

World Child Cancer UK

Annual Report and Financial Statements

Year to 31 December 2018

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 Helen Griffiths Rachel Hollis, <i>FRCN</i> Roderick Macmillan, <i>MA</i> Professor Kathy Pritchard-Jones, <i>BMBCh, PhD, FRCPCH, FRCP (Edin), FMedSci</i> Professor Lorna Awo Renner, <i>MBChB, MPH (Liv), FRCPCH (UK)</i> Doctor Shaun Wilson, <i>PhD (Birmingham), MRPCH, DCH (RSA), MBChB (UCT)</i>
Company Secretary	Rebecca Ross, <i>BA (Hons), FCA</i>
Key Management Personnel	Jon Rosser – Chief Executive Rebecca Ross – Director of Finance Cath Cole – Director of Fundraising & Communications Piera Freccero – Director of Programmes
Registered address	2.3 Lafone House Leather Market 11-13 Weston Street London SE1 3ER
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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Chairman's statement Year to 31 December 2018

The Chairman and CEO present their statement for the period.

2018 has been another challenging and successful year for World Child Cancer, in which we reached 6,424 (2017 – 5,151) children in Africa, Asia, and Central America.

A major milestone this year, was the adoption by the World Health Organisation (WHO) of a target to ensure 60% of children with cancer should survive by 2030. We are working closely with WHO and other partners to ensure that this target is achieved. For too long the world has ignored the plight of children with cancer, and so this is a welcome indication that finally this is beginning to change.

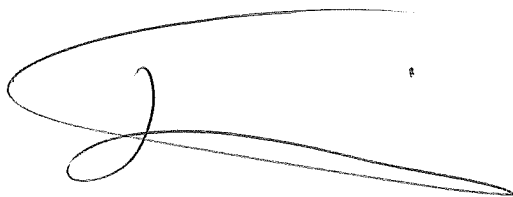
This year World Child Cancer launched a new five-year strategy, with the key aim to double the number of children and their families we support each year to 10,000 by 2023.

Sadly, most children who get cancer never get to a hospital that can treat them. In Ghana and Myanmar we began training frontline health workers in the early warning signs of childhood cancer to get more children with cancer diagnosed and sent to the appropriate hospitals sooner.

On a personal note, both Jon and James undertook new challenges this year with Jon completing a tough fundraising trek, with an amazing team of supporters, up Mount Toubkal in the Atlas Mountains, and James going on a first-time visit to the programme in Ghana. Also in Ghana, we have been campaigning to obtain a separate ward for children with cancer in our partner hospital in Kumasi – and are delighted that the hospital has now found the space which we are urgently refurbishing. This will allow more children to get treated with a significant drop in the infection risk.

As we move into 2019 we are delighted to have a significant new partnership with UBS for Africa, our new DFID funded programme starting in Ghana, and we are preparing for a major appeal for Bangladesh from April to July.

We are also pleased that our partnership with World Child Cancer Netherlands means that we are now working in 3 new countries: Kenya, Indonesia, and Kosovo. We have also started a new programme in Vietnam during 2018.

A stylized, handwritten signature in black ink, consisting of a large, sweeping loop followed by a horizontal line.

James King
Chairman

A handwritten signature in black ink, featuring a large, bold 'J' and 'R' followed by a series of loops and a final horizontal stroke.

Jon Rosser
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 2018. The Trustee confirms that the annual report and financial statements of the Charity comply with the Charities Act 2011, the requirements of the Charity's governing document and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015). The principal operating office of World Child Cancer UK is:

2.3 Lafone House
Leather Market
11-13 Weston Street
London
SE1 3ER

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.

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.

Programme highlights of 2018

World Child Cancer helped 6,424 (2017 – 5,151) children to access improved childhood cancer services and provided specialised paediatric oncology training to 1,883 (2017 – 653) healthcare professionals.

Bangladesh

The palliative care programme continued, operating in a Dhaka slum and providing training activities for healthcare staff. The first official paediatric palliative care unit of Bangladesh was opened by our partners at Bangabandhu Sheikh Mujib Medical University Hospital which will provide much needed care for children who cannot be cured.

Cameroon

We continued to work with the three Baptist Hospitals that have been our partners since 2011 to improve the lives of children with cancer. Nurse training has taken place with our twinning partner – Leeds General Hospital – and childhood cancer diagnosis and referral training was delivered to student triage nurses.

