



Trustees' report and accounts

for the year ended 31 March 2012

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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 person 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

This year has seen unparalleled demand for Breast Cancer Care's services. Not only are we reaching more people affected by breast cancer than ever before, but we are also leading the way in support for people with advanced disease. That may not be surprising when you realise that the incidence of breast cancer is continuing to rise. Around 50,000 people were diagnosed with breast cancer last year – approximately 49,600 of them women. And although, thankfully, survival rates are improving, 12,000 people lose their lives to breast cancer each year.

For people recovering from breast cancer, the future is not without its challenges as they look for a new 'normal' and learn to accept this new way of life.

Just how much we are able to help and support those affected by breast cancer is influenced by the resources available to us. I know that few charities will look back on the past financial year without recognising that, along with the UK's citizens and businesses, this has been a tough and challenging time.

Lack of confidence, concern over the future, anxiety that you are no longer in control: these are all feelings that have been widely reported in the financial and general press.

These are all feelings also expressed by the women and men we speak to who have received the devastating news that they have breast cancer. Their fears and concerns make us as determined now as we were almost 40 years ago, when we started, that no-one need go through diagnosis, treatment or recovery without support, information and care.

It was difficult to predict the depth or extent of the economic downturn we have all faced, but I am proud that, thanks to careful financial stewardship and the commitment of so many of our supporters, Breast Cancer Care is weathering the storm. In the past year, over 42,000 people accessed our services. But it's the range of these services that is so important. Over the years we have engaged with the people who use our services, our volunteers and healthcare professionals to ensure we are meeting the needs of those affected by breast cancer. It's not our role to tell women and men what they need and want; it's our role to listen and to act on what they tell us.

Three services in particular highlight this approach.

Hair loss as a result of chemotherapy for breast cancer is a very public display of a very private disease. We know that young children can be so frightened or embarrassed by their mother's hair loss, they ask them not to come to school or collect them from friends. This unthinking act only exacerbates the loneliness and isolation a woman can feel at this very difficult time.

Breast Cancer Care's HeadStrong service, offered in 30 cancer centres across the country, addresses this with a one-to-one appointment with a trained volunteer. The service doesn't just show you how to look after your hair and scalp during treatment (and find alternatives to wigs such as scarves and hats). It also discusses other less tangible things like confidence, fear and recovery. Almost 1,700 people accessed this service last year and its evaluation shows impressive levels of satisfaction - 90% were satisfied with the session itself and 96% felt the information received met their needs and expectations.

The end of treatment is often a time that people find unexpectedly difficult. They are unsure what to look for in terms of recurrence or knowing the signs that may mean the cancer has come back or spread. They may still feel exhausted by the rigours of treatment yet feel that now hospital appointments are over, they need to return to 'normal'. This range of concerns has been acknowledged by Breast Cancer Care for some time and the development of our Moving Forward programme is helping to meet them. Our courses have been used by over 3,000 attendees this past year and, along with Information Sessions and the Ask the Nurse email service, our reach is extending all the time.

There is no doubt that improvements in the treatment and delivery of care to people diagnosed with breast cancer are having a real impact on survival rates. But it must be remembered that more than 12,000 people every year die of secondary breast cancer.

Our Spotlight on Secondary Breast Cancer campaign continues and we are now project managing the data collection pilot for people with a secondary breast cancer diagnosis in England. From this year (2012), all secondary breast cancer patients in England will be counted. We are the only country in the world now collecting this data and Breast Cancer Care's research into the care and support of women affected by secondary breast cancer is renowned worldwide.

We have developed our Living with Secondary Breast Cancer programme along with Live Chat and our Discussion Forum with vital input from women living

with the disease. In the past year we had almost 800 attendees at our face-to-face and online services for people with secondary breast cancer.

We are in the privileged position of working closely with healthcare professionals and our Nursing Network now has more than 700 members. This network gives healthcare professionals a voice to influence UK-wide policy and champion breast care nursing as a specialism within the cancer field. It also gives the opportunity to access our training. Last year we held 10 training events and reached 322 healthcare professionals.

Our Big Lottery funded study has now begun. Over the next three years our Research team will look at the emotional, social and functional support needs of breast cancer patients from black and minority ethnic (BAME) communities who are in the six-month transition period following the end of hospital-based treatment. By understanding the needs of these groups, we will be able to design an intervention programme and take it to a pilot stage with the aim of improving the wellbeing of patients from these groups. Alongside this, the Research team was commissioned by the National Cancer Action Team to undertake a qualitative study to identify examples of good practice in NHS cancer service provision for BAME patients in England. We will be producing reports and guidance for commissioners and NHS service providers.

It's apparent that at a time of reduced resources, the changing face of healthcare and an ageing population, the importance of partnership working and collaboration will play an ever more important part in how we raise money, deliver services and campaign effectively.

A major partnership – and one of the most innovative we have had – has been TeamPB, which we launched with The Prostate Cancer Charity. This partnership saw us take joint official charity status for the 2012 Virgin London Marathon. As the world's largest annual one-day fundraising event it's an immense privilege and opportunity for us. It's also the first time there has been a joint charity application made. It resulted in over 20,000 people choosing to hear from us when the ballot opened in April 2011. Over 800 people ran for Team PB and Breast Cancer Care. We are proud to have been part of this exciting partnership.

