

World Child Cancer UK

Annual Report and Financial Statements

Year to 31 December 2020

Charity Registration number: 1084729

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Reference and administrative information

Corporate trustee	World Child Cancer Trustees (Company no. 08518700), whose Directors are the trustee representatives of World Child Cancer UK
Trustee representatives	James King (Chairman), <i>DipPFS</i> Karen Brade Anuj Chande Yves Dermaux Helen Griffiths Rachel Hollis, <i>FRCN</i> Professor Kathy Pritchard-Jones, <i>BMBCh, PhD, FRCPCH, FMedSci</i> Professor Lorna Awo Renner, <i>MBChB, MPH (Liv), FRCPCH (UK)</i>
Company Secretary	Rebecca Ross, <i>BA (Hons), FCA</i>
Key Management Personnel	Jon Rosser – Chief Executive Rebecca Ross – Director of Finance Zoe Macalpine – Director of Fundraising & Communications Piera Freccero – Director of Programmes
Registered address	9 Maltings Place 169 Tower Bridge Road London SE1 3JB
Charity registration number	1084729 (England and Wales)
Auditor	Buzzacott LLP 130 Wood Street London EC2V 6DL
Bankers	The Cooperative Bank 80 Cornhill London EC3V 3NJ Metro Bank One Southampton Row London WC1B 5HA

Reference and administrative information

Solicitors	Bates Wells & Braithwaite LLP 2-6 Cannon Street London EC4M 6YH
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It will not be too much of a surprise when we say that 2020 did not go quite as planned! Finding ourselves in a lockdown in March with all our fundraising events getting postponed or cancelled - some rapid rethinking was required.

With all travel halted for the year, we worked with all our partners to find ways to keep our programmes running and supported remotely and to develop remote twinning visits and distance learning. These proved highly successful and we have learnt lessons about how to do things very differently which will not be lost when we can again start to travel to our programmes at some point in 2021.

Significant changes also had to be made to our fundraising approach as a significant amount of our unrestricted fundraising dried up overnight, such as dinners, marathons and quizzes, and difficult decisions had to be taken to significantly reduce the fundraising team. However, fortunately over the past few years we had been successful in moving more of our programme funding to multi-year grants which continued to support our programmes through the crisis. Our loyal donors and supporters also stuck with us and continued to support us so that we ended the year in a rather better position than we had feared – with all our programmes continuing to be funded and effective. We were delighted to end the year with a healthy surplus of £304k.

In the midst of all this we were able to open our new programme in Nepal supported by UK Aid. Learning to launch a new programme entirely remotely was a new skill we have learnt!

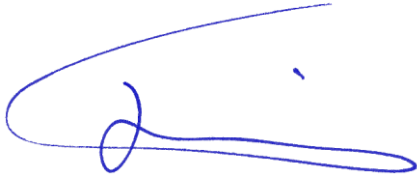
This was all achieved because of our brilliant staff team around the world who took everything in their stride and kept being effective despite daunting obstacles. We are also very grateful to our excellent partners who are used to fighting against the odds to get care to children with cancer and weren't going to let a virus stop them. We were proud to be able to support them by procuring Personal Protective Equipment (PPE) rapidly to keep them safe while they did their work. This has been a year when the whole world has been reminded of the debt we owe to the daily courage and dedication of our health workers – we salute them.

It is also the second year of our partnership with UBS Optimus Foundation which has got off to an excellent start. The new fellowship programme based in Ghana, training new paediatric oncologists, now has 9 fellows from Ghana, Liberia, and Sierra Leone. The programme has also trained 18 specialist nurses to date.

Closer to home there was great sadness at the unexpected death of one of our most dedicated Board members, Rory McMillan, who will be sadly missed. We were pleased, though, to welcome a long-time supporter, Yves Dermaux, to the Board.

The year ended as we adopted a revised 5-year strategy for World Child Cancer – and we continue to set ambitious goals to reach many more children and become even more effective in coming years. In 2018, our strategic aim was to double the number of children we reach each year from 5,000 to 10,000. In 2020, despite the pandemic, we are pleased we were able to reach 8,891 children and are confident we will reach this target 2 years early.

Our revised strategy for 2021-2025 therefore sets a goal to increase the number of children we reach each year by a further 60% to 16,000 per year. The environment we work in, always highly uncertain, is even more volatile at the moment so of course there is risk in setting such an ambitious goal. But we believe that the plight of children with cancer will get increasing attention as the world pledges to “build back better” and so we are determined that we will succeed.



Chairman



CEO

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK (registered charity (No. 1084729) in England and Wales) for the year to 31 December 2020. 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). The principal operating office of World Child Cancer UK during the year was 9 Maltings Place, 169 Tower Bridge Road, London, SE1 3JB.

OBJECTIVES AND ACTIVITIES

Evening the odds for children with cancer

World Child Cancer believes that no child should die unnecessarily of cancer. Survival in developed countries is now over 80% and rising. In the developing countries where we work, survival is as low as 10%. 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 is not curable. Often childhood cancer is not diagnosed, misdiagnosed, 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 delivering 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 achieve this is to 'twin' hospitals in developed countries with local teams in the developing countries. These twinning partnerships involve volunteer doctors and nurses giving their time and expertise to support colleagues around the world. 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.

OBJECTIVES AND ACTIVITIES (continued)

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 are unable to 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, and are pushed further into poverty. 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 developing countries 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. We believe all children, wherever they live, should have an equal access to the best possible treatment and care so they do not die of a potentially curable 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. The principal activities of World Child Cancer UK are to:

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

Approach to fundraising

World Child Cancer UK organises fundraising events in the UK and co-ordinates the activities of our supporters around the world. We do not use professional fundraisers or involve commercial participators and have received no complaints about our fundraising activities this year. The charity is signed up to the Fundraising Regulator's Code of Fundraising Practice and a number of our staff are members of the Institute of Fundraising. All fundraising activities are undertaken to ensure that they are not unreasonably intrusive, persistent or pressurising and all marketing material contains clear instructions on how a person can be removed from our mailing lists.

ACHIEVEMENTS AND PERFORMANCE

Programme highlights of 2020

2020 has undoubtedly been one of the most challenging years for World Child Cancer as a result of Covid-19. However, despite this, our staff and partners have risen to the challenge and have been able to continue to offer children and their families access to cancer treatment during these most difficult times.

Highlights and key achievements for the year are as follows:

- Four paediatricians (two from Ghana, one from Sierra Leone and one from Liberia) have joined the fellowship programme in Accra, Ghana sponsored by UBS-Optimus Foundation.
- Our Ghana Regional Coordinator has led the first paediatric oncology workshop in collaboration with the Ministry of Health in Liberia. The ministry has already committed resources for the creation of a paediatric oncology unit at JFK Hospital. We have established relationships with the Ministry of Health in Sierra Leone.
- World Child Cancer successfully applied for two Commonwealth Fellowships and under this scheme, Glenn Mbah (our programme coordinator in Cameroon) and Elianeth Kiteni (from Tanzania, member of the sub-Saharan nursing group) came to the UK for six weeks hosted by World Child Cancer and met with all the key charities that are working in paediatric oncology in the UK and visited Leeds Children's Hospital.
- We signed a Memorandum of Understanding with TATA Memorial Hospital in India to allow a six-month training programme for the Ghana fellows.
- We launched new FCDO (formerly DfID) programme in Bangladesh.
- We launched a new FCDO-funded project in Nepal.
- We launched a partnership with Lions Bangladesh, and throughout September we jointly carried out a national awareness campaign on the importance of childhood cancer early detection which was aimed at reaching millions of people in Bangladesh.
- We developed a joint approach to raising awareness of childhood cancer across our African programmes for September Childhood Cancer Awareness month.
- World Child Cancer Ghana received an accreditation by the Medical and Dental and Nurses and Midwifery Councils of Ghana.
- We launched the first Paediatric Oncology Nursing Fellowship in Ghana in collaboration with the Ghana College of Nursing. 18 nurses are currently taking part in the training and will be the first Ghanaians to gain a specialised paediatric oncology degree in 2021.

