

World Child Cancer UK

Annual Report and Financial Statements

Year to 31 December 2022

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	Rachel Hollis (Chair), <i>FRCN</i> Sara Bailey Karen Brade Anuj Chande Yves Dermaux Helen Griffiths Kate Lee Paul Nabavi Professor Kathy Pritchard-Jones, <i>BMBCh, PhD, FRCPCH, FMedSci</i> Professor Lorna Awo Renner, <i>MBChB, MPH (Liv), FRCPCH (UK)</i> Julie Torode
Company Secretary	Rebecca Ross, <i>BA (Hons), FCA</i>
Key Management Personnel	Julie Worrall – Interim Chief Executive Rebecca Ross – Director of Finance Zoe Macalpine – Director of Fundraising & Communications Piera Freccero – Director of Programmes
Registered address	1 Betjeman Close Coulston Surrey CR5 2LU
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

Looking back on 2022 we reflect on another year of change and challenge for World Child Cancer, which we expect to continue into 2023, but we also celebrate the impact and reach of our programmes. We see great opportunities for the organisation in the year ahead.

We would particularly like to thank our great staff team for their hard work, and commitment to our cause over another year. We would like to acknowledge and thank 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 whose commitment and dedication always inspires.

In early 2022 we were still experiencing the full impact of the Covid pandemic. Keeping all our programmes running successfully has remained challenging, but at the end of the year, with restrictions lifted in the countries where we operate, we are proud of what we have been able to achieve. 2022 has seen an enormous amount of work to get back on track with our programmes – 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. More details of what has been achieved are contained in our Annual Report below. We are very pleased that despite the constraints we still reached 7,670 children during 2022.

The lifting of restrictions meant a return to international travel. Our programmes team have been able to return to the field; meeting with local partners, forging new alliances, and carrying out visits for the purposes of monitoring and evaluation. Our overseas staff base continues to grow, with the majority of our programmes team now based in the countries and regions where we operate. In 2022 partnership visits by clinical teams of doctors and nurses resumed for the first time since the pandemic, strengthening those health partnerships and supporting continued shared learning and the ongoing development of clinical treatment.

We have continued to operate in Myanmar, since the coup when many other NGOs have been forced to pull back. It remains very challenging and getting money into the country has proved difficult as has the supply of drugs and other essential equipment within the country. We are very proud that through our work children are continuing to get treated for cancer in Myanmar, and families are receiving support, thanks to the dedication of our staff and amazing partners.

As the global impact of the pandemic began to decrease, we were faced with war in Ukraine. The impact of that conflict spread far beyond Europe, and in many of our programme countries has contributed to a steep rise in inflation, driven by rising fuel costs, and grain shortages, leading to increased food prices. In Ghana, for example, inflation rose as high as 40%. The cost of living crisis experienced across the globe in 2022 (and expected to continue into 2023) has hit the poorest hardest, and that has certainly been the case in the countries in which we work. Need is greater, and the resources required to meet that need are greater too.

2022 was a challenging year for our fundraising in the UK. We expected that the lessening of the impact of the pandemic, and the opening up of society, would mean that this would be the year we could resume our growth. However with first the Ukraine crisis and then the

cost of living challenges both here in the UK, and globally, it has been harder than expected. The combination of a difficult climate for fundraising, and inflation leading to increased costs, we ended the year with a deficit of £375k. We have however, sufficient reserves to cover this and to maintain a healthy reserves policy. The Board took the decision to review that reserves policy at the end of 2022, and we are confident that it meets the needs of the organisation. We are expecting 2023 to also be a challenging year for fundraising and have adopted a prudent approach to budgeting as a consequence.

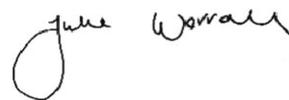
Following previous work on succession planning, 2022 has been a year of change on the Board of World Child Cancer. James King stepped down as Chair of the Board on completion of his term of office in December, and we thank him for his positive and energetic leadership. He was replaced by Rachel Hollis FRCN, a long-standing Board member and a volunteer in our programmes. After an audit of the skills and expertise of the board, and a process of intentional recruitment, we also welcome to the Board two new members, Julie Torode, who was until recently Deputy Chief Executive of the Union for International Cancer Control (UICC), and Paul Nabavi, recently retired after a career in banking, and with extensive experience in the international context in which we work.

On 17 February 2023 our long-standing Chief Executive, Jon Rosser, retired and the Board is taking the opportunity to review our structure and footprint in the UK with the aim of reducing our head office costs, while maintaining the robust and successful organisation we have become under Jon's leadership. Julie Worrall has been recruited as Interim Chief Executive to lead the organisation through this time of change, while the Board reviews the structure of our Senior Management team.

This statement was prepared with input from James and by Jon, and we wish them well for the future as we thank them for their leadership during a particularly challenging time for the organisation. We feel privileged to follow in their footsteps. Our reflections on the year that is past echo their sentiments. Our hope for the future is that World Child Cancer will continue to grow in impact and in our global reach, and that our income too will grow to match our vision of a world where every child with cancer has equal access to the best treatment and care.



