



Trustees' report and accounts

for the year ended 31 March 2011

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Breast Cancer Care

What we do, how we work, our vision and our values

What we do

We combine the personal experiences of people affected by breast cancer with clinical expertise, using this in a unique way to:

- provide information, and offer emotional and practical support
- bring people affected by breast cancer together
- campaign for improvement in standards of support and care
- promote the importance of early detection.

How we work

- we focus our work on the unique experience of each individual affected by breast cancer
- we involve people with breast cancer in all that we do
- we use our understanding of the emotional and practical issues facing people affected by breast cancer alongside our clinical expertise.

Our vision

Every person affected by breast cancer receives the best treatment, information and support.

Our values

At Breast Cancer Care our values are integral to our work. They are designed to reflect our aspirations for people affected by breast cancer and maximise our impact. Our core values are:

- caring
- person-centred
- trustworthy
- determined.

Chair's statement

In the middle of a range of news reports, the BBC Radio 4 *Today* programme last year ran a piece on breast cancer and the publicity received by the various charities involved with breast cancer.

A school of opinion seemed to be that, for breast cancer, the job might be done: awareness has been raised, people know what to look for, survival rates are improving and the media profile is high.

Yet more than 50,000 people will be diagnosed with breast cancer this year, including more than 300 men, and around 12,000 people will die. That's not a 'job done'. Breast Cancer Care is ensuring, and will continue to ensure, that no one need go through the devastation of this life-threatening diagnosis without access to the most up-to-date information and the most relevant support.

We've had an outstanding year – despite the severe economic circumstances facing the whole country. We handled more than 1.7million requests for information; every three minutes, there is a new post to the forums on our website and we continue to be the UK's leading supplier of information and support for anyone affected by breast cancer.

Our achievements during 2010-11 have been important and impressive.

For some time, we have been concerned about the needs of people with breast cancer who are on low incomes or come from a black or minority ethnic background. This year, as a result of a Big Lottery fund application, we are starting to research the needs of these groups as they move from hospital-based treatment to living with and beyond breast cancer. Working with Kings College London and the Medical Research Council Social Public Health Science Unit, this will be the first study of its kind in the UK. It demonstrates our firm commitment to ensuring that services are accessible to all.

We put great value on our work and partnership with healthcare professionals. In 2010 we launched our Nursing Network, giving breast care nurses the chance to share best practice and develop their skills through our professional development programme. The Nursing Network now has more than 620 members 75% (465) of whom are specialist breast care nurses.

Our own clinical expertise is essential in ensuring everything we do is evidence-based and founded on clear principles. Our expertise is known and respected

throughout the cancer world and we are regularly called on for our knowledge and opinions. Last year our Clinical team gave presentations to more than 1,300 healthcare professionals at externally hosted conferences.

We are committed to raising awareness of the needs of those with secondary breast cancer, which is incurable, and in 2010 we launched the UK's first Secondary Breast Cancer Awareness Day on 13 October.

The day's purpose was to build public awareness about the experiences of people with secondary breast cancer and to let people know of the free services we provide. Events on the day were well attended by MPs and campaigners. In addition we promoted the day with a microsite, social media, online and offline advertising and extensive PR coverage. The online advertising campaign alone reached almost 48 million people. All this activity raised the profile of secondary breast cancer considerably and culminated in an invitation to meet with the Prime Minister, David Cameron.

It is estimated that around 100,000 people are living with secondary breast cancer but numbers are not routinely collected so there are no accurate figures. We believe the need for accurate data collection is the starting point for improved services and stressed this to the Prime Minister. He agreed and the updated national strategy on cancer (published in January 2011) includes a specific commitment to begin piloting data collection on secondary breast cancer in 2011-12. This fantastic result is due in no small part to the dedicated work of our staff. Also to the involvement of a number of people diagnosed with secondary breast cancer, who have worked alongside us and informed our campaigning.

We have unique insight into the experiences of people affected by breast cancer and we know that the need for support does not stop with the last radiotherapy session. We know that groups of people coming together to share their experiences can be uplifting and hugely beneficial to the individuals involved. Over the past five years the number of people using our face-to-face services has doubled and our Moving Forward programme for people recovering from diagnosis and treatment has reached more than 1,600 people this year alone.

But there is so much more still to do. The incidence of breast cancer is increasing, while improved diagnosis and treatments mean that more people than ever are living with and beyond breast cancer. At the same time, there are many challenges to the economy and the Government is planning significant changes to the National Health Service.

We recognise the robust response these challenges need and in 2010 developed **Vision 2020** to focus our activity over the decade. It identifies seven areas of impact: early detection and breast awareness; diagnosis and treatment; living with and beyond breast cancer; younger women; secondary breast cancer; family history; and families and partners.

To achieve our bold goals, it is vital that we raise sufficient income and spend it wisely. Despite a challenging year for the UK economy, our fundraising income increased by over 10% and our income diversification showed real promise. We are also extremely grateful for the generous support of our partners for their continued commitment to us. For ASDA, 2011 is the 15th year of partnership with us, over which time the company has raised more than £25 million for breast cancer charities through the Tickled Pink campaign. This support, and that of other corporate partners such as QVC and Dorothy Perkins, is vital in enabling us to provide many of our services.

Other income sources are no less important. Our Area fundraising team's main focus for the future will be our new UK-wide fundraising key locations strategy, in which we will align our services with fundraising to build support in local communities.

Events are important at Breast Cancer Care, not just as fundraising opportunities but also because they give people affected by breast cancer a concrete opportunity to prove to themselves that there is life after breast cancer – whether it is doing a *Pink Ribbonwalk*, taking to the catwalk at the annual fashion shows or trekking to an exotic location.

Trek Peru in 2010 provided just such an opportunity. Celebrities, including Denise Van Outen and Fearne Cotton, joined six women affected by breast cancer on a trek to Machu Picchu during September. The Trek was filmed for a two-part ITV2 documentary and had extensive coverage in national newspapers and magazines. As well as contributing to our income target, it served to highlight the great courage of the women affected by breast cancer who were making the trek.

We rely heavily on the contributions made by our supporters from every walk of life, in every part of the country. We thank them for the significant contribution they make to Breast Cancer Care and the services we provide.

As in any year, there is an ebb and flow of staff and trustees and we said goodbye to Amanda Lancaster and Chris Cody, who have left the Board – we thank them for their contribution.

Murray Lindo, our Director of Fundraising and Marketing, was instrumental in helping us diversify our income. His deep commitment to the charity and its values shone through and we wish him every success in his future career. Our Director of Finance and Resources, Karen Williams, also moved on this year. She not only managed our finances through some challenging years but also ensured the Board was informed and involved throughout.

The achievements and plans I have outlined are only a small fraction of what we have accomplished during 2010-11. I would like to finish by thanking everyone who has contributed towards our work: the volunteers who so generously give of their time and energy, our dedicated staff, led with commitment by Chief Executive Samia al Qadhi, and everyone who has taken part in fundraising for us. Their efforts mean we can continue our work of ensuring that no one need face a diagnosis of breast cancer alone or in ignorance.



Jane Hinrichs
Chair of the Board of Trustees

Dated: 12 July 2011

We remember

The numbers of people being diagnosed with breast cancer continue to rise although, thankfully, not the numbers of people dying from it. Nevertheless, around 12,000 people lost their lives to the disease last year.

Through our work, Breast Cancer Care has contact with thousands of people with personal experience of breast cancer. We have had the privilege of working with and supporting many of those who have not survived and pay tribute to their dignity and strength. During 2010-11 we have lost friends, volunteers, and supporters to this cruel disease. They have left legacies of hope and determination within our organisation – hope that we can continue to provide the best possible information and support and determination that all people affected by breast cancer will have access to our services and to the treatment they deserve.

Report of the Trustees

Everything we do, our activities and our plans, is underpinned by our purpose and vision that everyone affected by breast cancer will have access to the best treatment, information and support. All our services are provided free of charge, reflecting our commitment to ensure anyone affected by breast cancer can access our information and support.

Objectives and activities

Strategic goals

All our activities are underpinned by three strategic goals.

- **Inform** – to provide people affected by breast cancer with information that will help manage their anxiety, increase their understanding and help them make personal decisions.
- **Support** – to support people affected by breast cancer, reduce their sense of isolation and enhance their wellbeing.
- **Influence** – to ensure that the voice and experience of people affected by breast cancer influences and informs decisions to improve treatment, care and support.

Strategic aims and impact areas

To achieve our vision and goals up to March 2011, we worked towards 12 strategic aims. Each had specific targets to help us monitor and understand our impact. We report on how we did on pages 8-15.

We also want to share with you our exciting plans for the coming year – particularly how we intend to build on this year's strong performance. The section on pages 16-19 sets out what we aim to do next year in our seven new impact areas, which are helping us to focus our work in the decade to 2020.

