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| OSC**r** | Trustees’ Annual Report for the period |
|  | Period start date |  | Period end date |
|  | Day | Month | Year |  | Day | Month | Year |
| From | 01 | 04 | 2020 | To | 31 | 03 | 2021 |
| Office of the Scottish **Charity Regulator** |  |  |  |  |  |  |  |  |

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| Reference and administration details |

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| Charity name |  | THE ANN, CIARA AND NIAMH COPELAND 200 CLUB TRUST FUND |
| **Other names charity is known by** |  | COPELAND 200 CLUB TRUST FUND |
| **Registered charity number** |  | SC043683 |
| **Charity’s principal address** |  | CLOVER COTTAGE |
|  |  | SCHOOL ROAD |
|  |  | LANDRAKE, SALTASH |
|  |  | CORNWALL | Postcode PL12 5EA |

##### Names of the charity trustees on date of approval of Trustees’ Annual Report

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|  | **Trustee name** | **Office (if any)** | **Dates acted if not for whole year** | **Name of person (or body) entitled to appoint trustee (if any)** |
| **1** | BARRY COPELAND | Chairperson/Treasurer | Whole Year | Trust Founder |
| **2** | JEAN HASLAM | Secretary | Whole Year | Trust Founder |
| **3** | JOHN TAVENDALE |  | Whole Year | Trust Founder |
| **4** | ANDRINNE CRAIG |  | Whole Year | Trust Founder |
| **5** | GAVIN CALDER |  | Whole Year | Trustees 1 - 4 |
| **6** | LISA SINGLETON |  | Whole Year | Trustees 1 - 4 |
| **7** | JAMES FERRIER |  | Whole Year | Trustees 1 - 4 |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
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| Reference and administration details |

Names of all other charity trustees during the period, if any, (for example, those who resigned part way through the financial period)

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| **Name** | **Dates acted if not for whole year** |
| NONE |  |
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| Structure, governance and management |

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| Type of governing document | THE ANN, CIARA AND NIAMH COPELAND 200 CLUB TRUST FUND DEED signed on Thursday 13 December 2012 at 15 West Street, Johnshaven, Montrose, DD10 0HL  |
| Trustee recruitment and appointment | New Trustees can be proposed by any existing Trustee or Trust supporter, appointment to be ratified by a majority of the existing Trustees.  |

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| Objectives and activities |

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| Charitable purposes | To assist in the advancement of health, the relief of those in need by reason of ill-health/disability or other disadvantage and the prevention or relief of poverty. To be primarily achieved through helping to provide *LEPRA Health In Action* with the funds required specifically to run the *Koraput Referral Centre* in Orissa state, eastern India; the Centre’s work having been dedicated to *the living memory of Ann, Ciara and Niamh Copeland*. |
| **Summary of the main activities in relation to these objects** | Selling ‘shares’ by persuading people to commit to paying a minimum of £10 by standing order into the account each month. Funds will also be generated by Sponsored Runs and the like; undertaken or organised by individual trustees and supporters.  |

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| Achievements and performance  |

Although technically this report should be about how the ***Copeland Family Trust Fund*** has fared over the period 1 April 2020 to 31 March 2021, it would be virtually impossible to do so without first looking at the bigger picture.

The Effects of Covid19

The general situation in India has been widely reported over the past few months, not least on the homepage of our own website (www. copelandfamilytrustfund.com). Suffice to say, India has been in a state of medical emergency caused by the Delta wave of COVID-19 and its healthcare system has been on the verge of collapse.

With specific regards to leprosy, there is evidence that up to 60 - 80% of new cases in India could be missed this year. Only 8,270 new cases were reported between April & September 2020, compared to about 22,000 in same period in 2019 – a fall of 63%.

In the Koraput district a similarly bleak scenario has prevailed. As previously described, there has been a shift in emphasis in recent years to a more proactive approach focused on early case detection and disability prevention, but with medical treatment provided for those still unfortunate enough to require surgery.