Ghana

We implemented the Tropical Health Education Trust (THET) project which develops the laparoscopy skills of paediatric surgeons. It is hoped this will ultimately allow for less invasive and less traumatic surgery with quicker recovery times for patients.

The project funded by the Department for International Development (DFID) commenced in the summer and this focused on improving care for children with cancer as well as providing training on early warning signs. The plight of children with cancer received some high profile coverage with World Child Cancer appearing on TV in Ghana and reaching over 1 million people.

Malawi

A long-term volunteer spent three months in Malawi at the beginning of the year delivering psychosocial training sessions to nurses and doctors working on the paediatric oncology ward and in the palliative care team. The training included the emotional impact of childhood cancer, how to support families who have a child with cancer, distraction therapy, support for staff and building resilience in the workplace.

We continued supporting children in the ward with the procurement of drugs and welcome packs and supported follow up visits in the southern region. The welcome packs provide vital supplies for new families arriving on the ward.

Preparations took place for two nurses to go to South Africa to receive specialist training in paediatric oncology nursing which is hoped to have a big impact on the standard of nursing on the ward.

Mexico

The healthcare database has now been implemented and the delivery of key medicines and equipment continues. Leaflets to help parents have been translated into a number of local languages in order to improve the hospital experience of indigenous families. A paediatric and adolescent oncology training conference was organised and attended by over 150 frontline doctors and nurses with the aim of building capacity in local and national professionals to facilitate their ability to provide timely detection and diagnosis of childhood cancer.

Programme highlights of 2018 (continued)

Mexico (continued)

Paediatric oncology awareness videos and audios were translated into seven more indigenous languages to explain early symptoms of childhood cancer and where to seek help.

Myanmar

2018 was another successful year for the Myanmar programme with the implementation of the Tropical Health Education Trust (THET) project to improve paediatric oncology services at the two children's cancer hospitals in Yangon and Mandalay. This project also aims to improve early detection and referrals of children with cancer.

In addition, we continued to pay for patient transport costs to allow families to travel to hospitals for treatment, chemotherapy drugs and nursing night shifts to ensure sufficient coverage on the wards.

The Heroes School at Yangon Children's Hospital, which is attended by children who are undergoing cancer treatment, continued to be well attended

We delivered psychosocial training to staff at Yangon and Mandalay Children's Hospitals, worked with parent support groups and trained clinical psychology students on a range of topics including counselling skills, management of invasive and distressing procedures and distraction techniques.

Vietnam

The first national workshop on psychosocial support in paediatric oncology was supported by World Child Cancer and took place in Ho Chi Minh City. Paediatric oncology doctors, nurses and social workers from five hospitals in Vietnam attended this successful conference.

Philippines

We continued to support the strengthening of the shared-care network on the island of Mindanao. This network aims to improve access to treatment for some of the poorest and most vulnerable families on the island.

We also continued to support nursing staff in the hospitals, fund awareness-raising activities and subsidise the costs of chemotherapy and antibiotic medicines.

The Radiotherapy Centre within the Southern Philippines Medical Centre started operating in March 2018 with patients from Davao and the shared-care facilities being able to access care more easily and cheaply.

Wilms' Tumour Collaboration

Regional ultrasound training took place to improve the speed at which Wilms' Tumour is diagnosed, reduce misdiagnoses, benefit diagnostic ultrasound services for general paediatrics and strengthen the multidisciplinary team approach.

In addition, an updated version of the Paediatric Oncology Manual for Malawi was developed, edited and printed which will assist with treatment of children.

Programme highlights of 2018 (continued)

Value of voluntary medical aid

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

Future developments

2019 will be an exciting year for World Child Cancer UK as we implement our 5 year strategy to double the number of children we support to 10,000 by 2023.

In terms of programmes, 2019 will be a busy year with the implementation of several new programmes and continuation of our work across Africa, Asia and Central America. Our new partnership with UBS Optimus Foundation in Ghana will develop a centre of excellence to improve diagnosis and treatment for children with cancer across sub-Saharan Africa. A new programme in Bangladesh will improve the treatment, care and quality of life of children with cancer and will seek to strengthen the health system.