Another important partnership has been our work with Bowel Cancer UK. Together we are developing, delivering and evaluating eight breast and bowel cancer awareness training courses. They are part of a two-year Department of Health-funded project, which began on 1 July 2011. The project will also include an economic impact report.

Campaigning in a crowded marketplace is always best done when your voice can be heard from many different points. We have responded to a number of government consultations, on our own and working with other breast cancer charities as well as Macmillan Cancer Support and as part of cancer charity coalitions (Cancer Policy Forum, Cancer Campaigning Group, Scottish Cancer Coalition, Wales Cancer Alliance). These consultations include the Westminster government's 'listening exercise' on the Health and Social Care Bill, the Detect Cancer Early Initiative Stakeholder Engagement in Scotland and the draft Wales Cancer Plan, 'Together Against Cancer'. In December, along with about 30 other charities, we signed an open letter to Iain Duncan Smith (the Secretary of State for Work and Pensions) that expressed our concerns about the impact of welfare reform plans on cancer patients. The letter was published in *The Times*.

This year also saw us create an awareness campaign for the general public. It isn't always obvious at a glance what the difference is between us and other breast cancer charities, and our uniqueness can get lost in the 'pink fog'. M&C Saatchi donated the creative work for this campaign including an eye-catching poster and video. The campaign moved away from pink imagery and used the image of a confident woman affected by breast cancer emerging from behind a veil of medication. The message is that when the disease seems to overshadow everything else, Breast Cancer Care sees the woman beneath. It was endorsed by a host of household names and so far has achieved over £500,000 worth of media coverage at a fraction of the cost. We have been overwhelmed by the added generosity of supporters in helping us disseminate the campaign as widely as resources allow.

In March 2011, Breast Cancer Care became the first charity in the UK to implement the Blackbaud customer relationship management system across its entire operation. Our investment in a central database for the charity is on track to deliver the benefits we planned and we are already enjoying greater efficiencies in communicating with all our contacts. We are confident this investment will yield many further business benefits over the coming years.

This database has helped us considerably with our direct marketing and we have been delighted that, despite challenging economic circumstances, we are seeing immediate benefits. There is of course much more to do in the area of individual giving, but we are very grateful to those who have chosen to support us in this way.

We continue to look carefully at our fundraising portfolio and opportunities for diversifying income. We appointed a new Head of Major Giving and have started implementing a major giving strategy. We are hugely indebted to our patron Allan Leighton for his unerring support which has given the programme such a positive initial boost.

A central focus for our fundraising has been for some years the annual fashion shows. The Show in London in October was the most successful in five years with 24 exceptional models taking to the catwalk for the first time and a breathtaking performance from singer Heather Small to close the evening. Glasgow too made its own impression with the corporate community and supporters from all over Scotland enjoying a show-stopping performance from Zoe Tyler, and guests dancing late into the night.

In March, Wales hosted its second fashion show with the Welsh rugby team escorting the lucky models down the catwalk. The Wales Rugby Football Union generously supplied tickets to the final grand slam game of the Six Nations for the auction and actress Ruth Jones donated an 'extra' experience on her new TV show.

In the same way that the fashion shows are much more than a fundraising event as they demonstrate to women and men everywhere that there is life after breast cancer, so our walks and treks present opportunities for everyone to pursue their own personal goals in moving beyond breast cancer. Our four Pink Ribbonwalks in different locations around the country raised almost £1 million pounds. We are enormously grateful to *woman&home* for generous support of many of our activities, but in particular for continued commitment as our principal media partner for Pink Ribbonwalks for the past eight years. Our thanks go to everyone who contributed to the success of our events, from sponsors to supporters.

All charities rely on the commitment and support of many different people and we are fortunate to have so many generous donors who provide not just financial support but also their time and energy. I would like particularly to thank Asda for its extraordinary commitment to Breast Cancer Care. Our partnership with Asda extends back over 15 years and its dedication to the work of Breast Cancer Care is as strong as it has ever been. Huge thanks, too, to QVC, which has had an amazing year with us. The evening dedicated to auctioning and selling goods for Breast Cancer Care raised an astonishing £500,000 – the generosity of viewers is hugely appreciated. Other corporate partners

are equally important and I am so grateful for their continued support.

There are always changes and movements in staff and trustees during the year and this year we said farewell to Mustafa Djamgoz, Professor of Cancer Biology at Imperial College London, a dedicated trustee who has been with the Board for almost six years. He will be much missed. We also welcomed four new trustees: Francesca Pattison (now Mrs Marvell), Lesley Bailey, Heena Patel and Susan Brannigan. We look forward to many years of their support and commitment.

Staff at charities bare the brunt of challenging economic times as they look for cost savings while trying so hard to maintain the vital support they know is needed. My sincere thanks go to the Chief Executive Samia al Qadhi and all the staff at Breast Cancer Care for their unwavering commitment to the organisation and the people it supports. Our network of volunteers and Breast Cancer Voices also give so willingly of their time, provide feedback on our services and campaign so hard on issues of importance to us all – we owe them a great debt.

Despite the challenges that remain – in the economy and in the changing face of healthcare in the UK – I am excited about the coming year. We have new faces on our Board and plans to involve more of our users and volunteers in our work. We are also looking at streamlining our services to ensure they continue to meet the needs of our users.

