

ANNUAL REPORT AND FINANCIAL STATEMENTS



FOR THE YEAR ENDED 31 DECEMBER 2021

Margaret Miller, diagnosed
with chronic lymphocytic leukaemia (CLL)



Charity Registration No. 1183890 (England and Wales)
Charity Registration No. SC049802 (Scotland)
Company Registration No. 11911752 (England and Wales)

www.leukaemiacare.org.uk

Leukaemia Care
YOUR Blood Cancer Charity

Legal and administrative information

Patrons Lady Penny Mountbatten
Beverley Warboys

Trustees Mr C. R. G. Matthews Maxwell (Chair)
Mrs Wendy Davies (Treasurer)
Dr Emmanouil Nikolousis
Mrs Elizabeth Wilson (Vice Chair)
Ms Kate Stallard
Mr Robert Heppell
Mr Dharmesh Mehta
Professor Mhairi Copland (Appointed 2 February 2022)
Ms Carina Patterson (Appointed 3 November 2021)
Dr Sarah Smith (Appointed 2 February 2022)
Helen Knight (Appointed 4 May 2022)
Mr Matthew Fowler (Resigned 17 May 2021)
Dr Barbara Compitus (Resigned 15 June 2021)

President Dr Richard Taylor

Vice Presidents Ms Sue Merchant
Mr Roland Maturi
Professor Claire Harrison
Dr Robert Marcus
Professor Andrew Pettitt
Dr Noel E M Harker
Professor Antonio Pagliuca
Ms Sheila Hegarty
Mr Jason Eliadis
Mr C.R.G. Matthews-Maxwell
Mr Peter Mondon
Mr Anthony Gavin
Mr Albert Podesta

Senior Management Team

Chief Executive Officer Zack Pemberton-Whiteley
Chief Operating Officer and Deputy CEO Monica Izmajlowicz
Communications and Fundraising Director Nicole Scully

Medical Advisory Panels As described in the Trustees' Report

Secretary Monica Izmajlowicz

Charity number (England and Wales) 1183890
Charity number (Scotland) SC049802
Company number 11911752

Website: www.leukaemiacare.org.uk

Registered office

One Birch Court
Blackpole East
Worcester
WR3 8SG

Auditor

Kendall Wadley LLP
Granta Lodge
71 Graham Road
Malvern
Worcestershire
WR14 2JS

Bankers

Barclays Bank Plc
54 High Street
Worcester
WR1 2QQ

Solicitors

Harrison Clark Rickerbys
5 Deansway
Worcester
WR1 2JG

Investment advisors

Cardale Asset Management
2 Greengate
Cardale Park
Harrogate
HG3 1GY

CCLA
Senator house
85 Queen Victoria Street
London
EC4V 4ET

Brewin Dolphin
12 Smithfield Street
London
EC1A 9BD

Contents

A word from our Chair and CEO	5
Trustees' report	6
Statement of Trustees' responsibilities	34
Independent auditor's report	35
Statement of financial activities	38
Balance sheet	40
Statement of cash flows	41
Notes to the financial statements	42

A word from our Chair and CEO

Despite an inauspicious start to 2021 with a third lockdown on 6 January, Leukaemia Care was prepared and continued to support patients and their families delivering support online and by phone.

The world and the way we live has been changed by the pandemic, challenging all of our assumptions about how to live and what is important. For leukaemia patients and their families, the easing of restrictions has been an especially anxious time, wondering if the vaccines will protect them or to what extent. It was important that we could give them accurate and timely information, and this is where our involvement in key coalitions and policy groups paid off.



Recognising this shift, Leukaemia Care is changing too. Next year, we will launch our long-term strategy for 2022-2030 which clearly sets out our goals under our five strategic areas. For the first time we are publishing our strategy on our website – please have a look and if you want to be part of the change we will create, do get in touch.

Reflecting over the past year, we keep coming back to the wonderful feedback from people accessing our services and wanted to highlight a few that we found especially moving.

“**"You've been like a family."**

“**"This service has been a lifeline."**

“**"I was so scared, but you have taken the time to explain my diagnosis."**

“**"During a time when I have felt so isolated and lonely, the webinars have felt like a caring hug from Leukaemia Care."**

This ethos of community and caring – one of our core values as an organisation, comes through so strongly and is embedded across the charity. Without the hard work and dedication of our employees, volunteers, donors and fundraisers many people would struggle with such a life changing diagnosis, and for many leukaemia patients who continue to shield, we remind them that they are not alone and have someone in their corner.

We wish to thank everyone who has worked so hard to support our blood cancer community during yet another challenging year. Our volunteers generously share their time and expertise alongside navigating their own leukaemia journey – raising funds, providing one to one support to fellow patients and their families, reviewing patient information, acting as critical friends among other activities. Those who are healthcare professionals juggle their jobs with speaking on our webinars empowering people with knowledge to make the best possible decisions for their care and wellbeing. Thank you to fellow Trustees and our employees who continue to work hard to make a difference to people's lives.

**With warm wishes
Chris Matthews-Maxwell (Chair) and Zack Pemberton-Whiteley (CEO)**



Christopher Riley, diagnosed with chronic lymphocytic leukaemia (CLL)

Trustee's report (including director's report)

The Trustees present their annual report and financial statements for the year ended 31 December 2021.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the Charity's memorandum and articles of association, the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Objectives and activities

About us

Leukaemia Care is the UK's leading leukaemia charity. For over 50 years, we have been dedicated to ensuring that everyone affected receives the best possible diagnosis, information, advice, treatment and support.

We are here for everyone affected by leukaemia and related blood cancer types – such as myelodysplastic syndromes (MDS) and myeloproliferative neoplasms (MPN).

We believe in improving lives and being a force for change. To do this, we have to challenge the status quo and do things differently.

Purpose

The charity's objects are set out in its articles of association:

1. The relief of sickness and the promotion and protection of good health among persons suffering from leukaemia and allied blood disorders.
2. The relief of need among families, carers and friends of persons suffering from leukaemia and allied blood disorders, and in particular those contemplating or suffering bereavement or who must contemplate the prospect of treatment where those needs are attributable to the affliction of leukaemia and allied blood disorders.

Our vision - our long term ideal

A future where everyone affected by leukaemia, MDS and MPN gets the best possible diagnosis, information, advice, treatment and support.

Our mission - what we are doing to make our vision a reality

We exist to improve the lives of everyone affected by leukaemia, MDS and MPN.

We provide information, advice and support for anyone affected, this includes patients and their friends and families too. We raise awareness of the issues impacting people affected by leukaemia, MDS and MPN, and campaign to fix them. We are driving early diagnosis, raising

public awareness, improving services, and ensuring access to effective treatments. But most importantly, we bring people together and unite them behind our common goal. Together, we will create the future we all believe in.

Our values - what do we stand for?

Leukaemia Care's values are at the heart of everything we do. They describe our approach to our work. They drive our thinking, our behaviours and our actions.

Mission based

We have a clear mission. We exist to improve the lives of people affected by leukaemia, MDS and MPN. We believe in doing the right thing. If it is not in the best interests of people affected by our mission, we will not do it. It is that simple. No ifs, no buts, no exceptions.

Collaborative

We are passionate about all forms of collaboration, especially with other charities. Our mission is bigger than Leukaemia Care. We know that working on our own will delay the day when everyone affected by leukaemia, MDS and MPN gets the best possible diagnosis, information, advice, treatment and support. That is why it is so important that we work in partnership with individual charities, charity coalitions, healthcare professionals and a wide range of other stakeholders to improve the lives of people affected.

Caring

It is in our name, and it is in our nature. We care deeply about every single person affected by leukaemia, MDS and MPN. We are on your side and always will be. This helps us deliver high quality support, but also underpins all other parts of the charity. We care about the people who dedicate their time to our mission - whether that is our colleagues, volunteers, supporters or fundraisers. We are a community united by a common mission and we care about each other.

Evidence based

We listen to and understand the experiences of people affected by leukaemia, MDS and MPN. We use the evidence we gather to adapt, improve our services and to focus our campaigns for change. We also work with healthcare professionals - including haematologists, nurses and GPs - to make sure we are rooted in the latest science.

Aspirational

We have ambitious goals and we set ourselves high standards to achieve them. We believe that everyone affected by leukaemia, MDS and MPN should get the best possible diagnosis, information, advice, treatment and support. Every day 44 people are diagnosed with leukaemia, MDS or MPN, we can't afford to wait. To achieve this change we must be innovators, problem solvers, challengers to the status quo and each and every one of us must go above and beyond, every single day.

Our values are key to everything we do. But we all make mistakes. If you see us acting in a way that you feel is not consistent with our values - please let us know!

Why our work is important

To paint a picture of the scale of the issue across the UK:

- 💧 Leukaemia is the **12th** most common form of cancer and 12th biggest cancer killer.
- 💧 Every year, **10,000** people are diagnosed with leukaemia in the UK.
- 💧 Every year, **5,000** people die from leukaemia in the UK.
- 💧 Every year **6,000** people in the UK will be diagnosed with conditions that may develop into leukaemia, including myelodysplastic syndromes (MDS) and myeloproliferative neoplasms (MPN).
- 💧 Over **50,000** people are living with leukaemia in the UK.
- 💧 There are **34,000** people living with MDS or MPN in the UK.

Our strategic goals

We exist to improve the lives of everyone affected by leukaemia, MDS and MPN. Over the last 50 years, we have come a long way, but there is more to be done.

We are committed to creating a future where everyone affected by leukaemia, MDS and MPN gets the best possible diagnosis, information, advice, treatment and support.

That will not happen overnight. But we are closer than ever before, and we are working to create that future every single day.

Our organisational strategy focuses on the future we believe we can create and sets five clear goals for the work we will be doing until 2030 to make this a reality sooner:

1. Improving diagnosis – through awareness and early detection.
2. Ensuring everyone receives high quality information, advice and support.
3. Tackling issues that impact people's lives.
4. Advancing treatment and care.
5. Creating a narrative to better reflect the reality people experience. But we need your help. If you believe in the future we are trying to create and want to help us get there faster, please get involved.

For more information on our five goals, please visit our website www.leukaemiacare.org.uk

Public benefit

Our work delivers public benefit by providing information, advice and support to anyone affected by a leukaemia diagnosis; patients, family members, friends as well as employers and schools looking for advice on how best to support employees and students. This information and support helps people to live better with their leukaemia by reducing the isolation that can come with a blood cancer diagnosis, clarity on their treatment options and improving quality of life with strategies to reduce the impact of the side effects of treatment.

Our '#SpotLeukaemia' campaign reaches a wider audience equipping people with the awareness of the common signs and symptoms of leukaemia. This empowers them to speak with their GP if they have any concerns and increases the likelihood of earlier diagnosis and effective treatment.