In both our former strategic aims and our new impact areas, we regularly review progress in meeting targets. We revise plans and budgets to ensure that we maximise our impact within available resources and that we are aware of and can react to the changing external environment.

We believe that by showing the progress we are making towards achieving our targets, we demonstrate how our work is making a tangible difference to people affected by breast cancer.

Our 12 strategic aims for 2010-11

Provide information and support services to people affected by breast cancer

Last year we said we would:

- increase the number of clients accessing services
- produce a Moving Forward resource to support clients at the end of active treatment, in consultation with clients, volunteers and healthcare professionals
- increase the number of information points across the UK from 35 to 60
- continue to develop the online map of services (accessed by an average of 400 users each month) which offers information about breast cancer services, including NHS breast screening units, support groups and centres around the UK, as well as Breast Cancer Care services
- develop a 'Frequently asked questions' section of our website, to ensure access to key information 24 hours a day.

What we did:

- around a million publications were distributed in print and electronic format. We had more than 2.4 million visits to the website and over 128,000 messages posted on the forums
- we researched clients' needs and produced a Moving Forward pack which has been our most successful publication to date. Over 10,000 packs were distributed in three months after the launch
- set up 17 new information points in our key locations
- more categories and information were added to the map of services
- answers to frequently asked questions on breast awareness were developed by the Clinical team as a pilot on the website and to promote our Ask the Nurse email service.

Improve and increase access to our services

Last year we said we would:

- continue promoting our packages of support to healthcare professionals and clients, as well as reviewing our local services promotion strategy
- continue to populate and develop our map of services so that local information and service activity is easy to access
- redesign our patient information and website to reflect our brand better and the new packages of support.

What we did:

- distributed 21,980 copies of our packages of support to healthcare professionals and people affected by breast cancer
- promoted our packages of support to healthcare professionals through our Nursing Network, and to clients via information points, publications and local promotional strategies
- promoted the map of services on the front page of the website
- produced a new design template for our patient information, including a clearer call for donations - the revised layout will be reflected on the forthcoming new website.

Provide specialist services to younger women, people with secondary breast cancer and people with a family history of breast cancer

Last year we said we would:

- continue to promote an annual calendar of our specialist service events, complementing this with local promotion to increase access to these highly-regarded and well-evaluated services
- run two one-day pilot events for younger women; one of which will be for younger women with secondary breast cancer
- set up strategy groups for younger women's and secondary breast cancer services to guide development in these areas
- review and evaluate the need for further service events and developments for people with a family history of breast cancer.

What we did:

- continued to compile and promote an annual calendar of events, which has culminated in professionally printed flyers for inclusion in relevant booklets ordered from our mailing house, meaning more people automatically receive services information
- ran pilot events for younger women – a one-day event for women under 45 diagnosed in the past three years and a pilot version of the Living with Secondary Breast Cancer course for younger women. Both had a good uptake and will be repeated in 2011 so that we can evaluate their impact
- set up services strategy groups for secondary and younger women's services, which brought together staff members, health professionals, volunteers and service users
- held a forum for women with a family history of breast cancer, which gathered their views on what we could provide by way of information and support. This year we will build on this by piloting Live Chat and face-to-face Information Sessions, and by strengthening our One-to-One Telephone Support service.

Target our breast awareness work and resources to greatest effect

Last year we said we would:

- continue to target our Train the Trainer programme to specific community groups where research demonstrates a need
- work in partnership with Cancer Research UK through a research programme evaluating the longer term impact of our work.

What we did:

- we continued to focus on training people who work with our target groups of older women, women from south Asian and African Caribbean backgrounds and people from socially disadvantaged communities. We developed and ran a successful pilot training course for people who will share the breast awareness message with people with learning disabilities. We have trained almost 250 people to deliver the breast awareness messages to these target communities this year
- we have completed the research programme evaluating the impact of our Train the Trainer programme, evidence is being evaluated and will be published by autumn 2011.

Ensure that legislation, policy and practice improves the lives of people affected by breast cancer

Last year, we said we would:

- arrange a campaigning event to coincide with the Global Metastatic Breast Cancer Day
- promote our Standards of Care for People with Secondary Breast Cancer and encourage commissioners of services to sign up to implement the standards
- deepen our understanding of the key issues relating to body image and breast cancer, and use this knowledge to lobby for improvements to health services
- run three public policy debates on topical issues for people affected by breast cancer.

What we did:

- held a campaigns event in Westminster on National Secondary Breast Cancer Awareness Day and used this opportunity to raise awareness in Parliament. As a result, Annette Brooke MP, Co-Chair of the All-Party Parliamentary Group on Breast Cancer, asked the Prime Minister a question in the House of Commons. He met representatives of the All Party Group and Breast Cancer Care, and agreed to our request for data to be collected on those diagnosed with secondary breast cancer and included in Revised Cancer Reform Strategy
- formally signed up three Cancer Networks to our Standards of Care for People with Secondary Breast Cancer; a further six are actively discussing sign up within their areas
- via a series of focus groups and research we identified key issues relating to body image and breast cancer and are planning ways to use this to influence service developments

- We ran two 'In Perspective' public policy debates: one on breast screening and one on breast cancer and low income households; and we launched a policy briefing on lesbian and bisexual women and breast cancer.

Play a key role in improving the skills and knowledge of healthcare professionals working in breast cancer

Last year we said we would:

- maintain our reputation and reach in healthcare professional training, both with our own events and by presenting at external conferences and publishing journal articles
- pilot new models of education delivery, such as masterclasses and teleconferences, to explore specific areas of interest for specialist nurses and increase accessibility for delegates
- continue to develop our Nursing Network so that we work more closely with healthcare professional colleagues and enable them to share best practice and develop their skills.

What we did:

- trained 333 healthcare professionals, achieving a 98% satisfaction rate at our own events and reached more than 1,300 healthcare professionals by presenting externally at national and international conferences
- expanded our portfolio to include four masterclasses and four lunchtime teleconferences as new models of education delivery. We reached more than 100 delegates and covered a variety of topics including talking to children with a terminally ill parent, breast reconstruction, breast cancer genetics and the impact of breast cancer treatments on fertility
- signed up more than 600 members to our Nursing Network in its first year, enabling them to share best practice with each other, have a voice to influence health policy and stay on top of the latest breast cancer news.

Contribute to the knowledge and understanding of the needs of people with breast cancer

Last year, we said we would:

- publish the results of our secondary breast cancer research project
- begin a large-scale research project that will include designing and evaluating an intervention to (underserved) communities at the end of active treatment
- make further improvements to our reporting on data, both internally and externally.

What we did:

- submitted a paper – 'Quality of life and experience of care in women with metastatic breast cancer: a cross sectional survey.' – to the *Journal of Pain and Symptom Management*
- published 'A survey of provision of breast care nursing for patients with metastatic breast cancer – implications for the role.' (*European Journal of Cancer Care*, June 2010)

- began preparation for the Big Lottery research study into the needs of people on low incomes and from black and minority ethnic (BAME) communities at the end of active hospital treatment, and received research ethical approval in February 2011. The study officially started on 1 April 2011.
- made significant improvements to services' data collection and monitoring for all regional services (Moving Forward Information Sessions, Moving Forward courses, generic Information Sessions, Lingerie Evenings and HeadStrong) as well as the Breast Health Promotion portfolio (breast awareness workshops, Train The Trainers courses and half-day nurses training sessions)
- worked with all departments in developing a new organisational performance and reporting system, the **Vision progress report**, for the new financial year 2011-12. This will provide a more comprehensive overview of the organisation's performance in terms of activity, expenditure/income, outcomes and impact of our work
- completed the following service evaluations:
 - Helpline survey (2010)
 - Ask the Nurse Survey (2010)
 - Primary Breast Cancer Resource Pack study (2011)
- completed a research study to develop a new self-management tool for patients at the end of treatment, the Moving Forward resource pack, in collaboration with the University of Southampton. We are now disseminating the results of this work at conferences and writing articles for publication
- began a new research study with Kings College London to evaluate our One-to-One Telephone Support service in November 2010. Led by Professor Emma Ream at Kings College London, in collaboration with Guys' & St Thomas' Hospital and Breast Cancer Care, this study will explore the effect of Breast Cancer Care's one-to-one telephone support calls on psychological wellbeing, self-efficacy, knowledge about breast cancer, sense of isolation and supportive care needs among newly diagnosed breast cancer patients
- were part of a successful partnership with the University of the West of England in being awarded a grant by Breast Cancer Campaign to explore the effectiveness of services to support breast cancer patients with hairloss, including the Breast Cancer Care Headstrong service. The study will begin in Autumn 2011
- produced a new **Code of good research practice**, which outlines how and when we support external researchers/institutions with their research, and guidelines for staff involved in research.

