

WORLD CHILD CANCER UK

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2017

WORLD CHILD CANCER UK

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WORLD CHILD CANCER UK

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEE AND ADVISERS FOR THE YEAR ENDED 31 DECEMBER 2017

Trustee

Corporate trustee - World Child Cancer Trustees, whose Directors are its representatives:

Trustee Representatives

Anu Vedi, CBE, ACA, MCIH (resigned 19 September 2017)

John Perry, MA Cantab (resigned 1 February 2017)

Louise Soanes, RGN/RSCN, BSc, MSc (resigned 22 March 2017)

Dr Janice Kohler, FRCPCH (resigned 21 June 2017)

James King, DipPFS

Nicola Bishop (resigned 1 January 2017)

Professor Kathy Pritchard-Jones, BMBCh, PhD, FRCPCH, FRCP (Edin), FMedSci

Doctor Shaun Wilson PhD (Birmingham) MRPCH, DCH (RSA), MBChB (UCT)

Professor Lorna Awo Renner MBChB, MPH (Liv), FRCPCH (UK)

Karen Brade

Helen Griffiths

Roderick Macmillan MA

Anuj Chande

Rachel Hollis

Charity registered number

1084729

Principal operating office

17 Rudolf Place, London, SW8 1RP

Independent auditor

Crowe Clark Whitehill LLP, Riverside House, 40 - 46 High Street, Maidstone, Kent, ME14 - 1JH

Bankers

C Hoare & Co, 37 Fleet Street, London, EC4P 4DQ

The Cooperative Bank, 80 Cornhill, London, EC3V 3NJ

Metro Bank, One Southampton Row, London, WC1B 5HA

Solicitors

Bates Wells & Braithwaite LLP, 2-6 Cannon Street, London, EC4M 6YH

WORLD CHILD CANCER UK

CHAIRMAN AND CEO STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2017

The Chairman and CEO present their statement for the period.

2017, our 10th Anniversary year, has been a successful year for World Child Cancer, in which we reached 5151 children in our programme countries.

The year ended with a highly successful DFID Aid match appeal to the public which raised £415k which was above expectations. DFID match funding for this appeal will commence in 2018 and help fund our work in Ghana for the next 3 years.

Our partnership with Sandoz has expanded considerably during the year and they are now providing funding in 4 countries, and culminated in a highly successful visit with some of their senior staff to Ghana.

This has been the first full year of our new Ambassadors fundraising for us to raise money for Cameroon initially, and has raised £123k mainly from a fabulous dinner at the Globe Theatre. One of our Ambassadors visited Cameroon to see the programme for herself.

We also launched our new Business Development Board who will be a group of Board members and others to help us fundraise for the future.

On a sadder note, our longstanding Chairman, Anu Vedi, retired this year. Anu has made a huge contribution to our growth and success and will be sorely missed. But he has left us in good shape to meet the challenges of the future and we are ready for the adventures ahead! Anu, and our first Chairman Gordon Morrison, have both agreed to continue to support us as Patrons.

Name James King
Chairman



Name Jon Rosser
CEO



Date 21/3/2018

WORLD CHILD CANCER UK

TRUSTEE'S REPORT FOR THE YEAR ENDED 31 DECEMBER 2017

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK for the period 1 January 2017 to 31 December 2017. The Trustee confirms that the annual report and financial statements of the Charity comply with the Charities Act 2011, the requirements of the Charity's governing document and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

World Child Cancer UK is a UK registered charity (No. 1084729) in England and Wales. Our principal operating office is:

17 Rudolf Place
London
SW8 1RP

Evening the odds for children with cancer

World Child Cancer believe that no child should die unnecessarily of cancer. Survival in High Income countries is now over 80% and rising. In the Low and Middle Income countries that we work in survival is around 10-20%. That difference is unnecessary and unjust. We believe it is a human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer. No child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

Improving access to care

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children.

There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness amongst frontline health workers or understanding of cancer in children, and a mistaken belief that it isn't curable. Often childhood cancer is not diagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and basic training for community health workers, we can change this.

Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to do this is to 'twin' hospitals in the developed world with local teams in the developing world. Volunteer doctors and nurses give their time and expertise to support colleagues in developing countries. This provides a powerful partnership and two-way exchange of knowledge and expertise. Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis; which speed up treatment for children.

WORLD CHILD CANCER UK

TRUSTEE'S REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2017

Supporting families

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children don't complete their treatment either, as it is often long and expensive; placing a burden on the wider family. With specialist centres usually situated in the capital, many families have to travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family. We believe that families need more support, so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home.