Our training raises awareness of the signs and symptoms of leukaemia among GPs and other key healthcare professionals increasing the likelihood of earlier diagnosis and effective treatment. Our nurse training provides much needed free training on aspects of caring for blood cancer patients thus enhancing their care.

Grant making

Leukaemia Care has three grant making streams: the Financial Hardship Fund (formerly the Hospital Travel Fund), the Exceptional Hardship Fund and the Ann Ashley Leukaemia Counselling Fund. These contribute towards addressing the recommendations made in our "Living with leukaemia" reports which inform our strategic aims.

Financial Hardship Fund (formerly the Hospital Travel Fund)

This fund provides grants of up to £200 for essential living costs to patients and their families affected by leukaemia, MDS or MPN. There is no closing date, awards are distributed on a first-come, first-served basis until the fund is depleted each month.

Exceptional Hardship Fund

Applicants who have received the Financial Hardship Fund of £200 within the year and are assessed as experiencing exceptional hardship are considered for an additional grant of up to £1,000. They are likely to be facing multiple challenges alongside a leukaemia diagnosis such as no recourse to public funds, homelessness or poor housing, significant mental health issues, care for a disabled dependant (adult and/or child) etc.

The Ann Ashley Leukaemia Counselling Fund

We are committed to providing patients and their families with emotional and psychological support through their blood cancer diagnosis. To provide patients with a diagnosis of leukaemia, MDS or MPNs or a parent, sibling, child or spouse of a patient with a maximum of up to six sessions of counselling with a maximum award of £400. Counsellors must be registered with the British Association of Counselling and Psychotherapy (BACP), or the UK Council of Psychotherapy (UKCP). The fund opens at the beginning of each year and awards are distributed on a first-come, first-served basis until the fund is depleted for the year.

Achievements and performance

Our response to the COVID-19 pandemic in 2021

In October 2020, we reviewed our strategy alongside our emergency response plan drafted in the weeks prior to the first national lockdown on the 23 March 2020. With the ongoing pandemic and the clinically extremely vulnerable status of many of our beneficiaries, we decided to continue to deliver most of our services digitally. When appropriate, many would return in a hybrid format, making use of the increased demand for virtual support alongside our traditional in-person services. This proved to be wise as we entered the third national lockdown on the 6 January 2021.

We continued to:

- prioritise the safety of our employees and the people we support.
- ensure patients and their families continue to receive support albeit modified to online or by phone.
- safeguard income wherever possible recognising that 2021 was likely to be another challenging year for fundraising.
- promote early diagnosis recognising the impact of lockdowns on cancer referrals and the inevitable later diagnoses of cancer that result from them.
- recognise and address the extra challenges leukaemia patients face after lockdowns have finished and restrictions ease.
- re-start in person activities such as support groups in consultation with patients and their families, keeping in place social distancing and face coverings alongside the option of online support groups.

Our achievements

The Leukaemia Care Annual Survey launched in September aimed to measure awareness of our activities among our stakeholders, gain feedback on them and capture equality data so we could better understand the demographics of people on our database. We learned that the top five ways people heard about the charity were online search, our patient information booklets, signposting by a consultant or nurse, social media and our '#SpotLeukaemia' campaign. This aligns with our investment in raising awareness of our services online and in person through our network of Regional Coordinators and Hospital Support Workers nationwide in the lead up to 2020.

Recruitment and retention of employees continued to be a challenge throughout 2021 especially in fundraising and we expect this to continue through to 2022. Obviously, this is likely to have a significant impact on fundraising alongside the deteriorating wider economic climate resulting from the pandemic.

Patient Support: providing high quality information and emotional support

Our Advice Service comprising the helpline, email and WhatsApp handled 4,697 queries (5,692 queries in 2020). Our two nurses, both haematology clinical nurse specialists, provided much needed advice and emotional support throughout the pandemic and this complemented the information provided in our webinars and support groups. At the start of 2021 due to lockdown, most helpline calls were about COVID-19 vaccines and from family members who were unable to visit their loved ones in hospital. We also saw an increase in calls from newly diagnosed patients alongside calls about shielding. As restrictions eased, patients continued to be worried about the efficacy of vaccines and their vaccine antibody levels.

“I was so scared, but you have taken the time to explain my diagnosis. I feel a lot more in control and clearer about what to expect.”

“I'm so glad I called, I feel so much better now you have explained everything to me.”

“Thank you so much for all your help and support. You have made a difficult time much easier. Your support throughout 2021 has been amazing. Having you at the end of the phone this year has been a lifesaver.”

“This service has been a lifeline.”

“I only have you to talk to about this.”

Our Buddy Service provided one to one support to 98 patients (77 in 2020) on an ongoing basis by phone and email. All of our buddies are DBS checked and receive induction training.

“I decided to use the buddy service despite being in remission

from AML diagnosed in 2019. I then relapsed in the summer and found my buddy very supportive. She has been through a stem cell transplant and so has prepared me for what to expect."

69% reported an improvement when asked how anxious their diagnosis made them feel compared to when they joined the buddy scheme. 86% felt they better understood their diagnosis after talking to their buddy.

"The buddy scheme has been a great support for me personally - to be able to speak to someone who has had a similar experience and can offer advice and empathy whenever needed."

71% of patients reported a significant improvement when asked how isolated they now felt about their diagnosis.

"Excellent - this was the best help I could have possibly accessed."

Due to the pandemic, we postponed any in-person conferences until 2022. Instead, we continued to provide a series of webinars addressing patient's immediate concerns around COVID-19 and their specific leukaemia and expanded the range to cover end of life care, living with fatigue, making the best of your medical appointments, employment rights (with ACAS) and CAR-T therapy. We held 28 webinars in 2021 (23 in 2020) and these would not have been possible without the generosity of healthcare professionals and patients donating their time to support others with their expertise. Average attendance at each webinar was 111 people.

"I thought the content was comprehensive, informative, and pitched at exactly the right level. The speakers all spoke knowledgeably on their topics, reflecting their experience and empathy for patients, which I felt inspired confidence." (Patient feedback on "Understanding advocacy and what advocates can do for leukaemia patients" webinar.)

"Good to know that a trusted organization is tapping into the best of what is available on our behalf." (Patient feedback on "Making the best of your CLL medical appointments" webinar.)

"These webinars are invaluable to those of us shielding - so rarely mentioned in national news bulletins."

"During a time when I have felt so isolated and lonely, the webinars have felt like a caring hug from Leukaemia Care."

In 2021, we reviewed our support groups to assess the viability of each group long-term. With the introduction of 13 online national meetings, many support group members are now attending these groups as well as their regular pre-pandemic in person group (now online). We

actively invited patients and their families to attend any of our online support groups as often as they wished given geographic location was no longer a factor.

We trialed seven in person support groups in consultation with members. Four had high attendance and will be repeated in 2022 with the remaining three reverting to online due to low attendance. Full risk assessments were performed and given the vulnerability of patients and their family members, only venues with good ventilation and sufficient space for social distancing were used alongside face coverings and other measures to reduce the risk of COVID-19.

We supported 1,677 people (1,564 in 2020) across our 53 online support groups. Our national online meetings drew members from across our regional online groups enabling them to meet new people and share experiences more widely. National meetings included specific ones for family and friends, issues specific to women diagnosed with a blood cancer, issues specific to men diagnosed with blood cancer as well as meetings for specific leukaemias and myelodysplastic syndromes.

Support groups are key in supporting people through the isolation many face following a diagnosis and for some people, Leukaemia Care provides the sense of community and support that comes from being part of a family.

**““ These groups really help. My initial thought when I was diagnosed was I didn't think I'd make it to Christmas.”
- CML patient**

““ You're the best medicine I've had in 4 weeks.”

““ These were very helpful in breaking the isolation of spending 56 weeks shielding at home alone.” - CML patient and regular SG attendee

““ You've been like a family.” - CML patient

““ These groups are like a surrogate family.”

““ Talking to other people who have been through it is really useful. I've enjoyed being part of the family”. - CML patient

““ Without these support groups, I would feel very isolated.”

““ Leukaemia Care have been invaluable, if didn't have these meetings, I would've really struggled. You're part of the family!” - CML patient

““ You have these preconceptions about support groups that they're going to all be negative and doom and gloom, but it's

been really positive and I'm glad I joined." - APL patient

The Ann Ashley Leukaemia Counselling Fund aimed to provide 35 individuals with up to six sessions with a counsellor of their choice (subject to registration with relevant professional bodies). We awarded 42 grants to help adults and children come to terms with their diagnosis or that of a family member, including relapse following treatment and coping with bereavement.

“The counselling gave me the perfect outlet for my worries, and some of the anger I have been feeling in regards to my diagnosis or more in particular the side effects I am suffering from treatment. During my sessions I could talk about all the thoughts and worries I had without feeling the need to worry about anyone else's feelings. I feel less alone and a lot more understood than I ever have done since my diagnosis – I just wish I could afford to keep it going. But the help I have received in getting these sessions have been worth more to me than I can put words to.”

“The counselling has been the best emotional support I have received following my diagnosis. I felt very much like the NHS "fixed" me physically and left me to recover emotionally on my own.”

We recognise that for some people, six sessions may not be enough, but our aim is to provide rapid access to counselling support when waiting times on the NHS are very long. We always signpost people to our other support services such as our helpline, buddies and support groups which they can access alongside their counselling or following it.

In 2021, we expanded the remit of our Hospital Travel Fund to include other essential living costs that can contribute to the financial burden of a leukaemia, MDS or MPN diagnosis. It is now known as the Financial Hardship Fund. Alongside this we offered an Exceptional Hardship Fund for 10 people of up to £1,000 each. Both funds were awarded on a first come, first served basis, and were exhausted by September. We supported 200 people with financial hardship grants of £200 and 11 people with an exceptional hardship grant. We were able to support more people than expected with an exceptional hardship grant as not everyone needed the full £1,000 when they applied.

“Thank you so much for acting so quickly! We as a service really appreciate it. The grant has really helped the couple out during this difficult time. Thanks once again!”

“Having the leukaemia CML, I feel like I'm cheating as I am at work but do find I'm short on money often due to hospital visits and I seem to eat more. Not one for asking for help, I appreciated the money thank you.”

We work closely with nurses and support workers at hospitals who raise awareness of our hardship funds ensuring we can support more people struggling financially.