The first full year of our Vision 2020 is now completed and our seven areas of impact are embedded in our plans. Our Vision Performance Reports mean we can monitor and evaluate our impact, as well as our reach, to ensure we are supporting, informing and influencing.

I encourage you to be part of our future – there are so many ways you can help us. We need your help, be it your time, your ideas or your money – all three are essential for us to achieve what we have set out to do.

Jane Hinrichs
Chair of the Board of Trustees

10 July 2012

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 in the past 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 we pay tribute to their dignity and strength.

During 2011-12 we have lost friends, volunteers, and supporters. 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 this.

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.

Our seven areas of impact

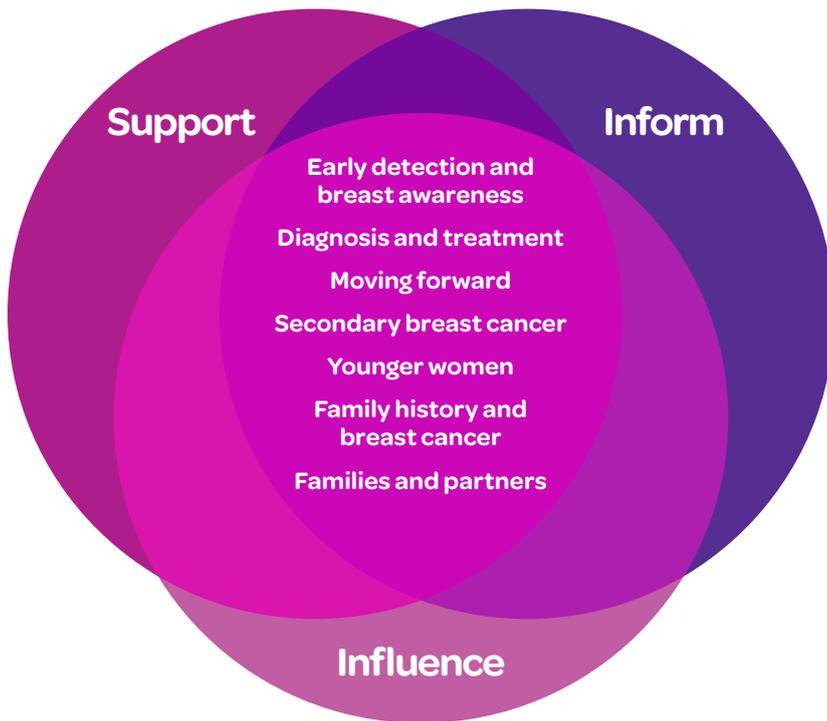
Thankfully, more people are now surviving breast cancer or living longer with it. But this also means they may need more support. Our 10-year strategy **Vision 2020** identified seven areas of impact where we are concentrating our efforts to support people affected by breast cancer. Underlying all of them is the ongoing provision of high-quality information and a commitment to influence for beneficial change in our field, including tackling inequalities. If you'd like to read more about our plans and aspirations, and understand more about why we have focused on these areas and what it means for Breast Cancer Care up to 2020, please email info@breastcancercare.org.uk for a free copy of the **Vision 2020: living with and beyond breast cancer** booklet.

In our seven areas of impact, we regularly review progress in meeting targets. We revise plans and budgets to ensure that we maximise our impact within available resources and ensure 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 seven areas of impact for 2011/12

- Early detection and breast awareness
- Diagnosis and treatment
- Moving forward
- Secondary breast cancer
- Younger women
- Family history and breast cancer
- Families and partners



Each area of impact involves volunteers, service users and the clinical expertise of our professional staff. Our campaigning and influencing work is also tied into these areas of impact, notably around secondary breast cancer and breast awareness. The following pages demonstrate how we bring together these strands of the organisation to deliver first-class support to people affected by breast cancer.

While we are pleased to see increasing numbers of women, men, families and friends accessing our services and increasing numbers of health professionals using our information and training, we realise how much more there is still to do.

We will continue to strive to ensure that our resources are used in the most efficient way to reach as many people affected by breast cancer as we possibly can.

Early detection and breast awareness (April 2011–March 2012)

Reach

16,741

people attended volunteer-delivered breast awareness events including workshops

53,831

unique visitors accessed the breast awareness landing page of our website

363,334

breast awareness publications sent out

Involvement

6%

of user involvement activities fell under this area of impact

430

hours volunteered to deliver breast awareness messages

Impact

Train the Trainer participants recognised four more signs of breast cancer six months after training - a **37%** increase¹

Sustained increase in confidence (**42%**² over six months) delivering breast awareness messages among Train the Trainer participants

Train the Trainers attendees who never or rarely checked their breasts decreased, on average, by **30%**²

57% of 228 breast awareness workshop attendees made changes to the way they take care of their breasts²

'I thought there was a specific method of checking breasts... there is no method, just awareness to changes, therefore I check more regularly!'

'I am now more aware of breast screening and the fact that you can continue to have them [mammograms] after the cut-off age – which I have passed on to my mum!'

