDIT REPORT & FINANCIAL STATEMENTS

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE DUNHILL MEDICAL TRUST

We have audited the financial statements of The Dunhill Medical Trust for the year ended 31 March 2014, which comprise the Statement of Financial Activity, the Balance Sheet, the Cash Flow Statement and the related notes numbered 1 to 13. 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).

This report is made solely to the charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

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 (APB's) Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements:

- *give a true and fair view of the state of the charitable company's affairs as at 31 March 2014 and of its incoming resources and application of resources, including its income and expenditure, 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 Companies Act 2006.*

OPINION ON OTHER MATTER PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- *adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or*
- *the financial statements are not in agreement with the accounting records and returns; or*
- *certain disclosures of trustees' remuneration specified by law are not made; or*
- *we have not received all the information and explanations we require for our audit; or*
- *the trustees were not entitled to take advantage of the small companies exemption from the requirement to prepare a strategic report or in preparing the Trustees' Annual Report.*

WMT

Elizabeth Irvine
Senior Statutory Auditor

Date 10 October 2014

For and on behalf of WMT
Chartered Accountants
Statutory Auditor

2nd Floor
45 Grosvenor Road
St Albans
Hertfordshire
AL1 3AW

THE DUNHILL MEDICAL TRUST BALANCE SHEET AT 31 MARCH 2014

	Notes	Unrestricted Income Fund £	Expendable Endowment £	Total Funds 31.03.14 £	Total Funds 31.03.13 £
FIXED ASSETS					
Tangible assets	3	–	202,653	202,653	13,637
Investments	4	–	108,142,431	108,142,431	102,809,905
		–	108,345,084	108,345,084	102,823,542
CURRENT ASSETS					
Debtors	11	77,626	–	77,626	3,481,975
Cash at bank and in hand		2,149,215	8,166,205	10,315,420	9,085,224
		2,226,841	8,166,205	10,393,046	12,567,199
CREDITORS – due within one year					
Committed grants	13	2,177,565	400,000	2,577,565	2,222,415
Sundry Creditors	13	53,728	–	53,728	96,432
		2,231,293	400,000	2,631,293	2,318,847
NET CURRENT ASSETS		(4,452)	7,766,205	7,761,753	10,248,352
TOTAL NET ASSETS	12	(4,452)	116,111,289	116,106,837	113,071,894
FUNDS OF THE CHARITY (Per Statement of Financial Activities)	12	(4,452)	116,111,289	116,106,837	113,071,894

The directors acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with section 386 of the Companies Act 2006 and for preparing accounts which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 of the Companies Act 2006 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

Approved by the Board of Trustees and signed on its behalf by:


R E Rehy Trustee

Date 9 October 2014

Company Registration number : 07472301
Charity Registration number: 1140372

DUNHILL MEDICAL TRUST STATEMENT OF FINANCIAL ACTIVITIES

INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2014

	Note or Section	Unrestricted income fund £	Expendable endowment £	31.03.14 £	31.03.13 £
INCOMING RESOURCES from generated funds					
Investment Income					
Dividends and Interest on quoted investments	S4	3,120,145	—	3,120,145	2,874,208
Rents		15,318	—	15,318	55,880
Bank Interest		30,011	—	30,011	30,839
Other Income:					
Royal Dutch Shell compensation		24	—	24	718
Total incoming resources		3,165,498	—	3,165,498	2,961,645
RESOURCES EXPENDED					
Costs of generating funds:					
Investment Managers' Fees		—	99,952	99,952	101,653
Charitable activities:					
Grants	S3	2,798,414	400,000	3,198,414	2,675,329
Support costs	5	334,584	198,589	533,173	441,151
Governance costs	5	40,743	10,350	51,093	55,301
Total resources expended		3,173,741	708,891	3,882,632	3,273,434
NET INCOMING/(OUTGOING) RESOURCES					
Before transfers		(8,243)	(708,891)	(717,134)	(311,789)
Transfers between funds		—	—	—	—
Net income/(expenditure) for the year		(8,243)	(708,891)	(717,134)	(311,789)
OTHER RECOGNISED GAINS & LOSSES:					
Gains/(losses) on revaluation and disposal of assets for charity's own use		—	—	—	890,457
Gains/(losses) from Investment assets	4	—	3,309,353	3,309,353	14,098,959
Exchange gains/(losses)		—	442,724	442,724	(206,762)
Net movement in funds		(8,243)	3,043,186	3,034,943	14,470,865
Reconciliation of funds					
Total funds brought forward		3,791	113,068,103	113,071,894	98,601,029
Total funds carried forward		(4,452)	116,111,289	116,106,837	113,071,894

The Statement of Financial Activities includes all gains and losses in the year. All incoming resources and resources expended relate to the charity's one main activity, which is that of grantmaking. This activity is a continuing operation.