Rachel Hollis, FRCN
Chair



Julie Worrall
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 ended 31 December 2022. 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. Since then, the Charity has ended its lease at these premises and now operates fully remotely. In early 2023, the long-standing CEO retired and a new, interim CEO has joined the Charity.

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. Some of the support given is in the form of cash grants to families which is used to pay for food, accommodation near the hospital, transport to and from the hospital and diagnostic tests. Such financial support varies from country to country depending on the needs and individual circumstances of the families.

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 the charity is to:

- ◆ Pay for additional staffing and facilitate training for local healthcare staff;
- ◆ Cover the costs of health partnership activities;
- ◆ Improve healthcare facilities, 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 2022

Key achievements

- ◆ World Child Cancer supported 7,670 children in the programme countries in 2022 with 5,496 newly diagnosed cases of cancer. The psycho-social component of the charity's work has significantly grown and globally, 3,580 cash grants were provided to cover transport, accommodation, diagnostic tests and food costs. 3,190 families and children received emotional support. We have trained 123 healthcare staff in psycho-social support, 2,101 in early warning signs and symptoms of childhood cancer and 1,181 in specialised paediatric oncology skills.
- ◆ World Child Cancer facilitated the delivery of donated drugs in Malawi and Cameroon, in partnership with International Health Partners to the value of £213k.
- ◆ After the forced break due to Covid, health partnership visits have restarted along with programme team monitoring, psycho-social visits and in-person participation at conferences (International Society of Paediatric Oncology (SIOP) Africa and SIOP International). In the last quarter of 2022 Alder Hey Children's Hospital visited Nepal; a delegation from Cardiff Children's Hospital visited Korle Bu Teaching Hospital and World Child Cancer Ghana staff visited Sierra Leone to assess the progress of the paediatric oncology services. In addition, the first Leeds Children's Hospital visit in three years took place in Cameroon.
- ◆ World Child Cancer supported the organisation of three regional "Training of Trainers" sessions for the delivery of paediatric oncology foundation trainings. Over 40 nurses from Ghana, Sierra Leone, Nigeria, Cameroon, Liberia, Zimbabwe, Malawi, Botswana, Uganda, Tanzania and Zambia took part in this training. The cascade trainings have already started, with over 150 nurses receiving it in Ghana alone.
- ◆ World Child Cancer supported the online and in-person participation of over 40 healthcare professionals from across Africa in the SIOP Africa conference in Uganda and the SIOP International conference in Barcelona.
- ◆ The charity was able to resume most of its work in Myanmar despite the military coup. Support was extended to the paediatric oncology services in Mandalay which had been closed for over a year since the coup. The operation of the Heroes school in Yangon Children's Hospital was resumed and remote health partnership activities led by Boston Children's Hospital were restarted which focussed on improving nutritional care of children with cancer.
- ◆ A new programme was started in Mexico.
- ◆ Celebration of International Childhood Cancer Day across all the countries in which the charity works. This year, more than ever, World Child Cancer has developed a wide range of communication activities that have reached millions of people.

Programme highlights of 2022 (continued)

- ◆ The nursing fellowship curriculum was accredited by the National Academy of Medical Science in Nepal. This is a monumental achievement as, for the first time, specialised paediatric oncology nursing training will be available in the country. The training curriculum has been modelled on the successful training currently delivered in Ghana.
- ◆ A 5 year strategy was developed for UBS Optimus Foundation and the funding and workplan was agreed for 2022/23. World Child Cancer will continue offering fellowships, expanding support for clinical research and starting a collaboration with the International Paediatric Palliative Care Network to assess palliative care needs and develop a plan of action for Ghana.
- ◆ World Child Cancer developed an organisational approach specific to blood-related malignancies with clinical partners. The approach aims to improve access to, and quality of, treatment for children with leukaemia, sickle cell disease and beta-thalassaemia through training of healthcare professionals, with a special focus on efficient management of blood banks.

Key challenges

- ◆ The institutional, political and banking situation in Myanmar has remained very challenging.
- ◆ Inflation above 40% in Ghana and above 25% in Malawi and Myanmar. In collaboration with the finance team, different approaches have been taken to support staff and programmes through these difficult circumstances. Staff salaries in Ghana and Malawi have been pegged to the GBP and one-off cost-of-living grants have been given. The financial support needs of families have increased substantially.

Strategic partnerships and external engagement

- ◆ The relationship with the Ministries of Health have been strengthened in several countries. A Memorandum of Understanding has been signed with the Ministry of Health in Bangladesh, the process has been started to sign such an agreement with the Ghana Ministry of Health and active engagement with the Ministry of Health in Malawi took place.
- ◆ World Child Cancer took part in the National Workshop for the creation of the national cancer strategy in Sierra Leone and created strong working relationships with the World Health Organisation Africa office.
- ◆ All the UK programme team and two members of the global programme team attended the SIOP Barcelona conference in October 2022. Meetings with key external partners took place including Foundation S, Policy and Economics Research in Childhood Cancer (PERCC) Toronto, St Jude (coordination of the work in Sub-Saharan Africa and Nepal), World Health Organisation, Alliance Mondiale Contre le Cancer (AMCC), King Hussain Cancer Hospital Foundation and Soletterre.