We can make a difference

Improving childhood cancer survival rates in the developing world is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more as we believe all children, wherever they live, should have an equal right to healthcare so they do not die of a potentially survivable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer.

Put simply, World Child Cancer does the following:

- Facilitates training for local healthcare staff;
- Covers the costs of twinning partner activities;
- Improves healthcare facilities;
- Pays for additional staffing;
- Improves access to medicines and other much needed resources;
- Supports awareness raising and advocacy campaigns to raise the profile of the inequality in current care;
- Provides practical support for families to help them cope when their child is diagnosed with cancer.

Programme highlights of 2017

World Child Cancer helped 4798 children to access improved childhood cancer service and provided specialised paediatric oncology training to 653 healthcare professionals.

Bangladesh

Following World Child Cancer's first ever Ramadan appeal, we were delighted to announce that our supporters raised £13,400.

The funds will be used to fund staff delivering palliative care to children with life-limiting conditions in Bangladesh for one year whilst also enabling two healthcare teams to deliver treatment and care to children living in a Dhaka slum.

Cameroon

Early in 2017 World Child Cancer formed a new twinning partnership with Leeds General Hospital with Nurse Rachel Hollis, Dr Susan Picton and Dr Jessica Morgan visiting the three Baptist Hospitals we have been supporting since 2011 to develop a plan for future works.

WORLD CHILD CANCER UK

TRUSTEE'S REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2017

Ghana

We are delighted to announce that the total number of paediatric oncologists in Ghana increased from three to five in 2017 through training supported by World Child Cancer.

An intensive survey in Ghana showed that we have reached over four million people in raising awareness of the early warning signs and symptoms of childhood cancer. This will enable more children to get a faster route to better treatment.

Our incredible supporters helped to give children with cancer in Ghana the gift of growing up as part of our Stop the Childhood Cancer Clock appeal by raising over £415,000 in the build up to Christmas. A UK Aid Match appeal, all donations made by the Great British public were doubled by the UK Government meaning all support will go twice as far in 2018.

Malawi

2017 saw the development of a new healthcare manual for professionals to further improve diagnosis and treatment for children with cancer.

A new year also meant a new look for the paediatric oncology ward at the Queen Elizabeth Central Hospital in Blantyre as it was repainted to create a more homely and comfortable environment for children and families on the ward.

Lastly, we continued to support some of Malawi's poorest and most vulnerable families by providing essential funds to cover the costs of drugs, diagnosis and transport costs. 250 families benefitted from welcome packs to help them settle on the ward, providing them with toothpaste, sugar, bathing soap, washing soap, tea leaves and salt.

Mexico

2017 was a great year for our programmes in Mexico as essential medicines, including antifungal treatments and antibiotics, were donated to enable healthcare professionals to deliver vital treatment quicker.

A new healthcare database was introduced at hospitals in Pachuca and Oaxaca to provide more information about treatment history and unique patient requirements.

Lastly, in August 2017 Megan Parry joined the World Child Cancer team as our Programme Coordinator for Mexico. Megan is a British paediatric nurse with experience in programme planning and is fluent in Spanish.

Myanmar

Our programmes in Myanmar improved significantly in 2017 with our work expanding beyond Yangon and into Mandalay. A Memorandum of Understanding was signed with the Ministry of Health to help facilitate operations in Myanmar, allowing World Child Cancer to expand its activities and continue to improve the lives of children with cancer and their families.

Furthermore, four vital signs monitors were sent to Myanmar to provide better and more accurate treatment for patients whilst our previous project with the Department for International Development has now been successfully completed.

Finally, over 200 children attended the Heroes School at Yangon's Children's Hospital which allows children on the ward to continue their education whilst receiving treatment on site.

**TRUSTEE'S REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2017**

Philippines

A new shared-care-centre was added to our network at the Layina general Hospital in Valencia. With travel costs being extremely expensive for many families in the Philippines, our shared care network aims to improve access to treatment for some of the poorest and most vulnerable families on the island of Mindanao.

2017 also saw the completed development of the new Southern Philippines Medical Centre that will provide a further 44 beds for children with cancer and eight units for outpatients to receive chemotherapy.

Lastly, we expanded our partnership with Sandoz, a global leader in generic pharmaceuticals and biosimilars. The project aims to improve access to treatment and optimize survival outcomes for children suffering from cancer in four developing countries. The agreement builds on an existing partnership with Sandoz in the Philippines to fund essential healthcare staff training needs and help children to access diagnosis and subsequent treatment.

Willms' Tumour Collaboration

Our Wilms' Tumour collaboration has continued to progress with more than 260 children across five countries now treated using the new adapted guidelines. Survival rates increased dramatically in 2017 with patients and their families being supported with the provision of food, treatment, transport costs and more.