In order to fund these programmes, we have exciting fundraising plans which include a Spring appeal and a Gala dinner. These events, along with the continuing support from our generous donors will allow us to continue in our quest to ensure that every child, no matter where they live, has equal access to care and treatment for cancer.

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 and who served in the year are:

Trustee representatives

James King
Professor Kathy Pritchard-Jones
Dr Shaun Wilson
Professor Lorna Awo Renner
Karen Brade
Helen Griffiths
Roderick Macmillan
Anuj Chande
Rachel Hollis

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Honorary Patrons

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison
- ◆ Keith Exford (for part of the year)

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 is to monitor and evaluate fundraising strategy and performance. Further to identify fundraising and networking opportunities.

Members (in addition to staff):

- ◆ Rory MacMillan (Chair)
- ◆ Anuj Chande
- ◆ Karen Brade
- ◆ James King
- ◆ Yves Dermaux
- ◆ Michael Bell
- ◆ Vinod Tailor

Project sub-committee

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

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Committees (continued)

Project sub-committee (continued)

Members (in addition to staff):

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

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

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

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.

Risk management

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

In summary however, the major risks are considered to be:

- ◆ The risk of inadequate child safeguarding leading to the abuse of or injury to a child. There is a Child Safeguarding Policy which all staff and volunteers are subject to. In early 2018, in response to widely publicised failures in other organisations, we produced a revised Code of Conduct for all staff, volunteers, and consultants which everyone is required to sign and abide by. For employees this will become part of their employment contract.
- ◆ The shift in donations from unrestricted to restricted. Whilst restricted donations contribute hugely towards the success of our work, unrestricted income is also required to ensure the charity can operate. As such it is imperative that we continue to source unrestricted donations as far as possible.
- ◆ The risk of not achieving income budget. This is as a result of the general fundraising environment. This risk is being mitigated through robust planning, additional funding applications and a solid fundraising strategy.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk management (continued)

- ◆ Changes in the political and social landscape of the countries where we operate which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on our behalf and there is a threat to the beneficiaries whom we help. Regular security advice is taken prior to travel and precautions are taken with regards to safety.

FINANCIAL REVIEW

Financial results and position

2018 has been a challenging year financially, however it has ultimately proven to be successful in terms of sowing the seeds for growth and reaching more children with cancer over the coming year. Income in the year was £1,821k (2017 – £2,097k) which, against the backdrop of a tough economic environment was a considerable achievement. We continue to receive valuable funds from a wide variety of sources, which is a strength in uncertain times and we are grateful to each and every one of our supporters, whether they are a large corporate or schoolchild holding a cake sale at their school.

Expenditure was £2,108k (2017 – £2,037k) resulting in a deficit for the year of £287k (2017 – surplus of £60k). During the year we commenced our DFID UK Aid programme in Ghana and continued our vital work in Cameroon, Malawi, Bangladesh, Myanmar, Mexico, Vietnam and the Philippines. The deficit for the year has been funded through reserves brought forward, and indeed our strong reserves policy has provided stability to deliver our commitment to our beneficiaries.

We have again achieved excellent value for money for our supporters and for every £1 spent, 85p (2017 – 82p) is spent directly on charitable activities with the remaining 15p (2017 – 18p) being invested to raise even more funds.

Reserves and reserves policy

The reserves policy has been reviewed in the year and has been changed to better reflect the environment in which World Child Cancer UK operates in, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, the World Child Cancer UK wishes to ensure that essential services to beneficiaries can be maintained, particularly given the vulnerability of the children and the families who are helped by the organisation.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves - restricted, designated and unrestricted:

- ◆ Restricted reserves are funds which have a restriction placed on them by the donor.

FINANCIAL REVIEW (continued)

Reserves and reserves policy (continued)

- ♦ Designated reserves are funds designated for use by the Trustees and the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 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 2018, total funds held by World Child Cancer UK amount to £583,846. Restricted Reserves committed to direct programme costs in 2019 are £220,113. Designated reserves are £28,166 for the continued development of the childhood cancer satellite treatment network in the Philippines and continued work in Myanmar, which will be spent within the next 6 months. Together with restricted reserves this totals £248,279 which is six months of budgeted programme costs for 2019. The designated reserves balance as at the year end has reduced owing to a change in reserves policy (see below for further detail).