In 2021, we continued to expand our information with two new booklets and reviewed 41 bringing our total number of publications to 43. These were Gilteritinib for Acute Myeloid Leukaemia and Liposomal daunorubicin- cytarabine for acute myeloid leukaemia. We continue to signpost to our fellow blood cancer charities especially for lymphomas and myelomas. We distributed 13,304 (15,360 in 2020) hardcopy booklets mainly to hospitals. A further 25,538 booklets (8,000 in 2020) were downloaded from our website – reflecting the increased demand for online resources.

“The Caring for Carers booklet was a lifeline for me, I read it over and over and I still have it on my bedside even though my husband is over a year in remission and nearly a year out of treatment. For anyone with a loved one going through diagnosis or treatment, I would highly recommend reading it.”

“Have been using LC (Leukaemia Care) booklets for a good few years, give them to patients on a new diagnosis and patients find them extremely helpful as they have usually had info overload and this enables them to go home and re-cap. The feedback that we get is that they are easy to read and understand, informative and useful to family members who are now unable to attend the appointment.”

To complement our patient information booklets, we produced 130 videos (175 in 2020) covering patient stories and ways to get involved but also edited our webinars which can be viewed on demand on our YouTube channel <https://www.youtube.com/leukaemiacare>. We filmed testimonial videos with patients and family members to raise awareness of our support services. Our videos have been viewed 426,577 times across our social media outlets (576,668 in 2020). A huge thank you to everyone who shared their story and expertise.

We produced 13 episodes of our podcast "Leukaemia Chatters" – which had 3,670 downloads (2,672 downloads in 2020). We used the podcasts as an opportunity to talk to patients who have accessed our services and used the content across our social media and in Leukaemia Matters magazine to raise awareness of and encourage people to access our free services. The circulation of our quarterly magazine, Leukaemia Matters increased to 7,228 (6,456 in 2020) with slightly more subscribing to electronic than hardcopy editions. 98% of readers rated our magazine as excellent or good and we continue to ensure it remains informative and engaging.

Eight hospitals across the UK normally host Hospital Support Workers who work alongside healthcare professionals one day a week in haematology clinics and on wards providing information, practical and emotional support to patients and their families. These are at Heartlands Hospital (Birmingham), Good Hope Hospital (Sutton Coldfield), Solihull Hospital (Birmingham), St James (Leeds), Southampton, Worcestershire Royal Hospital and the Christie Hospital in Manchester.

For the majority of 2021, our Hospital Support Workers were on part-time furlough until October when they resumed their contractual hours. Our hospital hub in Leeds reopened in July but experienced closures due to COVID-19 and our hubs at Good Hope, Solihull, Worcester and Southampton reopened in October. Patients at our Heartlands hub were supported by phone and The Christie hub remained closed due to restrictions on honorary workers due to COVID-19.

Our hospital support workers continued to support patients by phone whenever possible as referred by the clinical nurse specialist contact in each hub.

“The service you have provided has been absolutely brilliant. I’m so happy to have met you as you have been so supportive and helpful to me and my family in the worst time. Every time I called you, you answered, or you rang me back. You listened and heard me. You helped with any questions or concerns I had, and you also became a friend. You were a fresh voice and face when I needed it the most and you tried your utmost best for me and my children. You gave us strength and hope... thank you.”

Our Regional Coordinators continued to raise awareness of our free support services with hospitals despite being unable in most cases to visit in person due to COVID-19 restrictions. The strong nationwide contacts they made pre-pandemic ensured healthcare professionals were willing to speak at our webinars and continued to support our now online, support groups.

Patient Advocacy: campaigning for access to treatment and services

Our Advocacy Officer helped 211 (194 in 2020) people with a variety of issues. Once again, COVID-19 related issues dominated (accessing vaccines and understanding shielding guidance). However, we have also seen an increase in general issues with care such as lack of access to appointments, changing medication or feeling unsupported by their healthcare team, where COVID-19 had an indirect link or influence on the severity of the situation.

There has also been an increase in the number of people struggling to come to terms with bereavement and who wish to complain about their care; again we believe this to have been influenced by less time and ability to communicate with care teams due to COVID-19.

“My query concerned the suitability of the two vaccines for my conditions, CLL. The response was very prompt and unambiguous and communicated with friendliness and professionalism. It gave me confidence in accepting the invitation for my first jab. I’m now waiting for a date for my second. I was grateful for your advice.”

Our Welfare Advice Service supported 183 people (140 in 2020) with accessing benefits but also helping with housing and homelessness, people facing discrimination at work on diagnosis, making grant applications for financial support, pension advice and challenging Personal Independence Allowance decisions.

“Thank you so much for helping me with the application for a cooker. I am absolutely thrilled with it. Having a cooker has made a huge difference to my life. I’m now making healthy meals.”

“Your help has been amazing. We are now receiving attendance allowance and have a blue badge to help when attending hospital appointments. Thank you.”

“Thank you so much for helping me with my claim for attendance allowance. I have just been awarded the high rate and can now afford to pay for meals on wheels.”

“Thank you for all your help and advice. I am now receiving pension credit. I really appreciate all of your help with this and telling me about my other entitlements.”

Leukaemia Care have committed to be actively involved in all relevant Health Technology Appraisals for leukaemia, to ensure that we work to obtain access for patients and represent their views when decisions that affect them are being made. We also get involved in other blood cancer related appraisals where there is an unmet clinical need and a need for patient input in the appraisal. The Patient Advocacy team was involved in nine health technology appraisals at various stages and secured direct patient involvement in 100% of appraisals.

Early diagnosis within primary care: supporting GPs

With COVID-19 affecting the public’s confidence in seeking medical help, encouraging early diagnosis through our SpotLeukaemia campaign was more important than ever. World Leukemia Day on the 4 September reached over 8 million with the ‘#WorldLeukemiaDay’ over the course of the campaign. Our ‘#SpotLeukaemia’ reached over 11 million people alone. As part of our SpotLeukaemia campaign we collaborated with Leukaemia UK, The Eve Appeal, Bloody Good Period, Luke 1977, OPAAL, Honest, Dr Amir Khan and Ade Williams. Twenty-eight buildings nationwide were lit up red representing the 28 people diagnosed with leukaemia every day, and we benefitted from 14 national and 53 regional pieces of press.

905 GPs signed up to our online leukaemia awareness courses with 80 attending our webinars held in partnership with the Royal College of General Practitioners. We also launched a free leukaemia awareness online course for care home staff alongside "Symptom Spotlight" videos; six one-minute videos focusing on a different symptom of leukaemia.

Each year we reach out to people to share their experiences of being diagnosed with leukaemia to encourage others to become more aware of the signs and symptoms, and each year we are moved by the generosity of people willing to share often challenging experiences to help others. You can read all the stories on our website.

Campaigning to raise awareness of the financial impact of a leukaemia diagnosis: '#LifeVsLivelihood'

One of the factors that determine the extent to which someone is financially impacted by a leukaemia diagnosis, is whether they are in employment or not. Following diagnosis and treatment, leukaemia patients can face several barriers in returning to work. This has been further complicated by the COVID-19 pandemic and the lifting of restrictions such as social distancing, the wearing of masks and guidance on working from home from the 19 July. Therefore, in July 2021, we launched our '#LivevsLivelihood' campaign.

This campaign was targeted at:

- **Patients directly affected by the issue:** we published checklists covering people rights at work including talking to employers about a safe return to work alongside template letters requesting reasonable adjustments at work.
- **Employers of people with blood cancer:** we published checklists and signposting to information to help employers understand the needs of those who may still be vulnerable to severe COVID-19 illness. We worked with ACAS and Macmillan to raise awareness of the information, but also asked patients to tell us who their employer was so we could share details of the campaign anonymously.
- **Policy and decision makers:** we asked policy makers to improve the advice to both patients and their employers, acknowledging those who were still at risk and making employers aware of their obligations. We also asked for the furlough scheme to continue. We wrote to MPs, including the Health Secretary and Ministers across the devolved nations, but also asked supporters to email their MP.

Over 400 people sent an email on behalf of clinically extremely vulnerable people to their MP. Unfortunately, the campaign failed to achieve any of our asks of policy and decision makers. However, we raised awareness of the issue with the campaign hashtag reaching 87,000 people and the checklists acting as useful tools for patients negotiating a safe return to work.

Haematology nurse education: specific and affordable training for nurses caring for blood cancer patients

We had 2,152 sign ups to our online Nurse Academy including our Clinical Nurse Specialist course, CAR-T therapy, Treatment Free Remission and PCR testing, Minimal Residual disease, end of life and acute leukaemia, Myeloproliferative Neoplasms: Diagnosis, treatment and management of side effects, GVHD and extravasations.

“**Concise and precise course. Recommended for those who are familiar with the name of therapeutic technique and want to learn the science behind it." (Feedback on our CAR-T course)**

We also held three webinars for nurses on topics to support their patient care.

“**It was one of the best Nurses Forums I attended recently via a digital platform. I was fully engaged in the discussions and gained a lot of knowledge from it. I thoroughly benefitted from discussions around venetoclax management and troubleshooting. As the nurse led clinics for venetoclax are just**

about to begin at my workplace, this forum happened just at the right time for me. Many thanks Leukaemia Care, for arranging this meeting."

Raising funds to deliver patient services

Although restrictions continued throughout 2021, online donations and regular giving did exceptionally well following improved asks on our website and in our communications. UK challenges such as skydives, corporate fundraising, in memory, grants and trusts and pharmaceutical fundraising all exceeded their targets.

The London Marathon took place on the 3 October and Leukaemia Care had 101 runners in the physical event and 59 in the Virtual London Marathon, with 90 places rolling over to 2022. Some of these places were unfilled due to individuals failing to reach their fundraising targets or people feeling uncomfortable with doing an in-person event. Obviously, this had a significant impact on the amount raised which together with costs carried over from the 2020 London Marathon (mostly the costs of places purchased), meant we did not achieve our London Marathon fundraising target for 2021.

Virtual fundraising raised over £20,000 mainly from our new virtual challenge "Step out for Leukaemia Care" and our Visufund page allowing supporters to make a donation and pay tribute in memory of a loved one or a dedication to someone special in their life.

Our Christmas campaign #LonelyWithLeukaemia, launched to show the public how vital our services are to leukaemia patients and their quality of life, raised over £8,000 and with the hashtag reaching over half a million impressions.

Legacies enable the charity to plan for the future, pilot new services and expand existing ones. Without the generosity of people who chose to remember Leukaemia Care in their will, this would not be possible. In 2021, we benefited from £283,679 from gifts in wills from Ethel Hackett, Margaret Clark, Edward Manning, William Turnbull, Teresa Davies, Sheila Ann Mahoney, Georgina Wells, Howard Tait, Martin Davy, Vera Phillips, Glenys Bridges, Peter Jones and Jean Godebout. We wish to honour their memory for their support for blood cancer patients and their families.