ACHIEVEMENTS AND PERFORMANCE (continued)

Programme highlights of 2020 (continued)

- The establishment of the first Paediatric Oncologist Fellowship for Pharmacists agreed by the board of the Ghana College of Pharmacists.
- Across Ghana, Malawi, Cameroon, Liberia and Sierra Leone, we supported around 160 delegates with a 2 year membership of the International Society of Paediatric Oncology (SIOP) and registration to attend the 2020 virtual conference, as well as internet data to ensure they could participate fully.
- We developed the first global monitoring framework to capture information about progress made in all our country programmes. Although this is still in development, we hope be able to start testing it in the first quarter of 2021.
- We successfully developed the new Programme Strategy in the context of the World Child Cancer UK Strategy 2021-2025.

Covid-19 crisis response

Our partners have been extremely successful in minimising the impact of the pandemic on the paediatric oncology services they offer. Nonetheless we have witnessed service interruptions, particularly in countries badly hit by the pandemic such as Bangladesh and Myanmar.

Our response has been managed as follows:

- Looked at potential global, regional and country scenarios;
- Developed individual countries' risk assessments and response plans;
- Communicated with various funders to evaluate the viability of the continuation of the programmes and how to best re-direct existing resources to respond to the crisis;
- Collaborated with the fundraising team to develop ad-hoc funding proposals;
- Implemented the first response and started monitoring the impact.

Since the start of the crisis we have been able to mobilise over £130k of resources strictly dedicated to the response, providing PPEs for over 350 health care staff working in paediatric oncology units, improving infection control in many hospitals and providing improved protection for over 600 children with cancer and their families.

In addition to this we have been able to make plans to transfer on-line all the twinning visits and the lectures for the fellows at the Ghana College of Physicians and Surgeons. Moreover, in collaboration with Medical Aid Films, we are developing two animations aimed at increasing knowledge of childhood cancer early warning signs and symptoms for primary health care staff and general public in West Africa. These tools will help continue our work aimed at increasing awareness around childhood cancer even in these times where we face restrictions in face-to-face training and awareness-raising campaigns.

ACHIEVEMENTS AND PERFORMANCE (continued)

Key challenges

We had to suspend all non-essential travel due to Covid-19 at the beginning of March. It is worth noting however that the programme team was able to carry out a considerable number of key monitoring visits in the current reporting period before the implementation of the travel ban: including visits to Cameroon, Vietnam, Ghana and Bangladesh, Liberia and Sierra Leone.

A number of conferences and events that we were due to take part in were cancelled. In particular, the SIOP Asia conference in Mumbai scheduled for the end of March and SIOP international in Ottawa were both moved online.

The FCDO post-pandemic freeze on the signature of new contracts left us with delays in the implementation of the project in Nepal and uncertainty about the project in Myanmar.

We were extremely saddened by the death of Professor Jacob Plange-Rhule, the Rector of the Ghana College of Physicians and Surgeons. Prof. Rhule was a great supporter of World Child Cancer and incredible partner for the successful implementation of the UBS programme and he will be hugely missed.

Country reports

Malawi

In Malawi we started the new year with a new grant from Celgene. This is the first time that we have had a notable amount of restricted resources for Malawi. We hired new staff (a data manager and programme manager) and set up finance system to closely monitor the implementation of the programme. This project has been delivered smoothly thanks to the support from the new Programme Coordinator, Richard Sabawo. In addition to the routine programme activities (drugs procurement, nutrition supplementation, transport grants for the families), the staff took part in training activities promoted by UBS-Optimus Foundation. The pharmacist in Blantyre took part in a workshop on Paediatric chemotherapy in Sub Saharan Africa and the Programme Coordinator has been attending the childhood cancer research capacity building training led by Sick Kids in Toronto.

Also, Malawi developed a tailor-made approach to respond to Covid-19; the team procured essential drugs and an upright fridge to stock the drugs and was able to continue with the distribution of welcome packs to support parents and guardians. The team has started, for the first time and in collaboration with the other African programmes, to develop a communication strategy for September Childhood Cancer Awareness month. A radio jingle – based on the original developed by World Child Cancer Ghana – was made and contacts with radio stations, newspapers and TV were made.

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

Mexico

We work closely with our sister organisation, World Child Cancer USA, in implementing the programme in Mexico. The USA funds this programme and the UK team oversee the running and management of it. The Mexico team has been analysing the data collected with the database in 2019 and have made some interesting findings. There is over 18% abandonment rate, over 50% of patients do not speak Spanish, over 50% have ALL (Acute Lymphoblastic Leukaemia) (meaning a minimum of 2.5 years of treatment) and lastly over 80% live greater than one hour away from the hospital. These figures give a picture of the challenges faced by our partner hospitals in Mexico. In March, we launched an online training for paediatric oncology nurses in Pachuca and Oaxaca and Rio Blanco Vera Cruz. The training was incredibly well attended seeing more than 200 nurses attending the latest sessions. We are working with the team and WCC USA to finalise the registration of WCC Mexico in order to allow for an expansion of our work and our capacity to fundraise locally.

Ghana

We have seen a significant increase in newly diagnosed patients; from 319 in 2019 to 409 in 2020. We believe this to be a result of the FCDO-funded project that delivers early warning signs and symptoms training for frontline healthcare professionals across the country, as well awareness-raising activities such as radio campaigns to encourage the general public to take their children to hospital if they recognise the signs and symptoms.

The Celgene project aimed at improving haematology and pathology services at Korle-Bu Teaching Hospital has made great progresses; one haematologist and one lab technician from Accra had four weeks' training in the UK with our partners in Edinburgh, Glasgow and Leeds as part of the Celgene project in February 2020; key equipment has been fixed and reagents purchased and educational workshops organised. We have developed, in collaboration with Medical Aid Films, two animations aimed at improving health care professionals' and the general public's awareness of early signs of childhood cancer. There have been delays in the implementation of the FCDO-funded early warning signs training due to authorisations and Covid-19. The training has however resumed, and we are planning to complete the activities as planned in June 2021.

UBS-Optimus Foundation

Utilising strategies developed in response to the Covid-19 pandemic, the project has continued to deliver most planned activities in relation to its overall goals. In year 1 of the project our target was to reach 308 healthcare professionals through training initiatives; we exceeded this and trained 339. We have hugely exceeded our target in year 2, mainly due to switching to online platforms to deliver training which reached far more healthcare professionals than originally anticipated; 1,339 healthcare professionals were trained against a target of 406 for the year. Over the course of the programme to date, we are pleased to have delivered the below training-related initiatives which will lead to improved diagnosis and treatment of childhood cancer in Sub-Saharan Africa.

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

UBS-Optimus Foundation (continued)

The Fellowship Programme: As at the end of 2020, Korle-Bu Teaching Hospital have 9 fellows on their programme; a significant increase as there was just 1 fellow prior to the project start. The fellows are continuing to receive online training from some of the top paediatric oncologists around the world, and by moving to an online platform we have been able to deliver more sessions than planned. Furthermore, PERCC has completed the delivery of a 12-part research lecture series (online), improving the research knowledge and capacity of the paediatric oncologist trainees in Ghana, several research articles have been co-authored by two of the Fellows, which are published in prominent medical journals in the US, India and the UK, and contribute to enhancing knowledge around childhood cancer and finding solutions to improve survival rates.