The balance of reserves amount to £335,567 and are held within the unrestricted fund. Of this, £8,697 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 2018 are £326,870, which equates to approximately 4.5 months' worth of operating costs (slightly more than the reserves policy of 3 months). This is higher owing to the fact the reserves policy was amended in the year to reduce the number of months' worth of operating costs from 6 months to 3 months and it takes some time to deplete reserves to be in accordance with the revised policy. The reduction in designated funds required to be held has resulted in a transfer from designated funds to unrestricted funds and this is shown within the statement of funds in Note 11. The Trustee and trustee representatives are aware of the fact that the Charity holds higher reserves than stated in the reserves policy and the matter continues to be addressed.

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.

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.

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 20/03/19 and signed on its behalf by:



James King
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 2018 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 2018 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

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

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

Other information

The trustees are 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 accounts

Our objectives are to obtain reasonable assurance about whether the accounts 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 accounts.

A further description of our responsibilities for the audit of the accounts is located 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.



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 2018

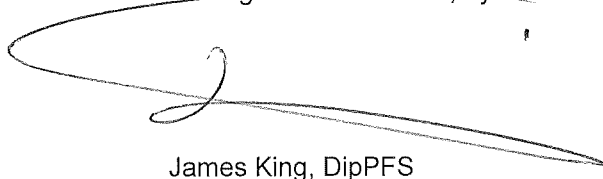
	Notes	Restricted funds £	Un-restricted funds £	2018 Total funds £	Restricted funds £	Un-restricted funds £	2017 Total funds £
Income from:							
Donations and legacies	1	515,212	1,303,167	1,818,379	716,552	1,375,383	2,091,935
Investments		—	2,281	2,281	—	4,764	4,764
Total income		<u>515,212</u>	<u>1,305,448</u>	<u>1,820,660</u>	<u>716,552</u>	<u>1,380,147</u>	<u>2,096,699</u>
Expenditure on:							
Raising funds	2	—	309,303	309,303	45,480	318,121	363,601
Charitable activities: Support of treatment programmes	3	567,714	1,231,041	1,798,755	608,173	1,064,971	1,673,144
Total expenditure		<u>567,714</u>	<u>1,540,344</u>	<u>2,108,058</u>	<u>653,653</u>	<u>1,383,092</u>	<u>2,036,745</u>
Net income/(expenditure) before transfers	11	(52,502)	(234,896)	(287,398)	62,899	(2,945)	59,954
Transfer between funds		<u>95,992</u>	<u>(95,992)</u>	<u>—</u>	<u>(25,134)</u>	<u>25,134</u>	<u>—</u>
Net income/(expenditure) and net movement in funds	6	43,490	(330,888)	(287,398)	37,765	22,189	59,954
Reconciliation of funds							
Fund balances brought forward		<u>176,623</u>	<u>694,621</u>	<u>871,244</u>	<u>138,858</u>	<u>672,432</u>	<u>811,290</u>
Fund balances carried forward		<u>220,113</u>	<u>363,733</u>	<u>583,846</u>	<u>176,623</u>	<u>694,621</u>	<u>871,244</u>

The notes on pages 25 to 32 form part of these financial statements.

Balance sheet 31 December 2018

	Notes	2018 £	2018 £	2017 £	2017 £
Fixed assets					
Tangible fixed assets	8		8,697		10,417
Current assets					
Debtors	9	127,288		112,762	
Cash at bank and in hand		1,057,912		835,719	
		1,185,200		948,481	
Creditors: amounts falling due within one year	10	(610,051)		(87,654)	
Net current assets			575,149		860,827
Net assets			583,846		871,244
Restricted funds	11		220,113		176,623
Unrestricted funds					
. General	11		335,567		382,125
. Designated	11		28,166		312,496
Total funds			583,846		871,244

The financial statements were approved and authorised for issue by the Trustee on 20/03/19
and signed on its behalf, by:



James King, DipPFS

The notes on pages 25 to 32 form part of these financial statements.