We promoted our free wills scheme during Free Wills months in March and October. Under this scheme, people can make a simple will and can leave a gift to the charity if they so wish. We encourage anyone diagnosed with a life changing illness such as leukaemia to ensure they have an up to date will regardless of whether they choose to leave a gift to Leukaemia Care. In 2021, 34 people took up the offer of a free will from the charity with legacy pledges of approximately £264,680.

The charity works with the pharmaceutical industry to ensure that the interests of patients are considered when developing new drugs and treatments for patients. Leukaemia Care had our most successful year ever with £368,368 secured in donations from the following pharmaceutical companies in accordance with our Code of Practice (see website).

To ensure that we remain financially independent, limits are placed on all types of funding. We do not allow the total level of funding received from the pharmaceutical industry to exceed 25% of our total annual income. Nor do we allow the funding received from an individual company

to exceed 10% of our total annual income.

Abbvie	£12,000 core funding and £450 honorarium
Adaptive	£10,000
Amgen	£5,000 support services
Autolus	£25,000 core funding
Astellas	£15,000 digital support and £725 honorarium
Astraze	£15,000 patient support
Celgene	£65,000 patient activities of which £15,000 is for the Blood Cancer Alliance
Gilead	£25,000 core funding and £420 honorarium
Glycostem	£7,500 core funding
Incyte	£30,000 core funding
INO Therapeutics	£11,125
Janssen	£10,000 support activities for patients and £180 honorarium
Jazz	£30,000 awareness and patient support
Kyowa Kirin	£10,000
Novartis	£25,000 core funding, £25,000 for videos, podcasts and webinars and £487 honorarium
Pfizer	£10,000 core funding
Servier Labs	£5,000 core funding
Takeda	£30,000 core funding and £855 honorarium

Financial review

The results for the year are set out in the financial statements commencing on page 28. The financial statements show incoming resources for the year of activities of £1,346,169 compared to incoming resources in 2020 of £1,185,076. Trustees would like to thank all staff and volunteers for the continuing hard work and commitment that have made this possible.

Total reserves stand at £3,032,035 (2020: £2,975,178) of which £71,581 (2020: £47,931) was restricted in application and £1,087,127 (2020: £1,334,103) were designated by the trustees to match the tangible fixed assets of the charity and fund certain projects identified as being required in the immediate future. Those designated funds connected to tangible fixed assets relate predominantly to the freehold property and are likely, given current market conditions, to remain whilst the relevant charitable entity continues to own title to the same. Funds remaining for general use were £1,873,327 (2020: £1,593,144).

In light of the issues created by the Covid-19 pandemic, the Trustees consider the results for the year to be satisfactory.

Risk assessment and management

We carry out an annual detailed review of the charity's activities and produce a comprehensive three-year strategic plan which sets out the major opportunities for the delivery of patient support. The Trustees monitor progress against the strategic objectives set out in the plan quarterly, in addition to the annual review. As part of this process the Trustees have implemented a risk management strategy, which comprises:

- a comprehensive annual review to identify, where possible, the risks which the charity may face during the forthcoming year.
- the establishment, where possible, of contingency plans to meet anticipated risk(s).

- the establishment of systems and procedures to mitigate such risks and the implementation of procedures to minimise any real or potential impact on the charity should any such risk(s) materialise.
- the prioritisation of the charity's activities both actual and planned.
- the preparation and monitoring of meaningful and timely financial and management information.

The strategic plan referred to above focuses on the delivery of care and support to anyone affected by blood cancer. Successful implementation of the plan is dependent upon the charity having the necessary resources available (financial and otherwise) and for the prudent and effective management of such resources.

Reserves Policy

Leukaemia Care's reserves policy has been developed in line with best practice guidance to maintain resilience within the finances of the Charity. By developing an intelligent reserves policy with a clear understanding of income and expenditure, we aim to consider and mitigate against financial risk more effectively.

We recognise that money is donated to advance our charitable purposes. As such, our policy is to only hold reserves for a particular objective or to mitigate a particular risk, to avoid tying up money unnecessarily.

Leukaemia Care has a separate Investment Policy which considers the best use of reserves for generating financial return, preserving capital value, and meeting unanticipated cash flow requirements. For the purposes of investment, Leukaemia Care has divided its reserves into two those expected to be held for a long-term time horizon and those that may be needed in the short term.

It is Leukaemia Care's policy to express reserves in terms of 'months of expenditure' for the purposes of external communications.

Our policy identifies three factors requiring the charity to hold reserves. These are considered in the context of both individual risks and by summation (the addition of multiple risks happening at once):

- Liabilities and contingencies - i.e. staffing costs to provide services, wind-down costs based on the costs of closing down the Charity.
- Provision to absorb setback - i.e. predominantly related to income-based risk.
- Funds designated for specific commitments - i.e. operational plan commitments, including forecast deficits or existing committed projects and activities.

In line with the considerations above, Leukaemia Care's policy is to hold sufficient funds to cover between six to nine months of budgeted ongoing expenditure (£1,125,512 - 6.6 months as of 31/12/2021). Ongoing expenditure excludes one-off projects and depreciation, which are met through designation.

Our policy is subject to annual review by the board of Trustees, with the reserves reviewed in line with the policy at budget setting time and in time for the new financial year. Notwithstanding this, the reserves amount is calculable at any point of the year if required, as the financial position of the charity changes or plans alter.

Pensions

The charity will match employee contributions up to 7% of qualifying earnings to the government workplace scheme – NEST.

Our Investment Policy

The Trustee Board regularly monitors cash and investments against objectives and risk profile. The investment policy is reviewed annually, and recommendations made to Trustees. Day to day investment management is delegated to an authorized, professional investment advisor, regulated by the FCA.

Our investment policy aims to produce the best financial return within an acceptable level of risk. The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term but also to be available at short notice to support the on going activities of the Leukaemia Care.

The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

Our future plans for 2022 to 2030

The pandemic accelerated our long-term planning and we spent six months re-evaluating our vision, mission, and strategic goals. In November 2021, the Trustees formally approved a new long-term strategy alongside a three-year operational and organisational plan and budget for 2022 to 2024.

Long-Term Strategy

Our long-term strategy aims to set out afresh Leukaemia Care's vision, mission, values and five clear goals to guide us forward. It is a statement of intent. For the first time ever, we have made this a public document that can be accessed in the "About us" section of our website, allowing us to clearly and publicly state who we are and what we stand for, encouraging people to join us in our mission to create a future where everyone gets the best possible diagnosis, information, advice, treatment and support.

This public statement helps clarify our positioning as the UK's leading leukaemia charity, covering everything related to leukaemia and related blood cancers (MDS and MPN) except clinical research (e.g. support, information, campaigning, researching patient experience, being a strong voice for the leukaemia community). We will continue to develop collaborations with other charities depending upon their focus, organisational similarities or topic specific expertise.

As the UK's leading leukaemia charity, we exist to improve the lives of people affected by leukaemia and related blood cancer types – MDS and MPN. We recognise that other organisations are better placed to provide this support for other forms of blood cancer - such as lymphoma or myeloma. We have a responsibility to signpost people to the best possible information, advice and support for their particular circumstances.

Sometimes this will be as well as our own support (e.g. Young Lives Vs Cancer, Teenage Cancer Trust) and sometimes this will be instead of our services (e.g. Lymphoma Action, Myeloma UK).

Operational Plan

The new operational plan has been reorganised to align with our long-term strategy, as the first steps towards achieving our long-term goals. Whilst it contains many activities from previous years (as well as some new ones), it is now organised by our strategic goal (why we are doing it) rather than a delivery plan (who or how we will deliver it).

This recognises our need to work as a whole organisation, rather than individual teams, to achieve our collective goals. Whilst an individual or a department may lead on an activity, we work as one team and seek input and feedback from colleagues across the whole charity where appropriate.

Performance Measures

Our performance measures help us measure our progress towards our goals. For each activity at Leukaemia Care, we have set both targets (effective) and stretch targets (highly successful) for 2022. All targets are based on historical outcomes and expected outcomes in 2021 where a service is already in place, and for new services we have used informed assumptions. These will be used for reporting, with all targets for future years reviewed considering the performance and outcomes from the current financial year.

Organisational Plan

The organisational plan outlines our commitment to developing the charity through supporting employee wellbeing, effective recruitment and induction, targeted staff development and training, a performance management process that aligns with behaviours and our organisational values, and effective recruitment and management of volunteers towards delivering on our long-term strategy. It recognises that internal communication is vital, contributing to employee wellbeing as well as improving the delivery of our key objectives. We are committed to consulting with employees on key initiatives such as flexible working, wellbeing and internal communications, as well as other key topics that arise.

Development Process

The proposals within the operational plan are fully costed and seek to build upon measured outcomes from previous years and evidenced proposals from across Leukaemia Care with new opportunities and ideas. At the centre of this plan is listening to and understanding the experience of people affected by leukaemia, MDS and MPN. This tells us why we do things. It starts with obtaining evidence through patient surveys (such as the Living with Leukaemia project and annual feedback survey) and external projects (such as Blood Cancer Alliance's work on unmet needs). But it also comes through seeking individual inputs more directly through our patient and medical advisory panels.

In 2021, we incorporated a much wider range of internal perspectives as part of the planning process. At the outset of the process, Trustees were invited to take part in a facilitated discussion with the CEO to seek their views, suggestions and long-term ambitions for the charity. There was a high level of alignment across the board. Feedback focused around perceptions of the charity, unmet needs for patients and healthcare professionals, organisational strengths and weaknesses, prioritisation of activities, external opportunities and challenges, differentiating Leukaemia Care from other blood cancer charities and investment of reserves into developing the organisation and its activities. Insights from

these discussions have primarily informed the development of the long-term strategy and operational plan.

Employee input was sought through an anonymous survey, with responses analysed to consider both overall aligned perspectives and areas of differing views. Key themes that emerged from this exercise included improving internal communications, inspiring people to support us by better demonstrating our impact, improving the way we do things internally to improve outcomes for patients and understanding what has the greatest impact on the wellbeing of employees. Following the survey, employee focus groups were used to further explore or clarify these topics. These insights are at the core of developing the organisational plan, as well as providing a more nuanced view and insights as part of the operational plan.

Conclusion

As a result of this process, our new plan for 2022 to 2030 represents our best current thinking on the way to make our vision a reality, as soon as possible. But it is open to challenge, new ideas and change as things develop. We are more committed to achieving our vision than to any particular plan we happen to be following right now. We recognise this plan is ambitious and will be challenging to implement in its entirety. It is at the core of our values as an organisation to have ambitious goals and to set ourselves high standards to achieve them. We owe it to people affected by leukaemia, MDS and MPN to do our utmost to advance our vision, as quickly as possible. We owe it to people who donate their money to spend it in a way that makes this vision come true.