Value of voluntary medical aid

Our projects facilitate and leverage valuable voluntary medical aid from twinning partner hospitals in developed countries and healthcare teams in developing countries. Twinning partners are experienced paediatric oncology healthcare professionals (doctors, nurses, pharmacists and other experts) who donate their time and expertise for free through mentoring and training. The availability of voluntary medical aid ensures that World Child Cancer can achieve sustainable and significant improvements to the treatment of children with cancer in developing countries with relatively low levels of funding and also ensures that our partners receive value for money for their donations.

Future Developments

In 2018 the program will focus on two areas: consolidating the work we are doing in our country programs and prepare the ground for their expansion. While we will continue to strengthen the quality of childhood cancer services in our program countries, we are working hard to develop strategies to improve their accessibility, especially for the most vulnerable children.

To mention a few new initiatives: in Ghana we are looking forward to starting the implementation of our third DFID sponsored project that will aim at training key first-line healthcare staff in all the country's regions in three years. In addition to this we will also train paediatric surgeons in laparoscopy skills. In Myanmar we will continue our work to improve the quality of paediatric oncology services in Yangon, Mandalay and to strengthen the quality of the diagnosis by improving pathology services. In Cameroon we will develop and implement a new advocacy strategy that will involve multiple national stakeholders. In Malawi we will strengthen our management by employing a program coordinator. In Bangladesh we aim at strengthening our collaboration with the paediatric oncology and palliative care communities in Dhaka by promoting new health care training initiatives.

WORLD CHILD CANCER UK

TRUSTEE'S REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2017

A. STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution and Organisational Structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

The number of Trustees shall be not less than two persons or a trust corporation, nor more than four. Trustees shall, in the ordinary course, be appointed by resolution of the Trustees.

Trustees

Corporate trustee World Child Cancer Trustees, whose Directors act as Trustee Representatives and who served in the year are:

Anu Vedi, CBE, ACA, MCIH
John Perry, MA Cantab (resigned 1 February 2017)
Louise Soanes, RGN/RSCN, BSc, MSc
Dr Janice Kohler, FRCPCH
Nicola Bishop (resigned 1 January 2017)
James King, DipPFS
Professor Kathy Pritchard Jones, BMBCh, PhD, FRCPCH, FRCP (Edin), FMedSci
Dr Shaun Wilson PhD (Birmingham) MRPCH, DCH (RSA), MBChB (UCT)
Professor Lorna Awo Renner MBChB, MPH (Liv), FRCPCH (UK)
Karen Brade
Helen Griffiths
Roderick Macmillan MA
Anuj Chande
Rachel Hollis

Honorary Patrons

Professor Tim Eden MB.BS, DRCOG, MRCP(UK), FRCPE (London), FRCPATH, FRCPCH, FRCR
Gill Thaxter
Anu Vedi, CBE, ACA, MCIH
Caitriona Balfe
Gordon Morrison

Officers

Jon Rosser BA (Hons) - Chief Executive
Rebecca Ross, BA (Hons), FCA - Finance Director and Company Secretary
Emma Macpherson FCA, MA(Hons), ATT - Interim Finance Director and Company Secretary

WORLD CHILD CANCER UK

TRUSTEE'S REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2017

Committees

As well as the Corporate Trustee, World Child Cancer UK has a number of sub committees to aid in the running of the charity. The details of these committees are listed below:

i) HR and Governance sub-committee

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of new Trustees. In respect of staff it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

Members:

Helen Griffiths
Rachel Hollis

ii) Business Development Board (replaced Fundraising Committee)

The purpose of this sub-committee is to monitor and evaluate fundraising strategy and performance. Further to identify fundraising and networking opportunities.

Members:

Rory MacMillan (Chair)
Anuj Chande
Karen Brade
James King
Yves Dermaux
Michael Bell

iii) Project sub-committee

This sub-committee reviews new project applications and monitors existing projects. For potential new projects applications are received and the objectives, outcomes and budgets are reviewed and a recommendation is made to the Board of Trustees whether the project should be approved. Existing projects submit qualitative and financial reports which are reviewed to ensure the objectives of the project are being realised.