Statement of cash flows Year to 31 December 2018

		2018 £	2017 £
Cash flows from operating activities			
Net cash provided by operating activities	A	226,488	46,327
Cash flows from investing activities			
Purchase of tangible fixed assets		(6,576)	(2,804)
Investment income		2,281	4,764
Net cash (used in) provided by investing activities		(4,295)	1,960
Change in cash and cash equivalents in the year		222,193	48,287
Cash and cash equivalents at 1 January 2018		835,719	787,432
Cash and cash equivalents at 31 December 2018	B	1,057,912	835,719

A Reconciliation of net movement in funds to net cash flow provided by operating activities

	2018 £	2017 £
Net (expenditure) income for the year (as per Statement of Financial Activities)	(287,398)	59,954
Adjustment for:		
Depreciation charges	8,296	4,148
Investment income	(2,281)	(4,764)
(Increase) decrease in debtors	(14,526)	4,774
Increase (decrease) in creditors	522,397	(17,785)
Net cash provided by operating activities	226,488	46,327

B Analysis of cash and cash equivalents

	2018 £	2017 £
Cash in hand	1,057,912	835,719
Total	1,057,912	835,719

Principal accounting policies Year to 31 December 2018

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.

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.

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.

Principal accounting policies Year to 31 December 2018

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.

Principal accounting policies Year to 31 December 2018

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 2018

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.

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.

Principal accounting policies Year to 31 December 2018

Operating leases

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

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 2018 £	Restricted funds £	Unrestricted funds £	Total funds 2017 £
Donations	515,212	513,740	1,028,952	716,552	651,344	1,367,896
Donated services	—	789,427	789,427	—	724,039	724,039
Total	515,212	1,303,167	1,818,379	716,552	1,375,383	2,091,935

Included within income for the year ended 31 December 2018 is £40,918 (2017 – £192,106) received from the Department for International Development in respect of our UK Aid Match grant for Ghana – grant reference 203559-206. This amount was fully spent on the designated project.

2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2018 £	Restricted funds £	Unrestricted funds £	Total funds 2017 £
Fundraising costs	—	82,471	82,471	45,480	132,512	177,992
Staff costs	—	216,785	216,785	—	174,407	174,407
Support costs (note 4)	—	10,047	10,047	—	11,202	11,202
Total	—	309,303	309,303	45,480	318,121	363,601

3 Analysis of expenditure on charitable activities

	Restricted funds £	Unrestricted funds £	Total funds 2018 £	Restricted funds £	Unrestricted funds £	Total funds 2017 £
Project costs	492,180	—	492,180	518,912	—	518,912
Other direct costs	3,489	87,829	91,318	—	43,467	43,467
Voluntary medical aid	—	789,427	789,427	—	724,039	724,039
Staff costs	72,045	292,061	364,106	89,261	243,913	333,174
Support costs (note 4)	—	61,724	61,724	—	53,552	53,552
Total	567,714	1,231,041	1,798,755	608,173	1,064,971	1,673,144

4 Support costs

	Total funds 2018 £	Total funds 2017 £
Legal and professional	3,557	74
Audit and accounting fees	11,434	12,689
Other costs	8,714	6,914
Support staff costs	39,770	40,665
Depreciation	8,296	4,412
	71,771	64,754

All support costs in the current and prior year have been charged to unrestricted funds.

5 Analysis of expenditure type

	Staff costs £	Depreciation £	Other costs £	Total funds 2018 £
<i>Current year</i>				
Expenditure on raising funds	216,785	—	92,518	309,503
Direct costs – support of treatment programmes	403,876	8,296	1,386,583	1,798,755
	620,661	8,296	1,479,101	2,108,058

	Staff costs £	Depreciation £	Other costs £	Total funds 2017 £
<i>Prior year</i>				
Expenditure on raising funds	174,407	—	189,194	363,601
Direct costs – support of treatment programmes	373,839	4,412	1,294,893	1,673,144
	548,246	4,412	1,484,087	2,036,745

6 Net expenditure

This is stated after charging:

	Total funds 2018 £	Total funds 2017 £
Depreciation of tangible fixed assets:		
. Owned by the charity	8,296	4,412
Operating lease rentals	39,907	30,612
Auditors' remuneration		
. Audit fees	8,280	9,954
. Other fees	3,154	2,735
Foreign exchange expense	5,276	2,588

7 Staff costs

Staff costs were as follows:

	Total funds 2018 £	Total funds 2017 £
Wages and salaries	522,932	453,584
Social security costs	49,323	46,431
Other pension costs	48,406	48,232
	620,661	548,247