Strategic partnerships and external engagement (continued)

- ◆ The organisation took part in a panel discussion on 'Access to health as social justice' at an event organised by Soleterre in Italy as part of their 20th birthday celebration. The UK Director of Programmes spoke about World Child Cancer's work to reduce inequalities globally. The event was widely covered by the press.
- ◆ There was a psycho-social support and engagement visit in Malawi and South Africa. The visit resulted in a closer relationship with key national and global partners such as Global Hope, Princess Maxima, CHOC and Amref. Programme staff also engaged with potential statutory and corporate funders such as GIZ, the National Bank of Malawi and investment banks.
- ◆ World Child Cancer organised an event with SIOP as part of the London Global Cancer Week. The event, called "New Global Initiatives to Improve Access and Quality of Essential Medicines for Childhood Cancer" was attended by 188 attendees from 60 countries. World Child Cancer had the opportunity to showcase the partnership with International Health Partners, the organisation which is providing free and high-quality essential medicines for over 600 children with cancer in Malawi and Cameroon.

ACHIEVEMENTS AND PERFORMANCE

Country reports

In each of the countries in which the Charity works, we have presented some key metrics to demonstrate the impact of the work. In general, the same metrics have been used for all countries, however in some countries not all metrics are shown because either the information is not available or a particular type of support is not provided. For example, in Vietnam, our support does not extend to training staff in paediatric oncology and therefore that metric is not shown.

Malawi

The programme in Malawi has continued supporting families of children with cancer in Blantyre with transport grants, welcome packs and the support of a Play Therapist. The main focus of the activities has been the delivery of early warning signs and symptoms training in the context of the FCDO project. In addition to this, Queen Elizabeth Children's Hospital received donated drugs valued at £147k through the partnership with International Health Partners. World Child Cancer Malawi has been working with members of the local Government to share and influence policy that relates to childhood cancer and research.

Children reached: 525

Healthcare staff trained in paediatric oncology: 65

Healthcare staff trained in early warning signs and symptoms: 179

Cash grants distributed: 638

Families receiving emotional support: 100

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

Bangladesh

The work in Bangladesh has focused on getting the FCDO project activities back at full capacity and this has been achieved successfully. A six month no-cost extension has been granted by the funder. The psycho-social support component of the programme has been particularly successful with the introduction of Family Support Officers in five of the partner hospitals. The work on the adaptation of treatment protocols and development of supportive care guidelines has continued successfully and early warning signs and symptoms training has taken place in several medical schools. A Memorandum of Understanding was signed with the Ministry of Health which will support the expansion of the work across the country.

Children reached: 2,868

Healthcare staff trained in paediatric oncology: 126

Healthcare staff trained in early warning signs and symptoms: 281

Cash grants distributed: 1,412

Families receiving emotional support: 2,085

Philippines

In the second half of 2022, and after discussion of sustainability of the programme with the partners, the activities in the Philippines were suspended until a more fundable strategy can be found.

Children reached: 514

Healthcare staff trained in paediatric oncology: 491

Myanmar

Support has continued for Mandalay and Yangon Children's Hospitals and the Heroes Hospital school in Yangon. The focus remains to improve access to drugs and nutrition for the children in care in these two hospitals. Nutritional education remote training was delivered in collaboration with Boston Children's Hospital. A request to renew the Memorandum of Understanding with the Ministry of Health was submitted.

Healthcare staff trained in paediatric oncology: 19

Cameroon

The team in Cameroon has been successfully engaging with the Ministry of Health to include Cameroon in the World Health Organisation Global Initiative on Childhood Cancer. Training has been delivered on the early warning signs and symptoms of childhood cancer and nurse training has taken place. A national workshop on the management of retinoblastoma and leukaemia was delivered in conjunction with the health partnership visit from Leeds Children's Hospital.

Children reached: 540

Healthcare staff trained in paediatric oncology: 203

Healthcare staff trained in early warning signs and symptoms: 1,058

Cash grants distributed: 1,081

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

Ghana

Ghana remains the major country of operation and it hosts the regional office for Africa and World Child Cancer's partners at Korle-Bu Teaching Hospital. It is the hub centre for paediatric oncology for West Africa. In collaboration with the major funder, UBS-Optimus Foundation, work has continued offering fellowships in paediatric oncology for paediatricians, pharmacists and specialised training for nurses. Regional "Training of Trainers" for nurses has been offered along with training on the early warning signs and symptoms of childhood cancer and retinoblastoma for regional and district health care workers. In addition, awareness-raising activities for the general public were organised. An assessment of the national palliative care services took place and support given to develop nutritional support for children with cancer.

Children reached: 919

Healthcare staff trained in paediatric oncology: 198

Healthcare staff trained in early warning signs and symptoms: 462

Cash grants distributed: 1,227

Families receiving emotional support: 909

Vietnam

A Family Support Officer was hired and they have been trained by World Child Cancer's psycho-social support Advisor. They now deliver counselling and financial support services to the families of children with cancer in Hue Hospital. The work with the University of Ho Chi Min City has re-started and the development of the 'medical social worker' specialised training is confirmed to start in 2023.