THE DUNHILL MEDICAL TRUST CASH FLOW STATEMENT

AND NOTES TO THE CASH FLOW FOR THE YEAR ENDED 31 MARCH 2014

	At 31 March 2014		At 31 March 2013	
	£	£	£	£
Net cash inflow / (outflow) from operating activities		3,459,072		(3,448,366)
Capital expenditure and financial investment				
Payments to acquire fixed asset investments	(5,330,227)		(7,981,904)	
Receipts from sales of fixed asset investments	3,321,915		1,932,002	
Payments to acquire tangible fixed assets	(205,703)		(35,989)	
Receipts from sales of tangible fixed assets	0		3,363,415	
		<u>(2,214,015)</u>		<u>(2,722,476)</u>
Net cash inflow / (outflow) before management of liquid resources and financing		1,245,057		(6,170,842)
Management of liquid resources				
Net cash invested on short-term deposit	Note (e)	877,514	(5,915,800)	
		<u>(877,514)</u>		<u>5,915,800</u>
Increase / (Decrease) in cash in the year	Note (b)	<u>367,543</u>		<u>(255,042)</u>

Notes

a Reconciliation of net incoming resources to net cash inflow / (outflow) from operating activities

		Year to 31 March 2014	Year to 31 March 2013
		£	£
Net movement in funds		3,034,943	14,470,865
Gains from investment assets		(3,309,353)	(14,098,959)
Depreciation charge		16,687	6,472
Profit on disposal of fixed assets		—	(890,457)
(Increase) / Decrease in debtors	Note (d)	3,404,349	(3,440,563)
Increase in creditors and provisions	Note (d)	312,446	504,276
Net cash outflow from operating activities		<u>3,459,072</u>	<u>(3,448,366)</u>

b Analysis of net funds

	At 1 April 2013	Cash flow movement	At 31 March 2014
	£	£	£
Cash at bank and in hand	1,253,812	352,682	1,606,494
Cash included within fixed asset investments	563,544	14,861	578,405
	<u>1,817,356</u>	<u>367,543</u>	<u>2,184,899</u>
Cash on short-term deposit	7,831,412	877,514	8,708,926
Net funds	<u>9,648,768</u>	<u>1,245,057</u>	<u>10,893,825</u>

c Reconciliation of net cash flow to movement in net funds		2014	2013
		£	£
Increase / (Decrease) in cash		367,543	(255,042)
Cash (inflow) / outflow from increase / (decrease) in liquid resources	Note (e)	877,514	(5,915,800)
Net funds at 1 April 2013		9,648,768	15,819,610
Net funds at 31 March 2014		<u>10,893,825</u>	<u>9,648,768</u>

d Movement of balance sheet		Balance at	Movement	Balance at
		1 April 2013		31 March 14
		£	£	£
Tangible assets		13,637	189,016	202,653
Investments		102,809,905	5,332,526	108,142,431
Debtors		3,481,975	(3,404,349)	77,626
Cash		9,085,224	1,230,196	10,315,420
Creditors		(2,318,847)	(312,446)	(2,631,293)
		<u>113,071,894</u>	<u>3,034,943</u>	<u>116,106,837</u>

e Management of liquid resources

Liquid resources relate to cash at hand and in bank.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2014

1 BASIS OF PREPARATION

The Financial Statements have been prepared in accordance with the Statement of *Recommended Practice Accounting and Reporting by Charities* (SORP 2005) issued by the Charity Commission in March 2005, the Companies Act 2006 and with applicable UK Accounting Standards (except as detailed in note 2).