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

	2018 No.	2017 No.
Programmes, administration, fundraising and finance	16	16
The number of higher paid employees was £70,001 - £80,000	1	1

The key management personnel comprise the CEO, 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 £264,268 (2017 – £275,264). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

8 Tangible fixed assets

	Leasehold improvements £	Fixtures & fittings £	Office equipment £	Total £
Current year				
Cost				
At 1 January 2018	14,383	6,032	7,169	27,584
Additions	—	3,922	2,654	6,576
Disposals	(14,383)	—	(1,013)	(15,396)
At 31 December 2018	—	9,954	8,810	18,764
Depreciation				
At 1 January 2018	8,630	5,162	3,375	17,167
Charge for the year	5,753	1,085	1,458	8,296
On disposals	(14,383)	—	(1,013)	(15,396)
At 31 December 2018	—	6,247	3,820	10,067
Net book value				
At 31 December 2018	—	3,707	4,990	8,697

8 Tangible fixed assets (continued)

<i>Prior year</i>	<i>Leasehold improvements £</i>	<i>Fixtures & fittings £</i>	<i>Office equipment £</i>	<i>Total £</i>
Cost				
<i>At 1 January 2017</i>	14,383	5,478	5,374	25,235
<i>Additions</i>	—	554	2,250	2,804
<i>Disposals</i>	—	—	(455)	(455)
<i>At 31 December 2017</i>	14,383	6,032	7,169	27,584
Depreciation				
<i>At 1 January 2017</i>	5,753	4,944	2,512	13,209
<i>Charge for the year</i>	2,877	218	1,318	4,412
<i>On disposals</i>	—	—	(455)	(455)
<i>At 31 December 2017</i>	8,630	5,162	3,375	17,167
Net book value				
<i>At 31 December 2017</i>	5,753	870	3,794	10,417

9 Debtors

	2018 £	2017 £
Trade debtors	28,766	51,481
Prepayments and accrued income	93,132	41,851
Other debtors	5,390	19,430
	127,288	112,762

10 Creditors: amounts falling due within one year

	2018 £	2017 £
Trade creditors	7,035	17,594
Taxation and social security	11,967	11,790
Accruals and deferred income	588,194	25,621
Other creditors	2,855	32,649
	610,051	87,654

Deferred income	2018 £	2017 £
Deferred income at 1 January	851	67,015
Amounts released from previous years	(851)	(67,015)
Resources deferred in the year	568,530	851
Deferred income at 31 December	568,530	851

Deferred income includes funding received from UBS Optimus Foundation and Celgene Corporation in respect of programmes commencing in January 2019.

11 Statement of funds

	At 1 January 2018 £	Income £	Expenditure £	Transfers £	At 31 December 2018 £
Current year					
Restricted funds					
Malawi	18,228	85,763	(24,869)	—	79,122
Bangladesh	60,961	22,363	(67,792)	—	15,532
Philippines	—	32,956	(76,233)	43,277	—
Myanmar	31,628	110,205	(149,629)	10,836	3,040
Cameroon	4,405	87,013	(68,227)	39,765	62,956
Multi country: Wilms' Tumour	—	31,189	(31,189)	—	—
Ghana	55,261	111,782	(108,458)	—	58,585
Mexico	6,140	10,227	(15,489)	—	878
WCC USA	—	—	(2,032)	2,032	—
Vietnam	—	23,714	(23,796)	82	—
	176,623	515,212	(567,714)	95,992	220,113
Unrestricted funds					
General funds	382,125	1,305,448	(1,540,344)	188,338	335,567
Designated funds	312,496	—	—	(284,330)	28,166
	694,621	1,305,448	(1,540,344)	(95,992)	363,733
Total funds	871,244	1,820,660	2,108,058	—	583,846
	At 1 January 2017 £	Income £	Expenditure £	Transfers £	At 31 December 2017 £
Prior year					
Restricted funds					
Malawi	54,072	7,056	(36,414)	(6,486)	18,228
Bangladesh	84,033	73,054	(35,601)	(60,525)	60,961
Philippines	—	48,708	(65,489)	16,781	—
Myanmar	—	150,638	(111,045)	(7,965)	31,628
Cameroon	—	129,034	(124,629)	—	4,405
Multi country: Wilms' Tumour	—	23,854	(32,930)	9,076	—
Ghana	—	129,274	(74,013)	—	55,261
Other	753	3,321	(4,040)	(34)	—
Mexico	—	7,717	(1,577)	—	6,140
UK Aid Match 2018	—	73,053	(72,954)	(99)	—
WCC USA	—	70,843	(94,961)	24,118	—
	138,858	716,552	(653,653)	(25,134)	176,623
Unrestricted funds					
General funds	254,264	1,380,147	(1,277,420)	25,134	382,125
Designated funds	418,168	—	(105,672)	—	312,496
	672,432	1,380,147	(1,383,092)	25,134	694,621
Total funds	811,290	2,096,699	(2,036,745)	—	871,244

