

World Child Cancer UK

Annual Report and Financial Statements

Year to 31 December 2021

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> Kate Lee
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

2021 was the second year of the pandemic and keeping all our programmes running successfully has been challenging, but we are proud of what we have been able to achieve. In early 2021 the pandemic took hold in many of our programme countries in a more severe way than it did during 2020. That has created many challenges keeping programmes running and children in treatment during lockdowns and many travel disruptions. However, all our programmes were still able to operate and kept helping children and families with the challenges. We continued to supply PPE to staff and provided accommodation near hospitals where parents could stay to avoid all the travel restrictions to get home. We are very pleased that despite the constraints we still reached 9,396 children during 2021.

Nevertheless, some of programmes did necessarily fall behind in some aspects during the year – health workers under intense pressure obviously can't attend normal training events for example. However, in the final few months as things started to ease, we have had a significant catch up to get back on track – and some of our largest donors have been very complimentary about the speed with which we have been able to recover and make progress again.

In February, the coup, overthrowing the government of Aung San Suu Kyi, was a catastrophe for Myanmar, and for children with cancer needing treatment. For some months all the government hospitals were closed, so we paid to treat children in private clinics but many fewer were able to attend. The main hospital in Yangon has partially reopened, and we are again supporting the children who come to get treatment from the courageous staff who continue to work in dangerous circumstances. However few if any children from outside the city can attend as the city boundary is pretty much sealed. We are determined to continue providing such help as we can until things one day improve.

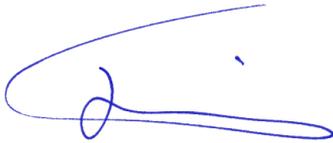
Our donors have been amazing in continuing to stand with us through the pandemic, but inevitably long stretches with no events or public fundraising has been challenging. As the situation eased somewhat in the final quarter of 2021, we were able to mount an exhausting but exhilarating programme of events culminating in a hugely successful formal dinner in November organised by our loyal and passionate Ambassadors. Ultimately, we were able to meet income budget during the year which is an excellent achievement.

We would particularly like to thank our great staff team, and all our partners around the world, who have helped contribute to the continuing success of World Child Cancer through difficult times – and with a special mention for all the health workers who just keep going despite immense stress and considerable personal risk. Thank you all! It is however a matter of regret that the world has not done more to spread vaccines to the many countries still not able to get adequate supplies – it is a challenge we in richer countries should get on and respond to.

On the Board of World Child Cancer UK it has been a fairly stable year with just one new addition – Kate Lee who brings huge experience working at senior level for charities in the UK and overseas. A lot of work has also been done during the year to plan Board succession for the next few years.

Chairman and CEO's report 31 December 2021

The start of 2022 has brought with it the cautious return to travel with our team travelling to Ghana, Nepal and Uganda. This has been most welcome for all after such a hiatus and we hope that post-Covid life will now slowly start to resume. However, we did survey all our partners about the lessons from the pandemic and what we can learn from the forced new ways of working going forward. There are certainly positive lessons, and things we can do differently and more cheaply and we will be embedding that learning into our work going forward.



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 2021. 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 through building health partnerships between countries. These health partnerships involve volunteer doctors and nurses from the developed world 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 health partnership 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 2021

Key achievements

- ◆ The first lady of Ghana announced in November that four common paediatric cancers will be covered by the government's insurance scheme - NHIS. A major advocacy success for World Child Cancer.
- ◆ Launch of the first Paediatric Oncologist Fellowship for Pharmacists in collaboration with the Ghana College of Pharmacists. This training is the first of its kind in Africa. In addition to the formal training, an internship programme in paediatric oncology for West Africa pharmacists has been launched.
- ◆ The 3rd year of the Paediatric Oncology Fellowship in collaboration with the Ghana College of Physicians and Surgeons started in January 2021. Despite the complications due to Covid, the Ghana College of Physicians and Surgeons offered scholarships to a paediatrician from Nigeria, one from Cameroon and three Ghanaians. In total, with this grant, we are supporting the training of 12 paediatric oncology fellows across West Africa. The West Africa College of Physicians and Surgeons has officially recognised this fellowship as valid in all its countries.
- ◆ The first cohort of 17 nurses in the Paediatric Oncology Nursing programme successfully graduated in October 2021, in collaboration with the Ghana College of Nursing. A second cohort has been enrolled. This training is the first of its kind in West Africa.
- ◆ Our partner, International Health Partners, delivered their first shipment of donated drugs to Queen Elizabeth Central Hospital in Malawi, with a value of £36k. The hospital also received a donation of drugs through Global Hope from TEVA to the value of £7k. This has been disclosed in note 1 to the financial statements.
- ◆ In October, facilitated the participation of 265 healthcare professionals in the SIOF (International Society of Paediatric Oncology) international conference, from Sierra Leone, Zimbabwe, Liberia, Cameroon, Malawi and Ghana.
- ◆ Launch of two animations aimed at increasing early diagnosis of children with cancer in West Africa realised in collaboration with Medical Aid Films and with the support of SIOF Africa.
- ◆ This year has marked the end of the 3 year grant from FCDO aimed at improving early diagnosis through the training of primary and secondary health workers in Ghana. The evidence collected shows diagnosis rates growing nationally despite the pandemic, a clear sign of the success of the intervention.