The Paediatric Oncology Nursing Programme, developed and run with the Ghana College of Nurses through this project, has been launched, with 18 residents from five centres across Ghana benefitting to date. As there are currently no paediatric oncology nurse specialists in Ghana, this newly developed curriculum will have significant, long-term impact. The first nurses who graduate from the course in September 2021 will be the first Ghanaians to gain a specialised paediatric oncology nursing accreditation, and they will be enabled to act as preceptors for the next cohort, ensuring knowledge is passed on in-country.

A further, significant achievement, which was not originally planned for but subsequently agreed with UBS, is the commencement of a new partnership between World Child Cancer and the Ghana College of Pharmacy to set up the first Paediatric Oncology Pharmacist Fellowship in Ghana. The training will enable pharmacists to set up and effectively manage high-quality paediatric oncology pharmacy units within health facilities, which will have considerable impact on childhood cancer treatment in Ghana.

In addition to the delivery of the training initiatives, the project has continued to strengthen the Centre of Excellence at Korle-Bu Teaching Hospital (KBTH), as well as services in Komfo Anokye Teaching Hospital. Renovation of the day care unit at KBTH is now complete and includes extension of the unit so that there is more space to treat outpatients, thus improving infection control which is especially critical during the Covid-19 pandemic. Paediatric Early Warning System (PEWS) charts are being utilised in the KBTH ward. To assist partners' response to Covid-19 and help protect both patients and staff, PPE has been provided to the staff on the paediatric oncology wards and hygiene practices have been strengthened.

The Child Life Specialist Service at KBTH established through the project has benefitted 166 children to date, providing an essential link between families and health and social care professionals. The service has helped ensure that families understand their child's diagnosis and treatment options and how to seek financial support; referred families to clinical psychologists where needed; prepared children for medical procedures; provided distraction therapy during painful procedures and engaged children in activities such as reading, storytelling and drawing which has reduced anxiety and improved wellbeing.

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

UBS-Optimus Foundation (continued)

The project is having positive impact in Sierra Leone where we have established a partnership with the Ola During Children's Hospital – Sierra Leone's only primary treatment facility for childhood cancer, and the Welbodi Partnership – a UK-based organisation working to build capacity of health systems in Sierra Leone to reduce child mortality, and which works closely with the Ola During Hospital. The UBS-funded programme is supporting the Welbodi / Ola During partnership to improve the hospital's provision of paediatric oncology services within the hospital, mainly through direct support for children and families who are in additional need during the Covid-19 pandemic, but also through providing additional opportunities to raise awareness around childhood cancer amongst the community and hospital staff – the team have already noted an increased number of children referred for oncology treatment as a result of improved recognition of symptoms.

The establishment of a nationwide registry for childhood cancer using standardised data collection instruments, protocols and a common registry tool has progressed further. The Ola During Children's Hospital also requested the data collection tool, and initial training on the tool has been conducted at the hospital.

Cameroon

In the first quarter of 2020, Megan Cruise, our psychosocial support adviser, held a psychosocial support "training of trainers" workshop with 13 participants at Mboppi Baptist Hospital Douala. Participants were from Mbingo, Douala, Mutengene, and Yaounde. The Cameroon Paediatric Oncology Group annual conference was held in December with 48 participants for two days during which there were presentations on childhood cancer statistics and available management services. There was also a workshop on improving drug access. The World Child Cancer programme coordinator was invited to the final workshop to write and cost the national cancer control strategic plan for 2020-2024.

The twinning partners in Leeds and their counterpart in Cameroon organised 'Cameroon week', a virtual twinning visit with the participation of 5 experts from Leeds Children's Hospital (two Paediatric Oncologists, one nurse, one haematologist, one surgeon) and one expert from Uganda (Ophthalmologist). This event included workshops to discuss the new or revised protocols for retinoblastoma, leukaemia, Burkitt lymphoma and Non-Hodgkin lymphoma.

To respond to the Covid-19 crisis we purchased essential PPEs for five paediatric oncology units across Cameroon. As our partners have been witnessing a reduced number of diagnosed cases they have accelerated the delivery of training on early warning signs and symptoms with 389 health care professionals trained in the quarter. The Cameroon Paediatric Oncology group organised a national palliative care workshop in Yaoundé with around 30 participants. A training on cancer registration data quality was carried out in Mbingo. Under the supervision of Megan Cruise, the psycho-social care improvement project has started with the training of 26 health care professionals and the development of an action plan for psycho-social support.

Country reports (continued)

Cameroon (continued)

During childhood cancer awareness month, we sent 500,000 mobile phone messages and aired education messages on three community radios. 25 participants from Cameroon attended the SIOP 2020 virtual conference, with one oral and two poster presentations. The last meeting of the Cameroon Paediatric Oncology Group in 2020 focused on the harmonisation of treatment and supportive care protocols.

Myanmar

We carried out a reduced twinning visit and a full monitoring visit by the programme team in February. The Covid-19 emergency grant from the Angus Lawson Memorial Trust allowed us to procure 600 items of PPE, 100 N95 masks, 1,000 face masks and a disinfectant spray machine which were delivered to Yangon and Mandalay Children's Hospitals benefitting over 90 health care staff. The grant also allowed us to provide salary support for hospital school teachers including throughout the temporary closure of the school to ensure it could be reopened as soon as practicable. Further, the grant enabled a transport grant administrator to distribute funds to allow 80 families to continue to reach Yangon Children's Hospital (YCH) and enabled the payment of nurses' extra shifts which was even more important during a time when staff resources were further stretched. Finally, the grant allowed procurement of chemotherapeutic drugs to ensure sufficient supplies were available for 129 patients, provided transport grants for families unable to bear the cost to and from hospital and provided nutrition packages at YCH including soy milk, fruit and culturally-appropriate food to children diagnosed as malnourished by the Clinical Nutritionist.

Dr Aye Aye Khaing, the lead paediatric oncologist at YCH has been appointed as Project Manager for Myanmar for the World Health Organisation (WHO) Global Initiative for Childhood Cancer. We have been invited to participate in the East Asia Regional Network of Practice on Childhood Cancer.

Due to a continued increase of Covid-19 infections, the hospital school service has been closed since the second half of the year. The unfortunate fact that Dr Htaik Htaik, the doctor in YCH, has been seriously ill has also reduced our capacity to distribute travel grants to the families. We have however been able to rent a few rooms in a hostel that families have been using to avoid travel during the lockdown and to be able to continue accessing services at YCH. This is the first time that we have been able to provide accommodation to families in Yangon and we are hoping to be able to use this as a pilot to find a more permanent solution in the near future.

Preparation has been underway to set up the new FCDO project which was suspended by FCDO at the beginning of 2021 and we are hoping it will start in Spring 2021. A project proposal to develop specialised nursing training has been developed in collaboration with the representative of WHO Myanmar and we are currently awaiting the outcome of this.

Country reports (continued)

Bangladesh

The programme team carried out a monitoring visit in January 2020, coordinated the start of the new FCDO-funded programme with our new local partner, ASHIC and jointly recruited a new programme manager. The new FCDO project officially started at the beginning of March and we received the NGO bureau authorisations necessary to start implementing the project. The FCDO project has been subjected to major delays due to the Covid-19 crisis which has sadly had a significant impact on Bangladesh. The closure of all public offices has prevented us from submitting the documentation to allow us to operate in full capacity in-country. In addition, planned activities were not able to be delivered for the first two quarters of the year. However, the team has shifted their focus to adapt work plans, reforecast budgets and redirect funds to support the Covid-19 response. As a result, the team been extremely busy in organising the response working under very challenging circumstances and they have successfully provided significant support to partner hospitals and families. Much work has also gone into the establishment of Working Group members, key to the project's success. Each working group is made up of Healthcare staff from 7 hospital across Bangladesh.