Accounting Convention

The Financial Statements are prepared under the historical cost convention as modified to include the revaluation of investment assets and functional properties.

Funds Structure

The charity has a single expendable endowment and the Trustees distribute the income therefrom as grants. At the Trustees' discretion grants may also be made out of the endowment.

2 ACCOUNTING POLICIES

- (a) Investments are stated at the market value at the Balance Sheet date. Development land was valued as at the 31 March 2013 by an External Valuer, Henry Adams LLP on an open market value basis.
- (b) Quoted investments have been valued at middle market prices at the Balance Sheet date. Fixed interest stocks exclude accrued interest. The Statement of Financial Activities includes unrealised gains and losses arising from the revaluation of the investment portfolio in the year and realised net gains and losses arising on disposals.
- (c) Income from investments is credited to the income fund in the year in which it is received. Bank deposit interest is credited to the income fund in the year in which it is received.
- (d) Investment in wholly owned subsidiary is stated at cost of the share capital held in the company's wholly owned subsidiary, The DMT (Fontwell Land) Limited, a dormant company as at 31 March 2014. No consolidated accounts are prepared as the subsidiary is not material to the charity.
- (e) Rental income, less related costs, and commissions are credited to the income fund in the year in which they are receivable.
- (f) Expenditure has been charged to the income fund on an accruals basis. Overheads have been allocated to charitable and governance costs per notes 5 & 6.
- (g) Foreign currency transactions: Dividends received, acquisitions and disposals of foreign investments are converted using the actual daily exchange rate. Bank balances held in foreign currencies are converted using the year end exchange rate and any exchange gain/loss resulting is credited to the Endowment Fund.
- (h) Fixed assets are stated at cost less provision for depreciation.
- (i) Depreciation – provision is made for depreciation on tangible assets, other than freehold property, at rates calculated to write off the cost, less estimated residual value, of each asset over its expected useful life as follows:

Motor vehicles	25% straight line
Office equipment	20% straight line
Leashold property	over life of the lease
- (j) The Trust makes grants to a variety of applicants in line with their policy stated in the Trustees' report and on the fulfilment of specific conditions. The Trustees approve the payment of these grants at their quarterly meetings and it is on this basis that they are included in the accounts and charged against income or endowment as appropriate.
- (k) Rentals payable under operating lease are charged against income on a straight line basis over the period of the lease.

3 FIXED ASSETS – TANGIBLE

	Short leasehold property £	Motor vehicle £	Office equipment £	Total £
Cost / Valuation				
At 1 April 2013	–	24,495	42,989	67,484
Additions in the year	205,703	–	–	205,703
Disposals in the year	–	–	–	–
At 31 March 2014	205,703	24,495	42,989	273,187
Depreciation				
At 1 April 2014	–	12,248	41,599	53,847
Charge for the year	10,285	6,124	278	16,687
On disposals	–	–	–	–
At 31 March 2014	10,285	18,372	41,877	70,534
Net Book Value				
At 31 March 2014	195,418	6,123	1,112	202,653
At 31 March 2013	–	12,247	1,390	13,637

4 FIXED ASSET INVESTMENTS

	Market value at 1.4.13 £	Additions at cost £	Disposal proceeds £	Unrealised gain/(loss) £	Realised gain/(loss) £	Market value at 31.3.14 £
Quoted Investments	101,672,360	5,330,227	(3,321,915)	3,635,969	(326,616)	106,990,025
Development Land	574,000	–	–	–	–	574,000
	102,246,360	5,330,227	(3,321,915)	3,635,969	(326,616)	107,564,025
Bank balances controlled by Investment Managers	563,544	14,861	–	–	–	578,405
Investment in wholly owned subsidiary	1	–	–	–	–	1
	102,809,905	5,345,088	(3,321,915)	3,635,969	(326,616)	108,142,431
Unrealised gains – Quoted Investments					3,635,969	
Realised gains					(326,616)	
					3,309,353	

Development land was valued on an open market value basis, as at 31 March 2013, by an External Valuer, Mr SJ Lush (FRICS, FAAV) of Henry Adams LLP. The valuation was carried out in accordance with the requirements of the *RICS Appraisal and Valuation Standards* (March 2012 Edition).