Members:

Gertjan Kaspers
Abby White
Alison Finch
Annabel Foot
Ben Drotar
Carlos Rodriguez-Galindo
Catherine Lam
Gabriele Calaminus
Trijn Israels
Jan Kohler
John Van Doorninck
Lorna Renner
Rachel Hollis
Scott Howard
Shaun Wilson
Stephen Hunger

WORLD CHILD CANCER UK

TRUSTEE'S REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2017

TRUSTEE'S RESPONSIBILITIES STATEMENT

The Trustee is responsible for preparing the Trustee's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the Trustee is 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;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

WORLD CHILD CANCER UK

TRUSTEE'S REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2017

Policies Adopted for the Induction and Training of Trustees or their representatives

The charity is relying upon the guidance issued by the Charities Commission in relation to the induction and training of Trustees or their representatives.

Risk Management

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register. The trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks. In summary however, the major risks are considered to be:

- (i) The risk of not achieving income budget. This is as a result of the general fundraising environment and due to the Charity's existing funding from DFID coming to an end. This risk is being mitigated through robust planning, additional funding applications and a solid fundraising strategy.
- (ii) The lack of inclusion of childhood cancer within the UN sustainable development goals thereby meaning that advocacy and lobbying should be a key part of World Child Cancer's work to address this.
- (iii) Ensuring value for money and effective spending at our overseas programmes is of paramount importance and is addressed through rigorous financial controls, the employment of local programme coordinators and robust monitoring and evaluation.
- (iv) The ability to demonstrate the impact of our work is critical to the success of future funding and this matter continues to be addressed
- (v) The risk of inadequate child safeguarding leading to the abuse of or injury to a child. There is a Child Safeguarding Policy which all staff and volunteers are subject to. In early 2018, in response to widely publicised failures in other organisations, we have produced a revised Code of Conduct for all staff, volunteers, and consultants which everyone will be required to sign and abide by. For employees this will become part of their employment contract. Further training will be delivered to all during 2018.

B. FINANCIAL REVIEW

2017 has been a very successful year, with income and expenditure running to budget. Income in the year was £2,097k (2016 - £2,074k) which, against the backdrop of a tough economic environment was a considerable achievement. We continue to receive valuable funds from a wide variety of sources, which is a strength in uncertain times. Our success in being approved for DFID's 2018-2020 UK AID Match programme led to an Appeal Campaign run in the last quarter of 2017 which exceeded our targets.

Expenditure on total activities in 2017 was £2,037k (2016 - £2,268k) the reduction due mainly to the fact that our two DFID programmes (UK Aid Match in Ghana and Bangladesh, and GPAF in Myanmar) were completed in the first quarter and second quarter of 2017 respectively. We had planned for this in our budgets, and our programmes in all countries were well-funded, consistently and reliably throughout the year, enabling the number of families and beneficiaries who we help to trust our support.

The Charity has a strong reserves policy which it has been able to maintain throughout 2017, and the reserves provide stability to deliver our commitment to our beneficiaries- the surplus of £60k for the year is reinvested in programme expansion for 2018.

WORLD CHILD CANCER UK

TRUSTEE'S REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2017

i. Reserves and Reserves Policy

In deciding on the level of reserves required, World Child Cancer UK has considered the environment in which it operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer UK wishes to ensure that essential services to beneficiaries can be maintained, particularly given the vulnerability of the children and the families who are helped by the organisation.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves – restricted, designated and unrestricted. Restricted reserves are funds which have a restriction placed on them by the donor. Designated reserves are funds designated for use by the Trustees and the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 12 months' worth of direct programme costs are covered: as each programme's budget is agreed annually and the majority of the programmes do not have alternative sources of funding. Unrestricted reserves are those funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise. Having considered all factors, it is considered appropriate that 6 months' worth of operational costs are held as unrestricted reserves.

As at 31 December 2017, World Child Cancer UK meets its reserves policy. Restricted Reserves committed to Direct programme costs in 2018 are £176,623. Designated reserves are £312,496, so together with Restricted this totals £489,120 which is the budgeted programme cost for 2018. Unrestricted reserves are £382,125, which equates to approximately 6 months' worth of operating costs.

The reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

ii. Going Concern

The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

iii. Public Benefit

When considering the charity's activities, the Trustee has complied with the duty in Section 4 of the Charities Act 2006 to have due regard to the Charities Commission's general guidance on public benefit.

PAY POLICY FOR SENIOR STAFF

The HR and Governance sub-committee review the pay and benefits for all staff once per year and set pay based on industry benchmarks.

This report was approved by the Trustee, on 21/3/2018 and signed on its behalf by:



James King
Chairman

WORLD CHILD CANCER UK

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF WORLD CHILD CANCER UK

OPINION

We have audited the financial statements of World Child Cancer UK (the 'Charity') for the year ended 31 December 2017 which comprise the Statement of financial activities, the Balance sheet, the Statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

The financial statements have been prepared in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statements of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has been withdrawn.