1. An evaluation of Breast Cancer Care's Train the Trainer Breast Health Promotion programme by King's College London Promoting Early Presentation Group, November 2011

2. Breast Cancer Care's questionnaires collected from participants six months after Train the Trainer, 2011-2012

Diagnosis and treatment (April 2011–March 2012)

Reach

1,682

HeadStrong clients

In the region of

6,000

calls to our Helpline

252,573

unique visitors
accessed Diagnosis
and treatment landing
page of our website

428,777

Diagnosis and treatment
publications sent out -
including 296 **Primary
breast cancer resource
packs** a week

Involvement

44%

of user involvement
activities fell under
this area of impact

6,030

hours volunteered
for HeadStrong

Impact

80% of respondents to our survey
said that the Helpline helped
them to identify the different
options and choices available
to them¹

On average, **one in every three**
people diagnosed each week
receives a **Primary breast cancer
resource pack**

69% of respondents said that the
pack helped them make decisions
about the different treatment
options available to them²

90% of respondents to our survey
said the **Primary breast cancer
resource pack** enabled them to
ask their healthcare professionals
questions²

93% healthcare professionals
were influenced through our
tele-teaching and masterclasses

95% of HeadStrong clients felt
more confident about their
appearance by being informed
of the different options available,
while **92%** of respondents said
they knew more about scalp and
hair care after chemotherapy³

**'The care and contact have made me feel that
I am still feminine and that there were other
ways to look attractive.'**

**'It made me feel like I am not alone and felt
I had somewhere to turn should I need any
related information.'**

1. Breast Cancer Care Helpline evaluation for 2011-12

2. An evaluation of the **Primary breast cancer resource pack**, Breast Cancer Care, 2011

3. HeadStrong post-session evaluation forms for 2011-12

Moving Forward (April 2011–March 2012)

Reach

3,806

attended Moving Forward courses, Information Sessions and Lingerie Evenings

39,251

unique visitors accessed Moving Forward landing page of our website

102,741

Moving Forward publications sent out

Involvement

16%

of user involvement activities fell under this area of impact

120

Volunteer hours given for Lingerie Evenings

Impact

53% increase in breast awareness after treatment among participants in Moving Forward Partnership courses¹

39% increase in confidence about making future decisions related to wellbeing among attendees of Moving Forward Partnership courses¹

97% of participants in Moving Forward Information Sessions and **96%** of Lingerie Evenings clients felt reassured meeting other people with breast cancer^{3,2}

Confidence of **89%** of 345 participants in 24 Lingerie Evenings increased because they learnt about different lingerie options available to them²

87% were satisfied with the quality of the **Moving Forward resource pack** and **81%** felt the resource met their needs and expectations⁴

'I feel it has given me confidence to move forward and try to face my problems and work my way through them.'

'Just at a point when I felt most fed up and disoriented, this course helped to pull me up and propel me forward.'

1. Post evaluation questionnaires from Moving Forward Partnership courses, 2011-12

2. Post evaluation questionnaires from Lingerie Evenings, 2011-12

3. Post evaluation questionnaires from Moving Forward Information Sessions, 2011-12

4. Evaluation of the **Moving Forward resource pack**, Breast Cancer Care, April 2012

Secondary breast cancer (April 2011–March 2012)

Reach

506

attended Living with Secondary Breast Cancer (LWSBC)

276

registered in Secondary Breast Cancer Live Chats

49,042

unique visitors to Secondary breast cancer landing page

52,974

secondary breast cancer publications sent out

Involvement

28%

of user involvement activities fell under this area of impact

55

MPs signed our Early Day Motion supporting our Spotlight on Secondary Breast Cancer Campaign

'I feel that it [the Helpline] saved my life... your number should be given with every metastatic [secondary] cancer diagnosis.'

Impact

Breast Cancer Care managed a pilot project set up by the Department of Health on collection of data on secondary breast cancer. This has paved the way for ensuring all breast cancer units in England will for the first time be collecting data on incidence of secondary breast cancer from 1 April 2012

90% of participants attending LWSBC felt they understood their own cancer better and felt better equipped to address and manage practical issues related to living with it¹

94% of respondents felt less isolated after attending a LWSBC¹

87% felt that LWSBC improved their understanding of welfare benefits; **48%** of attendees said they would claim for some form of benefit or financial support as a result of the session they attended¹

38% of people surveyed took a Secondary Breast Cancer Awareness Day campaign action organised by Breast Cancer Care³

'I'm a long-term user of Breast Cancer Care's online Discussion Forum and I've been so pleased to see the increase in support provided for us by Breast Cancer Care over the last few years.'

1. Post evaluation questionnaires from Living with Secondary Breast Cancer, 2011-12

2. Secondary Support Group Evaluation 2011 for Birmingham and Sheffield, Breast Cancer Care, 2011

3. Secondary Breast Cancer Awareness Day Report, Breast Cancer Care, 2011-12

Younger Women (April 2011–March 2012)

Reach

174

participants attended our Younger Women's Forums

16

younger women attended Living with Secondary Breast Cancer

15,709

unique visitors accessed Younger women's landing page of our website

17,811

younger women publications sent out

Involvement

3%

of user involvement activities fell under this area of impact

42%

of Ask the Nurse emails were from younger women

'Speaking to someone who had undergone similar surgery helped me to be less anxious about the operation.'