ACHIEVEMENTS AND PERFORMANCE (continued)

New strategic partnerships

- ◆ A new project on retinoblastoma financed by AMCC (Worldwide Alliance Against Cancer) was launched on 1 July 2021 in Ghana. World Child Cancer Ghana has concurrently supported the development of the First National Strategy for Retinoblastoma in Ghana.
- ◆ Our Africa Regional Manager has continued building very strong relationships with the Ministry of Health in Liberia, leading to the development of initial ideas about a national paediatric cancer strategy.
- ◆ Established a new relationship with City Cancer to implement their programme in Myanmar. This has allowed us to deploy considerable resources to support children with cancer in treatment at Yangon Children's Hospital until April 2022.
- ◆ On 1 July 2021 we started a project aimed at improving the lives of children with cancer across different countries in Sub-Saharan Africa, financed by the Stavros Niarchos Foundation. This project allows us to strengthen our work in Malawi, Ghana, Cameroon and Sierra Leone in 2021 and 2022.
- ◆ World Child Cancer entered a partnership with Give Directly, a US based charity specialised in sending money directly to the world's poorest households. We will jointly develop a programme to provide families of children with cancer unconditional cash grants. The first pilot country will be Malawi but we are hoping to extend the collaboration to more countries.

Key challenges

The military coup in Myanmar: This has been a major event that has put our programme under great pressure. While initially all the health care provision in the country stopped, after a few months, Yangon Children's Hospital re-opened and we have been able to support them in their struggle to continue providing care to children with cancer, despite the difficulties created by the coup and a very deadly Covid wave. The loss of our programme coordinator, paired with the limitations of the banking systems have been a major obstacle for our operations, and still are. In addition to this, the UK Aid Direct programme in Myanmar, which was due to start in 2021, was cancelled by the FCDO in the light of UK government cuts to overseas aid. Also, the FCDO funds for our historical funding partner in Myanmar – the Tropical Health Education Trust - were cut and this has left us with no major funder for our work in Myanmar in the future.

The impact of Covid on beneficiaries: The main, most tangible and concerning consequence of Covid has been a steep reduction of newly diagnosed cancer cases in many countries. But in addition to this, the limited access to services due to travel limitations and the decreased availability of cash for families has inevitably lead to worsening health outcomes.

ACHIEVEMENTS AND PERFORMANCE (continued)

New strategic partnerships (continued)

Key challenges (continued)

The Covid impact on programme delivery: International travel was limited for most of the year and monitoring visits only resumed in November and limited to Ghana. Also, face to face international training only resumed in November. Some of our partners' traditional philanthropic partners are scaling back their donations and this is increasing our partners' needs. Our work in Bangladesh and Nepal has been seriously impacted by Covid during this year causing delays in the implementation of the FCDO projects and there has been little understanding or flexibility shown by the administrators of the FCDO funding. The implementation of these projects remains challenging due to the backlog of activities.

Human resource challenges across the programme team: Changes within the programme team has been a major challenge as the recruitment and induction of new staff has been necessarily conducted virtually during the pandemic. A complete team is now in place and consists of a Director, three programme managers, a psycho-social support advisor and a part-time UBS project-lead. The country programmes have seen an increase in the number of employed staff, mainly in recognition of the need to have dedicated psycho-social support staff (1 play therapist in Malawi, 5 family support officers in Bangladesh) and the need to strengthen our financial management (1 programme officer in Cameroon).

Finally, we are still looking for an **implementing partner for our future work in Liberia** and this is proving to be very challenging. We carried out due diligence on 3 potential partners and unfortunately none of them were found to be suitable.