Ensure the effective involvement of volunteers

Last year we said we would:

- continue to implement the volunteer strategy and review how volunteers can be fully involved in all aspects of the organisation; from fundraising to services and campaigning
- increase the number and range of volunteers working with us in order to meet the demands on our services and our fundraising work.

What we did:

- developed our strategy to involve volunteers in all aspects of the organisation. Volunteers have helped shape the organisation's 10 year strategy as well as supporting the development of one year plans for volunteering. We have also clarified how we will recruit, train and support volunteers across the organisation in a more consistent way, to ensure volunteers can be involved in all elements of our activity

- increased the number and range of volunteer roles across the organisation to include services, fundraising and campaigning roles. We have recruited over 170 new volunteers with 70 volunteers retiring during the year.

Increase the influence and impact of people affected by breast cancer

Last year we said we would:

- aim to have at least 35% of our user involvement work at or above a basic 'participation' level, with users working with Breast Cancer Care on an equal basis
- recruit 100 new 'Fundraising Voices' to ensure that all aspects of our fundraising reflect the views of our supporters
- recruit 80 new Breast Cancer Voices. Breast Cancer Voices make up a panel of over 500 people who are living with or beyond breast cancer. They work with us to ensure everything we do reflects the needs of people affected by breast cancer
- develop a new user involvement strategy and campaigns involvement strategy to ensure users are involved at all stages of the campaign process.

What we did:

- 67% of our user involvement work was at or above participation level
- incorporated the idea of 'Fundraising Voices' into the current Voices group. During this year we have consulted Voices on a number of fundraising issues, for example, what our policy should be on 'body image' fundraising, and on the development of our legacy fundraising
- recruited 66 new Voices this year
- completed a consultation exercise with staff and Voices regarding their priorities for user involvement for the next three years
- launched e-campaigning with a campaign to ask people to support the role of specialist breast cancer nurses.

Increase the diversity of our users, staff and volunteers

Last year we said we would:

- develop a diversity strategy to ensure that Breast Cancer Care is fully inclusive and accessible, meeting the needs of the whole community
- continue to use our influence and expertise to ensure we and others address the inequalities in survival and presentation in breast cancer
- collect data consistently from more of our services in order to understand our client profile.

What we did:

- developed a new Equality and Diversity strategy targeting older women, black and South Asian women and people from areas of socio-economic deprivation, as there is the clearest data of poor service provision and outcomes for people with breast cancer in these groups
- developed a briefing reviewing the evidence on breast cancer and inequalities. This is a comprehensive, internal resource for all staff and is used to support our work in addressing inequalities in diagnosis, treatment and support; a summary has been produced and distributed externally
- implemented a data standardisation policy so that we can collect data more consistently. We will be monitoring our client profile according to area of impact in the new Vision progress report.

Ensure we manage our resources effectively in order to maximise our impact

Last year we said we would:

- launch our new organisational 10-year strategy, reflecting the voices of our stakeholders and providing a clear, innovative and sustainable vision for Breast Cancer Care both now and in the future
- implement a new integrated database reinforcing our aim to place all our stakeholders (clients, volunteers, voices, supporters) at the heart of the organisation
- implement our improved internal communications strategy across the organisation.

What we did:

- developed a new 10-year strategy – **Vision 2020**. Consulting our stakeholders, we developed a way forward reflecting the current needs of people affected by breast cancer
- developed an action plan following consultations with staff, trustees and volunteers to develop our **Vision 2020** strategy. We also developed programme of staff seminars featuring volunteers, service users and team ‘showcases’ to inform staff better about all aspects of our work and our impact
- implemented a new integrated database that puts our stakeholders at the heart of the organisation. The project came in within scope, on time and on budget.

Diversify our income streams, reduce our dependency on any source and ensure our fundraising ratios are within sector averages

Last year we said we would:

- deliver the first year of our new 10-year vision for fundraising and marketing
- deliver a new direct marketing and legacy development programme
- deliver a series of city-based fundraising walks as well as continue to run our successful series of *Pink Ribbonwalks*.

What we did:

- embedded a 10-year Vision for fundraising and marketing, approved by the Board of Trustees, as part of **Vision 2020**
- made solid progress in developing our direct marketing and legacy programme, expanding our supporter base significantly and starting a drip-feed of legacy messages to all contacts
- introduced the city-based 5-Mile Challenge in Bristol and Newcastle
- delivered four successful *Pink Ribbonwalks* across the country.

Plans for 2011-12 in our seven areas of impact

Thankfully, more people are surviving breast cancer or living longer with it. But this also means they may need more support. It is the right time for Breast Cancer Care to rise to the challenge with a new, brave and ambitious long-term plan. Our vision for 2020 identifies seven areas of impact where we are concentrating our efforts to support people affected by breast cancer. Underlying all of them is ongoing provision of high-quality information and a commitment to influence for beneficial change in our field, including tackling inequalities. If you wish to read more about our plans and aspirations for Breast Cancer Care in the decade ahead, please email info@breastcancercare.org.uk for a free copy of the *Vision 2020* booklet.

Early detection and breast awareness

What we will do:

- promote the importance of early detection and breast awareness via our membership of key policy groups, including the National Awareness and Early Detection Initiative and the National Cancer Equalities Initiative
- lobby to ensure that the new public health service in England – and any equivalent initiatives in Scotland and Wales – promotes good practice in early detection of breast cancer
- deliver 20 Train the Trainer courses to external learners working with target groups across the UK
- reach 4,000 people with the breast awareness message through the Train the Trainer cascade model
- support volunteers to deliver 600 breast awareness workshops in their local communities
- work towards formal accreditation of the Train the Trainer courses
- ensure symptom awareness messages delivered through our media activity are accurate and up to date, and our Clinical team continues to input into our external communications, maintaining our reputation for clinical expertise in this area.

Diagnosis and treatment

What we will do:

- use evidence from our own service delivery and from Voices/service users to lobby for improvements in areas identified as poor including the more effective use of holistic needs assessments
- hold two 'In Perspective' policy events to increase understanding of inequalities and breast cancer
- review and publish more than 70 patient information resources, on and offline, around 30 of them particularly supporting diagnosis and treatment. We will do this meeting documented Department of Health Information Standard criteria
- relaunch the website, enabling development of the healthcare professionals' area, to facilitate better learning, networking and sharing of best practice

- develop our presence on other relevant websites and resources, in particular the NHS Breast Cancer Pathways and Information Prescription system
- continue to improve the breast cancer services online map, adding new categories of service and functionality
- ensure our clinical information (online and print) is relevant, accurate and up to date and our Clinical team continue to input into our services, quality monitoring and safeguarding our reputation for clinical expertise
- attract 150 delegates to our annual flagship conference for healthcare professionals
- hold five teleconference teaching sessions on treatment-related issues and key areas of inequalities
- speak at two external conferences to showcase our expertise and services
- continue to build on the success of our Nursing Network, increasing membership and using this unique forum to involve members and signpost them to our work.

Moving forward

What we will do:

- continue to offer a mix of Information Sessions and Moving Forward courses across our 21 key locations, with Lingerie Evenings also featuring in selected areas. We will aim to achieve 15 attendees per session
- promote Moving Forward to people with breast cancer and health professionals through targeted mailings, networking and ongoing partnerships on the ground
- develop a new initiative, Active Life, in association with The Prostate Cancer Charity, to be launched in March 2012
- start our Big Lottery-funded research into the needs of people on low incomes and from BAME communities at the end of active hospital treatment
- host a masterclass for healthcare professionals on communicating with breast cancer patients
- speak at an external conference to highlight the needs of people after treatment and showcase our clinical expertise and services.

Secondary breast cancer

What we will do:

- provide 10 Living with Secondary Breast Cancer courses across the UK, reaching up to 120 attendees
- run two Living with Secondary Breast Cancer courses for younger women, and evaluate their impact including feedback from attendees
- continue to run four Seca Support Groups and build on our pilot Living with Secondary Breast Cancer programme of monthly sessions in at least two locations
- run the second annual public campaign for Secondary Breast Cancer Awareness Day on 13 October

- use our Spotlight campaign to ensure the experience of data collection is used to influence practice in Wales and Scotland
- continue to provide clinical input to our specialist services (including delivering talks and supporting clients) and our influencing and campaigning materials and outputs, maintaining our reputation for clinical expertise in secondary breast cancer.

Younger women

What we will do:

- run six residential Younger Women's Forums across the UK with capacity for 30 attendees at each event. We will also review and improve the programme
- offer single-day events for women who are unable to attend a residential event, the first to be held in Sheffield in October 2011
- develop a stronger identity for our work with younger women to ensure it reflects the age group we are targeting
- continue to provide clinical input to our specialist services, delivering talks and supporting our clients to maintain our reputation for clinical expertise in younger women with breast cancer
- hold a teleconference teaching session on the impact of cancer treatments of fertility
- speak at an external conference to highlight the needs of younger women with breast cancer and showcase our clinical expertise and services.