FIXED ASSET INVESTMENTS cont

Quoted Investments	Market value at 31.3.14 £	Market value at 31.3.13 £
Managed funds		
UK – Property Fund	3,447,553	3,206,111
UK Investments	5,639,719	4,876,294
International Investments	63,250,667	59,073,495
Equities & fixed interest securities		
UK	20,523,121	19,414,181
International	14,128,965	15,102,279
	106,990,025	101,672,360

None of the direct holdings in equities and fixed interest securities exceed 5% of the portfolio and there are no restrictions on realisation. Managed funds exceeding 5% of the portfolio valuation can be seen in the appendix to the accounts.

The investment in subsidiary above relates to the Trust's investment in The DMT (Fontwell Land) Limited. The Trust holds 100% of the company's share capital. The DMT (Fontwell Land) Limited was incorporated on 27 March 2013 and was dormant for the period to 31 March 2014.

5 ALLOCATION OF SUPPORT COSTS AND OVERHEADS

Unrestricted Income Fund

	Charitable activities £	Governance costs £	Total Year ended 31.3.14 £	Total Year ended 31.3.13 £
Establishment expenses				
Light and heat	-	-	-	345
Rates and water and service charge	24,192	-	24,192	34,117
Net compensation for variation of lease	-	-	-	6,283
Repairs and renewals	-	-	-	1,294
Insurance	174	-	174	8,189
Cleaning	952	-	952	24
	25,318	-	25,318	50,252
Administration expenses				
Salaries and National Insurance	136,446	34,111	170,557	189,315
Staff recruitment & training	78	20	98	514
Pension contributions	11,169	2,792	13,961	17,159
Telephone	1,506	-	1,506	1,437
Rent and service charges – New Bridge Street	7,316	-	7,316	-
Rates – New Bridge Street	1,822	-	1,822	-
Stationery & postage	7,828	-	7,828	8,976
Advertising	3,089	-	3,089	2,298
Subscriptions	6,260	-	6,260	4,773
Computers & photocopiers	33,376	-	33,376	22,624
Motor and petrol expenses	5,570	-	5,570	1,810
Travel and subsistence expenses	4,435	-	4,435	5,259
Catering, trustee, & management meetings	1,481	370	1,851	515
Depreciation				
Motor vehicles	6,124	-	6,124	6,124
Office equipment	278	-	278	348
Leasehold	10,285	-	10,285	-

NOTES TO THE FINANCIAL STATEMENTS

ALLOCATION OF SUPPORT COSTS AND OVERHEADS cont

Sundry	6,700	–	6,700	8,310
Relocation	7,898	–	7,898	–
Equipment rental	3,124	–	3,124	–
Insurance	5,290	–	5,290	5,393
	260,075	37,293	297,368	274,855
Finance Expenses				
Bank charges	312	–	312	651
Legal and professional	33,759	–	33,759	44,482
Accountancy & audit fees	15,120	3,450	18,570	26,730
	49,191	3,450	52,641	71,863
Expendable endowment				
Legal, accountancy and audit fees	198,589	10,350	208,939	99,482
Total per SOFA	533,173	51,093	584,266	496,452

Note 6

6 GOVERNANCE COSTS & SUPPORT COSTS ALLOCATION

The breakdown of support costs and how these were allocated between Governance and Charitable activities is shown below.

Cost type & basis of analysis	Total £	Governance £	Support costs £
Staff salaries and NI (staff time)	170,557	34,111	136,446
Staff pension (staff time)	13,961	2,792	11,169
Catering, trustee & management meetings	1,851	370	1,481
Training (staff time)	98	20	78
Audit fees (Finance expenses)	3,450	3,450	–
Audit fees (Expendable endowment)	10,350	10,350	–
	200,267	51,093	149,174

Note 5 (included in
note 5)

7 AUDIT AND ACCOUNTANCY FEES

	Year ended 31.03.14 £	Year ended 31.03.13 £
Total fees comprise:		
Audit fees	13,800	13,800
Taxation fees	9,500	9,500
Management accounts, book-keeping, consultancy fees and financial statements	92,380	83,620
	115,680	106,920

8 TRUSTEES' LIABILITY INSURANCE

	Year ended 31.03.14	Year ended 31.03.13
	£	£
Premiums charged in year	4,502	4,502

9 TRANSACTIONS WITH TRUSTEES AND CONNECTED PERSONS

- i) Until 30 April 2014, Mr R Perry was a partner in Veale Wasbrough Vizards LLP, and has remained a consultant to the firm since that date. Legal fees amounting to £50,848 were paid by the Trust to Veale Wasbrough Vizards during the year to 31 March 2014.
- ii) Trustees were reimbursed expenses of £2,090 during the year. None of the Trustees received any remuneration during the year.
- iii) Grants paid to institutions where the Trustees of Dunhill Medical Trust have an involvement are disclosed in section 3.