Structure, governance and management

Constitution

This is the second annual report of Leukaemia Care. Leukaemia Care was registered as a private company limited by guarantee on 28 March 2019 (Registered No: 11911752). It was then registered with the Charity Commission on 13 June 2019 (Registered No: 1183890) and with the Scottish Charity Regulator on 9th December 2019 (Registered No: SCO49802).

Trustees and their role

The trustees are responsible for the governance and strategy of the charity. A minimum of five and a maximum of 12 trustees in office at any one time are required by the constitution. At each AGM one-third of the trustees, must retire from office but may stand for re-election. A Trustee's term of office is not restricted, and they receive no remuneration for their duties. They may claim reasonable expenses incurred such as travel to trustee meetings. The trustees meet six times a year (currently online or hybrid meetings) and delegate day-to-day running of the charity to the senior management team. In 2021, the January, April and July meetings were held online only, with the November meeting held as a hybrid event following the purchase of conferencing equipment that made this viable.

Our Trustee Board together bring a balanced mix of skills in governance, finance, business, healthcare, law and administration to the Board with half of our Board being patients. Two Trustees resigned in 2021 - we thank Matt and Barbara for their service to the Board of Trustees and Leukaemia Care and wish them all the best. One new Trustee was appointed during the period of this report: Carina Patterson.

The Trustees who served during the year and up to the date of signature of the financial statements were:

Mr Christopher R. G. Matthews Maxwell (Chair)	
Mrs Elizabeth Wilson (Vice Chair)	
Mrs Wendy Davies (Treasurer)	
Dr Emmanouil Nikolousis	
Mr Matthew Fowler	(Resigned 17 May 2021)
Dr Barbara Compitus	(Resigned 15 June 2021)
Ms Kate Stallard	
Mr Robert Heppell	
Mr Dharmesh Mehta	
Professor Mhairi Copland	(Appointed 2 February 2022)
Ms Carina Patterson	(Appointed 3 November 2021)
Dr Sarah Smith	(Appointed 2 February 2022)
Helen Knight	(Appointed 4 May 2022)

Recruitment, induction and training of Trustees

The Chair with support from their fellow Trustees and the CEO, identify the skills and insight required on the board to deliver the charity's strategy. A volunteer role specification is drafted and approved before being advertised as widely as possible. This includes Leukaemia Care's social media outlets, online recruitment sites, specialist publications targeting for example healthcare professionals as well as a direct approach to individuals identified as having the appropriate skill sets. Potential applicants are invited to submit a CV and if shortlisted for interview, will be interviewed by the Chair and another trustee. Successful applicants will be co-opted as trustees until their formal election at the next annual general meeting.

On appointment, the new Trustees attend an induction at our offices in Worcester (Government restrictions permitting during the pandemic) with the executive team and identify areas in which they may wish to take a special interest. They are provided with an induction pack including a copy of the constitution, recent trustee board minutes, accounts, financial reports, the charity's strategy as well as helpful publications such as the Charity Commissions "The essential trustee".

All Trustees are encouraged to attend Leukaemia Care's webinars for further insight into the challenges facing patients, their loved ones and the healthcare professionals that look after them, and how Leukaemia Care is addressing them.

Our approach to fundraising

Leukaemia Care is registered with the Fundraising Regulator and as such agrees that when fundraising will do so in accordance with the Fundraising Promise and such of the Code of Fundraising Practice as applies to our fundraising methods. We agree to promote the Fundraising Promise (www.fundraisingregulator.org.uk/) and to include the Registration Badge on our fundraising materials where practical.

We are committed to protecting vulnerable people and others from unreasonable intrusion on a person's privacy, unreasonably persistent approaches or undue pressure to give in the course of or in connection with fundraising for Leukaemia Care. As a result, the charity is signed up to receive suppressions under the Fundraising Preference Service and will actively promote this

service to anyone enquiring directly to the charity about concerns with our fundraising ask. In 2021, the charity received no suppression requests through the Fundraising Preference Service and total of seven fundraising complaints as detailed below.

Leukaemia Care received six fundraising complaints relating to the discontinued charity bags: five regarding fly-tipping of bags and one regarding fly-tipping of bags belonging to another blood cancer charity. All were reported to East London Textiles Limited who until September 2019 were contracted to deliver and collect charity textile recycling bags on our behalf. We also received one complaint from a fundraiser who felt that his London Marathon target was not made sufficiently clear on the website prior to signing up and wished to withdraw. Although this is stated explicitly multiple times throughout the application process and in the terms and conditions, his application was withdrawn. He was offered a place in the virtual London Marathon available which had a lower fundraising target.

Our complaints procedure can be found on our website <https://www.leukaemiacare.org.uk/about-us/>

Senior management team

The Trustees delegate day-to-day operations of the charity to the executive team.

Chief Executive Officer	Zack Pemberton-Whiteley
Chief Operating Officer and Deputy CEO	Monica Izmajlowicz
Communications and Fundraising Director	Nicole Scully

Our Patrons

We are very grateful for the warm support of our patrons, Lady Penny Mountbatten and Beverley Worboys.

Our President and Vice-Presidents

Our Vice Presidents ably led by Dr Taylor represent our history as well as taking part in activities such as chairing our conferences, contributing via our medical advisory panels, raising awareness of leukaemia and fundraising. We wish to honour the memory and service of Dr Noel Harker who sadly died 17 February 2022 after many years of steadfast support to the charity and blood cancer patients and their families.

President Dr Richard Taylor

Vice Presidents

- Ms. Sue Merchant
- Professor Claire Harrison
- Dr Robert Marcus
- Professor Andrew Pettitt
- Dr Noel E M Harker (deceased 17 February 2022)
- Professor Antonio Pagliuca
- Ms Sheila Hegarty
- Mr Jason Eliadis
- Mr Roland Maturi
- Mr Christopher Matthews-Maxwell
- Mr Peter Mondon
- Mr Anthony Gavin

Medical advisory panels

Our medical advisory panel together with our patient panel provide insight into our strategy development, as well as assisting the charity with identifying further opportunities to support patients and their loved ones. We are grateful for their feedback and wish to thank them for their time.

Acute lymphocytic leukaemia panel

Prof. David Marks
Prof. Adele Fielding
Dr. Anthony Moorman
Prof. Oliver Ottmann
Dr. Nick Morley
Dr. Sara Ghorashian
Dr. Deborah Yallop
Prof. Ajay Vora

Acute myeloid leukaemia panel

Dr. Manos Nikolousis
Prof. Mary Frances McMullin
Dr. Sahra Ali
Dr. Steve Knapper
Dr. Panagotis Kottaridis
Prof. Rachael Hough (SCT adolescent leukaemia)
Dr. David Taussig
Dr. Priyanka Mehta (AML & CML)
Dr. Panagiotis Kottaridis
Prof. Antonio Pagluica

Chronic lymphocytic leukaemia panel

Assoc. Prof. Anna Schuh	Dr. Chris Fox
Dr. Ben Kennedy	Dr. Renata Walewska
Prof. Chris Fegan	Prof. Peter Hillmen
Prof. Guy Pratt	Prof. John Gribben
Assoc. Prof Francesco Forconi	Dr Sunil Lyengar
Prof. Adrian Bloor	
Dr. Shankara Paneesha	
Dr. Alison McCaig	

Chronic myeloid leukaemia panel

Dr. Dragana Milojkovic
Prof. Nick Cross
Prof. Jane Apperley
Prof. Stephen O'Brien
Prof. Mhairi Copeland
Prof. Adam Mead
Dr Jonathan Kell
Prof. George Follows

Dr. Nilima Parry-Jones
Dr. Piers Patten

Other blood cancers panel

Prof. Claire Harrison (MPN)
Dr. Claire Dearden (HCL)
Dr. Sally Killick (MDS)
Dr. Robert Marcus (Lymphoma)
Simon Cheeseman (Pharmacist)
Prof. Judith Marsh (Aplastic anaemia, MDS)
Dr. Richard Kelly (Aplastic anaemia, MDS)
Prof David Bowen (MDS)
Dr Dima El-Shakari (LGLL, ALL, CLL)

GP advisory Panel

Dr. Rebecca Chellaswamy
Dr. Ruth Corbally
Dr. Tom Kneale
Dr. Anish Kotecha
Dr. Lily Lamb
Dr. Richard Roope
Dr. Lance Saker
Dr Sarah Smith
Dr. Neil Smith
Dr. Sarah Taylor
Prof. David Weller

Nurse advisory panel

Sarah Blakey
Sarah Watmough
Jacqueline Stones
Joanna Stokes
Roxanne Spencer
Alison Pugh
Phyllis Paterson
Lianne Palmer
Aileen Nield
Klara Matulay
Laura Ledger
Joanna Large

Catherine Langton
Catherine Kunatsa
Helen Knight
Caroline Kerr
Michelle Kenyon
Tracy Gunter
Catherine Griffiths
Kirsty Crozier
Marife Colis

Remuneration policy

Leukaemia Care is committed to paying our staff fairly and in a way to attract and retain the skills needed to deliver our vision and mission effectively.

When setting salaries for new roles or reviewing salaries for existing roles, we consider a range of factors. Leukaemia Care is committed to avoiding discrimination, including but not limited to the grounds of protected characteristics as set out in the Equality Act 2010.

When drafting this policy, Leukaemia Care was influenced by the National Council of Voluntary Organisation's 2014 inquiry into executive pay (NCVO, Report of the Inquiry into Charity Senior Executive Pay and Guidance for Trustees on Setting Remuneration).

The Board of Trustees are responsible for setting remuneration levels for the senior management team. This is currently identified as the CEO, COO and Communications and Fundraising Director. The CEO has the authority to agree salaries for all employees outside of the senior management team within the guidelines of this policy.

Leukaemia Care upholds a policy that the full-time equivalent ratio for remuneration between its highest paid member of staff and the median salary level will not exceed 3:1, and that remuneration will always meet all national pay standards, ensuring all staff are provided with a living wage.

Salaries are reviewed annually in February following annual appraisals and take effect from April. Staff are advised of any changes in writing stating the amount and the date from which it takes effect. A salary review does not imply an increase and in making any pay award the review will be based on the organisation's financial health.

When setting remuneration levels for job roles within Leukaemia Care, we consider the following factors:

- Mission and strategic aims of the charity and its general day to day needs.
- Consistency of equivalent roles across the charity and how any decision might impact on the overall remuneration policy.
- Skills, experience, expertise, and competencies, and any significant changes in job descriptions or duties.
- Current strategic business plan and how this might affect current and/or future needs. Leukaemia Care's financial ability to pay.
- Available information on charitable sector pay levels, alongside that of other sectors.
- Available information on regional pay levels.
- The nature of the wider employment offer the charity can make where pay is only part of the package and can include opportunities for personal development.
- The charity's track record in recruiting and retaining high-performing staff.
- The potential impact of any decision on the charity's reputation with beneficiaries, donors and the wider public.