Country reports

Malawi

A new UK government-funded Aid Match programme started in October and it is the first time that Malawi has a statutory funder. Additional staff have been recruited and the team has worked with the regional finance manager in Ghana to set up robust financial systems. The project focuses on early detection, psycho-social support and specialised paediatric oncology training through health partnerships.

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

Bangladesh

Bangladesh has been severely affected by Covid, delaying the development of our project activities. World Child Cancer has continued to provide PPE for the health care staff and transport costs, drugs and accommodation for families aiming at keeping the most vulnerable children in treatment. We have organised a webinar with our partners to celebrate the end of the first five year of our project aimed at improving palliative care services across Bangladesh. This is the first step towards the realisation of a proper impact assessment of this project that will allow us to plan for future interventions. We have received consent from the Ministry of Health and Family Planning for facilitating early warning signs and symptoms training in different regions of Bangladesh. This is very important as it will be the first time World Child Cancer has trained primary and secondary health care professionals and medical students in Bangladesh aimed at increasing early diagnosis. The FCDO funded project continued to catch up with time lost due to Covid. All the working groups are on track with the development of treatment protocols, guidelines for supportive care and nursing training curriculum. Works for the renovation of the paediatric oncology ward in Sylhet Osmani Medical College Hospital have been concluded.

Philippines

The programme in the Philippines has been majorly impacted by the Covid crisis. The paediatric oncology service has now resumed but a number of children have been mainly supported by the well-established network of satellites centres.

Myanmar

The main outcome of the national crisis has been a steep decrease in the number of children seen in Myanmar and a deterioration of survival rates. Please see 'Key Challenges' section for details.

Cameroon

The team in Cameroon has dedicated a lot of effort to develop an evidence-based national policy for childhood cancer. They have identified priorities, developed national plans and carried out workshops for the compilation of national protocols. We have procured and distributed personal protective equipment and hygiene supplies to prevent Covid, supplementing similar supplies in 2020. In November Glenn Mbah and Vera Larfi - both paediatric oncology nurses at the Cameroon Baptist Convention Health Service (CBCH) - travelled to Accra to train nurses from Ghana and Sierra Leone, showing the excellence of the skills of our partners in Cameroon and the integration with our work in Africa. In addition to this Dr Vincentia Kifem from CBCH has joined the paediatric oncology fellowship at Korle Bu Teaching Hospital (Ghana) at the end of December.

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

Ghana

The completion of the activities of the UK Aid Match project showed most of the expected targets were achieved despite the pandemic. The reporting and external evaluation were completed and a new project was developed which has been approved and is due to start in 2023. There have been very significant efforts to catch up with project activities in the UBS project and this is reflected in the spend for the year. The project has been granted a cost extension until March 2022 and is on track to overachieve all the expected targets. An analysis of survival rates shows a significant increment year after year which is an incredible achievement considering it has happened throughout the pandemic. The Tamale Teaching Hospital (TTH) have set up a day care unit to cater for paediatric oncology cases. This is a very significant extension of the hub services in the country. In addition to this, a second paediatric oncology unit has opened in Accra at the Greater Accra Regional Hospital.

Mexico

The programme has been running at a minimum level whilst clarity was sought over the availability of funding from World Child Cancer USA. The team in Mexico have been supporting the fundraising team to develop new project proposals.

Vietnam

Our work in collaboration 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 has been facing some major delays due to Covid. With the agreement of the funders the programme is scheduled to restart in March 2022.

Nepal

In Nepal the FCDO project has been catching up with Covid-related delays, but we have achieved key outputs: the Nursing Curriculum final draft has been finalised, the members of the nursing group are continuously coordinating for curriculum approval and accreditation; procurement of materials for the play and counselling room of the Oncology unit of Kanti Children's Hospital has been finalised; a radio jingle has been broadcast through National level FM/Radio of Nepal to raise mass awareness on early recognition of childhood cancer.

Sierra Leone

Ola During Hospital has sent four nurses to Ghana to receive training in psycho-social support and foundation training of trainers for paediatric oncology nurses. In addition, 1 pharmacist has been sent for a three-month internship at the paediatric oncology pharmacy in Korle-Bu Teaching Hospital in Ghana. We have provided support for transport and treatment for vulnerable families.

ACHIEVEMENTS AND PERFORMANCE (continued)

Future developments

World Child Cancer is looking forwards to 2022 with the hope that Covid diminishes and programme activity may return to pre-pandemic levels. The most notable effect of the Covid restrictions has been the drop in number of children being diagnosed which inevitably has an impact on survival rates. It is therefore vital that access to diagnosis improves so that more children have a chance of their cancer being cured.