This has been done in order for the accounts to provide a true and fair view in accordance with the Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

This report is made solely to the Charity's trustee in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the Charity's trustee 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 trustee for our audit work, for this report, or for the opinions we have formed.

In our opinion the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 December 2017 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 Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and in other respects the requirements of the Charities Act 2011.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF WORLD CHILD CANCER UK

CONCLUSIONS RELATING TO GOING CONCERN

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustee's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustee has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

OTHER INFORMATION

The Trustee is responsible for the other information. The other information comprises the information included in the Annual report, other than the financial statements and our Auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

RESPONSIBILITIES OF THE TRUSTEE

The Trustee's responsibilities for preparing the Trustee's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), and for being satisfied that the financial statements give a true and fair view, are set out in the Statement of Trustee's responsibilities, and for such internal control as the Trustee determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustee is responsible for assessing the Charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustee either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

WORLD CHILD CANCER UK

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF WORLD CHILD CANCER UK

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditor's report.



Ian Weekes (senior statutory auditor)

For and on behalf of

Crowe Clark Whitehill LLP

Statutory Auditor

Riverside House
40 - 46 High Street
Maidstone
Kent

ME14 1JH

Date: 4th April 2018

WORLD CHILD CANCER UK

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2017**

	Note	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
INCOME FROM:					
Donations and legacies	2	716,552	1,375,383	2,091,935	2,066,169
Investment Income	3	-	4,764	4,764	8,066
TOTAL INCOME		716,552	1,380,147	2,096,699	2,074,235
EXPENDITURE ON:					
Costs of raising funds	4	45,480	306,919	352,399	350,254
Charitable activities: Support of treatment programmes		608,173	1,076,173	1,684,346	1,918,268
TOTAL EXPENDITURE	7	653,653	1,383,092	2,036,745	2,268,522
NET INCOME / (EXPENDITURE) BEFORE TRANSFERS					
Transfers between Funds	14	62,899 (25,134)	(2,945) 25,134	59,954 -	(194,287) -
NET INCOME / (EXPENDITURE) BEFORE OTHER RECOGNISED GAINS AND LOSSES					
		37,765	22,189	59,954	(194,287)
NET MOVEMENT IN FUNDS		37,765	22,189	59,954	(194,287)
RECONCILIATION OF FUNDS:					
Total funds brought forward		138,858	672,432	811,290	1,005,577
TOTAL FUNDS CARRIED FORWARD		176,623	694,621	871,244	811,290

The notes on pages 18 to 31 form part of these financial statements.

WORLD CHILD CANCER UK

**BALANCE SHEET
AS AT 31 DECEMBER 2017**

	Note	£	2017 £	£	2016 £
FIXED ASSETS					
Tangible assets	11		10,417		12,026
CURRENT ASSETS					
Debtors	12	112,762		117,271	
Cash at bank and in hand		835,719		787,432	
		948,481		904,703	
CREDITORS: amounts falling due within one year	13	(87,654)		(105,439)	
NET CURRENT ASSETS			860,827		799,264
NET ASSETS			871,244		811,290
CHARITY FUNDS					
Restricted funds	14		176,623		138,858
Unrestricted funds	14		694,621		672,432
TOTAL FUNDS			871,244		811,290

The financial statements were approved and authorised for issue by the Trustee on 20/3/2018 and signed on its behalf, by:



James King, DipPFS

The notes on pages 18 to 31 form part of these financial statements.

WORLD CHILD CANCER UK

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2017**

	Note	2017 £	2016 £
Cash flows from operating activities			
Net cash provided by/(used in) operating activities	16	51,091	(173,871)
Cash flows from investing activities:			
Purchase of tangible fixed assets		(2,804)	(2,038)
Net cash used in investing activities		(2,804)	(2,038)
Change in cash and cash equivalents in the year		48,287	(175,909)
Cash and cash equivalents brought forward		787,432	963,341
Cash and cash equivalents carried forward	17	835,719	787,432

The notes on pages 18 to 31 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

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

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair' view. This departure has involved following the Charities SORP (FRS 102) published on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

Principal activity

World Child Cancer is a UK registered charity (No. 1084729) in England and Wales and the principal activity is that of improving the diagnosis, treatment and care for children with cancer in low and middle income countries.

Our principal operating office is:

17 Rudolf Place
London
SW8 1RP

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017

1. ACCOUNTING POLICIES (continued)

1.2 Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

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

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

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

1.3 Resources expended and liability recognition

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include project management carried out at Headquarters. Governance costs are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements.