Leukaemia Care is committed to transparency in pay and publishes its salary banding on all job descriptions. Progression within a band is dependent on performance assessed at the annual appraisal. Change to a different band requires a significant change in job description reflective of the responsibilities of that band. All salary changes must be approved in advance by the CEO.

As part of our commitment to transparency, information regarding the salary bandings will be made available to all Leukaemia Care staff. The salary bands apply to all roles, unless identified as requiring specific professional qualifications that fall outside this banding. Identified roles may follow other scales, such as the NHS salary scale.

This includes a proposal to increase staff salaries each year in line with the cost of living (capped within the above bandings). Staff are also eligible for performance related reviews. All salary increases are capped within the bandings.

The remuneration policy is reviewed annually by Trustees, normally at their meeting in January/early February.

Influenced by the 2014 NCVO inquiry referred to above, the Board of Trustees is committed to including the following information within its annual statutory report and financial statements:

- A summary statement of the charity's remuneration policy and approach to senior management pay.
- Disclosures on the number of staff in receipt of more than £60,000 per annum (in bands of £10,000), and the collective total benefits (including pension payments and employer's national insurance) paid to the Senior Management Team, in line with the accounting
- Statement of Recommended Practice 2019 for charities. Given the charity's size, the Board of Trustees does not believe it is appropriate to disclose the actual salary of any individual member of staff, including that of the senior management team, to the public.
- Disclosures on pensions and other staff benefits (see subsequent notes to the financial statements). Staff/ pension costs: total organisational staff costs in 2021 were £690,877 (2020 - £720,136). Overall, our staff costs as a proportion of overall expenditure were 51.6% for 2021 a decrease from 64.1% in 2020.

Volunteers

A huge thank you to our volunteers in 2021 – patients, carers and healthcare professionals who continued to support anyone affected by a leukaemia, MDS or MPN diagnosis online or by phone. They were key in ensuring anyone affected by a leukaemia diagnosis received timely information and support during the ongoing pandemic and once restrictions started to ease. By sharing their personal experience and knowledge while shielding themselves or working on the COVID-19 frontline in healthcare, they went above and beyond to support others.

Our Buddy Support Service relies entirely on patients and carers volunteering their time to support other patients and carers who may be struggling with their diagnosis or feeling isolated because of it. The volunteers are DBS checked, trained and provided with ongoing support by our Buddy Co-ordinator who is a paid employee.

Our webinars and online training events rely largely on the generosity of healthcare professionals and patients who volunteer their time as speakers – providing attendees with relevant and up to date information not only on leukaemia, MDS and MPN but also tips on getting the most out of medical appointments, coping with fatigue, immunisations and the challenges of living with a compromised immune system among other topics.

We are grateful to the many nurses who help to run our nationwide support groups ensuring patients do not become isolated because of their diagnosis. They are supported by our network of Regional Co-ordinators who provide practical, emotional and administrative support to the group.

Our medical and patient advisory panels provide Leukaemia Care with feedback on our strategy and activities ensuring our services remain relevant and timely. They also support with health technology appraisals, advice on advocacy requests from individual patients, content for articles, webinars and podcasts as well as reviewing patient information. Each year people share and record their leukaemia stories as part of '#SpotLeukaemia' to raise awareness of the signs and symptoms. We recognise that people connect with stories and the

people at the heart of them and each year they help us spread the '#SpotLeukaemia' message a little wider.

Our community fundraising volunteers place collection tins, hold supermarket collections, run events and join the cheer squad for the London Marathon. As well as raising funds, they raise awareness of leukaemia and the support we provide within their local communities. We recognise that 2021 continued to be a very challenging year for them as many activities were put on hold.

Related parties

The only related parties are the Trustees and those individuals connected with them including family members, business associates and other charities in which they are involved. Please refer to note 12 in the financial statements for detail.

Auditor

Kendall Wadley LLP were appointed first auditors to the charitable company. In accordance with the company's articles, a resolution proposing that Kendall Wadley LLP be reappointed as auditor of the company will be put at a General Meeting.

Disclosure of information to auditor

Each of the Trustees has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditor is aware of such information.

The Trustees' report was approved by the Board of Trustees.



Mr Christopher R. G. Matthews Maxwell (Chair)

Trustee

Dated: 29 June 2022

**Peter Threader, diagnosed with
hypoplastic myelodysplasia (MDS)**



Statement of trustees' responsibilities

The Trustees, who are also the directors of Leukaemia Care for the purpose of company law, are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended). 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.

Auditor's report

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF LEUKAEMIA CARE

Opinion

We have audited the financial statements of Leukaemia Care (the 'Charity') for the year ended 31 December 2021 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2021 and of its incoming resources and application of resources, 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 Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the 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 other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of 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 this gives rise to a material misstatement in the financial statements themselves. 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 (Accounts and Reports) Regulations 2008 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

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

Responsibilities of Trustees

As explained more fully in the statement of Trustees' responsibilities, the Trustees, who are also the directors of the Charity for the purpose of company law, are responsible for the preparation of the financial statements 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 financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, 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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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.

The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Extent to which the audit was considered capable of detecting irregularities and 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:

- an understanding of the risk assessment process (including the assessment of the risk of fraud) adopted by the Board is obtained and their attitude to risk ascertained
- an assessment of the susceptibility to material mis-statement of the financial statements as a result of management over-ride or fraud is made
- an review of the fundraising complaints register is undertaken and the matters arising assessed as to the existence of fraud and irregularities
- it is ensured that the engagement team have, collectively, the appropriate competence, capabilities and skills to be involved in the assignment, are fully briefed and understand the risks specific to the company

Audit response to risks identified

- processes to test the outcomes of our assessment include, a review of Board minutes, analytical review, the relevance and accuracy of significant accounting estimates, substantive testing of significant transactions, work to identify unusual or unexpected accounting entries including the testing of journal entries, information disclosed in the financial statements is traced to supporting documentation. In all instances it is acknowledged that material mis-statements that arise from fraud may involve deliberate concealment or collusion and are, therefore, by their very nature harder to detect than those arising from error.

- it is established if there have been any instances of non-compliance with applicable laws and regulations, where there are such breaches, a full understanding, including gathering of relevant documentation appertaining to the event is obtained and assessed

It should be noted that Auditing standards limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://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 part 4 of the Charities (Accounts and Reports) Regulations 2008 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. 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 auditors' 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.

DocuSigned by:

058A9BD1D0D34B3...

Elizabeth Needham ACA CTA (VAT) (Senior Statutory Auditor)
for and on behalf of Kendall Wadley LLP

29 June 2022

Chartered Accountants
Statutory Auditor

Granta Lodge
71 Graham Road
Malvern
Worcestershire
WR14 2JS

Kendall Wadley LLP is eligible for appointment as auditor of the Charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

LEUKAEMIA CARE

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2021

Current financial year

	Notes	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £	Total 2020 £
<u>Income and endowments from:</u>					
Donations and legacies	3	669,681	193,206	862,887	764,690
Fundraising income	4	424,035	-	424,035	330,142
Investments	5	34,971	-	34,971	37,808
Other income	6	24,276	-	24,276	52,436
Total income		1,152,963	193,206	1,346,169	1,185,076
<u>Expenditure on:</u>					
Raising funds	7	569,908	-	569,908	277,077
Charitable activities	8	599,065	169,556	768,621	846,897
Total resources expended		1,168,973	169,556	1,338,529	1,123,974
Net gains on investments	14	36,577	-	36,577	13,691
Net incoming resources		20,567	23,650	44,217	74,793
<u>Other recognised gains and losses</u>					
Revaluation of tangible fixed assets	16	12,640	-	12,640	12,640
Net movement in funds		33,207	23,650	56,857	87,433
Fund balances at 1 January 2021		2,927,247	47,931	2,975,178	2,887,745
Fund balances at 31 December 2021		2,960,454	71,581	3,032,035	2,975,178

The statement of financial activities includes all gains and losses recognised in the period.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

Prior financial year

		Unrestricted funds 2020 £	Restricted funds 2020 £	Total 2020 £
	Notes			
<u>Income and endowments from:</u>				
Donations and legacies	3	615,967	148,723	764,690
Fundraising income	4	330,142	-	330,142
Investments	5	37,808	-	37,808
Other income	6	52,436	-	52,436
		<hr/>	<hr/>	<hr/>
Total income		1,036,353	148,723	1,185,076
		<hr/>	<hr/>	<hr/>
<u>Expenditure on:</u>				
Raising funds	7	277,077	-	277,077
		<hr/>	<hr/>	<hr/>
Charitable activities	8	700,320	146,577	846,897
		<hr/>	<hr/>	<hr/>
Total resources expended		977,397	146,577	1,123,974
		<hr/>	<hr/>	<hr/>
Net gains on investments	14	13,691	-	13,691
		<hr/>	<hr/>	<hr/>
Net incoming resources		72,647	2,146	74,793
		<hr/>	<hr/>	<hr/>
<u>Other recognised gains and losses</u>				
Revaluation of tangible fixed assets	16	12,640	-	12,640
		<hr/>	<hr/>	<hr/>
Net movement in funds		85,287	2,146	87,433
		<hr/>	<hr/>	<hr/>
Fund balances on incorporation at 1 January 2020		2,841,960	45,785	2,887,745
		<hr/>	<hr/>	<hr/>
Fund balances at 31 December 2020		2,927,247	47,931	2,975,178
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

The statement of financial activities includes all gains and losses recognised in the period.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

LEUKAEMIA CARE

BALANCE SHEET

AS AT 31 DECEMBER 2021

	Notes	2021		2020	
		£	£	£	£
Fixed assets					
Tangible assets	16		870,617		875,003
Investments	17		685,554		252,228
			<u>1,556,171</u>		<u>1,127,231</u>
Current assets					
Debtors falling due after one year	19	103,000		-	
Debtors falling due within one year	19	313,735		317,819	
Investments	20	402,060		400,000	
Cash at bank and in hand		734,703		1,205,514	
		<u>1,553,498</u>		<u>1,923,333</u>	
Creditors: amounts falling due within one year	21	<u>(77,634)</u>		<u>(75,386)</u>	
Net current assets			1,475,864		1,847,947
Total assets less current liabilities			<u>3,032,035</u>		<u>2,975,178</u>
Income funds					
Restricted funds	23		71,581		47,931
<u>Unrestricted funds</u>					
Designated funds	24	1,087,127		1,334,103	
General unrestricted funds		1,873,327		1,593,144	
		<u>2,960,454</u>		<u>2,927,247</u>	
			<u>3,032,035</u>		<u>2,975,178</u>

The financial statements were approved by the Trustees on 29 June 2022

DocuSigned by:
Chris Matthews-Maxwell
6CF4719F0E4E433...