Impact

96% of participants in Younger Women's Forums felt that they understood what they could do better to manage their lives with and after breast cancer¹

99% of participants in Younger Women's Forums said they have benefited from hearing other participants' experiences and stories¹

93% of younger women who participated in Living with Secondary Breast Cancer said they felt less isolated²

All younger women who participated in Living with Secondary Breast Cancer said they gained practical advice and techniques to communicate with their children²

'My two days at the Young Women's Forum taught me so much... my journey home was very different to the one I had experienced just the day before. I felt more confident this time, and when a well-meaning stranger asked me if I needed any help I smiled and answered, "No don't worry, I'm OK thank you". You know what? I think I will be.'

1. Younger Women's Forums post evaluation questionnaires from Birmingham, Bristol, Glasgow, Leeds, Manchester and London, 2011-12

2. Living with Secondary Breast Cancer courses post evaluation questionnaires from Bristol, Manchester and London, 2011-12

Family history (April 2011–March 2012)

Reach

130

healthcare professionals reached via presentations

21

attendees at tele-teaching and masterclasses

12,047

publications sent out

‘Thank you so much for your wonderful website. It has made a world of difference to the way my mum is coping with her diagnosis. She seems very positive and she has already found great comfort in confiding in people going through the same things she is on the forum.’

‘Your publications have been very helpful to the whole family, allowing us to understand what my mum is going through and what she has to go through in the near future. We have many little ones in the family and using the book **Mummy’s Lump** along with the talking to children about cancer has really helped explain it to my mum’s grandchildren and young nieces.’

Families and partners (April 2011–March 2012)

Reach

14,807

unique visitors accessed Families and partners website landing page

27,143

publications sent out

Involvement

Stirling University completed a literature review for Breast Cancer Care on Families and Partners. This will aid future service development, research and policy activity.

Impact

Six mentions of our work in this area were recorded in print media, generating **2,516,448** ‘opportunities to see’. Plus **12** mentions in online media creating **2,991,345** ‘opportunities to see’.

Plans for the future

Breast Cancer Care's plans for 2012-13 are rooted in our long-term strategy **Vision 2020** and have been further developed to take into account the changes in the economic outlook. Our strategic aims remain: to deliver support, information and influence across all the impact areas, supported by our volunteers.

We recognise the growing importance of web-based services, and the increasing reliance on and familiarity with social media. We have led the way with a pioneering Discussion Forum on our website and we will ensure our information strategy keeps pace with these developments. More people who contact us now prefer their information electronic. We will therefore increase downloadable information resources and reduce our portfolio of printed and multimedia products. We will increase the number of unique visitors to the website by 3%, Twitter followers by 22% to 30,000 and Facebook following by 57% to 11,000 people. The Helpline and Ask the Nurse email service will continue to be a bedrock for all our services answering around 12,000 calls and 1,000 emails this year.

Financial stability

We will continue to work closely with corporate partners, event participants and grant giving organisations as well as developing our major donor and direct marketing income streams. We will keep our fundraising strategy under review during the year. We will review our brand to ensure we communicate a compelling, consistent and clearly differentiated public profile and identity.

Areas of impact

Breast awareness and early detection

Our Train the Trainer Breast Health Promotion course will be accredited by the Open College Network, and we will continue to work with South Asian, African and Caribbean women, socially disadvantaged women and people with learning disabilities, as well as piloting a breast and bowel cancer awareness partnership course with Bowel Cancer UK.

Diagnosis and treatment

Our Clinical team will host and present two masterclasses and six teleconference teaching sessions reaching 120 healthcare professionals, and presenting at external events to reach a further 400. We will continue to develop our Nursing Network of 720 members to share best practice and celebrate success through our Nursing Network Awards.

Moving Forward

We will run our face-to-face services in 20 key locations this year reaching up to 3,650 people. We recognise the growing evidence of the benefits of physical activity for people diagnosed with breast cancer and will introduce into our services our new Best Foot Forward initiative led by trained walk-leader volunteers. Our research, campaigns and communications will also focus on the issues of living with and beyond breast cancer, ensuring that the long-term impact of breast cancer on body image, sexuality and relationships, and the specific needs of socially disadvantaged and black and minority ethnic women continue to be highlighted.

Secondary breast cancer

We will double the number of locations where we run our monthly Living with Secondary Breast Cancer programme. Our Secondary Breast Cancer Awareness Day plans will ensure we continue to raise the profile and voice of people living with secondary breast cancer. Our Spotlight on Secondary Breast Cancer campaign continues this year and we are developing a toolkit for nurses to share best practice and GP 'top tips' to ensure early referral. We will also continue to work in partnership with Breakthrough Breast Cancer to develop a secondary breast cancer service pledge.

Younger women

Breast Cancer Care's first ever Younger Women's Forum took place in Brighton in 2002. To celebrate our 10th anniversary in November 2012 we are returning to Brighton with a forum and we'll also be producing a short film telling the stories of some of the women who have attended over the years. Individual stories will be available via our website. For anyone interested in attending a forum to view. Brought together as a single film, the stories will highlight to funders and healthcare professionals the importance of the forums as a support service and provide a unique insight into the impact of having breast cancer as a younger woman.

Family history and breast cancer

In 2013 we will be revising our publication, **Breast cancer in families**, sending it for review to healthcare experts in the field and people with relevant experience of breast cancer.