A successful partnership has been established with the Lions Bangladesh. We also celebrated International Childhood Cancer Awareness Month in collaboration with Lions Club International and our partners in Bangladesh. World Child Cancer and Lions Club International prepared and distributed 40,000 leaflets on early signs and symptoms of childhood cancer in the rural area in Bangladesh. In addition, we organised 2 episodes of a TV talk show on childhood cancer awareness on national television where different experts from our partner hospitals attended and delivered their speeches. In addition, we organised an awareness seminar in SSMC for strengthening intra-wards referrals. We also organised an experience-sharing event between bereaved families and families who are currently in treatment.

In recognition of World Hospice and Palliative Care Day, we organised a series of events in collaboration with our partner, Hospice Bangladesh. These raised awareness on the importance of palliative care especially for children with cancer and their families.

Vietnam

The psychosocial support advisor visited Vietnam in March. She conducted a psychosocial "training of trainers" workshop with 10 nurses at National Children's Hospital, Hanoi. Since then, with support from World Child Cancer, the nurses trained have delivered the Childhood Cancer Psychosocial Support training to a further 55 nurses who work alongside them at the National Children's Hospital. We have signed a Memorandum of Understanding with the Children Hospital in Hue to jointly hire a social worker who will support children and families in the ward and will be trained and mentored by Megan Cruise. Due to Covid-19 the recruitment has been postponed to 2021. We provided financial support to families for essential childhood cancer drugs which was overseen by one of the lead doctors in the absence of the social worker. We have started a conversation with the Vietnam Palliative Care Society and the University of Ho Chi Min City to develop a training module in paediatric oncology in the context of their training for medical social workers. These conversations have led to the development of a jointly agreed detailed project plan that will be implemented starting from 2021.

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

Nepal

The FCDO project officially started on the 1 October and we have recruited the programme coordinator and worked with the partners to set up the financial and management structure of the project. We have submitted the project documentation to the relevant authorities and are waiting for the final authorisation from the Ministry of Health.

Future developments

After a tumultuous 2020 during which our staff have worked tirelessly to ensure that our programmes have been able to continue operating to help children with cancer, and their families, 2021 is likely to be a year of continued uncertainty.

It was hoped that Covid-19 would not have a lasting impact but it is clear that it will be with us for some time to come and therefore we must continue to be adaptable in our approach and ready to respond to the changing needs of our programmes and beneficiaries.

The new 5-year strategy will be rolled out, although the extent to which this can happen at the planned pace will depend on the situation with Covid-19. The fundraising emphasis will continue to be on multi-year grants, with particular focus on the proportion of restricted versus unrestricted grants. For the programmes team, work will continue delivering the planned activities and objectives agreed for each country against the backdrop of Covid-19 and changing priorities. The new FCDO-funded programme in Nepal will step up a gear along with the Bangladesh FCDO programme. In Ghana, the last year of our existing 3-year partnership with UBS-Optimus Foundation will result in a huge amount of activity and the completion of the fellowship programme. In Myanmar, we will need to have a special focus on the political situation given the recent military coup and understand how we can continue to deliver childhood cancer services whilst so much political uncertainty remains.

It goes without saying that we will continue in our quest of ensuring that every child with cancer, regardless of where they live, has equal access to the best treatment and care.

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.

Trustees

World Child Cancer UK has one corporate trustee, World Child Cancer Trustees, whose Directors act as Trustee Representatives. Those who served in the year are:

Trustee representatives	Appointed/resigned
James King	
Karen Brade	
Anuj Chande	
Yves Dermaux	Appointed 7 April 2020
Helen Griffiths	
Rachel Hollis	
Roderick Macmillan	Sadly passed away and therefore resigned 8 June 2020
Professor Kathy Pritchard-Jones	
Professor Lorna Awo Renner	

Honorary Patrons

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison

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:

HR and Governance sub-committee

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

Members (in addition to staff):

- ◆ Helen Griffiths
- ◆ Rachel Hollis

Business Development Board (replaced Fundraising Committee)

The purpose of this sub-committee was to monitor and evaluate fundraising strategy and performance. However, with effect from April 2020, this sub-committee no longer exists and instead fundraising is overseen by the Board.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Constitution and organisational structure (continued)

Programme sub-committee

We implemented a review of the governance of the work of the programmes team, suggesting a smaller more effective Programme Committee, along with a broader Advisory Panel of experts from around the world. The new Programme Committee oversees the work of the programmes team, making sure that it adheres to the approved strategy and that it delivers in terms of programme and global targets. In the Programme Committee there is a representation from World Child Cancer UK, the Netherlands and USA to enhance the integration and harmonisation of our global work.

Members (in addition to staff):

- | | |
|----------------------|----------------------|
| ◆ Gertjan Kaspers | ◆ John Van Doorninck |
| ◆ Abby White | ◆ Nihad Salifu |
| ◆ Alison Finch | ◆ Rachel Hollis |
| ◆ Gabriele Calaminus | |

Policies adopted for the induction and training of Trustees or their representatives

The charity relies upon the guidance issued by the Charity Commission in relation to the induction and training of Trustees or their representatives and follows guidance and best practice. General practice for inducting new Trustees and trustee representatives includes meeting with key management and other trustees, the provision of a training pack which includes key financial, fundraising and programme information and copies of past board Minutes and papers.

Key management personnel and pay policy for senior staff

The trustees delegate the day-to-day management of the charity to the key management personnel. These comprise of the Chief Executive Officer, Finance Director, Director of Fundraising and Communications and Director of Programmes. It is the responsibility of the HR and Governance sub-committee to review the pay and benefits for staff once per year and set pay based on industry benchmarks, performance and budget availability.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in Spring 2020 by a third-party and as a result, some adjustments to salaries were made.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Key management personnel and pay policy for senior staff (continued)

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

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 and this is done on a continuing basis. 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:

- ◆ The greatest risk facing the charity is the continued impact of Covid-19. When the pandemic first emerged in 2020 there were hopes its impact would not be long-lasting but after 1 year, the pandemic is far from over and its effects are far-reaching. There was a detrimental impact on unrestricted income in 2020 however we were able to mitigate this with restricted income and through cost-cutting measures such as a recruitment freeze, salary and pension reductions, use of the UK government's furlough scheme and receipt of some local government grants totalling £27k (see note 3). In addition, there was a huge impact on the programmes as children continued to access cancer services but additional funds were required to cover the cost of PPEs, for example. A more detailed description of how the programmes have responded to Covid-19 can be found in the Programmes report earlier on in this document. Going forward and looking to 2021 and beyond, whilst the charity is in a good financial position, there are many uncertainties. At the time of writing, there are still lockdown/social distancing measures in place which prevent a number of fundraising events from taking place eg: dinners, mass participation events and gatherings of people. In addition, networking and smaller meetings are key in driving some donations and without this activity, additional income is at risk. There continues to be an impact on the programme countries and in particular, Bangladesh and Myanmar, where there has also been a military coup. In order to mitigate against the ongoing impact of Covid-19, detailed budgets are being closely monitored and in particular, unrestricted income and spend is being reviewed. We continue to work closely with restricted donors to divert funds to the Covid-19 response where necessary and agree flexibility regarding timing of spend. We hope that investment in the fundraising team in 2021 will yield additional unrestricted income and we continue to take advantage of the government's furlough and local-government grant schemes.
- ◆ The risk of inadequate safeguarding leading to the abuse of, or injury to a child or vulnerable adult. The organisation has a robust Safeguarding Policy for children and vulnerable adults which all staff and volunteers are required to adhere to. The safeguarding of a child or vulnerable adult, such as a parent of a child with cancer, will continue to be of utmost priority.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk management (continued)

Formal safeguarding e-learning was introduced in 2020 and all staff, volunteers and trustees were required to complete this. Regular refresher training ensures all staff and volunteers are fully briefed in the latest thinking around safeguarding. The charity's Code of Conduct now forms part of an employee's employment contract and this further sets out the expected behaviours of all representatives of World Child Cancer. World Child Cancer has well-publicised procedures to follow in the event of any safeguarding concern and to date there have been no safeguarding incidents.