Mr Christopher R. G. Matthews Maxwell (Chair)
Trustee

DocuSigned by:
Wendy Davies
6883E98992D0489...

Mrs Wendy Davies (Treasurer)
Trustee

Company Registration No. 11911752

LEUKAEMIA CARE

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2021

	Notes	2021 £	£	2020 £	£
Cash flows from operating activities					
Cash (absorbed by)/generated from operations	27		(96,832)		84,650
Investing activities					
Purchase of tangible fixed assets		(12,364)		(26,904)	
Purchase of investments		(485,914)		(121,618)	
Proceeds on disposal of investments		101,638		125,988	
Other investment movements		(12,473)		(4,251)	
Investment income received		37,194		37,808	
Net cash (used in)/generated from investing activities			(371,919)		11,023
Net cash used in financing activities			-		-
Net (decrease)/increase in cash and cash equivalents			(468,751)		95,673
Cash and cash equivalents at beginning of year			1,605,514		1,509,841
Cash and cash equivalents at end of year			1,136,763		1,605,514
Relating to:					
Cash at bank and in hand			734,703		1,205,514
Short term deposits included in current asset investments			402,060		400,000

LEUKAEMIA CARE

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

1 Accounting policies

Charity information

Leukaemia Care is a private company limited by guarantee incorporated in England and Wales. The registered office is One Birch Court, Blackpole East, Worcester, WR3 8SG.

1.1 Accounting convention

The financial statements have been prepared in accordance with the Charity's governing document, the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)". The Charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the Charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the Trustees have a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of their charitable objectives.

Designated funds comprise funds which have been set aside at the discretion of the Trustees for specific purposes. The purposes and uses of the designated funds are set out in the notes to the financial statements.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

1.4 Income

Income is recognised when the Charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the Charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the Charity has been notified of an impending distribution, the amount is known, and receipt is expected.

Event income is recognised as an incoming resource on receipt, as this is when it becomes measurable.

Investment income is included in the SOFA in the year in which it is receivable.

Voluntary income is recognised as an incoming resource when receivable, except insofar as when it is incapable of financial measurement.

Time spent by volunteers is recorded and valued as income at an hourly rate payable in the market place for the services provided. An equivalent amount is included as expenditure.

Government grants in connection with Covid-19 support are taken to the Statement of Financial Activities when receivable. For funds received under the Job Retention Scheme, the income is allocated to the respective activity areas in direct proportion to the staff cost to which the claim relates.

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement, and the amount of the obligation can be measured reliably.

Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges are allocated on the portion of the asset's use.

All expenditure is accounted for on an accruals basis, with the exception of expenditure directly attributable to forthcoming events. The income is recognised on receipt and so the expenditure is recognised at point of expense. Costs are allocated to a particular activity where the cost relates to that activity. Costs of generating funds comprise those costs directly attributable to raising funds through activities. Grants payable are recognised on an accruals basis. Salaries and central overhead costs are apportioned between costs of generating funds, charitable activities and governance costs based on estimate of staff time attributable to each.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Freehold buildings	over 50 years
Computers and other equipment	over 3 or 4 years
Fixtures and fittings	over 10 years

Freehold land is not depreciated.

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

The charity has no specific value above which it capitalises assets. Assets are capitalised when they are held for long term use.

1.7 Fixed asset investments

Fixed asset investments are initially measured at transaction price excluding transaction costs, and are subsequently measured at fair value at each reporting date. Changes in fair value are recognised in net income/(expenditure) for the year. Transaction costs are expensed as incurred.

1.8 Impairment of fixed assets

At each reporting end date, the Charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.9 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of three months or less.

1.10 Financial instruments

The Charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the Charity's balance sheet when the Charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors are initially recognised at transaction price. Financial liabilities classified as payable within one year are not amortised.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the Charity's contractual obligations expire or are discharged or cancelled.

1.11 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the Charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

In the application of the Charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

As described above, the trustees annually exercise judgement through consideration of the carrying value of the freehold buildings held by the charity. Adjustments are made through the Statement of Financial Activities for changes in value determined by that review process.

3 Donations and legacies

	Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
	2021	2021	2021	2020	2020	2020
	£	£	£	£	£	£
Donations and gifts	157,770	52,080	209,850	227,358	28,723	256,081
Legacies receivable	283,679	-	283,679	286,497	-	286,497
Corporate grants and donations	228,232	141,126	369,358	70,043	120,000	190,043
Donated goods and services	-	-	-	32,069	-	32,069
	<u>669,681</u>	<u>193,206</u>	<u>862,887</u>	<u>615,967</u>	<u>148,723</u>	<u>764,690</u>

4 Fundraising income

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
Fundraising events - all unrestricted	424,035	330,142
	<u>424,035</u>	<u>330,142</u>

5 Investments

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
Rental income	25,900	25,900
Investment income	1,406	1,667
Interest receivable	7,665	10,241
	<u>34,971</u>	<u>37,808</u>

6 Other income

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
Government Grants	23,082	51,735
Solar panels	1,194	701
	<u>24,276</u>	<u>52,436</u>

The Government Grant is in relation to the Job Retention Scheme.

7 Raising funds

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
<u>Fundraising and publicity</u>		
Staging fundraising events	309,000	13,518
Advertising	18,597	4,107
Other fundraising costs	33,876	29,606
Staff costs	173,573	196,605
Depreciation and impairment	2,139	1,921
Investment management fees	4,656	1,785
Support costs (see note 10)	25,802	24,076
Governance costs (see note 10)	2,265	5,459
	<u>569,908</u>	<u>277,077</u>

8 Charitable activities

	2021 £	2020 £
Staff costs	504,029	506,336
Depreciation and impairment	27,250	25,763
Patient Services costs	35,694	38,768
Conferences	2,102	5,692
Help Line costs	4,109	4,341
Leukaemia Matters/ Nursing Matters	11,172	11,091
Campaign costs	15,425	10,798
Other charitable activities	15,315	689
Nurse e-learning tool	512	22,342
Donated Help Line services	-	32,069
GP's e-learning tool	2,400	31,443
Other grants (see note 9)	50,000	50,000
Database costs	4,469	4,335
Patient Advocacy	3,709	1,257
Website costs	13,669	14,940
	<u>689,855</u>	<u>759,864</u>
Grant funding of activities (see note 9)	-	921
Share of support costs (see note 10)	73,481	73,374
Share of governance costs (see note 10)	5,285	12,738
	<u>768,621</u>	<u>846,897</u>
Analysis by fund		
Unrestricted funds	599,065	700,320
Restricted funds	169,556	146,577
	<u>768,621</u>	<u>846,897</u>

9 Grants payable

Grants of £Nil (2020- £921) were paid to individuals, being bursaries to nurses as provided for in designated funds. Further grants of £50,000 (2020- £50,000) were awarded to other individuals as part of the Hospital Travel programme.

10 Support costs

	Support costs £	Governance costs £	2021 £	Support costs £	Governance costs £	2020 £
Staff costs	13,275	-	13,275	17,195	-	17,195
Other staff costs	12,479	-	12,479	10,278	-	10,278
Rent, rates and insurance	8,721	-	8,721	7,424	-	7,424
Heat and light	6,245	-	6,245	6,601	-	6,601
Repairs and renewals	8,650	-	8,650	7,878	-	7,878
Printing, postage and stationery	10,170	-	10,170	7,261	-	7,261
Telephone	10,281	-	10,281	10,105	-	10,105
Motor and other travel	-	-	-	6,538	-	6,538
Subscriptions	1,509	-	1,509	2,149	-	2,149
Other office costs	17,641	-	17,641	14,146	-	14,146
Bank charges	999	-	999	2,085	-	2,085
Sundry Expenses	9,313	-	9,313	5,790	-	5,790
Audit fees	-	3,600	3,600	-	4,820	4,820
Legal and professional	-	2,370	2,370	-	10,674	10,674
Trustee and meeting expenses	-	1,580	1,580	-	2,703	2,703
	<u>99,283</u>	<u>7,550</u>	<u>106,833</u>	<u>97,450</u>	<u>18,197</u>	<u>115,647</u>
Analysed between						
Fundraising	25,802	2,265	28,067	24,076	5,459	29,535
Charitable activities	73,481	5,285	78,766	73,374	12,738	86,112
	<u>99,283</u>	<u>7,550</u>	<u>106,833</u>	<u>97,450</u>	<u>18,197</u>	<u>115,647</u>

11 Auditor's remuneration

The analysis of auditor's remuneration is as follows:

Fees payable	2021 £	2020 £
Audit of the annual accounts	3,600	4,820
	<u>3,600</u>	<u>4,820</u>

12 Trustees

The Charity reimburses expenses to Trustees and management committee members for travel, subsistence and telephone relating to charity business. The costs reimbursed to 2 (2020 : 3) trustees for the current year were £670 (2020 : £2,619).

None of the Trustees (or any persons connected with them) received any remuneration during the year.

The charity utilises the services of CKCA Limited to prepare the payroll, W Davies, trustee, is a director of this company. The services are provided on an arms length basis and the amount paid during the year amounted to £1,916 (2020 : £1,881).

All trustees are covered by an indemnity insurance policy costing £611 (2020: £750)

13 Employees

The average monthly number of employees during the year was:

	2021	2020
	Number	Number
Training and provision of care	18	19
Fundraising and publicity	10	9
Accounts and administration	3	4
	<hr/>	<hr/>
Total	31	32
	<hr/> <hr/>	<hr/> <hr/>

Employment costs

	2021	2020
	£	£
Wages and salaries	615,806	648,243
Social security costs	47,835	48,755
Other pension costs	27,236	23,138
	<hr/>	<hr/>
	690,877	720,136
	<hr/> <hr/>	<hr/> <hr/>

The remuneration of key management personnel through payroll and other fees is £158,284 (2020: £162,554).

The number of employees whose annual remuneration was more than £60,000 is as follows:

	2021	2020
	Number	Number
£60,001 to £70,000	1	-
	<hr/> <hr/>	<hr/> <hr/>

14 Net gains on investments

	2021 £	2020 £
Revaluation of investments	15,328	6,161
Gains on sale of investments	21,249	7,530
	<u>36,577</u>	<u>13,691</u>

15 Taxation

There is no taxation payable during the year as the activities undertaken by Leukaemia Care fall within the charitable objectives of the charity.