Family history and breast cancer

What we will do:

- run two pilot face-to-face sessions for people with a family history of breast cancer and evaluate the impact
- pilot Live Chat for this specific group
- continue to use our clinical expertise to shape and deliver services to maintain our reputation for excellence in breast cancer genetics
- host a masterclass for healthcare professionals on breast cancer genetics.

Families and partners

What we will do:

- review and publish more than 70 patient information resources, on and offline, three of them particularly supporting diagnosis and treatment and one of which will be a new publication in this impact area (Breast cancer and your child's school). We will do this meeting documented Information Standard criteria

- ensure materials that support families and partners are clearly visible when relaunch of the website enables development of web-based news and lifestyle output, building on source material such as Vita, Breast Cancer Care News and our newsblog
- carry out a research project to review the needs of families and partners and how to reach them.

Underpinning our impact areas

Fundraising

What we will do:

- implement our public profile programme to increase unprompted awareness from 2% –10% by 2020
- increase our income from major donors, stewardship, trusts and statutory sources
- increase our income by building our commercial development and innovation capability
- increase our income and profile by building on our corporate account management and development expertise and increasing our focus on new business
- increase our income by maximising our flagship events through commercial development and working closely with the Area Fundraising team in fundraising key locations
- increase our income by accelerating our investment in direct marketing and legacy development and ‘in memory’ programme
- develop our profile and increase income in our fundraising key locations
- ensure we generate income from healthcare professional training.

Supporting delivery

What we will do:

- increase the numbers of volunteers from harder to reach communities to ensure a more diverse volunteer base
- work with volunteers to develop volunteer training, communication and support to ensure more inclusive and accessible volunteering opportunities across the organisation
- develop a guide to volunteering at Breast Cancer Care for all new volunteers
- ensure clinical input into staff development to ensure clinically informed and up-to-date staff.

Governance and structure

Governance

Breast Cancer Care is a company limited by guarantee and registered in England. It is a charity registered in England and Wales and is also registered as a charity in Scotland. The charity is governed by the company's Memorandum and Articles of Association, which were last revised in July 2008. A copy is available on request from the Company Secretary.

The Board

Members of the Board have two roles: first, as directors of the company in company law and, second, as trustees of the charity.

Recruiting and training trustees

Applications for Board membership are sought openly through external advertisement. The Governance and Nominations Committee, with the involvement of the Chief Executive, selects, interviews and proposes suitable candidates for the role of trustee to the whole Board for approval. Appointments are made according to relevant skills, competencies and experience. Breast Cancer Care endeavours to ensure that at least one third of its trustees have been personally affected by breast cancer. At 31 March 2011, four of our ten trustees have had breast cancer, representing 40% of the Board; all of them have been personally affected by breast cancer in some way. In accordance with best practice, term limits are in place for all trustees.

We recognise the responsibilities placed by law on a charity trustee and therefore offer a programme of training for all trustees including a full and formal induction programme for new trustees. All trustees are appraised every 18 months by either the Chair or Vice Chair. The Chair is appraised by the Vice Chair with another trustee.

Trustees' responsibilities

The trustees are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- make judgments and accounting estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each trustee confirms that:

1. so far as the trustee is aware, there is no relevant audit information of which Breast Cancer Care's auditors are unaware
2. the trustee has taken all the steps that he/she ought to have taken as a trustee in order to make himself/herself aware of any relevant audit information and to establish that Breast Cancer Care's auditors are aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of section 234ZA of the Companies Act 2006.

Public benefit

The trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's vision, purpose and goals as well as when planning for future activities. We are confident that our whole approach to equality of access as enshrined in our vision statement included on page 3 meets the highest aspirations of the public benefit policy and that our reported continuing improvement from a very high starting level will ensure we maintain that vision.

Organisational structure and decision making

The Board of Trustees has legal responsibility for the effective use of resources in meeting the charity's objects and for providing effective leadership and direction. They meet quarterly in addition to having a full day for training, in-depth discussion and debate.

Sub-committees

The Board of Trustees has 10 members and delegates some of its authority to the following sub-committees: Finance and General Purposes, Audit and Assurance, Investment, Human Resources and Remuneration, and Governance and Nominations.

Each sub-committee has specific terms of reference and functions delegated by the Board and a Chair appointed by the Board. In the case of the Audit Committee, a Chair who is independent to the Trustees was appointed in a voluntary capacity after an open recruitment process.

A complete list of the sub-committees of the Board and their members is provided on the back cover of this report.

Management

Responsibility for day-to-day management matters and the implementation of policy is delegated to the Chief Executive, supported by the Senior Management Team.

Employees

Breast Cancer Care's staff play a key role in the success of the organisation. Their commitment and specialist skills are central to the delivery of our quality, wide ranging services for people affected by breast cancer. We are committed to supporting, developing and effectively managing our staff and we currently hold the Investor in People standard. Our Human Resources team provides a wide range of support, guidance and development opportunities for staff to continue a culture of learning and retention of our talent.

Volunteers

Volunteers are at the heart of all the work that we undertake; it is with their continued efforts and commitments that allow us to extend our reach in the most effective way possible. We are incredibly grateful to them for their support and strength.

In 2010-11 volunteers contributed 12,972 volunteer hours in the delivery of our One-to-One Support, Headstrong, Breast Health Promotion and service delivery, as well as community fundraising. We also have many volunteers who give their time towards our fundraising events, policy, research, influencing roles, and administrative activities.

User involvement

We continue to make significant progress in implementing our User Involvement Strategy which commits us to the meaningful involvement of people affected by breast cancer across all areas of our work. User involvement is now embedded in the way that many teams plan and deliver their work. For example 168 Voices helped decide the advertising campaign we used for the first Secondary Breast Cancer Awareness Day, and 176 Voices helped shape our response to a consultation on NHS reforms.

In 2011-12 we want to build on this success by having at least 75% of our user involvement work at participation level or above.

Financial review

This year has seen the organisation continue its strategy to target its resources effectively while also investing in more diverse and predictable forms of fundraising. We believe this approach supports our aim of providing continuity of services to those who need them now, balanced with the longer term aim of growing and enhancing our impact as the economy improves.

Resources have been invested in a number of key areas including a Secondary Breast Cancer Awareness Day, better contact relations management and also increasing income in the long term through individual giving. Encouragingly, income has grown from the previous year, up by 10% to £12.2 million. Because of the additional investments expenditure has increased by just under £1.2 million (9%) to £13.83 million. As a result, the operating deficit for the year has increased slightly from £1.59 million to £1.65 million, which is better than expectations, due to the continued emphasis on strong cost control and finding efficiencies.

Through proactively using our reserves to fund investment and continued service delivery we have successfully applied funds to bring our reserves within our target range (see Reserves Policy, page 25). Over the next three years we plan to continue to grow our income streams but control our expenditure to bring the organisation to a break even position and, towards the end of that period, generate a small surplus.

This year we have benefitted from reasonably robust financial markets which have delivered a £151,000 growth in the value of our security holdings, (approximately 4% growth). The steadier performance in 2009-10 follows two years of considerable stock market volatility due to the impact of the 'credit crunch' and ensuing recession.

How we raised our money

As highlighted above, despite the continuing challenges presented by the economic environment, our total income increased by over £1 million. This year, voluntary income rose to £8.2 million, an increase of over £1.6 million (24%) on 2009-10. Income from corporate partners and individual donations (notably from ASDA and its employees) were both strong.

While the overall picture is improving, some areas of the fundraising portfolio have strongly felt the effects of the challenging economic environment. Activities for generating funds were down by over £0.6 million on the previous year, reflecting a reduction in income from events. While events remain an important component of our income they appear to be one of the areas most affected by the economic downturn.

The fundraising results for the year support our strategy to diversify into more reliable sources of income, such as direct marketing, legacies and committed giving and we should see the return from the current ongoing investments over the next few years.

In terms of other income, investment is down by just under £30,000 due to the continuation of historically low interest rates and a steadier investment market. Grants secured to fund our work from trusts has increased by £67,000 and generated income from rent and conferences has also increased slightly.

The cost of generating income has fallen from the prior year to 41p for every £1 raised. We plan to continue to bring this ratio down as we increase the return on investment from our direct marketing and legacy programmes. The combination of falling returns during the recession and up front investment over the past few years has pushed up the ratio, which historically has been in the area of 36p for every £1 raised.

A number of our funding activities serve a dual purpose, both raising much needed funds but also involving and engaging our beneficiaries by bringing them together at events such as our *Pink Ribbonwalks*. Our overall programme is therefore built around events that can be more sensitive to downturns in the economy. Our strategy to diversify will seek to retain the benefits of our events to our service users while developing more resilient forms of income.