The project thus focuses not just on active case finding but also on screening those likely to have had close contact with someone affected by leprosy, with up to 20 households being screened whenever a case is detected. Extensive school screening programmes had also been developed. All of these of course have virtually ceased.

Lockdowns have been imposed by both the Regional and Federal Governments over several periods, during which the majority of the medical and public health services came to a grinding halt and as leprosy is considered a low priority, work in this area has been slow to restart.

Lepra & The Swabhiman 2.0 Project

However Covid19 is not the only thing which has changed things for Koraput, as *Lepra* had also just started implementing a new plan for the area when the pandemic arrived. The ***Swabhiman 2.0 Project*** is a three-year leprosy active case finding project running from 1st April 2020 through to 31st March 2023. It is being delivered in six districts in the state of Odisha – Koraput, Nabarangpur, Kalahandi, Nuapada, Bargarh and Subarnapur – and covers a total of 2,734 villages.

This has replaced the Koraleep Project and **one of the key changes was the closure of the Koraput Centre to patients**. It should be noted that this was an operational decision by *Lepra* and not a response to Covid, although it should be reopening to inpatients shortly.

The *Clinical Establishments Act* in India states various regulations which are mandatory for the care of patients in inpatient wards. One such regulation is the requisition of a minimum ratio of nurses to patients, along with other criteria. However *Lepra* were unable to meet this requirement, and the programmes budget did not have sufficient funds to re-structure and / or employ extra staff to do so. As a result, **it took the decision to stop receiving patients at the time of the start of the Swabhiman project at the beginning of April 2020**.

The outpatient department had already been rendered virtually obsolete by the success of the community-based detection and screening programmes mentioned above. However **I only became aware of the decision to close the inpatient department in July 2021** and since then I have been in constant dialogue with Geoff Prescott, the Chief Executive of *Lepra*, which is why it has taken me a while to report back to you.

I am happy that there has not been any deliberate attempt to mislead us, or to conceal the uses to which our funding has been put. To cut a long story short, there was a breakdown in communication due to furlough, incompetence and misunderstanding. Cock up not conspiracy in other words. Nor has there been any attempt at a cover up, I was alerted to the matter by *Lepra* itself and Geoff has been very open and extremely apologetic throughout our exchanges. I won’t bore you with the details, but if you want further information then just give me a ring or send me an email.

The Koraput Centre is leased from the Indian Government by *Lepra*, and services are fully integrated into the local Ministry of Health, filling vital gaps where there is no other provision. **Currently it houses a laboratory with a lab technician and a footwear facility employing a designated shoe technician, whilst one part-time peripatetic physiotherapist is based there.** It supports activities in 17 blocks across six districts in the State of Odisha, India, covering approximately 2.5 million people.

Closing the inpatient ward, which had provided general care and intensive physiotherapy for patients undergoing reconstructive surgery, resulted in the nearby government hospital being overwhelmed. In April 2021, recognising the value of the by now closed inpatient ward, the district authorities invited *Lepra* to submit a proposal for reopening it at the Koraput Centre. If the response from the Local Government is that they are unable or unwilling to make any financial provision, *Lepra* will provide the necessary funds to **reopen the inpatient ward in October 2021**. That is how things currently stand.

Full details of the Swabhiman Project and the plans for Koraput can be found in the attached *Swabhiman Project Annual Report* and *Koraput Information* documents.

None of this is in any way a criticism of *Lepra’s* work in the field in Odisha, nor a suggestion that our money is being misused or that their work isn’t worth funding,regardless of whether the inpatient ward reopens or not. Certainly **I will continue to support Lepra’s work in India regardless and I would urge you all to do the same.**

As things stand Koraput is still open, we are still raising money to fund it and our funding is being used for that purpose. Thus we are complying with our own Trust Deed and the conditions under which we are accepted as a charity. **The Koraput Centre Budget for 2021/22 with no inpatient ward costs is £14,574, of which we are providing £8761 or 60%.**

It could be argued that there would not have been any patients at Koraput since April 2020 anyway due to Covid. Therefore, provided inpatients return to Koraput shortly, in reality nothing much will have actually changed. **I do feel however that I am probably guilty, inadvertently, of basing our fundraising on an outdated and potentially misleading description of Koraput** on both our website and in my messages to supporters and sponsors. As such **I can only apologise and, if you wish, personally refund any donations** that you have made since April 2020.