16 Tangible fixed assets

	Freehold buildings £	Computers and other equipment £	Fixtures and fittings £	Total £
Cost				
At 1 January 2021	842,599	232,275	14,656	1,089,530
Additions	-	12,364	-	12,364
	<u>842,599</u>	<u>244,639</u>	<u>14,656</u>	<u>1,101,894</u>
At 31 December 2021	842,599	244,639	14,656	1,101,894
	<u>842,599</u>	<u>244,639</u>	<u>14,656</u>	<u>1,101,894</u>
Depreciation and impairment				
At 1 January 2021	-	205,074	9,453	214,527
Depreciation charged in the year	12,640	15,284	1,466	29,390
Revaluation	(12,640)	-	-	(12,640)
	<u>-</u>	<u>220,358</u>	<u>10,919</u>	<u>231,277</u>
At 31 December 2021	-	220,358	10,919	231,277
	<u>-</u>	<u>220,358</u>	<u>10,919</u>	<u>231,277</u>
Carrying amount				
At 31 December 2021	842,599	24,281	3,737	870,617
	<u>842,599</u>	<u>24,281</u>	<u>3,737</u>	<u>870,617</u>
At 31 December 2020	842,599	27,201	5,203	875,003
	<u>842,599</u>	<u>27,201</u>	<u>5,203</u>	<u>875,003</u>

The trustees consider that the value of the freehold property is not materially different from original cost and the computed depreciation charge for the year is accordingly reversed.

17 Fixed asset investments

	Listed investments £	Cash in portfolio	Total £
Cost or valuation			
At 1 January 2021	245,823	6,405	252,228
Additions	485,914	(485,914)	-
Valuation changes	15,328	-	15,328
Other cash movements	(2,739)	399,488	396,749
Profit on disposal	21,249	-	21,249
Disposals	(101,638)	101,638	-
	<hr/>	<hr/>	<hr/>
At 31 December 2021	663,937	21,617	685,554
	<hr/>	<hr/>	<hr/>
Carrying amount			
At 31 December 2021	663,937	21,617	685,554
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
At 31 December 2020	245,823	6,405	252,228
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

18 Financial instruments

	2021 £	2020 £
Carrying amount of financial assets		
Instruments measured at fair value through profit or loss	663,937	245,823
	<hr/> <hr/>	<hr/> <hr/>

19 Debtors

	2021 £	2020 £
Amounts falling due within one year:		
Trade debtors	48,208	9,839
Other debtors	99,626	-
Prepayments and accrued income	165,901	307,980
	<hr/>	<hr/>
	313,735	317,819
	<hr/> <hr/>	<hr/> <hr/>
Amounts falling due after more than one year:		
Prepayments and accrued income	103,000	-
	<hr/> <hr/>	<hr/> <hr/>
Total debtors	416,735	317,819
	<hr/> <hr/>	<hr/> <hr/>

20 Current asset investments

	2021	2020
	£	£
Term deposits	402,060	400,000
	<u> </u>	<u> </u>

21 Creditors: amounts falling due within one year

	2021	2020
	£	£
Other taxation and social security	13,668	13,057
Trade creditors	16,002	13,497
Accruals and deferred income	47,964	48,832
	<u> </u>	<u> </u>
	<u>77,634</u>	<u>75,386</u>

22 Retirement benefit schemes

Defined contribution schemes

The Charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the Charity in an independently administered fund.

The charge to profit or loss in respect of defined contribution schemes was £27,236 (2020 - £23,138).

23 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Movement in funds		Movement in funds		Movement in funds		Balance at 31 December 2021
	Balance at 1 January 2020	Incoming resources	Resources expended	Balance at 1 January 2021	Incoming resources	Resources expended	
	£	£	£	£	£	£	£
The Lily Blae Hope Fund	30,265	-	(5,837)	24,428	-	(1,961)	22,467
Information Booklets	-	32,400	(32,400)	-	84,125	(60,538)	23,587
GP e-learning Tool	-	5,935	(5,935)	-	19,817	(12,261)	7,556
Nurse Advisor	-	29,125	(29,125)	-	-	-	-
Student/ Education	5,000	-	-	5,000	-	-	5,000
Worcester Support Group	251	-	-	251	-	(251)	-
Glasgow Area	1,325	1,900	(3,225)	-	1,900	(1,900)	-
Kay Kendall	1,856	-	(1,763)	93	-	(93)	-
Support Group West Midlands	25	-	(25)	-	-	-	-
Support Group - Durham	32	-	(32)	-	-	-	-
Support Group - Taunton	283	-	(16)	267	-	(267)	-
Support Group - Scotland	6,748	-	(276)	6,472	-	(1,962)	4,510
Counselling Fund	-	5,440	(5,440)	-	1,000	(1,000)	-
Travel Grant	-	47,600	(47,600)	-	-	-	-
Support Group - Glasgow & Aberdeen	-	2,000	-	2,000	-	(454)	1,546
Support Group - South Shields	-	1,000	-	1,000	1,000	(1,962)	38
Support Group - Leicestershire	-	1,393	-	1,393	-	-	1,393
Patient Support - Worcestershire	-	2,500	(600)	1,900	-	(1,900)	-
Birmingham Patient Conference	-	500	-	500	-	-	500
Welfare & Advocacy Support	-	5,000	(4,373)	627	21,681	(22,308)	-
Belfast Hospital Support	-	2,000	-	2,000	-	-	2,000
Bristol Hospital Support	-	2,000	-	2,000	-	-	2,000
Staffing Costs	-	9,930	(9,930)	-	-	-	-

23 Restricted funds

(Continued)

The Lily Blae Hope Fund: this represents a legacy that was received to be used for activities in Scotland.

Information booklets: funds received to assist in the production of information booklets.

GP e-learning tool: this represents income received specifically for the GP's e-learning tool.

Nurse Advisor - in support of the Nurse Advisor services.

Student/Education - to raise awareness.

Worcester Support Group - to facilitate activities for the group.

Glasgow Area - funds to support services in the Glasgow area.

Kay Kendall - grant towards non-staff costs of helpline services

Support Group West Midlands - to facilitate activities for support groups in the area

Support Group Durham - to facilitate activities for the group.

Support Group Taunton - to facilitate activities for the group.

Support Group Scotland - to facilitate activities for the groups in Scotland.

Counselling Fund - to support the activity of offering counselling to patients and family members affected by leukaemia

Travel Grant - to support people with the additional cost of travelling to hospital for treatment and monitoring appointments.

Support Group Glasgow & Aberdeen - to facilitate activities for support groups in these areas

Support Group South Shields - to facilitate activities for support groups in these areas

Support Group Leicestershire - to facilitate activities for support groups in these areas

23 Restricted funds

(Continued)

- Patient Support Worcestershire - to facilitate activities for support groups in this area
- Birmingham Patient Conference - to assist with the cost of patient conference in Birmingham
- Welfare & Advocacy Support - in support of advocacy and welfare advise
- Belfast Hospital Support - in support of the costs in providing ward support
- Bristol Hospital Support - in support of the costs in providing ward support
- Staffing Costs - to support the employment costs of the Welfare and Advocacy Officers
- Patient conferences/webinars - grants in support of conferences held in the year.
- Care Helpline costs: this represents income received specifically to meet the costs of the Care line.
- Support Groups - to facilitate activities for local support groups
- Nurse e-learning - funds to support the advancement of knowledge in the nursing profession.
- Buddy Scheme - one to one support for patients
- West Midlands Hospital Support -to facilitate activities for local support groups
- Digital support - to support digital and information projects
- Support Group Cambridge - to facilitate activities for local support groups
- Spot Leukaemia - to raise awareness of signs and symptoms of Leukaemia

24 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	Balance at 1 April 2019		Movement in funds			Movement in funds			Balance at 31 December 2021		
	£	£	Incoming resources	Resources expended	Transfers	Balance at 1 January 2021	Incoming resources	Resources expended	Transfers	£	£
Fixed asset fund	863,138	11,862		-	3	875,003	-	-	(4,386)	870,617	
Strategic implementation fund	311,729	547,661	(400,290)		-	459,100	252,116	(494,706)		216,510	
	<u>1,174,867</u>	<u>559,523</u>	<u>(400,290)</u>		<u>3</u>	<u>1,334,103</u>	<u>252,116</u>	<u>(494,706)</u>	<u>(4,386)</u>	<u>1,087,127</u>	

Fixed assets fund: The Trustees have agreed to assign all tangible fixed assets held with the exception of any which have restrictions imposed upon them to a general fixed asset designated fund. This was done to ensure that the Charity will have suitable levels of reserves to meet future depreciation costs relating to these fixed assets and to recognise the fact that future depreciation charges will not directly affect the net operating capital of the Charity.

Strategic Implementation Fund: funds to support the implementation of the three year strategy adopted by the Trustees on 28 November 2019.

25 Analysis of net assets between funds

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £	Unrestricted funds 2020 £	Restricted funds 2020 £	Total 2020 £
Fund balances are represented by:						
Tangible assets	870,617	-	870,617	875,003	-	875,003
Investments	685,554	-	685,554	252,228	-	252,228
Current assets/ (liabilities)	1,404,283	71,581	1,475,864	1,800,016	47,931	1,847,947
	<u>2,960,454</u>	<u>71,581</u>	<u>3,032,035</u>	<u>2,927,247</u>	<u>47,931</u>	<u>2,975,178</u>

26 Operating lease commitments

At the reporting end date the Charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2021 £	2020 £
Within one year	1,325	1,325
Between two and five years	-	1,325
	<u>1,325</u>	<u>2,650</u>

26 Operating lease commitments**(Continued)****Lessor**

At the reporting end date the Charity had contracted with tenants for the following minimum lease payments:

	2021	2020
	£	£
Within one year	-	12,950

27 Cash generated from operations

	2021	2020
	£	£
Surplus for the year	44,217	74,793
Adjustments for:		
Investment income recognised in statement of financial activities	(34,971)	(37,808)
Gain on disposal of investments	(21,249)	(7,530)
Fair value gains and losses on investments	(15,328)	(6,161)
Depreciation and impairment of tangible fixed assets	29,390	27,683
Movements in working capital:		
(Increase)/decrease in debtors	(101,139)	77,969
Increase/(decrease) in creditors	2,248	(44,296)
Cash (absorbed by)/generated from operations	(96,832)	84,650

28 Analysis of changes in net funds

The Charity had no debt during the year.

Leukaemia Care is registered as a charity in England and Wales (no.1183890) and Scotland (no. SCO49802). Company number: 11911752. Registered office address: One Birch Court, Blackpole East, Worcester, WR3 8SG