How we spent our money

After having to scale back expenditure during 2009-10 we have grown expenditure in 2010-11, largely in the area of service provision. Total operating expenditure was £13.83 million (2009-10: £12.68 million).

Expenditure on client services has increased by £1.2 million to £7.9 million. Key areas of additional expenditure relate to our Moving Forward programme, investment in publications, web services and secondary breast cancer awareness.

Expenditure on generating funds has declined slightly to £4.99 million (2009-10: £5.03 million) as we begin to remould and diversify our existing portfolio. Expenditure on governance and policy and research has remained largely static. This year we spent £78,000 on governance (2009-10: £79,000) and £871,000 (2009-10: £873,000) on policy and research.

A fuller sense of our activities and achievements in applying our resources to meeting our strategic aims and impact areas is provided at the beginning of this review.

Fixed assets

Investment in our infrastructure, particularly IT, had been scaled back over the past few years in response to a decrease in income during the recession. During the year we have made a number of new investments including the implementation of our new contact management database Enterprise. We believe this investment will help drive continued improvement in our service provision to beneficiaries and a better relationship with our supporters and volunteers. Investment was also made in a wide area network to improve the speed of communications between our offices.

Investment policy and returns

Under its Memorandum of Association, Breast Cancer Care has the power to invest funds not immediately required for charitable purposes.

Investments are managed by specialist firm Schroders. Performance of the portfolio is monitored by the Investment Committee, a sub-committee of the Board, which meets a minimum of twice a year.

The Committee set the investment policy statement according to the anticipated longevity of funds, grouping by time horizon. Maintaining our capital is the key concern for short-term reserves and as such this element of the portfolio is held in cash. Medium-term reserves can tolerate some capital volatility and are invested in cash and bonds. Long-term reserves need to keep pace with inflation and are invested in a multi-asset portfolio designed to achieve this over the long term.

We follow an ethical policy to the extent that we exclude direct investments in tobacco companies because of the proven connection between smoking and cancer. The Board of Trustees reviews the investment policy annually and has a written investment policy statement. Given the turbulence in the stock market and economy over the last few years, the Committee is currently in the process of reviewing the policy to ensure it continues to be relevant to our needs.

As noted above, securities performed well this year with a total return of 6.4% (£229,000 growth and income). A further £50,000 was generated from our cash investments managed by Schroders.

Subsidiary company

Breast Cancer Care Trading Limited, the wholly owned trading subsidiary of Breast Cancer Care, achieved gross profit of £2.06 million (2009-10: £2.12 million) and net profit of £1.75 million (2009-10: £1.71 million). All profits generated by Breast Cancer Care Trading Limited are gift aided to Breast Cancer Care.

The Lavender Trust

The Lavender Trust at Breast Cancer Care was set up by Beth Wagstaff and Justine Picardie in memory of journalist Ruth Picardie. It raises money specifically to fund information and support for younger women (aged under 50) with breast cancer and is the only fund in the UK dedicated to addressing the particular needs of this age group. Incorporated in May 1998, less than a year before Beth's death, it operates as a restricted fund within the legal and charitable status of Breast Cancer Care. This year the Lavender Trust raised £258,000 (2009-10: £285,000) and since its launch has raised more than £3 million in support of services for younger women.

Internal control

The systems of internal control are designed to provide assurance against material misstatement or loss of either material assets or integrity and reputation of Breast Cancer Care. They include: a strategic plan embodying our vision and mission, three-year plans, annual operational plans and budgets approved by the trustees; regular consideration by the trustees of financial results, investigation of variance from budgets and financial and non-financial performance indicators; reviews of risk management, delegation of authority, insurance, review of policies and procedures to ensure their ongoing fitness for purpose and segregation of duties where necessary.

The charity has an Audit and Assurance Committee independent of the Finance and General Purposes Committee to enhance confidence in the integrity of Breast Cancer Care's processes and procedures relating to internal control and statutory reporting. The Audit and Assurance Committee is a sub-committee of the Board and is made up of a Chair who is not a trustee, appointed following an open interview and selection process, and three additional trustees nominated by the Board.

Risk management

Breast Cancer Care has an embedded process of risk identification and management with regular oversight from senior management and trustees. The risk register is reviewed and updated throughout the year and progress is checked against identified actions. A more fundamental re-assessment of the risks the charity faces is conducted at least annually, which we believe is crucial in ensuring we understand and can better manage the uncertainties inherent in the current external climate.

Breast Cancer Care also operates a robust framework of performance monitoring including the use of key performance indicators to ensure we remain on track to deliver our strategy. This information is reviewed by trustees and management on a quarterly basis and feeds into the charity's iterative planning process.

Reserves

As exemplified by the recent recession and economic downturn, retained reserves provide a crucial stop gap in helping safeguard the provision of services when faced with declining and/or volatile income levels. In addition to help manage income risks and ensure a greater continuity of service delivery, reserves are also required to:

- provide working capital during the year, particularly during times where there is a lag between expenditure and associated income (for example, during Breast Cancer Awareness Month)
- to provide resources to fund investments necessary to update outdated infrastructure or in new areas which will improve our effectiveness
- to give time to restructure the organisation in the event of a sustained downturn in income and meet any expenditure commitments
- to respond quickly to any new initiatives in support of people affected by breast cancer.

Breast Cancer Care has carefully managed its reserves to help ensure both continuity of services and to provide resources for crucial areas of investment. This managed process has brought reserves levels steadily down over the past three to four years and we now have general reserves of £5.87 million, equivalent to just under five months of the total planned expenditure for 2011-12.

Our policy has been reviewed to take account of the evolving wider environment, updated three year plans and the overall strategy, Vision 2020. During 2010-11, the reserves policy set a target range of three to six months' expenditure. Following the review, the range has been set at a slightly more prudent level of four to six months. The current reserves level is therefore close to the mid-point of this range.

Unrestricted funds

General reserves

General funds decreased in the year by £1.2 million to £5.87 million. As funds are now within our agreed target reserves range we do not plan to incur further substantial deficits as part of the renewed three year plan and budget and are aiming to move towards break-even during 2011-12.

Designated reserves

Designated reserves represent funds that have been earmarked by trustees for a particular purpose. In addition, Breast Cancer Care follows best practice and designates the net book value of fixed assets used in delivering charitable services, as these funds are not readily available for application in other ways. A full description of the organisation's designated funds can be found in note 18 to the financial statements.

Restricted funds

Restricted funds are received under Trust and can only be applied to defined activities. Restrictions can either arise because of a condition set by a donor/funder on how income may be applied or because an appeal raises funds for a defined area of concern/activity.

More details on our restricted reserves can be found in Note 17 of the accounts.

Auditors

Mazars LLP were re-appointed as the charitable company's auditors during the year and have expressed their willingness to continue in that capacity.



Jane Hinrichs (Chair)
By order of the Board of Trustees

Dated : 12 July 2011

Independent auditor's report to the members of Breast Cancer Care

We have audited the financial statements of Breast Cancer Care for the year ended 31 March 2011 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Respective responsibilities of trustees and auditors

As explained more fully in the Trustees' Responsibilities set out on page 21 and 22, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors. This report is made solely to the charity's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the APB's website at www.frc.org.uk/apb/scope/private.cfm

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group and charity's affairs as at 31 March 2011 and of their incoming resources and application of resources, including their income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Opinion on the other matter prescribed by the Companies Act 2006

In our opinion the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

N J Wakefield

Nicola Wakefield (Senior Statutory Auditor)

for and on behalf of Mazars LLP
Chartered Accountants and Statutory Auditor
Times House, Throwley Way, Sutton, Surrey SM1 4JQ

Date: 12 July 2011

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

Breast Cancer Care

Consolidated Statement of Financial Activities (incorporating an Income and Expenditure Account) for the year ended 31 March 2011

	Note	Unrestricted Funds £'000	Restricted Funds £'000	2010-11 £'000	2009-10 £'000
Incoming resources					
Incoming resources from generated funds:					
voluntary income	2	7,838	341	8,179	6,591
activities for generating funds	3	3,064	118	3,182	3,735
investment income	4	137	-	137	165
Incoming resources from charitable activities:					
project grants	5	-	291	291	224
conferences rental and other income		398	-	398	378
Total incoming resources		11,437	750	12,187	11,093
Resources expended					
Cost of generating funds:					
costs of generating voluntary income		2,862	3	2,865	2,912
costs of activities for generating funds		2,120	1	2,121	2,114
		4,982	4	4,986	5,026
Charitable activities:					
Policy and research		861	10	871	873
Client services		7,151	748	7,899	6,703
		8,012	758	8,770	7,576
Governance costs		78	-	78	79
Total resources expended	6	13,072	762	13,834	12,681
Operational (deficit) for year		(1,635)	(12)	(1,647)	(1,588)
Other recognised gains/(losses)					
Unrealised gains on investment assets	12	151	-	151	879
Realised (losses)/gains on disposal of investment assets	12	(1)	-	(1)	40
		(1,485)	(12)	(1,497)	(669)
Reconciliation of funds	17 & 18				
Fund balances brought forward at 1 April		8,836	75	8,911	9,580
Fund balances carried forward at 31 March		7,351	63	7,414	8,911

All the above results derive from continuing activities.