11 Statement of funds (continued)

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

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

During the year there was a change in the reserves policy which resulted in fewer designated reserves being necessary to be held. There is only £28,166 of designated reserves at 31 December 2018 for use in the Philippines where it will be spent further developing the successful childhood cancer satellite treatment network. Funds will be spent on supporting vital staff salaries and developing satellite centres on the island of Mindanao.

Whilst designated funds are still being used for use on our programmes along with our restricted funds, the change in reserves policy resulted in a transfer from designated reserves to general funds of £284,330 being made. The reserves policy now requires that, in addition to restricted reserves, 6 months' worth of direct programme expenditure and 3 months' worth of operating costs should be held as designated reserves.

The restricted Malawi funds of £79,122 are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

£15,532 of restricted reserves for Bangladesh is to use on our palliative care programme in Bangladesh, supporting children where active treatment is not a possibility.

£3,040 of restricted reserves for Myanmar is to be spent on twinning paediatric oncology units, a nursing and pathology visit, the development of training content for health care staff to recognise childhood cancer early warning signs, the provision of education to patients and siblings through a hospital school and the provision of transport cost grants to needy parents of children with cancer.

£62,956 is restricted for use in Cameroon on specialist training, advocacy and awareness raising, parent support costs, palliative care outreach work and twinning visits from the UK and South Africa.

£58,585 of restricted funds are for use in Ghana, including on our UK Aid project there. 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.

We have £878 of restricted reserves to be spent in Mexico, contributing towards the cost of the programme coordinator.

12 Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds 2018 £
<i>Current year</i>			
Tangible fixed assets	—	8,697	8,697
Current assets	786,411	398,789	1,185,200
Creditors due within one year	(566,298)	(43,753)	(610,051)
	<u>220,113</u>	<u>363,733</u>	<u>583,846</u>
	Restricted funds £	Unrestricted funds £	Total funds 2017 £
<i>Prior year</i>			
Tangible fixed assets	—	10,417	10,417
Current assets	176,623	771,858	948,481
Creditors due within one year	—	(87,654)	(87,654)
	<u>176,623</u>	<u>694,621</u>	<u>871,244</u>

13 Related party transactions

The corporate trustee, World Child Cancer Trustees, incurred expenditure in the year on behalf of World Child Cancer UK. This totalled £34,880 (2017 – £32,533). The full amount was reimbursed by World Child Cancer UK to World Child Cancer Trustees. As at 31 December 2018 an amount of £nil (2017 – £6,880) was due from the corporate trustee.

No charity 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 note 1 and 3 to the financial statements are amounts of £44,184 (2017 – £20,000) relating to the support provided by 3 trustees (2017 – 2 trustees).

Travel expenses incurred by Trustee representatives were reimbursed totalling £2,521 (2017 – £810). This includes £2,455 (2017 – £810) of expenses incurred as part of their support providing voluntary medical aid.

No gifts to Trustees were made (2017 – gifts totalling £508 were made on the retirement of three of the Trustee representatives).

Total donations made by Trustee representatives (including connected persons) amounted to £5,650 (2017 – £2,820). In addition, donations made by The Embassy of Man Limited, of which Anuj Chande, trustee representative is a director of, amounted to £1,500 (2017 – £nil).

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 £177,100 (2017 – £360,341).

14 Pension commitments

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £48,406 (2017 – £48,232).

15 Operating lease commitments

At 31 December 2018 the total of the Charity's future minimum lease payments under non-cancellable operating leases for the office space was:

	2018 £	2017 £
Within 1 year	50,497	699
Between 2 and 5 years	12,776	—
	63,273	699