Families and partners

We'll continue to provide **In it together: for partners of people with breast cancer** along with our information aimed at supporting parents to talk to their children about breast cancer. We will also ensure that case studies in *Vita* – our quarterly lifestyle magazine for people affected by breast cancer – reflect this area.

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. 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 2012, five of our 12 trustees have had breast cancer, representing more than 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.

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 judgements 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 complied with their duty per the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities undertaken by the charity. We are confident that our whole approach to equality of access as enshrined in our vision statement included on page 8 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 12 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 and Assurance 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 inside 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 high-quality, wide-ranging services for people affected by breast cancer. We are committed to supporting, developing and effectively managing our staff. 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 our work; it's their continued efforts and commitment 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 2011-12 volunteers contributed 17,716 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 (including our trustees) 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 of our teams plan and deliver their work. For example, 56 Breast Cancer Voices gave their views to decide on a new leaflet to promote our One-to-One Support service, 17 Voices joined our lay reader panel to shape our publications and over 100 Voices supported our 'Keep our breast cancer nurses' e-campaign.

In 2012-13 we want to improve on this success by continuing to have a high level of involvement work at participation level or above and increasing the number involved at partnership level.

Financial review

The wider economy underwent several adverse events in 2011/12 (largely relating to concerns over sovereign debt within the Eurozone) with all official commentators significantly downgrading expectations for the rate and pace of recovery in the UK as the year progressed. In addition, high inflation, rising taxation, public spending cuts and concerns around employment have affected many individuals and families with the result that average disposable incomes have fallen.

These are, therefore, very challenging times and it speaks volumes for the support that we receive that we managed not only to maintain income but also to grow it from the prior year. However, we are not immune from the impact of the ongoing economic downturn and we did not meet our fundraising targets in a number of areas, which had been based on the prevailing view at the time of a quicker recovery.

As in prior years, we have used our reserves to invest in key areas and also to help fund the continuity of our service provision, which is at the heart of what we do, as we re-establish income levels. However, in view of the ongoing economic challenges we face and with lower (but acceptable) reserves levels we are continuing to rationalise our operations and to look for ways to reduce costs further. We have set a surplus budget for 2012/13 which will provide some protection to our reserves should our fundraising streams be adversely affected by economic events. These measures will help safeguard the financial sustainability of the organisation in what continues to be an extremely unpredictable economic environment.

Financial performance

Total income for the year was £12.7 million (2010-11: £12.2 million), up 4% on the prior year. Expenditure was £13.7 million, down £159K from 2010-11 which gave the organisation an operating deficit of £1 million. The value of our investment portfolio, which protects the charity's reserves from being eroded by inflation over

the longer term, fell by £93K over the course of the year giving an overall deficit of just under £1.1 million.

How we raised our money

As highlighted, our income levels have continued to grow and move towards pre-downturn levels though not at the rate we had hoped. Overall, voluntary income increased by £174K to around £8.4 million, though within this figure is a much larger increase in income donated by individuals, which increased by nearly 10% (£357K) to just under £4.1 million. Some of this increase was offset by reduced corporate donations and also a reduction in legacy income receivable.

After a difficult year in 2010-11, income from Events increased to £3.2 million, up £154K from the prior year. In particular, our excellent PinkRibbonwalk again showed the generosity of our supporters with an extra event in the year allowing us to increase funds generated for services from these events. Merchandise income held steady at around £100K over the period. Looking forward, we expect further growth in our events portfolio as a result of being joint charity of the year with The Prostate Cancer Charity for the 2012 Virgin London Marathon.

Grants from trusts and statutory sources continue to be an important source of income and contribute to funding research, developing services and investment. Grant income nearly doubled from the prior year to £543K reflecting new funding from the Big Lottery Fund, Garfield Weston Foundation and the Department of Health plus increased support from the Asda Foundation.

Income from non-fundraising sources was less in comparison to last year with investment income falling by £28K and other income down £62K to £336K. One major reason for the fall in this income area was a void period following the departure of one sub-tenant, who has now been replaced.

The cost of generating income has reduced from the prior year to 38p 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 downturn 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.

How we spent our money

As outlined above, we are working hard to manage our expenditure and we reduced it within year by around

£160K to £13.7 million despite rising costs in some areas due to inflation. We plan to reduce expenditure further in 2012-13.

Encouragingly, we slightly increased expenditure on services by £54K and it now stands at £7.86 million reflecting our commitment to service delivery. Maintaining expenditure in some areas means reducing costs in others and we re-organised how we resource our Policy and Research work during the year. Through increasing focus on a smaller number of priorities we reduced costs in this area by around 8%.

Expenditure on generating funds has been reduced to £4.79 million (2010-11: £4.92 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 £71K on governance and associated costs (2010-11: £78K).

A complete sense of our activities and achievements and how we applied our resources in terms of meeting our strategic aims and impact areas is provided at the beginning of this report.

Fixed assets

Investment in IT was scaled back in prior years as the impact of the economic downturn began to be felt. This year we have made a number of necessary investments in IT to ensure that it continues to be fit for purpose and sufficiently robust to underpin our service provision. We managed to spend a smaller amount than planned on our new cross-organisational database, Enterprise, which was implemented in 2010-11. We are already seeing the benefits of being able to manage supporters, service users and volunteers in a more consistent and integrated way, and will continue to look for ways of improving our services and operations.