The deficit for the year of Breast Cancer Care for Companies Act 2006 purposes was £1,497,000 (2009-10: deficit £669,000).

The notes on pages 32 to 39 form part of these accounts.

Breast Cancer Care

Consolidated and Charity Balance Sheets as at 31 March 2011

Registered Company Number: 2447182

	Note	Group 2010-11 £'000	Group 2009-10 £'000	Charity 2010-11 £'000	Charity 2009-10 £'000
Fixed assets					
Tangible assets	11	1,410	1,362	1,410	1,362
Investments	12	5,629	6,180	5,629	6,180
		7,039	7,542	7,039	7,542
Current assets					
Current investments	13	1,277	1,915	1,277	1,915
Stock		24	22	16	10
Debtors	14	1,298	1,825	3,154	3,280
Cash at bank and in hand		161	93	146	87
		2,760	3,855	4,593	5,292
Creditors: amounts falling due within one year	15	(1,936)	(2,113)	(3,769)	(3,550)
Net current assets		824	1,742	824	1,742
Creditors: amounts falling due after one year	16	(449)	(373)	(449)	(373)
Net assets		7,414	8,911	7,414	8,911
Funds					
Restricted funds	17	63	75	63	75
Unrestricted funds					
Designated funds	18	1,479	1,743	1,479	1,743
General funds	18	5,872	7,093	5,872	7,093
Total funds	19	7,414	8,911	7,414	8,911

Approved by the Board of Trustees
on 12 July 2011 and signed
on its behalf by:



Jane Hinrichs Chair



Dheepa Balasundaram Treasurer

The notes on pages 32 to 39 form part of these accounts.

Breast Cancer Care

Consolidated Cashflow Statement for the year ended 31 March 2011

	2010-11	2009-10	
	£'000	£'000	
Net cash (outflow) from operating activities (a)	<u>(873)</u>	<u>(1,492)</u>	
Capital expenditure and financial investment			
Payments to acquire tangible fixed assets	(398)	(147)	
Net acquisition of fixed asset investments	(49)	(147)	
Decrease in fixed asset investments	<u>750</u>	<u>812</u>	
	303	518	
Cash (outflow) before increase in liquid resources	<u>(570)</u>	<u>(974)</u>	
Management of liquid resources			
Decrease in current investments	<u>638</u>	<u>751</u>	
Increase/(decrease) in cash in the year	<u>68</u>	<u>(223)</u>	
Cashflow information for the group	2010-11	2009-10	
	£'000	£'000	
(a) Reconciliation of changes in resources to net (outflow) from operating activities			
Net (outgoing) resources before other recognised gains/(losses)	(1,647)	(1,588)	
Depreciation	350	378	
(Increase)/decrease in stocks	(2)	58	
Decrease/(increase) in debtors	527	(65)	
(Increase) in creditors	(101)	(275)	
Net cash (outflow) from operating activities	<u>(873)</u>	<u>(1,492)</u>	
(b) Reconciliation of net cashflow to movement in net funds/debt			
Increase/(decrease) in cash in the year	68	(223)	
Decrease in liquid resources	(638)	(751)	
Movement in net funds in the year	<u>(570)</u>	<u>(974)</u>	
Net funds at 1 April 2010	<u>2,008</u>	<u>2,982</u>	
Net funds at 31 March 2011	<u>1,438</u>	<u>2,008</u>	
c) Analysis of net funds	31 March	Cashflow	1 April
	2011		2010
	£'000	£'000	£'000
Cash at bank and in hand	161	68	93
Liquid resources	<u>1,277</u>	<u>(638)</u>	<u>1,915</u>
	<u>1,438</u>	<u>(570)</u>	<u>2,008</u>

Notes to the Accounts for the year ending 31 March 2011

1. Accounting policies

Basis of accounting

The financial statements are prepared under the historical cost convention and in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities' issued in March 2005, and with applicable United Kingdom law and accounting standards. The particular accounting policies adopted by the Board of Trustees are described below.

Group accounts

The group accounts consolidate the funds of the charity and its wholly owned trading subsidiary company. Advantage has been taken of the exemption contained in FRS8, 'related party transactions', where disclosure is not required in consolidated financial statements of intra-group transactions and balances eliminated on consolidation and of the exemption not to present a separate statement of income and expenditure for the individual company.

Incoming resources

All incoming resources are included when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Unless there is evidence of uncertainty of receipt, residuary legacies are recognised from the date of probate where a reliable estimate can be made. Income from will or reversionary trusts is not recognised until the life interest has passed away. Income from pecuniary legacies is recognised upon notification.

Donated services are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers. Gifts in kind are included at the value to the charity or, where resold, at the resale price.

Income relating to events taking place after the year end is deferred and included in creditors. The relevant costs associated with these events are also deferred and included in prepayments.

Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be attributed directly to the individual areas they have been apportioned to activities on a basis consistent with use of the resources. All overheads have been apportioned either on the basis of the number of staff engaged in each activity or the floor space occupied by the staff as appropriate.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities or the costs of delivering charitable services. Support costs are those costs incurred directly in support of expenditure on the objects of the charity. Governance costs are those incurred in connection with the governance of the charity and compliance with constitutional and statutory requirements.

Taxation

Breast Cancer Care, as a registered charity, is exempt from taxation of income falling within Section 505 of the Taxes Act 1988 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that this is applied to its charitable objectives. No tax charge has arisen in its trading subsidiary, Breast Cancer Care Trading Ltd, because of its policy of gifting its taxable profits to the parent charity each year. Breast Cancer Care has no similar exemption from VAT. Irrecoverable VAT is included in the cost of those items to which it relates. All other income and expenses are net of VAT.

Tangible and fixed assets

Tangible and fixed assets costing more than £1,000 are capitalised. Depreciation is charged on a straight line basis, with a full year of depreciation in the year of purchase, to write off the cost of the assets over their useful life as follows:

- leasehold improvements term of the lease
- furniture, fixtures and fittings 20–40% per annum
- computers and equipment 33.3% per annum.

Assets capitalised for the Enterprise database project are depreciated over five years (20% per annum) on a straight-line basis, with depreciation being charged from the month of purchase.

Website development costs are written off in the year of development. This reflects the rapidly changing nature of the website.

Fixed asset investment

Investments are valued in the balance sheet at their market value at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluations and disposals throughout the year. Income from investments is included in the Statement of Financial Activities on a receivable basis.

Stock

Stock comprises Christmas cards, pin badges and other merchandise for sale, valued at the lower of cost and net realisable value.

Publications expenses

Expenditure on publications is written off in the period such cost is incurred, as these have no resale value.

Creditors

Creditors are shown as amounts falling due within one year and after one year.

Leases

Rentals under operating leases are charged on a straight-line basis over the term of the lease. Further information on charges in the year and future commitments is given in Note 8.

Fund accounting

Restricted, designated and general funds are separately disclosed, as set out in Notes 17 and 18. The different funds held are defined as follows.

- Restricted funds are subject to specific restrictions imposed by the donor or by the nature of the appeal.
- Designated funds are set aside at the discretion of the trustees for specific purposes. Details of the specific designated funds are given in Note 18.
- Other charitable funds are available to spend at the discretion of the trustees in furtherance of Breast Cancer Care's charitable objectives.

Pension costs

Permanent employees are entitled to join the Group Personal Pension Scheme provided by Standard Life, which was established on 14 April 1998. This is a contributory defined contribution scheme, administered by an independent scheme administrator. Scheme funds are independent of the charity and invested with Standard Life. Payments to the pension scheme are a fixed percentage of salary for each employee, and the amount charged in the income and expenditure account is the cost of the fixed percentage along with the costs of the independent scheme administrator. The cost of providing this pension scheme is charged to the Statement of Financial Activities when it is incurred.

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2011

2. Voluntary income	Unrestricted Funds £'000	Restricted Funds £'000	2010-11 Total £'000	2009-10 Total £'000
Individual and other donations	3,483	245	3,728	2,883
Corporate donations	2,022	72	2,094	1,583
Corporate sponsorships through trading subsidiary	1,954	24	1,978	1,751
Legacies	379	-	379	374
	<u>7,838</u>	<u>341</u>	<u>8,179</u>	<u>6,591</u>

Corporate donations includes gifts in kind of £45,431 (2009-10: £nil)
 Corporate sponsorship includes no gifts in kind (2009-10: £30,900).
 Individual and other donations include £16,225 donations from trusts (2009-10: £39,244).