Cash grants distributed: 22

Families receiving emotional support: 62

Nepal

Following delays in implementation of the FCDO project, great strides have been made in 2022. Equipment was procured for the paediatric oncology ward in Kanti Children's Hospital and training was delivered in early warning signs and symptoms in the shared-care centres in collaboration with "Together Against Childhood Cancer". A Family Support Officer was recruited and the health partnership with Alder Hey Children's Hospital has continued with in-person visits and regular online lectures. Formal training in paediatric oncology nursing has taken place and two nurses went to Tata Memorial Hospital in India for further training. Tata Memorial Hospital is also hosting a paediatrician from Nepal to gain a fellowship in paediatric oncology.

Newly diagnosed: 167

Healthcare staff trained in paediatric oncology: 75

Healthcare staff trained in early warning signs and symptoms: 121

Cash grants distributed: 42

Families receiving emotional support: 34

ACHIEVEMENTS AND PERFORMANCE (continued)

Country reports (continued)

Mexico

With the support of a donation received in the second part of 2022, the programme in Mexico has started to be rebuilt. The process of registration in-country is ongoing and a programme coordinator has been hired to support the development of the programme.

Sierra Leone

In Sierra Leone, World Child Cancer has continued supporting families with the cost of transport, treatment and nutrition. The charity has continued to provide support for follow up of patients that default or abandon treatment; four nurses have been trained on the foundation course in paediatric oncology nursing and psychosocial support downstream training, two pharmacists were trained in paediatric oncology pharmacy and the maintenance of the childhood cancer registry was supported. World Child Cancer supported a health partnership visit from Cardiff Children's Hospital and engaged with the Ministry of Health in the development of their national cancer control plan.

Newly diagnosed: 52.

Healthcare staff trained in paediatric oncology: 23.

Cash grants distributed: 132.

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 interests 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	Retired 6 December 2022
Sara Bailey	Appointed 22 June 2022
Karen Brade	
Anuj Chande	
Yves Dermaux	
Helen Griffiths	
Rachel Hollis	Appointed as Chair 6 December 2022
Kate Lee	
Paul Nabavi	Appointed 6 December 2022
Professor Kathy Pritchard-Jones	
Professor Lorna Awo Renner	
Julie Torode	Appointed 6 December 2022

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.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Committees (continued)

HR and Governance sub-committee (continued)

Members (in addition to staff):

- ◆ Helen Griffiths
- ◆ Rachel Hollis
- ◆ Yves Dermaux

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 | ◆ Festus Muigai |
| ◆ Abby White | ◆ Kathy Pritchard-Jones |
| ◆ Alison Finch | ◆ John Van Doorninck |
| ◆ Rehana Punjwani | ◆ Nihad Salifu |
| ◆ Sue Horton | ◆ Rachel Hollis |
| ◆ Persis Amrolia | ◆ Julie Torode |

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. In addition, all new trustees undertake safeguarding training.

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.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

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

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

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in 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:

- ◆ Ensuring that fundraising targets are met, an appropriate income generation plan is in place and ensuring the balance of restricted and unrestricted income and reserves is appropriate. This past year has been financially challenging. After the upheaval caused by Covid, it was hoped that normality would return and whilst it largely has, the fundraising environment has become ever-more competitive. Coupled with this is the challenge of managing restricted and unrestricted fundraising. 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 the Charity operates as efficiently as possible, the aim is always full cost recovery of funding applications 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 should be prioritised. In 2022, the amount of restricted funding as a percentage of the overall total was 79% (2021: 73%).

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 for part of 2022, 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. World Child Cancer has 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 potentially dangerous situations is carried out through observing FCDO advice, reviewing security advice for travel to particular countries and observing local customs and cultures.

In addition to the political situation in Myanmar, the war in Ukraine has had worldwide ramifications which have affected many charities in the sector and not just World Child Cancer. Higher energy and food prices have caused high inflation and in some of World Child Cancer's African programme countries, this has been as high as 40%. This high inflation causes fundraising challenges and puts pressure on staff and of course patients and their families. Additional financial support has been provided to staff where possible, funding and budgets have been revised but World Child Cancer has very limited methods by which to mitigate the impacts of high inflation.

- ◆ 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.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk management continued)

- ◆ Ensuring the appropriate level of cash reserves is held. A charity is always faced with the challenge of holding sufficient reserves to be able to comfortably support an organisation through a downturn but it equally requires not to hold too many reserves which could otherwise be deployed to further the charity's aims. During 2022, the reserves policy of World Child Cancer has been reviewed and amended such that the policy now states 3 months' of operating costs and 3-4 months' of programme costs should be held as reserves (further detail in the Reserves section of the report). Careful management is required to ensure that this value is held and any deviations are addressed. Given the current economic climate with high inflation, loss of consumer confidence and fall in disposable income, it is more important than ever that sufficient reserves are held to mitigate any unexpected fall in income.
- ◆ 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 additional training has since taken place via 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.