10 EMOLUMENTS OF EMPLOYEES

	Year ended 31.03.14	Year ended 31.03.13
	£	£
Directors' emoluments	83,487	80,276
Employees' emoluments	68,916	88,679
Pension contributions	13,961	17,159
Employer's N.I.	18,154	20,360
	<u>184,518</u>	<u>206,474</u>

In the year ended 31 March 2014 one employee received emoluments in the band £80,000 to £90,000.

In the year ended 31 March 2014, pension contributions were made in respect of four employees.

The contributions were paid to defined contribution plans and accounted for in line with FRS 17.

There were an average of 3 employees during the year.

11 DEBTORS AND PREPAYMENTS

	Year ended 31.03.14	Year ended 31.03.13
	£	£
Other debtors	77,626	3,481,975

Other debtors includes £50,000 due from subsidiary undertakings in respect of The DMT (Fontwell Land) Limited.

12 RESERVES

	Balance at 1 April 2013	Incoming resources	Resources expended	Total
	£	£	£	£
Unrestricted Income Fund	3,791	3,165,498	(3,173,741)	(4,452)
Expendable Endowment	113,068,103	3,309,353	(266,167)	116,111,289
	<u>113,071,894</u>	<u>6,474,851</u>	<u>(3,439,908)</u>	<u>116,106,837</u>

13 CREDITORS, COMMITMENTS AND CONTINGENT LIABILITIES

In the opinion of the Trustees, the charity had no contingent liabilities.

Provision of £ 2,577,565 (2013: £2,222,415) has been made in the accounts for grants which will be settled in future years.

The Trustees have expressed the intention to grant funds totalling £ 2,512,122 (2013: £1,707,877) to various projects which will be spread over the next three years. The Trustees retain the option to discontinue future instalments on these projects if various conditions are not met. These grants have not been provided for in the Financial Statements.

Sundry creditors includes the following amounts:

	2014	2013
	£	£
Trade creditors	48,447	67,344
VAT & PAYE	5,281	4,992
Deferred income	—	24,096
	<u>53,728</u>	<u>96,432</u>

At 31 March 2014 the charity was committed to making the following payments under non-cancellable operating lease in the year to 31 March 2015:

	2014	2013
	£	£
Operating lease		
Between two and five years	<u>71,412</u>	<u>—</u>