To this end, various training on the early warning signs and symptoms of childhood cancer is being delivered across our programmes so that healthcare professionals can spot the early signs of cancer and refer these children so treatment may be started earlier.

The partnership with UBS-Optimus Foundation continues in 2022 with the end of the existing 3-year programme and additional funding to the end of 2022. This will again focus on creating a centre of excellence for paediatric oncology in west Africa.

The FCDO programmes continue in Bangladesh, Nepal and Malawi and an appeal for a new programme in Ghana will commence in Spring 2022.

Other notable partnerships include our work with Stavros Niarchos Foundation in Africa to improve paediatric oncology outcomes and improve the lives of children with cancer in these countries.

A programme focussing on palliative care in Malawi will commence in 2022 and this is thanks to a donation from a long-standing supporter in memory of a family member.

It is very much hoped that 2022 will see the return of international travel which will allow more in-person training to take place and in-person monitoring and evaluation visits. Whilst much can be done remotely, successful partnerships also thrive on physical interaction and visits are planned for Malawi, Nepal and Ghana in Spring 2022.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution and organisational structure

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

The maximum number of trustees or trustee representatives is twelve at any one time. The standard number of terms of office is two, however, by exception a third term may be allowed if it is considered in the best interest's of the organisation to do this.

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	
Helen Griffiths	
Rachel Hollis	
Professor Kathy Pritchard-Jones	
Professor Lorna Awo Renner	
Kate Lee	Appointed 24 March 2021

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
- ◆ Yves Dermaux

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
- ◆ Abby White
- ◆ Alison Finch
- ◆ Gabriele Calaminus
- ◆ Sue Horton
- ◆ Patricia Magana
- ◆ Festus Muigai
- ◆ John Van Doorninck
- ◆ Nihad Salifu
- ◆ Rachel Hollis

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.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

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

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in the UK in Spring 2020 and in Ghana in Winter 2021, both by third parties, and regular further reviews will be undertaken.

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:

- ◆ The greatest risk facing the charity is the continued impact and surrounding uncertainty of Covid. When the pandemic first emerged in 2020, no-one quite understood what its impact would be and we had hoped that almost 2 years later, we would not still be trying to manage its impact. However, it is clear that Covid is here to stay and, like other organisations, World Child Cancer has adapted to try and minimise the negative impact and to take advantage of some of the positives that have emerged. Income has suffered due to the cancellation of fundraising events and some of our funders have suffered financially themselves which then has a knock-on effect on World Child Cancer. However, we have managed this through careful budgeting and planning and through working closely with our teams and partners internationally. Programme activities have continued for the most part although they have suffered delays and changes. In some countries, particularly in Asia, the disruption to children's cancer services in 2021 has been greater than in 2020. Children and their families have been unable to reach hospitals because of no public transport, some hospitals have seen closures and diagnosis rates have fallen. However, changes in the way that we operate have meant that some activities can continue; for example, training which would have taken place in-person previously, is now carried out virtually. This has the added benefit that more attendees can take part in the training, there are minimal costs involved and no international travel to ensure everyone is in one place at the same time. However, nothing can entirely take the place of face-to-face meetings, training, events and fundraising and so programme activity has inevitably suffered. In order to mitigate against the ongoing impact of Covid, detailed budgets are being closely monitored and in particular, unrestricted income and spend is being reviewed continuously. We continue to work closely with restricted donors to divert funds to the Covid response where necessary and agree flexibility regarding timing of spend. Despite the charity being in a good financial position, we must remain cautious and ensure our scenario planning work is current and ready to respond to any change in the situation.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk management (continued)

- ◆ 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 is especially critical in Myanmar where a military coup took place in early 2021. As a result of this, both of the public hospitals in which the charity works were closed by the military meaning that children could not receive a diagnosis or be treated for their cancer. Where possible, World Child Cancer tried to move patients to private facilities but this came at risk to the staff involved. The hospitals are now open again but there has been a dramatic fall in the number of children presenting at hospital which has a catastrophic impact on survival rates. An added complication has been the fact banks have been generally closed and when open, only minimal withdrawals have been allowed. Getting funds into Myanmar to support families has therefore been extremely challenging. We have worked closely with staff in-country to try and ensure their safety is managed and they have been working from home wherever possible to minimise risk. Aside from Myanmar, managing potential unrest is done through observing FCDO advice, reviewing security advice for travel to particular countries and observing local customs and cultures.
- ◆ 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, continues to be of utmost priority.
- ◆ Formal safeguarding e-learning was introduced in 2020 and in 2021, training was delivered by webinar. 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 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. In 2021, the amount of restricted funding as a percentage of the overall total was 73% which is the same as in 2020.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk management (continued)

- ◆ 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 or cancelled.