- ◆ Ensuring that fundraising targets are met and an appropriate balance of restricted and unrestricted cash reserves are held. Whilst restricted donations contribute hugely towards the success of World Child Cancer's programmes, unrestricted income is also required to ensure the charity can continue to operate effectively. As part of our ensuring we operate as efficiently as possible, we strive for full cost recovery and wherever possible, programme management contributions are built into all restricted funding proposals. Bi-monthly proposal meetings are important to identify funding gaps and to agree which fundraising applications are made.
- ◆ Changes in the political and social landscape of the countries where the charity operates which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on behalf of the organisation, a risk to staff working in-country and a direct risk to the charity's beneficiaries. This risk has been highlighted by the military coup which took place in January 2021 in Myanmar. This has created uncertainty and worry in the country and it will impact on our programmes as at present, public hospitals are closed which prevents children from being seen and treatment from taking place. Alternative arrangements are being made where possible but this is not a longer-term solution. We watch the changing situation closely and adapt plans as best we can to work around the restrictions. Aside from Myanmar, to mitigate the risk of, and impact of, political uncertainty, regular security advice is taken prior to travel, FCDO advice is followed, other organisations are consulted and precautions are taken with regards to safety. Some risks however, such as the military coup, cannot be foreseen and there is little that can be done aside from managing staff and patients' safety and wellbeing, managing communications with staff in-country to minimise any repercussions and to try and ensure as many activities as planned can go ahead with the limitations in place.
- ◆ The reliance on a small number of large, restricted funders. Restricted funders are invaluable in developing and implementing good-quality programmes and they provide much-needed resources without which we couldn't operate. However, we must ensure that we ensure diversity of income and source multiple restricted and unrestricted funders, and wherever possible, on a multi-year basis. This is particularly important given the changes to FCDO funding at present where grants have been reduced, frozen or are at threat of removal. This affects World Child Cancer as we currently have 3 FCDO grants and are due to start a 4th in 2021. Any changes to the agreed budgets will impact the project activities, planned outcomes and will require careful management.

FINANCIAL REVIEW

Financial results and position

Income in the year was £2,773k (2019 – £3,015k) which, given the circumstances in which we found ourselves due to Covid-19, is a solid achievement. Cash income was £2,273k (2019 – £2,226k) which is a slight increase compared with 2019 and again is a remarkable feat in the circumstance. Like many organisations, we had to cancel a number of fundraising events during 2020 which meant that unrestricted income in particular suffered. However, thanks to a number of multi-year funders, new donors and the support of our loyal individual supporters, we were able to keep income at a comparable level to the previous year. Notable restricted funding came from UBS-Optimus Foundation, FCDO funding for Ghana, Bangladesh and Nepal, Sanofi Espoir Foundation and Celgene. In addition, we received Covid-19 specific funding and this helped enormously in allowing PPE and other supplies to be delivered to the hospitals in which we work.

Expenditure was £2,469k (2019 – £2,788k) resulting in a surplus for the year of £304k (2019 – surplus of £228k).

Expenditure on the support of treatment programmes has increased by 36% and this has predominantly been driven by the UBS-Optimus Foundation programme in Ghana and west Africa and also the FCDO-funded programmes. The surplus has arisen owing to careful management of expenditure, an unexpected and substantial, unrestricted donation just prior to the year-end and due to some restricted programme spend being carried forward to 2021.

We have again achieved excellent value for money for our supporters and for every £1 spent, 89p (2019 – 87p) is spent directly on charitable activities with the remaining 11p (2019 – 13p) being invested to raise even more funds.

Reserves and reserves policy

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer UK 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 backdrop of Covid-19 and the vulnerability of the children and the families who are helped by the organisation.

In the countries in which we work, we have committed funding to ensure the programmes can operate and where these programmes are not covered by restricted funding, the Trustee Representative has taken the decision to designate additional funding to allow the programmes to operate for a period of 6 months. These additional funds are disclosed as 'designated reserves'.

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.

FINANCIAL REVIEW (continued)

Reserves and reserves policy (continued)

- ◆ Designated reserves are funds designated for use by the Trustee and the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 6 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 3 months' worth of operational costs are held as unrestricted reserves.

As at 31 December 2020, total funds held by World Child Cancer UK amount to £1,115,193 (2019 – £811,373). Restricted reserves committed to direct programme costs in 2021 are £373,995 (2019 – £247,167). Designated reserves are £457,122 (2019 – £236,973) for ongoing work in Malawi, Myanmar, Bangladesh, Vietnam, Cameroon and the Philippines, which will be spent within the next 6 months. Together with restricted reserves, this totals £831,117 (2019 – £484,140) which is six months of budgeted programme costs for 2021 (after taking into account any deferred income). The designated reserves balance as at the year end has noticeably increased and this is owing to two factors; the 16% increase in budgeted direct programme spend in 2021 and the fact there is no deferred, restricted income at the end of 2020 (there was at the end of 2019).

The balance of reserves amount to £284,076 (2019 – £327,233) and are held within the unrestricted fund. Of this, £6,031 (2019 – £7,439) is held as tangible fixed assets which are not part of the free reserves of the Charity as these are not available for immediate realisation. Therefore, the free reserves of World Child Cancer UK at 31 December 2020 are £278,045 (2019 – £319,794), which equates to approximately 3.9 months' worth of operating costs (slightly more than the reserves policy of 3 months). This is slightly higher than planned owing to a substantial unrestricted donation received just prior to the year-end. It is not considered excessive to hold slightly in excess of the reserves policy given the uncertainty surrounding Covid-19 and the impact it has had, and continues to have.

The increase in designated funds required to be held has resulted in a transfer from unrestricted funds to designated funds and this is shown within the statement of funds in Note 12. The Trustee and trustee representatives are aware of the fact that the Charity holds slightly higher reserves than stated in the reserves policy (less than 1 months' additional reserves) and the matter continues to be monitored.

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.

FINANCIAL REVIEW (continued)

Going concern

Despite all that has happened over the past 12 months owing to the Covid-19 pandemic, the Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a 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.

Public benefit

When considering the charity's activities, the Trustee has complied with the duty to have due regard to the Charities Commission's general guidance on public benefit and is satisfied that the organisation fully complies with the Public Benefit requirements.

SUSTAINABILITY STATEMENT

World Child Cancer UK is committed to being a responsible organisation and as such, strives to consider all stakeholders in the way it operates. Indeed, World Child Cancer has as its core 5 values the following:

- Act for sustainable change;
- Act with integrity;
- Act collaboratively;
- Act with kindness;
- Act to keep children safe.

Sustainability, or 'Environmental, Social and Governance' (ESG) is embedded into World Child Cancer UK's strategy and this document seeks to set out the ways in which this is being addressed.

Environmental policies

World Child Cancer UK is committed to minimising the impact of its activities on the environment. One of the organisation's key activities is undertaking training and twinning activities and this has traditionally meant air travel to fly medics from their home countries to the programme countries. Covid has shown that there are alternative ways of working and that some training can be delivered virtually. Whilst there will be times when face-to-face meetings/training are preferable, the organisation has found alternative, effective ways of working and so going forward, air travel will undoubtedly be reduced. In any case, air travel is minimised wherever possible. In addition to this, the environmental policy sets out other ways to minimise the impact on the environment such as sharing documents electronically, recycling and considering a supplier's environmental credentials when they tender for services.