Investment policy and returns

In line with good practice, we regularly review our professional advisers to ensure that we are receiving best value and have the right level of service as our requirements may alter over time. Following a review and tender process we are changing investment managers from Schroders to Charles Stanley during 2012. As part of this process we will review and update our investment policy to ensure that it is fully aligned with our financial strategy and the economic environment.

Our current investment policy, which uses a risk-based methodology, has been set according to the anticipated longevity of funds, grouping by time horizon. Liquidity and low volatility 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. Performance of the portfolio is monitored by the Investment Committee, a sub-committee of the Board, which meets a minimum of twice a year. 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.

Our long-term investments fluctuated considerably in value during the year and as at 31 March 2012 we had an unrealised loss of £67K and a realised loss of £26K. The investment and cash portfolios generated a combined income of £110K, which was in line with expectations.

Subsidiary company

Breast Cancer Care Trading Limited, the wholly owned trading subsidiary of Breast Cancer Care, achieved gross profit of £2.49 million (2010-11: £2.06 26 million) and net profit before Gift Aid payments of £2.07 million (2010-11: £1.76 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 £186K (2010-11: £258K) and since its launch has raised over £4.2 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

Retained reserves provide a crucial stop gap in helping safeguard the provision of services when faced with declining and/or volatile income levels, a challenge the organisation has had to face as part of the continuing economic downturn. In addition to helping manage income risks and ensuring 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 give time to restructure the organisation in the event of a sustained downturn in income and meet any expenditure commitments
- to provide resources to fund investments necessary to update outdated infrastructure or in new areas that will improve our effectiveness.

Using our risk-based methodology, Breast Cancer Care continues to manage 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 four to five years and we now have general reserves of £5.1 million, equivalent to 4.6 months of the total planned expenditure for 2012-13. This is within our target reserves range, which has been set at £4.8 - £7.9 million, equivalent to four to seven months of the following year's planned expenditure.

Unrestricted funds

General reserves

General funds decreased in the year by £714K to £5.1 million. As general fund levels are now towards the lower end of our agreed target reserves range we do not wish to reduce significantly our reserves levels further. We have therefore lowered expenditure and set a surplus budget for 2012-13 to help achieve this aim, as noted above.

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 financial statements.

Auditors

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

By order of the Board of Trustees

Jane Hinrichs

Chair of the Board of Trustees

10 July 2012

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 2012, 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 auditor

As explained more fully in the Trustees' Responsibilities Statement set out on page 17, 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 web-site 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 2012 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;

- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

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 charity has not kept adequate and sufficient accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the charity's 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.

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

31 July 2012

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 2012

	Note	Unrestricted funds £'000	Restricted funds £'000	2011-12 £'000	2010-11 £'000
Incoming resources					
Incoming resources from generated funds:					
Voluntary income	2	8,073	280	8,353	8,179
Activities for generating funds	3	3,299	35	3,334	3,182
Investment income	4	109	-	109	137
Incoming resources from charitable activities:					
Project grants	5	-	543	543	291
Conferences rental and other income		336	-	336	398
Total incoming resources		11,817	858	12,675	12,187
Resources expended					
Cost of generating funds:					
Costs of generating voluntary income		2,985	11	2,996	2,912
Costs of activities for generating funds		1,789	5	1,794	2,005
		4,774	16	4,790	4,917
Charitable activities:					
Policy and research		839	119	958	1,037
Client services		7,093	763	7,856	7,802
		7,932	882	8,814	8,839
Governance costs		71	-	71	78
Total resources expended	6	12,777	898	13,675	13,834
Operational (deficit) for year		(960)	(40)	(1,000)	(1,647)
Other recognised (losses)/gains					
Unrealised (losses)/gains on investment assets	12	(67)	-	(67)	151
Realised (losses) on disposal of investment assets	12	(26)	-	(26)	(1)
		(1,053)	(40)	(1,093)	(1,497)
Reconciliation of funds	17 & 18				
Fund balances brought forward at 1 April		7,351	63	7,414	8,911
Fund balances carried forward at 31 March		6,298	23	6,321	7,414

There were no recognised gains or losses other than those shown in the statement above.

All the above results derive from continuing activities.

The deficit for the year of Breast Cancer Care for Companies Act 2006 purposes was £(1,093,000) (2010-11: deficit £1,497,000)

The notes on pages 26 to 27 form part of these financial statements.

Breast Cancer Care

Consolidated and Charity Balance Sheets as at 31 March 2012

Registered Company Number: 2447182

	Note	Group 2011-12 £'000	Group 2010-11 £'000	Charity 2011-12 £'000	Charity 2010-11 £'000
Fixed assets					
Tangible Assets	11	1,080	1,410	1,080	1,410
Investments	12	4,585	5,629	4,585	5,629
		5,665	7,039	5,665	7,039
Current assets					
Current Investments	13	1,000	1,277	1,000	1,277
Stock		12	24	7	16
Debtors	14	1,581	1,298	3,899	3,154
Cash at bank and in hand		390	161	377	146
		2,983	2,760	5,283	4,593
Creditors: amounts falling due within one year	15	(1,782)	(1,936)	(4,082)	(3,769)
Net current assets		1,201	824	1,201	824
Creditors: amounts falling due after one year	16	(545)	(449)	(545)	(449)
Net assets		6,321	7,414	6,321	7,414
Funds					
Restricted funds	17	23	63	23	63
Unrestricted funds					
Designated funds	18	1,140	1,479	1,140	1,479
General funds	18	5,158	5,872	5,158	5,872
Total funds	19	6,321	7,414	6,321	7,414

Approved by the Board of Trustees
on 10 July 2012 and signed
on its behalf by:

Jane
Hinrichs

Chair

Dheepa Balasundaram

Treasurer

The notes on pages 26 to 27 form part of these financial statements.