THE DUNHILL MEDICAL TRUST: GRANTS FOR THE YEAR ENDED 31 MARCH 2014

1 RESEARCH & RESEARCH-RELATED GRANTS

1.1 RESEARCH PROJECT & PROGRAMME GRANTS

Institution/charity	Topic of research	Year of grant (no. of years)	£ Grant paid in year
Aston University			
Dr F Eperjesi <i>et al</i>	Age-related macular degeneration/colour contrast sensitivity	1st yr (3 yrs)	110,262
University of Bath			
Dr J van den Elsen <i>et al</i>	Alzheimer's disease/markers/protein glycation	1st yr (3 yrs)	67,506
University of Birmingham			
Dr S Wyn Jones <i>et al</i>	Osteoarthritis/inflammation/lncRNAs	1st yr (3 yrs)	91,062
University of Cambridge			
Prof S Barclay <i>et al</i>	Decision-making/progressive neurological disease/eating and drinking	1st yr (3 yrs)	78,332
Cardiff University ♦			
Dr C Lynch <i>et al</i>	Dental disease/older people/antimicrobial restorative materials (extension grant)	-	21,926
Derby Hospitals NHS Foundation Trust			
Dr M Taal <i>et al</i>	Chronic kidney disease/creatinine	1st yr (3 yrs)	105,604
University of Dundee			
Dr J George <i>et al</i>	Muscle weakness/ageing/allopurinol	1st yr (3 yrs)	94,443
University of East Anglia ♦♦			
Prof C Sackley <i>et al</i>	Parkinson's Disease/speech problems	3rd yr (3 yrs)	65,416
University of Exeter			
Prof A Jones <i>et al</i>	Older adults/dietary nitrate supplementation/ physical and cognitive function	2nd yr (2 yrs)	55,888
Dr A Zeman <i>et al</i>	Transient Epileptic Amnesia/causation/ prognosis/treatment	1st yr (3 yrs)	61,280
University of Glasgow			
Prof J Evans <i>et al</i>	Stroke/cognition and mood/music and mindfulness	1st yr (2 yrs)	65,666
King's College London ♦			
Dr D Dunn-Walters <i>et al</i> ♦	Older people/antibodies	2nd yr (3 yrs)	63,273
University of Leeds			
Dr K Porter <i>et al</i>	Type 2 diabetes/control of metabolic memory	2nd yr (2 yrs)	55,147
University of Leicester			
Prof P Bradding <i>et al</i>	Idiopathic pulmonary fibrosis/myofibroblasts	2nd yr (2 yrs)	53,884
University of Liverpool			
Dr P Knox <i>et al</i>	Neovascular age-related macular degeneration/ psychophysical screening test	2nd yr (3 yrs)	41,921
Newcastle University ♦			
Prof R Kalra & Prof J O'Brien	Inflammatory mechanisms/post-stroke dementia	2nd yr (3 yrs)	74,204
Dr C Salis <i>et al</i>	Aphasia/stroke/short term memory	2nd yr (2 yrs)	3,292
University of Nottingham ♦			
Prof N Kalsheker	COPD/biomarkers	-	14,500
Dr K Smith <i>et al</i>	Musculoskeletal decline/ageing/nutritional supplementation	2nd yr (3 yrs)	75,239
Dr F Stephens <i>et al</i>	Healthy ageing/skeletal muscle insulin sensitivity	3rd yr (3 yrs)	54,409

GRANTS BY CATEGORY

Institution/charity	Topic of research	Year of grant (no. of years)	£ Grant paid in year
University of Oxford Dr K Pattinson <i>et al</i>	<i>COPD/D-cycloserine/breathlessness/ pulmonary rehabilitation</i>	1st yr (3 yrs)	87,711
Queen's University Belfast Dr C Hughes <i>et al</i>	<i>Polypharmacy/older people/primary care</i>	1st yr (2 yrs)	59,079
Robert Gordon University Dr K Cooper <i>et al</i>	<i>Chronic low back pain/community dwelling older adults/peer support</i>	1st yr (2 yrs)	40,976
University of Sheffield Dr A Crawford	<i>Osteoarthritis/joint repair/plasma polymerization</i>	2nd yr (2 yrs)	54,774
University of Southampton Prof L Yardley <i>et al</i>	<i>Dizziness/older people/online intervention</i>	3rd yr (3 yrs)	43,849
University of Sussex ♦ Prof F Kern <i>et al</i>	<i>Older people/CMV infection/vascular complications open access publication fees</i>	2nd yr (3 yrs) –	54,882 2,188
University College London ♦ Dr C Cooper <i>et al</i>	<i>Dementia/inequalities in access to care</i>	1st yr (2 yrs)	60,862
Dr S Crutch <i>et al</i>	<i>Posterior cortical atrophy/reading impairment</i>	1st yr (3 yrs)	59,423
Dr M Kumari <i>et al</i>	<i>Sleep patterns/stress & health in later life</i>	2nd yr (3 yrs)	44,371
Dr N Ovenden & Prof A Cottenden	<i>Incontinence/friction/fabrics/skin damage</i>	3rd yr (3 yrs)	16,645