FINANCIAL REVIEW

Financial results and position

Income in the year was 6% higher than 2021 at £2,895k (2021 – £2,736k) and given the turbulent economic situation during 2022 this is a solid achievement. Cash income was £2,241k (2021 – £2,179k) which is 3% higher than 2021 and represents an extraordinary effort by the entire team. After 2 years of disruption caused by Covid, 2022 saw a return to normality and fundraising events could once again take place. The very active Ambassador group hosted a number of events in 2022 including their Summer and Christmas quizzes and the Gala dinner at Banking Hall in London. In-person challenge events were able to take place once again and we are grateful to all those who ran a marathon or completed an event for World Child Cancer.

FINANCIAL REVIEW (continued)

Financial results and position (continued)

Notable restricted funding came from UBS-Optimus Foundation, FCDO funding for Malawi, Bangladesh and Nepal, Love Your Melon, The HelpCare Foundation, Bristol Myers Squibb, Stavros Niarchos Foundation and The Rangoonwala Foundation. In addition, we are grateful to other corporate donors including MHS Homes, Countryside Properties and MorningStar. Aside from Trusts and Corporates, we are so fortunate to have a loyal band of individuals and groups who support the charity through organising events, completing challenges and spreading the word about World Child Cancer. A particular special thank you to all those who have donated funds in memory of someone who has passed away or who have set up a birthday fundraiser in lieu of receiving gifts. We are grateful to each and every person who has supported us in 2022.

Expenditure was £3,270k (2021 – £2,586k) resulting in a deficit for the year of £375k (2021 – surplus of £150k).

Expenditure on the support of treatment programmes has been able to largely continue without the interruptions caused by Covid over the past 2 years. This is with the exception of Myanmar where it has been challenging to operate, not only because of the difficulties of getting funds into Myanmar but owing to the restrictions placed by the military coup. Despite this, activity has continued, albeit at lower levels than in previous years.

The deficit for the year comprises a £61k restricted deficit which has been funded by restricted funds brought forward. There was also a £314k unrestricted deficit which is as a result of a fall in unrestricted income during the year caused by the worldwide economic uncertainty and a requirement for the charity to provide match funding for some of its FCDO-funded projects. To counter this fall in income and use of general reserves, various cost-saving measures have been implemented and these will continue into 2023.

We have again achieved excellent value for money for our supporters and for every £1 spent, 85p (2021 – 88p) is spent directly on charitable activities with the remaining 15p (2021 – 12p) being invested to raise even more funds.

Reserves and reserves policy

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer wishes to ensure that essential services to beneficiaries can be maintained, particularly given the backdrop of worldwide economic uncertainty caused by the war in Ukraine. In the countries in which the charity works, 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 3-4 months. This has hitherto been 6 months but following a review of the reserves policy in 2022, this has been revised. These additional funds are disclosed as 'designated reserves'.

FINANCIAL REVIEW (continued)

Reserves policy (continued)

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 3-4 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. This was 6 months' worth of direct programme costs but was revised in 2022 following a review of the reserves policy.
- ◆ **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 should be held as unrestricted reserves.

As at 31 December 2022, total funds held by World Child Cancer UK amount to £890,625 (2021 – £1,265,327). Restricted reserves committed to direct programme costs in 2023 are £449,333 (2021 – £509,891). Designated reserves are £nil (2021 – £448,235) owing to the fact that restricted reserves already account for 3-4 months' worth of future direct programme costs. There is also £238,509 (2021 – £nil) of deferred income held in relation to programmes which will commence in 2023.

The balance of reserves amount to £441,288 (2021 – £307,201) and are held within the unrestricted fund. Of this, £8,277 (2021 – £7,994) 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 2022 are £433,011 (2021 – £299,207), which equates to approximately 6 months' worth of operating costs (more than the reserves policy of 3 months). It is not considered excessive to hold in excess of the reserves policy given the continuing worldwide economic uncertainty and the fact the reserves policy has only been recently amended and therefore will take some time for the reserves to accord with the reserves policy.

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

Going concern

The Trustee 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 Covid pandemic from March 2020 and the worldwide economic upheaval caused by the war in Ukraine. 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.

FINANCIAL REVIEW (continued)

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.