3. Activities for generating funds	Unrestricted Funds £'000	Restricted Funds £'000	2010-11 Total £'000	2009-10 Total £'000
Events income	2,961	117	3,078	3,648
Merchandising income	103	1	104	87
	<u>3,064</u>	<u>118</u>	<u>3,182</u>	<u>3,735</u>

Events income includes gifts in kind of £25,550 (2009-10: £12,200)

4. Investment income	Unrestricted Funds £'000	Restricted Funds £'000	2010-11 Total £'000	2009-10 Total £'000
Interest received	57	-	57	88
Investment income	80	-	80	77
	<u>137</u>	<u>-</u>	<u>137</u>	<u>165</u>

5. Project grants	2010-11 Total	2009-10 Total
Asda Foundation	59	-
Guy's and St Thomas' NHS Foundation Trust	35	-
Long Term Conditions Alliance Scotland	39	-
Milly Aphthorp Charitable Trust	-	50
Scottish Executive	20	25
London Strategic Health Authority	-	25
The Noon Foundation	50	-
The Robertson Trust	10	-
WCVA	10	21
Yorkshire Cancer Network	-	16
Grant-giving trusts	68	87
	<u>291</u>	<u>224</u>

Project grants include gifts in kind of £nil (2009-10: £nil)

6. Analysis of expenditure	Generating voluntary income £'000	Activities for generating funds £'000	Policy and research £'000	Client services £'000	Governance £'000	2010-11 Total £'000	2009-10 Total £'000
Direct costs							
Staff costs	928	699	439	3,536	-	5,602	5,485
Other direct costs	956	1,010	106	2,057	56	4,185	3,119
	<u>1,884</u>	<u>1,709</u>	<u>545</u>	<u>5,593</u>	<u>56</u>	<u>9,787</u>	<u>8,604</u>
Support costs							
Information technology	95	48	33	250	-	426	345
Finance and Support	184	119	31	566	22	922	930
Public awareness	96	64	159	159	-	478	516
Facilities	578	159	71	1,075	-	1,883	2,068
Human Resources	98	49	32	256	-	435	505
VAT Recovered	(70)	(27)	-	-	-	(97)	(287)
	<u>981</u>	<u>412</u>	<u>326</u>	<u>2,306</u>	<u>22</u>	<u>4,047</u>	<u>4,077</u>
Total costs	<u>2,865</u>	<u>2,121</u>	<u>871</u>	<u>7,899</u>	<u>78</u>	<u>13,834</u>	<u>12,681</u>

Costs have been apportioned on the basis of headcount and floor space where appropriate.
 Facilities include the cost of premises and associated maintenance; these premises are used for the delivery of client services.

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2011

7. Total resources expended

	2010-11 £'000	2009-10 £'000
Resources expended include:		
audit fees	21	20
depreciation	350	378

8. Lease commitments

Operating lease rentals of £825,903 (2009-10: £819,330) were paid in respect of equipment and properties held under leases during the year. In the coming year, the charity is committed to paying the following amounts in respect of operating leases, expiring:

	Equipment 2010-11 £'000	2009-10 £'000	Premises 2010-11 £'000	2009-10 £'000
between one and five years.	15	27	815	815

9. Trustees' remuneration

	2010-11 No.	2009-10 No.	2010-11 £	2009-10 £
Out of pocket expenses for travel and subsistence were reimbursed to trustees as follows:	5	4	1,681	2,052

No trustee has received any remuneration from the group during the year (2009-10: £nil).
The trustee expenses reimbursed during the year related to trustee meetings.

10. Staff costs

	2010-11 £'000	2009-10 £'000
Employee costs during the year were:		
salaries	6,132	5,940
Social Security costs	634	619
pension Contributions	332	309
	<u>7,098</u>	<u>6,868</u>

The number of employees whose emoluments as defined for taxation purposes amounted to over £60,000 in the year was as follows:

	2010-11 No.	2009-10 No.
£100,001-£110,000	1	1
£90,001-£100,000	1	1
£70,001-£80,000	1	2
£60,001-£70,000	1	2
	<u>4</u>	<u>6</u>

One employee earning more than £60,000 did not participate in the pension scheme (2010: one employee did not participate).

The average weekly number of employees, calculated on a full time equivalent basis, analysed by function was:

	2010-11 No.	2009-10 No.
charitable activities	123	106
cost of generating funds	63	77
	<u>186</u>	<u>183</u>

The total number of employees based on headcount, in March 2011, was 218 (March 2010: 233).

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2011

11. Fixed assets group and charity

	Leasehold Improvements £'000	Furniture and Fixtures £'000	Computers and Equipment £'000	Total £'000
Cost				
At 1 April 2010	2,072	26	585	2,683
Additions	-	-	398	398
Disposals	-	-	(8)	(8)
At 31 March 2011	2,072	26	975	3,073
Depreciation				
At 1 April 2010	884	23	414	1,321
Charge for the year	300	1	49	350
Disposals	-	-	(8)	(8)
At 31 March 2011	1,184	24	455	1,663
Net book value				
At 31 March 2011	888	2	520	1,410
At 31 March 2010	1,188	3	171	1,362

£365,000 of investment in computers and equipment relates to the new integrated database project Enterprise.

12. Fixed asset investments group and charity

	2010-11 £'000	2009-10 £'000
Market value at 1 April 2010	7,680	7,676
Transfers to cash reserves	(1,250)	(1,062)
Purchases	289	1,098
Proceeds from sales	(240)	(951)
Net realised (losses)/gains on disposal	(1)	40
Unrealised net gains during the year	151	879
Market value at 31 March 2011	6,629	7,680
Transfers to current investments 31 March 2011	(1,000)	(1,500)
Total fixed asset investments at 31 March 2011	5,629	6,180
Unrealised net (gains) on revaluation at 31 March 2011	(191)	(292)
Historical cost at 31 March 2011	6,438	7,388

	2010-11		2009-10	
Investments are represented by:	Fixed asset Investment £'000	Current Investment £'000	Fixed asset Investment £'000	Current Investment £'000
fixed interest securities	400		434	-
property funds	302		299	-
equity shares	2,524		2,426	-
hedge funds	532		491	-
cash deposit funds	1,871	1,000	2,530	1,500
total Investments held in the UK	5,629	1,000	6,180	1,500

Investments representing over 10% by value of the portfolio comprise:

	2010-11 £'000	2009-10 £'000
Schroder Global Quant Fund	756	683
Nationwide Intl IOM	1,018	1,109
Scottish Widows Edinburgh (gross)	1,016	-

Investment charges for the portfolio are built into the unit cost values above.

Investments held by the charity also included an additional £2 (2009-10: £2) investment in the subsidiary company at cost (see note 20). The charity also holds an investment of £20 for a one-third share in Pink Ribbon Limited. The other two-thirds are held by Breast Cancer Campaign and Breakthrough Breast Cancer.

13. Current investments

	Group 2010-11 £'000	Group 2009-10 £'000	Charity 2010-11 £'000	Charity 2009-10 £'000
Money market and bank deposits	1,277	1,915	1,277	1,915

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2011

14. Debtors	Group 2010-11 £'000	Group 2009-10 £'000	Charity 2010-11 £'000	Charity 2009-10 £'000
Trade debtors	406	700	233	228
Other debtors	236	638	236	483
Prepayments	656	487	653	487
Subsidiary company	-	-	2,032	2,082
	1,298	1,825	3,154	3,280

15. Creditors - amounts falling due within one year:	Group 2010-11 £'000	Group 2009-10 £'000	Charity 2010-11 £'000	Charity 2009-10 £'000
other creditors	361	607	344	607
accruals and deferred income	1,370	1,085	1,356	1,056
taxation and Social Security	205	421	182	181
subsidiary company	-	-	1,887	1,706
	1,936	2,113	3,769	3,550

16. Creditors - amounts falling due after one year:	Group 2010-11 £'000	Group 2009-10 £'000	Charity 2010-11 £'000	Charity 2009-10 £'000
other creditors	200	69	200	69
accruals and deferred income	249	304	249	304
	449	373	449	373

Accruals and deferred income includes income received from the landlord for work carried out at our Great Suffolk Street premises in 2007-08 which is being amortised over the life of the lease and a provision for dilapidations.

17. Restricted funds

	Balance at 1 April 2010 £'000	Income £'000	Expenditure £'000	Balance at 31 March 2011 £'000
Milly Apthorp Charitable Trust	50	-	(37)	13
Lavender Trust Fund	-	258	(258)	-
Yorkshire Cancer Network client services	16	-	(16)	-
Enterprise project	9	447	(439)	17
	-	45	(12)	33
	75	750	(762)	63

Milly Apthorp Charitable Trust has given a grant restricted to a variety of client service activities to be carried out in 2010-2011.