FINANCIAL REVIEW

Financial results and position

Income in the year was £2,736k (2020 – £2,773k) which, given the ongoing Covid pandemic is a remarkable achievement. Cash income was £2,179k (2020 – £2,273k) which is 4% lower than 2020 but in line with our budgets and expectations. As with 2020 and like many organisations, we had to cancel the majority of our fundraising events for 2021. However, Autumn saw a welcome return to in-person events with the Ambassador gala dinner which was held in Banking Hall, London. There were a number of other events we were able to hold before Covid restrictions again meant that our annual Christmas event had to be cancelled. However, funders and individuals remained loyal and income has remained remarkably stable despite the ongoing uncertainties. Notable restricted funding came from UBS-Optimus Foundation, FCDO funding for Ghana, Bangladesh and Nepal, Sanofi Espoir Foundation, Stavros Niarchos Foundation, City Cancer Challenge, Sandoz and Love Your Melon. In addition to these donors, we are indebted to each and every organisation and individual who has supported us in 2021 including corporates, family trusts and foundations, schools, groups and individuals. A particular special thank you to all those who have donated funds in memory of someone who has passed away – we promise that we spend your donations carefully in memory of your loved one.

Expenditure was £2,586k (2020 – £2,469k) resulting in a surplus for the year of £150k (2020 – surplus of £304k).

Expenditure on the support of treatment programmes has continued at great pace despite the limitations imposed on our teams by Covid and special thanks must be given to all of our healthcare teams who have worked tirelessly to ensure children reach and remain in treatment.

The surplus for the year, before any transfers, comprises a £100k restricted surplus and these restricted funds have been carried forward to spend in 2022. There was also a £50k unrestricted surplus which is a welcome addition to general reserves in these uncertain times.

We have again achieved excellent value for money for our supporters and for every £1 spent, 88p (2020 – 89p) is spent directly on charitable activities with the remaining 12p (2020 – 11p) being invested to raise even more funds.

FINANCIAL REVIEW (continued)

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 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 reserves:** funds which have a restriction placed on them by the donor.
- ◆ **Designated reserves:** 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:** 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 2021, total funds held by World Child Cancer UK amount to £1,265,327 (2020 – £1,115,193). Restricted reserves committed to direct programme costs in 2022 are £509,891 (2020 – £373,995). Designated reserves are £448,235 (2020 – £457,122) for ongoing work in Malawi, Ghana, Myanmar, Bangladesh, Vietnam, Cameroon and the Philippines, which will be spent within the next 6 months. Together with restricted reserves, this totals £958,126 (2020 – £831,117) which is six months' of budgeted programme costs for 2022 (after taking into account any deferred income).

The balance of reserves amount to £307,201 (2020 – £284,076) and are held within the unrestricted fund. Of this, £7,994 (2020 – £6,031) 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 2021 are £299,207 (2020 – £278,045), which equates to approximately 3.6 months' worth of operating costs (slightly more than the reserves policy of 3 months). It is not considered excessive to hold slightly in excess of the reserves policy given the uncertainty surrounding Covid and the impact it has had, and continues to have.

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

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, in spite of the past 24 months' uncertainty caused by the Covid pandemic. 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 health partnership 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.

SUSTAINABILITY STATEMENT (continued)

Environmental policies (continued)

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.

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 internationally. 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 2021, the results from the survey were overwhelmingly positive with 96% of respondents saying they find their job challenging and stimulating, 85% very much enjoying coming to work and 100% caring about the future of World Child Cancer.

World Child Cancer UK wishes staff to feel valued and also wishes to contribute to positive mental health. To this end, actions over the past 18 months have included 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 regularly for UK staff and a similar study was undertaken in Ghana recently. The aim is to ensure that frequent benchmarking exercises are undertaken in all of the programme countries at regular intervals.

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 22 March 2022 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 2021 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 2021 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

Auditor's responsibilities for the audit of the financial statements (continued)

How the audit was considered capable of detecting irregularities including fraud
(continued)

- ◆ 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.



Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

28 March 2022

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 2021

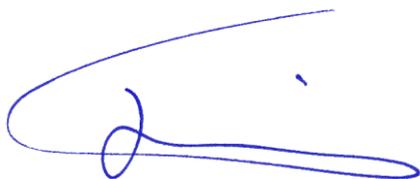
	Notes	Restricted funds £	Un-restricted funds £	2021 Total funds £	Restricted funds £	Un-restricted funds £	2020 Total funds £
Income from:							
Donations and legacies	1	2,008,176	676,051	2,684,227	2,054,320	615,585	2,669,905
Investments		251	9,205	9,456	138	12,407	12,545
Other income	3	—	42,313	42,313	—	90,252	90,252
Total income		2,008,427	727,569	2,735,996	2,054,458	718,244	2,772,702
Expenditure on:							
Raising funds	2	—	320,783	320,783	—	252,636	252,636
Charitable activities: Support of treatment programmes	4	1,908,013	357,066	2,265,079	1,955,315	260,931	2,216,246
Total expenditure		1,908,013	677,849	2,585,862	1,955,315	513,567	2,468,882
Net income before transfers		100,414	49,720	150,134	99,143	204,677	303,820
Transfer between funds	12	35,482	(35,482)	—	27,685	(27,685)	—
Net income and net movement in funds	7	135,896	14,238	150,134	126,828	176,992	303,820
Reconciliation of funds							
Fund balances brought forward		373,995	741,198	1,115,193	247,167	564,206	811,373
Fund balances carried forward		509,891	755,436	1,265,327	373,995	741,198	1,115,193

The notes on pages 35 to 43 form part of these financial statements.

Balance sheet 31 December 2021

	Notes	2021 £	2021 £	2020 £	2020 £
Fixed assets					
Tangible fixed assets	9		7,994		6,031
Current assets					
Debtors	10	206,788		228,009	
Short term deposits		180,699		180,067	
Cash at bank and in hand		899,659		752,305	
		1,287,146		1,160,381	
Creditors: amounts falling due within one year	11	(29,813)		(51,219)	
Net current assets			1,257,333		1,109,162
Net assets			1,265,327		1,115,193
Restricted funds	12		509,891		373,995
Unrestricted funds					
. General	12		307,201		284,076
. Designated	12		448,235		457,122
Total funds			1,265,327		1,115,193

The financial statements were approved and authorised for issue by the Trustee on 22 March 2022 and signed on its behalf, by James King (Chairman):



The notes on pages 35 to 43 form part of these financial statements.

Statement of cash flows Year to 31 December 2021

		2021 £	2020 £
Cash flows from operating activities			
Net cash provided by (used in) operating activities	A	143,158	(138,671)
Cash flows from investing activities			
Purchase of tangible fixed assets		(4,628)	(1,507)
Investment income		9,456	12,545
Net cash provided by investing activities		4,828	11,038
Change in cash and cash equivalents in the year		147,986	(127,633)
Cash and cash equivalents at 1 January 2021		932,372	1,060,005
Cash and cash equivalents at 31 December 2021	B	1,080,358	932,372

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

		2021 £	2020 £
Net income for the year (as per Statement of Financial Activities)		150,134	303,820
Adjustment for:			
Depreciation charges		2,665	2,915
Investment income		(9,456)	(12,545)
Decrease (increase) in debtors		21,221	(23,184)
Decrease in creditors		(21,406)	(409,677)
Net cash provided by (used in) operating activities		143,158	(138,671)

B Analysis of changes in net debt

		2021 £	2020 £
Short term deposits		180,699	180,067
Cash at bank and in hand		899,659	752,305
Total cash and cash equivalents		1,080,358	932,372

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

Principal accounting policies Year to 31 December 2021

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 24 months owing to Covid 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.

Principal accounting policies Year to 31 December 2021

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 2021

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 2021

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 2021

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 2021 £
Donations			
. Events	773	203,972	204,745
. Individual giving and major donors	92,607	258,300	350,907
. Corporates, trusts and foundations	1,086,881	213,779	1,300,660
. Statutory funding	270,473	—	270,473
. Donated services	516,840	—	516,840
. Donated goods	40,602	—	40,602
Total	2,008,176	676,051	2,684,227

	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

Included within statutory funding for the year ended 31 December 2021 is £94,931 (2020 – £148,072) 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, £119,296 (2020 – £61,493) 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. £38,030 (2020 – £2,441) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257. Finally, £18,216 (2020 – £nil) was received from FCDO for our programme in Malawi with grant reference 205210-271. This entire amount was also spent on the designated project.