Our Performance

The Trust started the year with funds of **£5577**. In September 2020 **£5500** was donated to *LEPRA Health in Action* in order to meet our annual commitment to meet as much as possible of the running cost of the ***Koraput Centre*** in Odisha State, India.

Over the period covered by this report £8123 was paid into the Trust’s account. However the monthly donations include an extra payment made by me each month to exactly match the banking charge levied by CAF Bank. Thus in reality **£8054** is the true figure raised through monthly and one-off donations, giving a balance on 31 March 2021 of **£8131.** As always **100% of the funds raised will continue to be passed on** to Koraput.

Therefore, although not strictly relevant to this report, it should be noted that the Trustees approved a further donation of **£8761** to *LEPRA Health in Action* and this was made in early June 2021. In just over 7 years of existence we have thus donated over **£49,200** to Koraput.

The annual Trustees Meeting was scheduled for 5 June 2021, but even though I was present in Aberdeenshire on that date we were unable to meet in person due to the ongoing Covid19 Restrictions in Scotland, which prevented more than 3 households gathering indoors. It is hoped to hold a meeting over the winter months when I am next in Scotland, probably in Edinburgh. In the meantime matters have continued to be conducted via regular communication by email.

In my report last year I suggested that we could be facing a 20% (£1000) reduction in our income due to the financial effects of Covid. Although UK monthly donations had understandably dropped from £360 per month in 2019/20 to £280 per month at the start of 2020/21, our regular supporters remained remarkably resolute and consequently they didn’t drop any further. This was coupled with an incredible reaction to my sponsored ***1000 miles for £1000*** cycling in October 2020. In an effort to offset the anticipated income reduction, I set out to cycle 1000 miles during the month and also notch up 100,000 feet of climbing whilst doing so (that actually required 1177 miles as it turned out).

As the name suggests, my aim was to raise £1000. However I totally underestimated the support I would receive, from friends and total strangers alike, and I ended up raising over **£3100**. The “Captain Tom Moore Effect” was very much in evidence I feel. That in turn was augmented by a lot of extra donations from friends and supporters from outside of the UK, in particular the United States and the Republic of Ireland. **Consequently and very unexpectedly this has been an incredibly successful year of fundraising, in fact our most successful one yet!**

Currently UK monthly donations are now £290 per month, with a subsequent annual Gift Aid top up of £615. That **guarantees us an income of at least £4,100 this year** before we also consider funds raised through sponsored events or donations from outside the UK. My hope is that we can always support *Lepra* with a minimum of £5000 each year, so once again we are well on course to achieve that THANKS TO ALL OF YOU!

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| Financial review |

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| **Brief statement of the charity’s policy on reserves** | As the Trust has no overheads or expenses, there is no need to hold large amounts of funds in reserve. The only real financial policy of the Trust is that outgoing payments to Lepra will always be covered by assets; in other words no overdrafts or loans will be taken out.  |
| Details of any deficit | None |
| **Donated facilities and services (if any)** | None |

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| Other optional information |
| There are expenses related to the Trust’s website ([www.copelandfamilytrustfund.com](http://www.copelandfamilytrustfund.com)) but not the email address (copeland090108@gmail.com). Like the monthly bank account charge these are covered by private funding so **100% of the funds raised continue to be passed on** to Koraput.  |

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| Declaration |

**The trustees declare that they have approved the trustees’ report above.**

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

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| **Signature(s)** |  |  |
| **Full name(s)** | BARRY JOHN COPELAND |  |
| **Position (e.g. Chair)** | CHAIR & TREASURER |  |
| **Date** | 8 September 2021 |  |