The Lavender Trust Fund at Breast Cancer Care raised funds specifically to provide support and information services for younger women.

Yorkshire Cancer Network provided funds for our pilot programme of information and support courses for people living with breast cancer in Yorkshire.

Client services restricted funds have been received from a variety of donors funding a range of our client services activities during the year.

Enterprise project restricted income has been received to spend on our new database project IT infrastructure.

18. Unrestricted funds

	1 April 2010 £'000	Income £'000	Expenditure £'000	Transfer £'000	Investments £'000	31 March 2011 £'000
General funds	7,093	11,437	(12,865)	57	150	5,872
Designated funds						
Investment gains and losses	292	-	-	-	-	292
Enterprise database	600	-	(8)	-	-	592
Miscellaneous fixed assets	-	-	-	12	-	12
Premises fund (formally relocation)	851	-	(199)	(69)	-	583
	1,743	-	(207)	(57)	-	1,479
Total unrestricted funds	8,836	11,437	(13,072)	-	150	7,351

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2011

18. Unrestricted funds (cont.)

Investment gains and losses is a ring-fenced amount of unrealised gains on our investment securities. This is designated as market volatility may result in the inability to use these gains for immediate expenditure.

Enterprise database designation represents the costs of our new integrated database project which went live in 2010/11. The designated fund represents the total planned costs of the project including our contractual commitments.

Miscellaneous fixed asset designation represents the net book value of the assets which are not included in the Enterprise or Premises funds.

Premises fund represents the net book value of our leasehold investments less the landlords contribution towards leasehold improvements at our Great Suffolk Street Premises. A significant element of this fund is not readily transferable into cash.

19. Analysis of group net assets between funds

	Unrestricted Funds £'000	Designated Funds £'000	Restricted Funds £'000	Total Funds £'000
Fund balances at 31 March 2011 are represented by:				
tangible Fixed Assets	-	1,377	33	1,410
investments	5,337	292	-	5,629
current assets	2,616	114	30	2,760
current liabilities	(1,884)	(52)	-	(1,936)
long term liabilities	(197)	(252)	-	(449)
Total net assets	<u>5,872</u>	<u>1,479</u>	<u>63</u>	<u>7,414</u>

20. Subsidiary company

The charity owns the whole of the issued ordinary share capital of Breast Cancer Care Trading Limited, a company registered in England. The subsidiary is used for trading activities, including the sale of merchandise, cause-related marketing agreements, corporate sponsorships and events subject to tax.

All activities have been consolidated on a line by line basis in the Statement of Financial Activities. The total net profit of the company is gifted to the charity.

A summary of the results of the subsidiary is shown below:

	Merchandising £'000	Corporate Income £'000	Events £'000	Other £'000	2010-11 Total £'000	2009-10 Total £'000
turnover	91	1,881	167	3	2,142	2,220
cost of sales	(87)	-	-	-	(87)	(96)
gross profit	<u>4</u>	<u>1,881</u>	<u>167</u>	<u>3</u>	<u>2,055</u>	<u>2,124</u>
interest payable	-	-	-	(3)	(3)	(5)
management fee paid to the charity	-	-	-	(280)	(280)	(321)
other expenses	-	-	-	(20)	(20)	(93)
net profit/(loss)	<u>4</u>	<u>1,881</u>	<u>167</u>	<u>(300)</u>	<u>1,752</u>	<u>1,705</u>

	2010-11 £	2009-10 £
The aggregate of the assets, liabilities and funds was:		
assets	2,086,409	2,296,181
liabilities	<u>(2,086,407)</u>	<u>(2,296,179)</u>
funds (representing two ordinary shares of £1 each)	<u>2</u>	<u>2</u>

21. Related party transactions

The trustees are not aware of any related party transactions during the year which require disclosure under the Statement of Recommended Practice 'Accounting by Charities' (2005) (2009-10: Nil) and the trustees sign an annual declaration to confirm this.

22. Trustee indemnity insurance

During the year, the charity purchased insurance to indemnify the trustees against the consequences of neglect or default on the part of the trustees. The cost of the insurance was £1,575 (2009-10: £2,117).

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2011

23. Taxation

Breast Cancer Care, as a charitable organisation, is exempt from taxation of its income and gains to the extent that they are applied to its charitable objectives. No tax charge arises in the subsidiary entity included in the group accounts due to its policy of gifting all taxable profits to Breast Cancer Care each year.

24. Income from pharmaceutical companies

Breast Cancer Care received the following income from pharmaceutical companies in the year:

	2010-11 Total	2009-10 Total
	£	£
Roche Products Ltd	-	2,500
Glaxo SmithKline	5,875	-
Astra Zeneca Ltd	-	292
Sanofi Aventis	3,500	1,500
Amgen	13,000	-
	<u>22,375</u>	<u>4,292</u>

Breast Cancer Care has a Pharmaceutical Working Party which meets regularly to oversee our Pharmaceutical Policy. The policy ensures compliance with the conditions of the ABPI Code of Practice for the Pharmaceutical Industry 2006. Breast Cancer Care's relationships with pharmaceutical companies are transparent and all income is declared. Donations are reviewed to ensure they are not excessive and their restrictions are in line with the charity's strategic aims. Donations do not influence the charity's activities.

Legal and Administrative details

ROYAL PATRON

Her Royal Highness The Duchess of Kent GVC0

PATRONS

Baroness Joan Bakewell DBE
Cherie Booth QC
Geri Halliwell
Allan Leighton
Professor Trevor Powles CBE

FOUNDER

Betty Westgate MBE (1919–2000)

BOARD OF TRUSTEES

Jane Hinnrichs Chair
Deborah Rozansky Vice Chair
Dheepa Balasundaram Treasurer (elected July 2010)
Michael Colin (resigned as Treasurer July 2010)
Emma Burns
Professor Mustafa Djamgoz
Nicholas Mockett
Sybil Roach-Tennant
Sue Walter
Jill Pask
Liz Sturgeon (retired July 2010)
Christine Cody (resigned October 2010)

Candidate trustees

Lesley Bailey
Francesca Pattison
Heena Patel
Susan Brannigan

CHIEF EXECUTIVE

Samia al Qadhi

EXECUTIVE DIRECTORS

Jane Hatfield Policy, Research and Planning
Graham Galvin Finance and Resources (as of October 2010)
Diana Jupp Services
Judy Beard Fundraising and Marketing (as of January 2011)
Dr Emma Pennery Clinical
Karen Williams Finance and Resources (to August 2010)
Murray Lindo Fundraising & Marketing (to December 2010)

BOARD SUB-COMMITTEES

Finance and General Purposes Committee

Dheepa Balasundaram Chair (appointed July 2010)
Jane Hinnrichs
Jill Pask
Sybil Roach-Tennant

Investment

Nicholas Mockett Chair
Michael Colin
Jill Pask
Nicholas Pearson (co-opted)

HR and Remuneration

Sue Walter Chair
Emma Burns
Jane Hinnrichs
Sybil Roach-Tennant

Governance and Nominations

Deborah Rozansky Chair
Jane Hinnrichs
Christine Cody (resigned October 2010)
Liz Sturgeon (retired July 2010)

Audit and Assurance

Catherine Young Chair
Emma Burns
Professor Mustafa Djamgoz
Sue Walter (appointed Dec 2010)
Jonathan Dancey (co-opted July 2010)

ADVISORY COMMITTEE

Research Committee
Professor Robert Leonard
Dr Kinter Beaver
Dr Gill Hubbard
Professor Mustafa Djamgoz
Dr Claire Foster
Stephanie Jacobs
Professor Mari Lloyd-Williams
Sinead Cope
Professor Lesley Fallowfield
Professor Mike Dixon
Dr Penny Wright
Dr Deborah Fenlon
Professor Emma Ream
Sybil Roach-Tennant
Mairead Mackenzie
Julie Wray

REGISTERED OFFICE

5–13 Great Suffolk Street
London
SE1 0NS
Tel 0845 092 0800
Fax 0845 092 0820
www.breastcancercare.org.uk
email info@breastcancercare.org.uk

Registered charity numbers:

- 1017658 in England and Wales
- SC038104 in Scotland
registered in England and Wales
number 2447182

Company limited by guarantee
Breast Cancer Care Trading Ltd
registered in England and Wales
number 02681072

COMPANY SECRETARY

Callum Calder

AUDITORS

Mazars LLP
Times House
Throwley Way
Sutton, Surrey SM1 4JQ

BANKERS

HSBC plc
315 Fulham Road
London SW10 9QJ

SOLICITORS

Bates, Wells and Braithwaite
138 Cheapside
London EC2V 6BB

Withers LLP
16 Old Bailey
London EC4M 7EH

Farrer & Co
66 Lincoln's Inn Fields
London WC2A 3LH