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

SUSTAINABILITY STATEMENT (continued)

Social policies

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs nearly 35 people, 60% of whom are based internationally. After the London base, the regional office in Ghana is the second largest and is home to 9 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 23 March 2023 and signed on its behalf by:



Rachel Hollis, Chair

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 2022 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 2022 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

How the audit was considered capable of detecting irregularities including fraud

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

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

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

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

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

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

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

23 March 2023

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

Statement of financial activities Year ended 31 December 2022

	Notes	Restricted funds £	Un-restricted funds £	2022 Total funds £	Restricted funds £	Un-restricted funds £	2021 Total funds £
Income from:							
Donations and legacies	1	2,281,651	569,151	2,850,802	2,008,176	676,051	2,684,227
Investments		88	2,303	2,391	251	9,205	9,456
Other income	3	—	42,103	42,103	—	42,313	42,313
Total income		2,281,739	613,557	2,895,296	2,008,427	727,569	2,735,996
Expenditure on:							
Raising funds	2	—	377,542	377,542	—	320,783	320,783
Charitable activities: Support of treatment programmes	4	2,449,451	443,005	2,892,456	1,908,013	357,066	2,265,079
Total expenditure		2,449,451	820,547	3,269,998	1,908,013	677,849	2,585,862
Net income before transfers		(167,712)	(206,990)	(374,702)	100,414	49,720	150,134
Transfer between funds	12	107,158	(107,158)	—	35,482	(35,482)	—
Net income and net movement in funds	7	(60,554)	(314,148)	(374,702)	135,896	14,238	150,134
Reconciliation of funds							
Fund balances brought forward		509,891	755,436	1,265,327	373,995	741,198	1,115,193
Fund balances carried forward		449,337	441,288	890,625	509,891	755,436	1,265,327

The notes on pages 36 to 44 form part of these financial statements.

Balance sheet 31 December 2022

	Notes	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible fixed assets	9		8,277		7,994
Current assets					
Debtors	10	201,008		206,788	
Short term deposits		112,018		180,699	
Cash at bank and in hand		840,727		899,659	
		1,153,753		1,287,146	
Creditors: amounts falling due within one year	11	(271,405)		(29,813)	
Net current assets			882,348		1,257,333
Net assets			890,625		1,265,327
Restricted funds	12		449,337		509,891
Unrestricted funds					
. General	12		441,288		307,201
. Designated	12		—		448,235
Total funds			890,625		1,265,327

The financial statements were approved and authorised for issue by the Trustee on 23 March 2023 and signed on its behalf, by Rachel Hollis:



The notes on pages 36 to 44 form part of these financial statements.

Statement of cash flows Year ended 31 December 2022

		2022 £	2021 £
Cash flows from operating activities			
Net cash (used in) provided by operating activities	A	(126,042)	143,158
Cash flows from investing activities			
Purchase of tangible fixed assets		(3,962)	(4,628)
Investment income		2,391	9,456
Net cash (used in) provided by investing activities		(1,571)	4,828
Change in cash and cash equivalents in the year		(127,613)	147,986
Cash and cash equivalents at 1 January 2022		1,080,358	932,372
Cash and cash equivalents at 31 December 2022	B	952,745	1,080,358

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

		2022 £	2021 £
Net (expenditure) income for the year (as per Statement of Financial Activities)		(374,702)	150,134
Adjustment for:			
Depreciation charges		3,679	2,665
Investment income		(2,391)	(9,456)
Decrease in debtors		5,780	21,221
Increase (decrease) in creditors		241,592	(21,406)
Net cash (used in) provided by operating activities		(126,042)	143,158

B Analysis of changes in net debt

		2022 £	2021 £
Short term deposits		112,018	180,699
Cash at bank and in hand		840,727	899,659
Total cash and cash equivalents		952,745	1,080,358

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 ended 31 December 2022

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 the ongoing war in Ukraine and the global increase in the costs of living 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 the Covid pandemic, the war in Ukraine and the global economic uncertainty and increase in the costs of living, the Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a going concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

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

Income recognition

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

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

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

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

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

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

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

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

Principal accounting policies Year ended 31 December 2022

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, and includes financial support provided to individuals. 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 ended 31 December 2022

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 ended 31 December 2022

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.

Pensions (continued)

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 2022 £
Donations			
. Events	119	228,557	228,676
. Individual giving and major donors	36,339	337,462	373,801
. Corporates, trusts and foundations	1,235,539	3,132	1,238,671
. Statutory funding	355,338	—	355,338
. Donated services	440,849	—	440,849
. Donated goods	213,467	—	213,467
Total	2,281,651	569,151	2,850,802

	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

Included within statutory funding for the year ended 31 December 2022 is £nil (2021 – £94,931) 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, £189,329 (2021 – £119,296) 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. £80,884 (2021 – £38,030) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257. Finally, £85,125 (2021 – £18,216) was received from FCDO for our programme in Malawi with grant reference 205210-271. This entire amount was also spent on the designated project.

Included within Corporates, Trusts and Foundations income for the year ended 31 December 2022 is £150,000 (2021 – £75,000) from the Stavros Niarchos Foundation (SNF) for World Child Cancer’s paediatric oncology programme in sub-Saharan Africa. In addition, £126,536 (2021 – nil) is included from Bristol Myers Squibb as a grant for strengthening paediatric oncology skills in Ghana and Cameroon. Finally, an amount of £608,551 (2021 – £601,722) is included from the UBS-Optimus Foundation in respect of creating a centre of excellence for paediatric oncology in Sub-Saharan Africa.