2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
Fundraising costs	—	95,558	95,558
Staff costs	—	214,548	214,548
Support costs (note 5)	—	10,677	10,677
Total	—	320,783	320,783

2 Expenditure on raising funds (continued)

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

3 Other income

Other income is made up of £29,865 (2020 – £63,252) of furlough income received from the government, £4,092 (2020 – £nil) Kickstart grants from the Department for Work and Pensions in respect of the short-term employment of a young person and discretionary coronavirus support of £8,356 (2020 – £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 2021</i>
	£	£	£
<i>Project costs</i>	1,154,239	8,771	1,163,010
<i>Other direct costs</i>	83,274	—	83,274
<i>Voluntary medical aid</i>	557,442	—	557,442
<i>Staff costs</i>	102,293	283,667	385,960
<i>Support costs (note 5)</i>	10,765	64,628	75,393
<i>Total</i>	1,908,013	357,066	2,265,079

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

5 Support costs

	Total funds 2021 £	Total funds 2020 £
Legal and professional	1,748	3,275
Audit and accounting fees	12,260	12,912
Other costs	12,072	6,500
Support staff costs	57,325	45,588
Depreciation	2,665	2,915
	86,070	71,190

In the prior year, £11,061 of support costs were charged to restricted funds. These represented 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 current year are charged to unrestricted funds.

6 Analysis of expenditure type

	Staff costs £	Depreciation £	Other costs £	Total funds 2021 £
Current year				
Expenditure on raising funds	214,548	—	106,235	320,783
Direct costs – support of treatment programmes	443,285	2,665	1,819,129	2,265,079
	657,833	2,665	1,925,364	2,585,862

	Staff costs £	Depreciation £	Other costs £	Total funds 2020 £
Prior 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

7 Net income

This is stated after charging:

	Total funds 2021 £	Total funds 2020 £
Depreciation of tangible fixed assets:		
. Owned by the charity	2,665	2,915
Operating lease rentals	36,405	47,436
Auditor's remuneration		
. Audit fees: current year	9,600	9,480
. Audit fees: prior year under-accrual	—	840
. Other fees	1,260	1,200
Foreign exchange expense	15,717	28,377

8 Staff costs

Staff costs were as follows:

	Total funds 2021 £	Total funds 2020 £
Wages and salaries	557,508	482,663
Social security costs	51,868	45,974
Other pension costs	48,457	26,423
	657,833	555,060

Included in wages and salaries are redundancy costs of £nil (2020 – £875)

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

	2021 No.	2020 No.
Programmes, administration, fundraising and finance	15	14
The number of higher paid employees was		
£60,001 - £70,000	1	1
£70,001 - £80,000	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, pension contributions and furlough contributions) in the year was £299,932 (2020 – £252,635). 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.

Notes to the financial statements 31 December 2021

9 Tangible fixed assets

Current year	Fixtures & fittings £	Office equipment £	Total £
Cost			
At 1 January 2021	4,502	7,948	12,450
Additions	—	4,628	4,628
Disposals	—	(455)	(455)
At 31 December 2021	4,502	12,121	16,623
Depreciation			
At 1 January 2021	2,227	4,192	6,419
Charge for the year	900	1,765	2,665
On disposals	—	(455)	(455)
At 31 December 2021	3,127	5,502	8,629
Net book value			
At 31 December 2021	1,375	6,619	7,994
At 31 December 2020	2,275	3,756	6,031

10 Debtors

	2021 £	2020 £
Trade debtors	—	350
Prepayments and accrued income	202,985	223,031
Other debtors	3,803	4,628
	206,788	228,009

11 Creditors: amounts falling due within one year

	2021 £	2020 £
Trade creditors	14,203	16,732
Taxation and social security	—	12,689
Accruals and deferred income	12,932	20,647
Other creditors	2,678	1,151
	29,813	51,219

Deferred income	2021 £	2020 £
Deferred income at 1 January	—	422,177
Amounts released from previous years	—	(422,177)
Resources deferred in the year	—	—
Deferred income a 31 December	—	—