1.2 SERENDIPITY AWARDS

London Metropolitan University Dr G McLean <i>et al</i>	<i>Rhinovirus infection/microvesicles</i>	1st yr (2 yrs)	36,031
University of Portsmouth ♦ Dr J Shute <i>et al</i>	<i>Cystic fibrosis lung disease/inflammation</i>	2nd yr (2 yrs)	22,859
University College London ♦ Dr V Budhram-Mahadeo <i>et al</i>	<i>Type 2 diabetes/control of glucose uptake/weight gain</i>	2nd yr (2 yrs)	54,526
Dr A Salama <i>et al</i>	<i>Kidney disease/connective tissue growth factor</i>	1st yr (2 yrs)	50,445

1.3 RESEARCH TRAINING FELLOWSHIPS

University of Edinburgh Dr A Barugh	<i>Stroke/delirium/long-term cognitive impairment</i>	3rd yr (3 yrs)	75,525
University of Exeter Miss J Woodford	<i>Stroke/informal carers/cognitive behavioural therapy</i>	3rd yr (3 yrs)	40,364
University of Hull Dr E Richfield	<i>Parkinson's disease/palliative care</i>	3rd yr (3 yrs)	67,911
King's College London ♦ Miss M Galea	<i>Peripheral arterial disease/walking</i>	4th yr (4 yrs)	27,341
University of Manchester Mrs J Kindell	<i>Semantic dementia/ communication disabilities open access publication fees</i>	3rd yr (4 yrs) –	46,474 2,250

GRANTS BY CATEGORY

1.4 JOINT RESEARCH FELLOWSHIPS

Institution/charity	Topic of research	Year of grant (no. of years)	£ Grant paid in year
Royal College of Surgeons of England ♦			
Five Research Fellowships	<i>Surgical conditions related to ageing & older people</i>	1st yr (2 yrs)	200,000
	<i>Commitment for 2014/15</i>	2nd yr (2 yrs)	200,000
Total research and research-related grants			£ 2,601,740

notes:

- one-off amount, otherwise entry shows number of years over which grant is awarded
- ♦ charities/institutions where DMT Trustees/External Advisers hold trusteeships or other senior positions
- grants in which DMT Trustees/External Advisers have a significant interest/involvement

2 GENERAL GRANTS

2.1 BUILDING GRANT: PROVISION OF ACCOMMODATION FOR OLDER PEOPLE

Institution/charity	Purpose	Year of grant (no. of years)	£ Grant paid in year
Hope Park Trust	<i>Extension to dementia care home</i>	—	100,000
Scotts Project Trust	<i>Extension of accommodation for people with learning disabilities who develop dementia</i>	—	35,000
Simeon Care for the Elderly	<i>New care home/en-suite room</i>	—	55,700
St John's Hospital, Bath	<i>Refurbishment of almshouses</i>	—	100,000
Total building grants and provision of accommodation			290,700

2.2 CORE, STAFFING AND SMALL GRANTS: SERVICES AND CARE FOR OLDER PEOPLE

Institution/charity	Purpose	Year of grant (no. of years)	£ Grant paid in year
Action Space Mobile, Barnsley	<i>Once Upon a Time Project: older people/care homes</i>	3rd yr (3 yrs)	19,740
Age Concern Glenrothes	<i>Day care service/dementia</i>	4th yr (4 yrs)	14,095
Age UK Cheshire East	<i>Men in Sheds Project: for older men</i>	1st yr (3 yrs)	43,527
Avocet Trust	<i>Learning Disability Dementia project</i>	1st yr (3 yrs)	49,752
CARES, Sandwell	<i>Information & advice officer for older people</i>	2nd yr (2 yrs)	36,664
Cleveland Alzheimer's Residential Centre Ltd	<i>Activity co-ordinator post for people with moderate to severe dementia</i>	1st yr (3 yrs)	16,065
Cornwall Blind & Partially Sighted Assoc.	<i>Part-time co-ordinator/hospital eye clinical outreach project</i>	2nd yr (3 yrs)	7,500
Fair Shares Gloucestershire	<i>Time Bank Helping Hand Project: intensive support for hospital discharge</i>	2nd yr (3 yrs)	15,327
Harrow Citizens Advice Bureau	<i>Advice & support/newly bereaved older women</i>	3rd yr (3 yrs)	3,200
Integrated Neurological Services	<i>Reviewing officer/services for people with long-term neurological conditions</i>	2nd yr (3 yrs)	31,156
Maggie Dance	<i>Dance programme/older people with dementia and learning disabilities</i>	1st yr (3 yrs)	10,373
Pontefract Miners' Recreational Charity	<i>Thornycroft Befriending Project: for older people</i>	3rd yr (3 yrs)	22,031