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Charitable activities and Governance costs are costs incurred on the Charity's educational operations, including support costs and costs relating to the governance of the Charity apportioned to charitable activities.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

1. ACCOUNTING POLICIES (continued)

1.4 Tangible fixed assets and depreciation

All assets costing more than £500 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the Statement of financial activities.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Leasehold improvements	-	20% straight line
Fixtures & fittings	-	20% straight line
Office equipment	-	20% straight line

1.5 Interest receivable

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

1.6 Operating leases

Rentals under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

1.7 Debtors

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

1.8 Cash at Bank and in hand

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

1.9 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

1. ACCOUNTING POLICIES (continued)

1.10 Financial instruments

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

1.11 Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the Statement of financial activities.

1.12 Pensions

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

Previously, the company contributed to the personal pension plans of its employees at rates agreed within their contracts of employment.

1.13 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2017

1. ACCOUNTING POLICIES (continued)

1.14 Accounting estimates and areas of judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by volunteers and what the salary cost of those volunteers would have been if they were employed by the charity. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results.

2. INCOME FROM DONATIONS AND LEGACIES

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	<i>Total funds 2016 £</i>
Donations	716,552	651,344	1,367,896	1,259,453
Donated services	-	724,039	724,039	806,716
	<hr/>	<hr/>	<hr/>	<hr/>
Total donations and legacies	716,552	1,375,383	2,091,935	2,066,169
	<hr/>	<hr/>	<hr/>	<hr/>
Total 2016	496,457	1,569,712	2,066,169	
	<hr/>	<hr/>	<hr/>	

3. INVESTMENT INCOME

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	<i>Total funds 2016 £</i>
Investment income	-	4,764	4,764	8,066
	<hr/>	<hr/>	<hr/>	<hr/>
Total 2016	-	8,066	8,066	
	<hr/>	<hr/>	<hr/>	

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

4. COSTS OF RAISING FUNDS

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
Fundraising costs of grants and donations	45,480	132,512	177,992	150,665
Staff costs for generating income	-	174,407	174,407	199,589
	<u>45,480</u>	<u>306,919</u>	<u>352,399</u>	<u>350,254</u>
<i>Total 2016</i>	<u>-</u>	<u>350,254</u>	<u>350,254</u>	

5. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Total 2017 £	Total 2016 £
Project costs	518,912	603,775
Other direct costs	43,467	124,085
Voluntary medical aid	724,039	806,717
Wages and salaries	275,430	262,927
National insurance	28,323	25,389
Pension cost	29,421	21,634
	<u>1,619,592</u>	<u>1,844,527</u>
<i>At 31 December 2016</i>	<u>1,844,527</u>	

6. SUPPORT COSTS

	Support costs £	Total 2017 £	Total 2016 £
Legal and professional	74	74	14,259
Audit and accounting fees	12,689	12,689	11,410
Other costs	6,914	6,914	9,508
Wages and salaries	33,566	33,566	27,946
National insurance	3,482	3,482	2,822
Pension cost	3,617	3,617	2,526
Depreciation	4,412	4,412	5,270
	<u>64,754</u>	<u>64,754</u>	<u>73,741</u>
<i>At 31 December 2016</i>	<u>73,741</u>	<u>73,741</u>	

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

6. SUPPORT COSTS (continued)

7. ANALYSIS OF EXPENDITURE BY EXPENDITURE TYPE

	Staff costs 2017 £	Depreciation 2017 £	Other costs 2017 £	Total 2017 £	Total 2016 £
Expenditure on raising voluntary income	174,408	-	177,992	352,400	350,254
Costs of generating income	174,408	-	177,992	352,400	350,254
Direct Costs - Support of treatment programmes	373,839	4,412	1,306,095	1,684,346	1,918,268
	548,247	4,412	1,484,087	2,036,746	2,268,522
Total 2016	542,833	5,270	1,720,419	2,268,522	

8. NET INCOME/(EXPENDITURE)

This is stated after charging/(crediting):

	2017 £	2016 £
Depreciation of tangible fixed assets:		
- owned by the charity	4,413	5,270
Operating lease rentals	30,612	38,307
Foreign exchange (income)/expense	2,588	(11,349)

During the year, no Trustees received any remuneration (2016 - £NIL).
During the year, no Trustees received any benefits in kind (2016 - £NIL).