12 Statement of funds

Current year	At 1 January 2021 £	Income £	Expenditure £	Transfers £	At 31 December 2021 £
Restricted funds					
Malawi	47,646	70,890	(77,399)	—	41,137
Bangladesh	(10,394)	145,096	(135,604)	962	60
Philippines	—	35,138	(45,383)	10,245	—
Myanmar	38,976	76,477	(76,853)	—	38,600
Cameroon	(1,118)	109,252	(113,135)	23,551	18,550
Ghana	83,267	132,407	(163,283)	299	52,690
Vietnam	4,396	15,000	(371)	—	19,025
Nepal	54,097	38,029	(44,429)	(359)	47,338
Palestine	—	102	(102)	—	—
UBS project	169,038	601,723	(572,124)	—	198,637
Stavros Niarchos Africa	—	150,000	(67,232)	—	82,768
Kosovo	—	314	(314)	—	—
Other	(11,913)	76,557	(54,342)	784	11,086
Donated services including Voluntary Medical Aid	—	557,442	(557,442)	—	—
	373,995	2,008,427	(1,908,013)	35,482	509,891
Unrestricted funds					
General funds	284,076	727,569	(677,849)	(26,595)	307,201
Designated funds	457,122	—	—	(8,887)	448,235
	741,198	727,569	(677,849)	(35,482)	755,436
Total funds	1,115,193	2,735,996	(2,585,862)	—	1,265,327

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. Therefore, £448,235 are held at the end of 2021 (2020 – £457,122). These designated funds are to be spent in Ghana, Myanmar, Vietnam, Cameroon, the Philippines, Bangladesh 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 £41,137 (2020 – £47,646) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

There are £60 (2020 – deficit of £10,394) of restricted funds for use in Bangladesh which will be spent on palliative care activities.

The restricted Myanmar funds of £38,600 (2020 – £38,976) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar.

There is a restricted balance of £18,550 (2020 – deficit of £1,118) for Cameroon which will be spent on drugs for Burkitts' Lymphoma patients, specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work.

£52,690 (2020 – £83,267) 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.

£19,025 (2020 – £4,396) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families.

In Nepal, £47,338 (2020 – £54,097) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

£198,637 (2020 – £169,038) 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.

£82,768 (2020 – £nil) of restricted funds relating to the Stavros Niarchos Africa programme are being carried forward to be spent in 2022 on improving paediatric oncology services across sub-Saharan Africa.

There is £11,086 (2020 – deficit of £11,913) carried forward for other projects which will predominantly be spent on nursing in Malawi and paediatric oncology improvements in Sierra Leone.

12 Statement of funds (continued)

<i>Prior year</i>	At 1 January 2020 £	Income £	Expenditure £	Transfers £	At 31 December 2020 £
<i>Restricted funds</i>					
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)	—	—
	247,167	2,054,458	(1,955,315)	27,685	373,995
<i>Unrestricted funds</i>					
General funds	327,233	718,244	(276,594)	(484,807)	284,076
Designated funds	236,973	—	(236,973)	457,122	457,122
	564,206	718,244	(513,567)	(27,685)	741,198
Total funds	811,373	2,772,702	(2,468,882)	—	1,115,193

13 Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
Current year			
Tangible fixed assets	—	7,994	7,994
Current assets	509,891	777,255	1,287,146
Creditors due within one year	—	(29,813)	(29,813)
	509,891	755,436	1,265,327
Prior 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

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 Trustee representatives 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 £557,442 (2020 – £495,767), is an amount totalling £20,835 (2020 – £18,894) relating to the support provided by 3 trustees (2020 – 3 trustees).

One trustee was reimbursed expenses of £158 in relation to their role as trustee (2020 – none). Nil expenses (2020 – £nil) expenses were incurred as part of their support providing voluntary medical aid.

No gifts to Trustees were made during 2021 (2020 – two totalling £79).

Total donations made by Trustee representatives (including connected persons) amounted to £13,505 (2020 – £15,764). In 2021, this included the sale of tables at the charity's gala dinner in November 2021. If the table sales are excluded then the total value of donations was £6,735 (2020 – £5,400).

James King, one of the Trustee representatives was a partner at Price Bailey (until 31 March 2020), a chartered accountancy firm, and is currently a director at King Financial Planning LLP. Both companies have managed an interest bearing bank account on behalf of the Charity during his involvement with each. The year end balance was £180,699 (2020 – £180,067).

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 £48,457 (2020 – £26,423).

16 Operating lease commitments

At 31 December 2021 the total of the Charity's future minimum lease payments under non-cancellable operating leases for the office space was:

	2021 £	2020 £
Within 1 year	10,350	38,190
Between 2 and 5 years	—	4,045
	10,350	42,235