GRANTS BY CATEGORY

Institution/charity	Purpose	Year of grant (no. of years)	£ Grant paid in year
Royal Opera House Foundation	<i>Engagement programme for older people</i>	1st yr (3 yrs)	27,802
Sefton O.P.E.R.A	<i>Choices Project: older people's health & wellbeing activities & volunteering</i>	2nd yr (2 yrs)	10,000
St Augustine's Community Care Trust	<i>Nurse post/day care for older people with neurological conditions</i>	1st yr (3 yrs)	21,946
TTVS (Taw & Torridge Voluntary Services)	<i>Sitting service for people with dementia and older carers</i>	1st yr (3 yrs)	10,730
Vitalise	<i>Specialised breaks for people with dementia and their carers</i>	1st yr (3 yrs)	34,437
Volunteer Link Scheme	<i>Volunteer befriending service for older housebound people</i>	2nd yr (3 yrs)	10,000
Walthev House	<i>One to One Project: support for people with sight or hearing loss</i>	2nd yr (3 yrs)	9,800
Warwickshire Association for the Blind	<i>Home visitor service for older visually impaired people</i>	1st yr (3 yrs)	19,425
Total (services and care of older people)			413,570

3 SUMMARY OF ALL RETURNED/CANCELLED GRANTS ADJUSTMENTS TO PRIOR YEAR GRANTS

	£
Research & research-related grants	(82,596)
General grants	(25,000)
Total	(107,596)

4 SUMMARY OF ALL GRANTS AWARDED FINANCIAL YEAR 2014

Research & research-related grants	awarded	adjusted	total
Research project & programme grants	1,778,014	(68,544)	1,709,470
Serendipity awards	163,861	(14,052)	149,809
Research training fellowships/joint fellowship awards	659,865		659,865
			2,519,144
Non-research & general grants			
Building grants accommodation for older people	290,700	(25,000)	265,700
Services and care for older people	413,570	—	413,570
			679,270
TOTAL GRANTS 2014 AFTER PRIOR YEAR ADJUSTMENTS & CANCELLATIONS			£3,198,414

THE DUNHILL MEDICAL TRUST

SCHEDULE OF QUOTED INVESTMENTS AND INCOME FOR THE YEAR ENDED 31 MARCH 2014

	At 01.04.13 market value £	Additions £	Disposals £	Gain/(Loss) unrealised £	Gain/(Loss) realised £	At 31.03.14 market value £	Net Income received £
Colchester Global Investors Ltd (Global Bond Fund)	19,380,384	3,712,853	(3,321,915)	(1,703,973)	(326,616)	17,740,733	1,163,073
Silchester International Investors LLP (The Calleva Trust – International equities ex US)	24,814,383	117,374	–	2,333,958	–	27,265,715	583,862
Cedar Rock Capital Fund plc (High quality branded equities)	17,289,631	–	–	117,399	–	17,407,030	310,629
Findlay Park Partners, LLP (American Fund)	7,525,327	–	–	483,639	–	8,008,966	–
(Latin American Fund)	2,703,927	–	–	(539,218)	–	2,164,709	–
Heronbridge Investment Management LLP (UK Equity Fund)	4,876,294	–	–	763,425	–	5,639,719	122,950
The Charities Property Fund (Managed property portfolio)	3,206,111	–	–	241,442	–	3,447,553	188,886
Schroder Investment Management Ltd (Income Fund)	15,136,076	–	–	1,775,276	–	16,911,352	565,179
Rathbone Brothers plc (Active Income & Growth Fund)	6,740,227	–	–	(98,670)	–	6,641,557	185,566
Dalton Capital Ltd (Melchior Selected Trust) (European equities)	–	1,500,000	–	262,691	–	1,762,691	–
Total	101,672,360	5,330,227	(3,321,915)	3,635,969	(326,616)	106,990,025	3,120,145

Unrealised gain on Quoted Investments (above)

3,635,969

Realised loss on Quoted Investments (above)

(326,616)

Per Statement of Financial Activities

3,309,353

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