9. AUDITORS' REMUNERATION

	2017 £	2016 £
Auditors remuneration	8,295	6,765

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

10. STAFF COSTS

Staff costs were as follows:

	2017	2016
	£	£
Wages and salaries	453,584	464,681
Social security costs	46,431	42,344
Other pension costs	48,232	35,808
	548,247	542,833

The average number of persons employed by the Charity during the year was as follows:

	2017	2016
	No.	No.
Programmes, administration, fundraising and finance	16	13

The number of higher paid employees was:

	2017	2016
	No.	No.
In the band £70,001 - £80,000	1	1

The key management personnel comprise the CEO, Finance Director, two Directors of Fundraising and two Directors of Programmes. The total remuneration of key management personnel in the year was £275,264 (2016 - £302,921)

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

11. TANGIBLE FIXED ASSETS

	Leasehold improvements £	Fixtures & fittings £	Office equipment £	Total £
Cost				
At 1 January 2017	14,383	5,478	5,374	25,235
Additions	-	554	2,250	2,804
Disposals	-	-	(455)	(455)
At 31 December 2017	<u>14,383</u>	<u>6,032</u>	<u>7,169</u>	<u>27,584</u>
Depreciation				
At 1 January 2017	5,753	4,944	2,512	13,209
Charge for the year	2,877	218	1,318	4,413
On disposals	-	-	(455)	(455)
At 31 December 2017	<u>8,630</u>	<u>5,162</u>	<u>3,375</u>	<u>17,167</u>
Net book value				
At 31 December 2017	<u>5,753</u>	<u>870</u>	<u>3,794</u>	<u>10,417</u>
At 31 December 2016	<u>8,630</u>	<u>534</u>	<u>2,862</u>	<u>12,026</u>

12. DEBTORS

	2017 £	2016 £
Other debtors	70,911	87,607
Prepayments and accrued income	41,851	29,664
	<u>112,762</u>	<u>117,271</u>

13. CREDITORS: Amounts falling due within one year

	2017 £	2016 £
Other taxation and social security	11,790	10,578
Other creditors	50,243	8,827
Accruals and deferred income	25,621	86,034
	<u>87,654</u>	<u>105,439</u>

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

13. CREDITORS: Amounts falling due within one year (continued)

	£
Deferred income	
Deferred income at 1 January 2017	67,015
Resources deferred during the year	851
Amounts released from previous years	(67,015)
	<u>851</u>
Deferred income at 31 December 2017	<u>851</u>

14. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

	Balance at 1 January 2017 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 December 2017 £
Designated funds					
Designated Funds - all funds	418,168	-	(105,672)	-	312,496
General funds					
General Funds	254,264	1,380,147	(1,277,420)	25,134	382,125
Total Unrestricted funds	672,432	1,380,147	(1,383,092)	25,134	694,621
Restricted funds					
Malawi	54,072	7,056	(36,414)	(6,486)	18,228
Bangladesh	84,033	73,054	(35,601)	(60,525)	60,961
Philippines	-	48,708	(65,489)	16,781	-
Myanmar	-	150,638	(111,045)	(7,965)	31,628
Cameroon	-	129,034	(124,629)	-	4,405
Wilms Tumour	-	23,854	(32,930)	9,076	-
Ghana	-	129,274	(74,013)	-	55,261
Other	753	3,321	(4,040)	(34)	-
Mexico	-	7,717	(1,577)	-	6,140
UK Aid Match 2017	-	73,053	(72,954)	(99)	-
WCC USA	-	70,843	(94,961)	24,118	-
	138,858	716,552	(653,653)	(25,134)	176,623
Total of funds	811,290	2,096,699	(2,036,745)	-	871,244

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

14. STATEMENT OF FUNDS (continued)

STATEMENT OF FUNDS - PRIOR YEAR

	<i>Balance at 1 January 2016 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Transfers in/out £</i>	<i>Gains/ (Losses) £</i>	<i>Balance at 31 December 2016 £</i>
Designated funds						
Designated Funds - all funds	585,170	-	(585,170)	418,168	-	418,168
	<u>585,170</u>	<u>-</u>	<u>(585,170)</u>	<u>418,168</u>	<u>-</u>	<u>418,168</u>
General funds						
General Funds	340,804	1,588,890	(1,257,262)	(418,168)	-	254,264
	<u>340,804</u>	<u>1,588,890</u>	<u>(1,257,262)</u>	<u>(418,168)</u>	<u>-</u>	<u>254,264</u>
Total Unrestricted funds	<u>925,974</u>	<u>1,588,890</u>	<u>(1,842,432)</u>	<u>-</u>	<u>-</u>	<u>672,432</u>
Restricted funds						
Restricted funds	79,603	485,345	(426,090)	-	-	138,858
	<u>79,603</u>	<u>485,345</u>	<u>(426,090)</u>	<u>-</u>	<u>-</u>	<u>138,858</u>
Total of funds	<u>1,005,577</u>	<u>2,074,235</u>	<u>(2,268,522)</u>	<u>-</u>	<u>-</u>	<u>811,290</u>

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2017

The restricted funds represent donations and grants received that are to be spent on specific projects in the countries listed.