2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Fundraising costs	—	100,539	100,539
Staff costs	—	266,563	266,563
Support costs (note 5)	—	10,440	10,440
Total	—	377,542	377,542

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

3 Other income

Other income is made up of £nil (2021 – £29,865) of furlough income received from the government, £10,604 (2021 – £4,092) 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 £4,112 (2021 – £8,356) provided by Southwark Council following the coronavirus pandemic. The balance also includes £27,387 of rental income for the first time in 2022. This was from an office-sharing arrangement at the London Bridge premises.

4 Analysis of expenditure on charitable activities

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Project costs	1,538,561	38,375	1,576,936
Other direct costs	124,023	37,923	161,946
Voluntary medical aid	654,316	—	654,316
Staff costs	132,551	286,710	419,261
Support costs (note 5)	—	79,997	79,997
Total	2,449,451	443,005	2,892,456

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
<i>Project costs</i>	<i>1,154,239</i>	<i>8,771</i>	<i>1,163,010</i>
<i>Other direct costs</i>	<i>83,274</i>	<i>—</i>	<i>83,274</i>
<i>Voluntary medical aid</i>	<i>557,442</i>	<i>—</i>	<i>557,442</i>
<i>Staff costs</i>	<i>102,293</i>	<i>283,667</i>	<i>385,960</i>
<i>Support costs (note 5)</i>	<i>10,765</i>	<i>64,628</i>	<i>75,393</i>
<i>Total</i>	<i>1,908,013</i>	<i>357,066</i>	<i>2,265,079</i>

5 Support costs

	Total funds 2022	Total funds 2021
	£	£
Legal and professional	7,458	1,748
Audit and accounting fees	13,700	12,260
Other costs	5,782	12,072
Support staff costs	59,818	57,325
Depreciation	3,679	2,665
	90,437	86,070

6 Analysis of expenditure type

	Staff costs	Depreciation	Other costs	Total funds 2022
	£	£	£	£
<i>Current year</i>				
Expenditure on raising funds	266,562	—	110,980	377,542
Direct costs – support of treatment programmes	479,080	3,679	2,409,697	2,892,456
	745,642	3,679	2,520,677	3,269,998

	Staff costs	Depreciation	Other costs	Total funds 2021
	£	£	£	£
<i>Current year</i>				
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

7 Net expenditure

This is stated after charging:

	Total funds 2022	Total funds 2021
	£	£
Depreciation of tangible fixed assets:		
. Owned by the charity	3,679	2,665
Operating lease rentals	48,540	36,405
Auditor's remuneration		
. Audit fees: current year	10,980	9,600
. Other fees	1,320	1,260
Foreign exchange expense	75,921	15,717

8 Staff costs

Staff costs were as follows:

	Total funds 2022 £	Total funds 2021 £
Wages and salaries	625,656	557,508
Social security costs	61,869	51,868
Other pension costs	58,117	48,457
	745,642	657,833

There were no redundancy costs in either the current or prior years.

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

	2022 No.	2021 No.
Programmes, administration, fundraising and finance	16	15
The number of higher paid employees was		
£60,001 - £70,000	3	1
£70,001 - £80,000	1	1

The key management personnel comprise the Chief Executive, Finance Director, Director of Fundraising & Communications and Director of Programmes. The total remuneration of key management personnel (including employer national insurance and pension contributions) in the year was £323,953 (2021 – £299,932). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

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

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

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

9 Tangible fixed assets

Current year	Fixtures & fittings £	Office equipment £	Total £
Cost			
At 1 January 2022	4,502	12,121	16,623
Additions	—	3,962	3,962
Disposals	—	(2,432)	(2,432)
At 31 December 2022	4,502	13,651	18,153
Depreciation			
At 1 January 2022	3,127	5,502	8,629
Charge for the year	902	2,777	3,679
On disposals	—	(2,432)	(2,432)
At 31 December 2022	4,029	5,847	9,876
Net book value			
At 31 December 2022	473	7,804	8,277
At 31 December 2021	1,375	6,619	7,994

10 Debtors

	2022 £	2021 £
Trade debtors	28,000	—
Prepayments and accrued income	166,066	202,985
Other debtors	6,942	3,803
	201,008	206,788

11 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	11,445	14,203
Accruals and deferred income	258,799	12,932
Other creditors	1,161	2,678
	271,405	29,813

Deferred income	2022 £	2021 £
Deferred income at 1 January	—	—
Amounts released from previous years	—	—
Resources deferred in the year	238,509	—
Deferred income a 31 December	238,509	—

Deferred income comprises of three grants received in advance of the year end for work commencing in 2023.