Climate change is a concern and is particularly pertinent in countries in which World Child Cancer UK works as natural disasters are, sadly, more common. These natural disasters can be driven by climate change and hence the drive to minimise environmental impact becomes ever more crucial.

SUSTAINABILITY STATEMENT (continued)

Social policies

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs nearly 30 people, 50% of whom are based overseas. After the London base, the regional office in Ghana is the second largest and is home to 8 staff.

The opinions and ideas of staff are central to how World Child Cancer operates and an annual staff survey is carried out. The survey asks questions about role, career opportunities, leadership, strategy, working conditions, reward and recognition. In 2020, the results from the survey were overwhelmingly positive with 95% of respondents saying they enjoy coming to work and 100% caring about the future of World Child Cancer.

World Child Cancer UK wishes staff to feel valued and recent actions taken include a 7% reduction in working hours, introduction of a flexible working policy and offering individual coaching with a mentor.

Governance policies

World Child Cancer UK complies fully with all statutory requirements and has robust policies regarding what it expects of its staff and trustees. This is set out in the organisation's Code of Conduct which all parties must agree to. In addition, there are detailed policies on equality & diversity, bribery, ethical sponsorship, risk management and a code of ethics.

In addition, World Child Cancer has adopted the Charity Governance Code and has discussed the latest updates to the Code surrounding equality, diversity and inclusion. This is of particular relevance in recruiting new trustees, new members of staff and ensuring all staff are treated equally and fairly.

Underpinning all of World Child Cancer UK's work is its utmost aim to keep all children and vulnerable adults free from harm and this is enshrined in the safeguarding policy. There is clear guidance in the whistleblowing policy as to what to do if anyone has concerns regarding safeguarding and the topic is discussed regularly at both board and staff meetings to ensure all parties remain vigilant.

Risk management is monitored via the risk matrix and discussed at quarterly board meetings as well as being a standing topic at senior management meetings.

Remuneration is reviewed in accordance with the policy and via the HR & Governance Committee. Pay is commensurate with experience, qualifications, benchmarking and the sector. A salary benchmarking study is conducted every 2 years for UK staff.

TRUSTEES' 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 income and expenditure 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 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);
- ♦ make judgments and accounting estimates that are reasonable and prudent;
- ♦ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ♦ 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 disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

This report was approved by the Trustee on 24 March 2021 and signed on its behalf by:



Chairman

Independent auditor's report to the corporate trustee of World Child Cancer UK

Opinion

We have audited the accounts of World Child Cancer UK (the 'charity') for the year ended 31 December 2020 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and the notes to the accounts. 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).

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2020 and of 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 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 accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts in the UK, including the FRC'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.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

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

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts 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 accounts 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 in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- ◆ the information given in the trustees' annual report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts 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 trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are 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 trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charity through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the operations of the charity, including the Charities Act 2011, data protection legislation, anti-bribery, employment, safeguarding principles, health and safety legislation;
- ◆ we considered the impact of the international nature of the charity's operations on its compliance with laws and regulations;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and

- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of meetings of those charged with governance;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Hugh Swainson
29.3.2021

Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

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

Statement of financial activities Year to 31 December 2020

	Notes	Restricted funds £	Un-restricted funds £	2020 Total funds £	Restricted funds £	Un-restricted funds £	2019 Total funds £
Income from:							
Donations and legacies	1	2,054,320	615,585	2,669,905	2,026,504	985,048	3,011,552
Investments		138	12,407	12,545	—	3,810	3,810
Other income	3	—	90,252	90,252	—	—	—
Total income		<u>2,054,458</u>	<u>718,244</u>	<u>2,772,702</u>	<u>2,026,504</u>	<u>988,858</u>	<u>3,015,362</u>
Expenditure on:							
Raising funds	2	—	252,636	252,636	—	362,412	362,412
Charitable activities: Support of treatment programmes	4	<u>1,955,315</u>	<u>260,931</u>	<u>2,216,246</u>	<u>2,057,851</u>	<u>367,572</u>	<u>2,425,423</u>
Total expenditure		<u>1,955,315</u>	<u>513,567</u>	<u>2,468,882</u>	<u>2,057,851</u>	<u>729,984</u>	<u>2,787,835</u>
Net income (expenditure) before transfers		99,143	204,677	303,820	(31,347)	258,874	227,527
Transfer between funds	12	<u>27,685</u>	<u>(27,685)</u>	<u>—</u>	<u>58,401</u>	<u>(58,401)</u>	<u>—</u>
Net income and net movement in funds	7	126,828	176,992	303,820	27,054	200,473	227,527
Reconciliation of funds							
Fund balances brought forward		<u>247,167</u>	<u>564,206</u>	<u>811,373</u>	<u>220,113</u>	<u>363,733</u>	<u>583,846</u>
Fund balances carried forward		<u>373,995</u>	<u>741,198</u>	<u>1,115,193</u>	<u>247,167</u>	<u>564,206</u>	<u>811,373</u>

The notes on pages 38 to 46 form part of these financial statements.

Balance sheet 31 December 2020

	Notes	2020 £	2020 £	2019 £	2019 £
Fixed assets					
Tangible fixed assets	9		6,031		7,439
Current assets					
Debtors	10	228,009		204,825	
Short term deposits		180,067		178,248	
Cash at bank and in hand		752,305		881,757	
		1,160,381		1,264,830	
Creditors: amounts falling due within one year	11	(51,219)		(460,896)	
Net current assets			1,109,162		803,934
Net assets			1,115,193		811,373
Restricted funds	12		373,995		247,167
Unrestricted funds					
. General	12		284,076		327,233
. Designated	12		457,122		236,973
Total funds			1,115,193		811,373

The financial statements were approved and authorised for issue by the Trustee on 24 March 2021 and signed on its behalf, by:



The notes on pages 38 to 46 form part of these financial statements.

Statement of cash flows Year to 31 December 2020

		2020 £	2019 £
Cash flows from operating activities			
Net cash (used in) provided by operating activities	A	(138,671)	901
Cash flows from investing activities			
Purchase of tangible fixed assets		(1,507)	(2,618)
Investment income		12,545	3,810
Net cash provided by investing activities		11,038	1,192
Change in cash and cash equivalents in the year		(127,633)	2,093
Cash and cash equivalents at 1 January 2020		1,060,005	1,057,912
Cash and cash equivalents at 31 December 2020	B	932,372	1,060,005

A Reconciliation of net movement in funds to net cash (used in) provided by operating activities

	2020 £	2019 £
Net income for the year (as per Statement of Financial Activities)	303,820	227,527
Adjustment for:		
Depreciation charges	2,915	3,876
Investment income	(12,545)	(3,810)
Increase in debtors	(23,184)	(77,537)
Decrease in creditors	(409,677)	(149,155)
Net cash (used in) provided by operating activities	(138,671)	901

B Analysis of changes in net debt

	2020 £	2019 £
Cash at bank and in hand	932,372	1,060,005
Total cash and cash equivalents	932,372	1,060,005

World Child Cancer UK does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand.

Principal accounting policies Year to 31 December 2020

Basis of preparation

The financial statements have been prepared in accordance 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 United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

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

The financial statements are presented in sterling and are rounded to the nearest pound.

Critical 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. This includes assessing the impact of Covid-19 on the charity's income, expenditure and financial position (see assessment of going concern below).

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 the professionals donating their time and what the salary cost of those professionals would have been if they were employed by the charity.

Assessment of going concern

The Trustee has assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The Trustee has made this assessment in respect to a period of one year from the date of approval of these financial statements.