The transfers from restricted funds to unrestricted funds represent project management costs from prior years that should have been allocated to the specific projects in accordance with funding agreements.

The transfers from unrestricted funds to restricted funds represent unrestricted funds allocated to the specific projects where the Trustee has decided to provide additional funding to those projects where there was an overspend.

Included in the restricted income is £192,106 (2016 - £287,397) from DFID.

The designated funds are designated for use on our programmes together with our restricted funds. These funds will cover the projected cost of our programmes in 2018 in Ghana, Cameroon, Malawi, the Philippines, Bangladesh, Myanmar and the Wilms' Tumour Africa project, total £489k. The designated and restricted reserves are expected to be spent within 12 months of the year end.

We have budgeted £15k for our Malawi project to spend on twinning visits from the UK and Netherlands covered by Restricted reserves.

£38k designated and £55k restricted are for use on our UK Aid project in Ghana and will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana. Funds will be spent on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

£13k has been designated together with the £61k restricted reserve is to use on our palliative care programme in Bangladesh, supporting children where active treatment is not a possibility. This includes an outreach palliative care programme in Dhaka's largest slum.

£60k has been designated for use in Cameroon on specialist training, advocacy and awareness raising, parent support costs, palliative care outreach work, twinning visits from the UK and South Africa together with the restricted reserve of £4.5k

£82k has been designated , together with the £32k restricted reserve for use on our activities in Myanmar to be spent on twinning paediatric oncology, nursing and pathology visit, the development of training content for health care staff to recognise childhood cancer early warning signs, the provision of education to patients and siblings through a hospital school, the provision of transport cost grants to needy parents of children with cancer.

We have designated £30k for use on our Wilms' Tumour project in sub-Saharan Africa which will provide drugs, nutritional support & transport costs for children with Wilms Tumour. A further £16k will be spent on conferences and learning.

We have designated £70k for use in the Philippines where it will be spent further developing the successful childhood cancer satellite treatment network. Funds will be spent on supporting vital staff salaries and developing satellite centres on the island of Mindanao

We have designated £5k for Mexico together with the restricted reserve of £6k to contribute to the employment of the Programme coordinator (programme costs covered by WCC USA), and £1.5K for Vietnam for monitoring purposes.

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017**

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR

	Restricted funds 2017 £	Unrestricted funds 2017 £	Total funds 2017 £
Tangible fixed assets	-	10,417	10,417
Current assets	176,623	771,858	948,481
Creditors due within one year	-	(87,654)	(87,654)
	<u>176,623</u>	<u>694,621</u>	<u>871,244</u>

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR

	<i>Restricted funds 2016 £</i>	<i>Unrestricted funds 2016 £</i>	<i>Total funds 2016 £</i>
Tangible fixed assets	-	12,025	12,025
Current assets	138,858	765,846	904,704
Creditors due within one year	-	(105,439)	(105,439)
	<u>138,858</u>	<u>672,432</u>	<u>811,290</u>

16. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2017 £	2016 £
Net income/(expenditure) for the year (as per Statement of Financial Activities)	59,954	(194,287)
Adjustment for:		
Depreciation charges	4,148	5,270
Decrease/(increase) in debtors	4,774	(38,997)
(Decrease)/increase in creditors	(17,785)	54,143
Net cash provided by/(used in) operating activities	<u>51,091</u>	<u>(173,871)</u>

17. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2017 £	2016 £
Cash in hand	835,719	787,432
Total	<u>835,719</u>	<u>787,432</u>

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2017

18. PENSION COMMITMENTS

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £48,232 (2016 - £35,808).

19. OPERATING LEASE COMMITMENTS

At 31 December 2017 the total of the Charity's future minimum lease payments under non-cancellable operating leases was:

	2017 £	2016 £
Amounts payable:		
Within 1 year	<u>699</u>	<u>9,390</u>

20. RELATED PARTY TRANSACTIONS

No charity Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity). Travel expenses incurred by Trustee representatives were reimbursed totalling £nil (2016: £232). Gifts totalling £508 were made on the retirement of three of the Trustee representatives and a formal Board Dinner attended by the Trustees representatives totalling £320 (2016: £nil) was also reimbursed.

James King, one of the Trustee representatives is a partner at Price Bailey, a chartered accountancy firm, who manage an interest bearing bank account on behalf of the Charity. The year end balance was £360,341 (2016: £450,000).