12 Statement of funds

Current year	At 1 January 2022 £	Income £	Expenditure £	Transfers £	At 31 December 2022 £
Restricted funds					
Malawi	25,851	118,328	(142,583)	31,041	32,637
Bangladesh	60	192,849	(189,586)	(60)	3,263
Myanmar	38,600	47,685	(96,895)	19,254	8,644
Cameroon	18,550	91,794	(134,422)	38,386	14,308
Ghana	52,690	226,650	(160,637)	—	118,703
Vietnam	19,025	—	(6,211)	—	12,814
Nepal	47,338	80,884	(113,126)	—	15,096
UBS project	198,637	599,333	(737,005)	—	60,965
Stavros Niarchos Africa	82,768	150,000	(147,547)	—	85,221
Mexico	—	82,712	(3,098)	—	79,614
Sierra Leone	1,468	11,630	(2,466)	—	10,632
Family/Psychological	15,286	1,730	(12,208)	69	4,877
Philippines	—	1,369	(19,837)	18,468	—
Palestine	—	245	(245)	—	—
Other	9,618	22,214	(29,269)	—	2,563
Donated services including Voluntary Medical Aid	—	654,316	(654,316)	—	—
	509,891	2,281,739	(2,449,451)	107,158	449,337
Unrestricted funds					
General funds	307,201	613,557	(479,470)	—	441,288
Designated funds	448,235	—	(341,077)	(107,158)	—
	755,436	613,557	(820,547)	(107,158)	441,288
Total funds	1,265,327	2,895,296	3,269,998	—	890,625

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 restricted Malawi funds of £32,637 (2021 – £25,851) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

There are £3,263 (2021 – £60) of restricted funds for use in Bangladesh which will be spent on training, patient support packs, nutritional care and patient transport costs.

There are no restricted funds carried forward to spend in the Philippines but there was a transfer in the year from unrestricted reserves to fund nursing salaries, patient transport and diagnostic tests.

The restricted Myanmar funds of £8,644 (2021 – £38,600) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar.

12 Statement of funds (continued)

There is a restricted balance of £14,308 (2021 – £18,550) 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.

£118,703 (2021 – £52,690) 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.

£12,814 (2021 – £19,025) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families.

In Nepal, £15,096 (2021 – £47,338) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

£60,965 (2021 – £198,637) 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.

£85,221 (2021 – £82,768) 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.

Mexico has £79,614 (2021 – £nil) carried forward which will be used to improve paediatric oncology outcomes in Mexico.

There is £10,632 (2021 – £1,468) carried forward for use in Sierra Leone which will be spent on patient care and diagnostics.

The family and psychosocial programme has £4,877 (2021 – £15,286) carried forward and this will be spent on patient and family psychosocial services such as play therapists, cancer-specific literature for families and the Xploro app which helps and empowers children through their cancer treatment.

Finally, there is £2,563 (£2021 – £9,618) relating to other programmes which will be spent on nursing in Malawi.

12 Statement of funds (continued)

	At 1 January 2021 £	Income £	Expenditure £	Transfers £	At 31 December 2021 £
<i>Current year</i>					
<i>Restricted funds</i>					
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
<i>Donated services including Voluntary Medical Aid</i>	—	557,442	(557,442)	—	—
	<u>373,995</u>	<u>2,008,427</u>	<u>(1,908,013)</u>	<u>35,482</u>	<u>509,891</u>
<i>Unrestricted funds</i>					
General funds	284,076	727,569	(677,849)	(26,595)	307,201
Designated funds	457,122	—	—	(8,887)	448,235
	<u>741,198</u>	<u>727,569</u>	<u>(677,849)</u>	<u>(35,482)</u>	<u>755,436</u>
<i>Total funds</i>	<u>1,115,193</u>	<u>2,735,996</u>	<u>(2,585,862)</u>	<u>—</u>	<u>1,265,327</u>

13 Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
<i>Current year</i>			
Tangible fixed assets	—	8,277	8,277
Current assets	687,846	465,907	1,153,753
Creditors due within one year	(238,509)	(32,896)	(271,405)
	<u>449,337</u>	<u>441,288</u>	<u>890,625</u>
	Restricted funds £	Unrestricted funds £	Total funds 2021 £
<i>Current year</i>			
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)
	<u>509,891</u>	<u>755,436</u>	<u>1,265,327</u>

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 £654,316 (2021 – £557,442), is an amount totalling £23,205 (2021 – £20,835) relating to the support provided by 3 trustees (2021 – 3 trustees).

Accommodation and flight expenses of £2,057 were incurred by World Child Cancer in relation to two trustee representatives in order that they may attend trustee meetings (2021 – £158). One of these trustee representatives resides in Ghana and the travel was to the UK to partake in several days of meetings. £3,879 (2021 – £nil) expenses were incurred as part of their support providing voluntary medical aid and this was in respect of flight, visa and travel costs to Cameroon.

Gifts of £80 were made to Trustees during 2022 (2021 – £nil).

Total donations made by Trustee representatives (including connected persons) amounted to £12,810 (2021 – £13,505). In 2022 this included the sale of tables at the charity's gala dinner in November 2022. If the table sales are excluded then the total value of donations was £9,310 (2021 – £6,735).

James King, one of the Trustee representatives (until December 2022) 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 £112,018 (2021 – £180,699).

Sara Bailey, one of the Trustee representatives is senior partner at Trowers & Hamlins LLP who donated £7,750 to World Child Cancer. This was in respect of attendance at the gala dinner in November 2022 and other fundraising events in the year.

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 £58,117 (2021 – £48,457).

16 Operating lease commitments

At 31 December 2022, the Charity no longer had any operating lease commitments due to the expiry of its office lease (2021 – £10,350 was committed within one year).