Despite all that has happened over the past 12 months owing to the Covid-19 pandemic, the Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a Going Concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a 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.

The most significant areas of judgement that affect items in the accounts are detailed above.

Income recognition

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.

Income comprises donations (including from fundraising appeals and events) and legacies, institutional grant income, donated services of doctor and consultant time and investment income.

Donations are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

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.

Grants from government and other agencies have been included as income from charitable activities where these amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use.

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.

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.

Expenditure 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. These include governance costs which are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements. Support costs are allocated across expenditure on raising funds and charitable activities as a proportion of total expenditure incurred.

Expenditure on raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

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

Tangible fixed assets and depreciation

All assets costing more than £250 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

Principal accounting policies Year to 31 December 2020

Debtors

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

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. Any cash investment with a longer maturity is classified as a short term deposit.

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.

Financial instruments

The Charity only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

Financial assets – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost. Prepayments are not financial instruments.

Cash at bank – classified as a basic financial instrument and is measured at face value.

Financial liabilities – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

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.

Operating leases

Rentals under operating leases are charged to the statement of financial activities on a straight line basis over the lease term.

Principal accounting policies Year to 31 December 2020

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.

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.

1 Income from donations and legacies

	Restricted funds £	Unrestricted funds £	Total funds 2020 £
Donations			
. Events	25,991	83,675	109,666
. Individual giving and major donors	54,019	206,593	260,612
. Corporates, trusts and foundations	1,262,838	325,317	1,588,155
. Statutory funding	212,005	—	212,005
. Donated services	499,467	—	499,467
Total	2,054,320	615,585	2,669,905

	Restricted funds £	Unrestricted funds £	Total funds 2019 £
Donations			
. Events	35,063	301,075	336,138
. Individual giving and major donors	106,146	413,963	520,109
. Corporates, trusts and foundations	766,162	270,010	1,036,172
. Statutory funding	132,446	—	132,446
. Donated services	986,687	—	986,687
Total	2,026,504	985,048	3,011,552

Included within statutory funding for the year ended 31 December 2020 is £148,072 (2019 – £131,242) received from the Foreign and Commonwealth Development Office (FCDO) in respect of our UK Aid Match grant for Ghana – grant reference 205210-208. This amount was fully spent on the designated project. In addition, £61,493 (2019 – nil) was received from the FCDO in respect of our UK Aid Match grant for Bangladesh – grant reference 205210-248. This amount was also fully spent on the designated project. Finally, £2,441 (2019 – nil) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257.

Note that the value of donated services in the year of £499,467 has reduced in comparison to 2019 owing to the restrictions on international travel. The number of doctors and nurses donating their time to the programmes still remains, however twinning activities and training have been delivered virtually since the Covid-19 pandemic started and this has naturally reduced the amount of time spent as international travel time is now avoided.

2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2020 £
Fundraising costs	—	45,280	45,280
Staff costs	—	200,448	200,448
Support costs (note 5)	—	6,908	6,908
Total	—	252,636	252,636

2 Expenditure on raising funds (continued)

	<i>Restricted funds</i> £	<i>Unrestricted funds</i> £	<i>Total funds</i> 2019 £
<i>Fundraising costs</i>	—	127,068	127,068
<i>Staff costs</i>	—	224,436	224,436
<i>Support costs (note 5)</i>	—	10,908	10,908
<i>Total</i>	—	362,412	362,412

3 Other income

Other income is made up of £63,252 of furlough income received from the government and discretionary coronavirus support of £27,000 provided by the Southwark Council following the coronavirus pandemic.

4 Analysis of expenditure on charitable activities

	<i>Restricted funds</i> £	<i>Unrestricted funds</i> £	<i>Total funds</i> 2020 £
Project costs	1,210,049	19,101	1,229,150
Other direct costs	114,323	—	114,323
Voluntary medical aid	499,467	—	499,467
Staff costs	120,415	188,609	309,024
Support costs (note 5)	11,061	53,221	64,282
Total	1,955,315	260,931	2,216,246

	<i>Restricted funds</i> £	<i>Unrestricted funds</i> £	<i>Total funds</i> 2019 £
<i>Project costs</i>	879,473	21,620	901,093
<i>Other direct costs</i>	60,420	70,817	131,237
<i>Voluntary medical aid</i>	986,687	—	986,687
<i>Staff costs</i>	131,271	212,554	343,825
<i>Support costs (note 5)</i>	—	62,581	62,581
<i>Total</i>	2,057,851	367,572	2,425,423

5 Support costs

	<i>Total funds</i> 2020 £	<i>Total funds</i> 2019 £
Legal and professional	3,275	5,411
Audit and accounting fees	12,912	13,330
Other costs	6,500	4,225
Support staff costs	45,588	46,647
Depreciation	2,915	3,876
	71,190	73,489

Notes to the financial statements 31 December 2020

5 Support costs (continued)

Of support costs, £11,061 has been charged to restricted funds. This represents the excess of overheads allowable under various restricted funding arrangements over the other direct costs such funding would normally be charged against. All support costs in the prior year had been charged to unrestricted funds.

6 Analysis of expenditure type

	Staff costs £	Depreciation £	Other costs £	Total funds 2020 £
Current year				
Expenditure on raising funds	200,448	—	52,188	252,636
Direct costs – support of treatment programmes	354,612	2,915	1,858,719	2,216,246
	555,060	2,915	1,910,907	2,468,882

	Staff costs £	Depreciation £	Other costs £	Total funds 2019 £
Prior year				
Expenditure on raising funds	224,436	—	137,976	362,412
Direct costs – support of treatment programmes	390,472	3,876	2,031,075	2,425,423
	614,908	3,876	2,169,051	2,787,835

7 Net income

This is stated after charging:

	Total funds 2020 £	Total funds 2019 £
Depreciation of tangible fixed assets:		
. Owned by the charity	2,915	3,876
Operating lease rentals	47,436	50,483
Auditors' remuneration		
. Audit fees: current year	9,480	8,520
. Audit fees: prior year underaccrual	840	—
. Other fees	1,200	1,140
Foreign exchange expense	28,377	24,617

8 Staff costs

Staff costs were as follows:

	Total funds 2020 £	Total funds 2019 £
Wages and salaries	482,663	523,950
Social security costs	45,974	47,793
Other pension costs	26,423	43,165
	555,060	614,908

8 Staff costs (continued)

Included in wages and salaries are redundancy costs of £875 in respect of one employee (2019 – £nil)

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

	2020 No.	2019 No.
Programmes, administration, fundraising and finance	13	15
The number of higher paid employees was £60,001 - £70,000	1	1

The key management personnel comprise the Chief Executive, Finance Director, Director of Fundraising & Communications and Director of Programmes. The total remuneration of key management personnel (including employer national insurance and pension contributions) in the year was £252,635 (2019 – £265,156). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A salary benchmarking study was undertaken in Spring 2020 by an external party.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

9 Tangible fixed assets

Current year	Fixtures & fittings £	Office equipment £	Total £
Cost			
At 1 January 2020	3,675	8,411	12,086
Additions	827	680	1,507
Disposals	—	(1,143)	(1,143)
At 31 December 2020	4,502	7,948	12,450
Depreciation			
At 1 January 2020	1,341	3,306	4,647
Charge for the year	886	2,029	2,915
On disposals	—	(1,143)	(1,143)
At 31 December 2020	2,227	4,192	6,419
Net book value			
At 31 December 2020	2,275	3,756	6,031
At 31 December 2019	2,334	5,105	7,439

10 Debtors

	2020 £	2019 £
Trade debtors	350	23,367
Prepayments and accrued income	223,031	177,937
Other debtors	4,628	3,521
	228,009	204,825

11 Creditors: amounts falling due within one year

	2020 £	2019 £
Trade creditors	16,732	2,855
Taxation and social security	12,689	13,145
Accruals and deferred income	20,647	442,129
Other creditors	1,151	2,767
	51,219	460,896

Deferred income	2020 £	2019 £
Deferred income at 1 January	422,177	568,530
Amounts released from previous years	(422,177)	(568,530)
Resources deferred in the year	—	422,177
Deferred income at 31 December	—	422,177

In the prior year, deferred income included funding received from UBS Optimus Foundation and Celgene Corporation in respect of programmes commencing in January 2020. Equivalent funding for 2021 has either not been received or was received in the year ended 31 December 2020.

12 Statement of funds

Current year	At 1 January 2020 £	Income £	Expenditure £	Transfers £	At 31 December 2020 £
Restricted funds					
Malawi	26,311	121,139	(99,860)	56	47,646
Bangladesh	22,967	69,268	(104,422)	1,793	(10,394)
Philippines	—	10,291	(49,614)	39,323	—
Myanmar	—	161,963	(125,507)	2,520	38,976
Cameroon	10,927	73,466	(86,529)	1,018	(1,118)
Ghana	96,365	259,331	(272,429)	—	83,267
WCC USA	—	22,500	(22,500)	—	—
Vietnam	4,674	32,025	(15,278)	(17,025)	4,396
Nepal	21,884	43,972	(11,759)	—	54,097
UBS project	64,020	734,265	(629,247)	—	169,038
Other	19	26,771	(38,703)	—	(11,913)
Donated services including Voluntary Medical Aid	—	499,467	(499,467)	—	—
	<u>247,167</u>	<u>2,054,458</u>	<u>(1,955,315)</u>	<u>27,685</u>	<u>373,995</u>
Unrestricted funds					
General funds	327,233	718,244	(276,594)	(484,807)	284,076
Designated funds	<u>236,973</u>	<u>—</u>	<u>(236,973)</u>	<u>457,122</u>	<u>457,122</u>
	<u>564,206</u>	<u>718,244</u>	<u>(513,567)</u>	<u>(27,685)</u>	<u>741,198</u>
Total funds	<u>811,373</u>	<u>2,772,702</u>	<u>(2,468,882)</u>	<u>—</u>	<u>1,115,193</u>

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

The transfers from unrestricted funds to designated funds represent unrestricted funds allocated to the specific programmes where the Trustee has decided to provide additional funding to those programmes which were not fully funded by restricted donations.

The reserves policy requires 6 months' worth of funds to be held across restricted reserves and designated funds. As a result of a 35% budgeted increase in direct programme expenditure in 2021 compared with 2020, the amount of designated funds required to be held has increased substantially and £457,122 are held at the end of 2020 (2019 – £236,973). These designated funds are to be spent in Myanmar, Vietnam, Cameroon, the Philippines, Bangladesh, Vietnam and Malawi. In all of these countries, the funds will be used to focus on the country-specific programme aims such as increased training for healthcare professionals, access to chemotherapy and palliative care drugs, improved early-warning signs training or transport costs to allow families to reach hospitals for treatment. In all cases, designated funds are expected to be used within the first six months of the year.

12 Statement of funds (continued)

The restricted Malawi funds of £47,646 (2019 – £26,311) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

2021 will see reimbursement from a private restricted donor for activities undertaken in Bangladesh during 2020, hence the restricted fund has a deficit of £10,394 (2019 – surplus of £22,967). In 2021, the new FCDO-funded programme will continue and grow to improve paediatric oncology outcomes in Bangladesh.

The restricted Myanmar funds of £38,976 (2019 – £nil) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar.

There is a negative restricted balance of £1,118 (2019 – surplus of £10,927) for Cameroon owing to a restricted funder due to reimburse 2020 costs during 2021. This is in respect of specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work.

£83,267 (2019 – £96,365) of restricted funds are for use in Ghana, including on several projects from large donors. The funds will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana and on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

£4,396 (2019 – £4,674) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families. There was a £17,025 transfer from the Vietnam restricted fund to the Philippines restricted fund and this was done with the agreement of the donor.

In Nepal, £54,097 (2019 – £21,884) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

There is £nil (2019 – £19) remaining to be spent in Palestine.

£169,038 (2019 – £64,020) is to be spent in Ghana on the UBS Optimus Foundation programme which aims to develop a centre of paediatric oncology excellence in West Africa.

12 Statement of funds (continued)

Prior year	At 1 January 2019 £	Income £	Expenditure £	Transfers £	At 31 December 2019 £
Restricted funds					
Malawi	79,122	12,669	(65,480)	—	26,311
Bangladesh	15,532	61,565	(54,130)	—	22,967
Philippines	—	11,837	(54,579)	42,742	—
Myanmar	3,040	76,989	(92,867)	12,838	—
Cameroon	62,956	49,880	(102,948)	1,039	10,927
Multi country: Wilms'					
Tumour	—	—	(18)	18	—
Ghana	58,585	221,661	(185,733)	1,852	96,365
Mexico	878	—	(878)	—	—
WCC USA	—	56,777	(56,689)	(88)	—
Vietnam	—	12,060	(7,386)	—	4,674
Nepal	—	27,760	(5,876)	—	21,884
Palestine	—	11,352	(11,333)	—	19
UBS project	—	497,267	(433,247)	—	64,020
Donated services including Voluntary Medical Aid	—	986,687	(986,687)	—	—
	220,113	2,026,504	(2,057,851)	58,401	247,167
Unrestricted funds					
General funds	335,567	988,858	(701,818)	(295,374)	327,233
Designated funds	28,166	—	(28,166)	236,973	236,973
	363,733	988,858	(729,984)	(58,401)	564,206
Total funds	583,846	3,015,362	(2,787,835)	—	811,373

13 Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds 2020 £
Current year			
Tangible fixed assets	—	6,031	6,031
Current assets	373,995	786,386	1,160,381
Creditors due within one year	—	(51,219)	(51,219)
	373,995	741,198	1,115,193
	Restricted funds £	Unrestricted funds £	Total funds 2019 £
Prior year			
Tangible fixed assets	—	7,439	7,439
Current assets	642,092	622,738	1,264,830
Creditors due within one year	(394,925)	(65,971)	(460,896)
	247,167	564,206	811,373

14 Related party transactions

No Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity.

Some Trustees are medical professionals and provide support to the Charity in the form of voluntary medical aid. Included within the balance of donated services and voluntary medical aid in notes 1 and 4 to the financial statements are amounts of £495,767 (2019 – £119,764), is an amount totalling £18,894 (2019: £113,088) relating to the support provided by 3 trustees (2019 – 3 trustees).

No trustees were reimbursed expenses in relation to their role as trustees (2019 – £138). No (2019 – £3,727) expenses were incurred as part of their support providing voluntary medical aid.

Two gifts to Trustees were made totalling £79 (2019 – none).

Total donations made by Trustee representatives (including connected persons) amounted to £15,764 (2019 – £12,300). In 2019, this included the sale of tables at the charity's gala dinner in May 2019. If the table sales are excluded then the total value of donations was £5,400. In addition, donations made by The Embassy of Man Limited, of which Anuj Chande, trustee representative is a director of, amounted to £nil (2019 – £375).

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 £180,067 (2019 – £178,248).

15 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 £26,423 (2019 – £43,165).

16 Operating lease commitments

At 31 December 2020 the total of the Charity's future minimum lease payments under non-cancellable operating leases for the office space was:

	2020 £	2019 £
Within 1 year	38,190	52,916
Between 2 and 5 years	4,045	111,500
	42,235	164,416