Breast Cancer Care

Consolidated cashflow statement for the year ended 31 March 2012

	2011-12 £'000	2010-11 £'000
Net cash (outflow) from operating activities (a)	<u>(870)</u>	<u>(873)</u>
Capital expenditure and financial investment		
Payments to acquire tangible fixed assets	(129)	(398)
Net acquisition of fixed asset investments	(35)	(49)
Decrease in fixed asset investments	986	750
	<u>822</u>	<u>303</u>
Cash (outflow) before decrease in liquid resources	<u>(48)</u>	<u>(570)</u>
Management of liquid resources		
Decrease in current investments	277	638
Increase in cash in the year	<u>229</u>	<u>68</u>

Cashflow information for the group

	2011-12 £'000	2010-11 £'000
(a) Reconciliation of changes in resources to net (outflow) from operating activities		
Net (outgoing) resources before other recognised losses	(1,000)	(1,647)
Depreciation	459	350
Decrease/(increase) in stocks	12	(2)
(Increase)/decrease in debtors	(283)	527
(Increase) in creditors	(58)	(101)
Net cash (outflow) from operating activities	<u>(870)</u>	<u>(873)</u>
(b) Reconciliation of net cashflow to movement in net funds/debt		
Decrease in cash in the year	229	68
Decrease in liquid resources	(277)	(638)
Movement in net funds in the year	<u>(48)</u>	<u>(570)</u>
Net funds at 1 April	1,438	2,008
Net funds at 31 March	<u>1,390</u>	<u>1,438</u>

c) Analysis of net funds

	31 March 2012 £'000	Cashflow £'000	1 April 2011 £'000
Cash at bank and in hand	390	229	161
Liquid resources	1,000	(277)	1,277
	<u>1,390</u>	<u>(48)</u>	<u>1,438</u>

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

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. The charity has taken exemption from presenting its unconsolidated profit and loss account under section 408 of the Companies Act 2006. 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.

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

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.

Notes to the financial statements for the year ending 31 March 2012 continue on page 28

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

2 Voluntary income	Unrestricted funds £'000	Restricted funds £'000	2011-12 Total £'000	2010-11 Total £'000
Individual and other donations	3,929	156	4,085	3,728
Corporate donations	1,894	36	1,930	2,094
Corporate sponsorships through trading subsidiary	2,056	75	2,131	1,978
Legacies	194	13	207	379
	8,073	280	8,353	8,179

Corporate donations includes gifts in kind of £359,063 (2010-11: £45,431).

Individual and other donations include £16,188 donations from trusts (2010-11: £16,225).

3 Activities for generating funds	Unrestricted funds £'000	Restricted funds £'000	2011-12 Total £'000	2010-11 Total £'000
Events income	3,197	35	3,232	3,078
Merchandising income	102	-	102	104
	3,299	35	3,334	3,182

Events income includes gifts in kind of £29,065 (2010-11: £25,550).

4 Investment income	Unrestricted funds £'000	Restricted funds £'000	2011-12 Total £'000	2010-11 Total £'000
Interest received	34	-	34	57
Investment income	75	-	75	80
	109	-	109	137

5 Project grants	2011-12 Total £'000	2010-11 Total £'000
Asda Foundation	140	59
BIG Lottery Fund - Research Programme	93	-
Garfield Weston Foundation	50	-
The Noon Foundation	50	50
Scottish Executive	42	20
Department of Health	34	-
The Robertson Trust	10	10
Long Term Conditions Alliance Scotland	10	39
National Cancer Action Team	9	-
Guy's and St Thomas' NHS Foundation Trust	-	35
WCVA	-	10
Grant-giving trusts	105	68
	543	291

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

6 Analysis of expenditure

	Generating voluntary income £'000	Activities for generating funds £'000	Policy and research £'000	Client services £'000	Governance £'000	2011-12 Total £'000	2010-11 Total £'000
Direct costs							
Staff costs	1,135	538	523	3,438	51	5,685	5,602
Other direct costs	949	873	113	2,379	2	4,316	4,185
	<u>2,084</u>	<u>1,411</u>	<u>636</u>	<u>5,817</u>	<u>53</u>	<u>10,001</u>	<u>9,787</u>
Support costs							
Information technology	113	46	30	256	-	445	426
Finance and support	199	110	49	524	18	900	922
Public awareness	88	59	147	147	-	441	478
Facilities	542	155	68	869	-	1,634	1,883
Human resources	107	44	28	243	-	422	435
VAT recovered	(137)	(31)	-	-	-	(168)	(97)
	<u>912</u>	<u>383</u>	<u>322</u>	<u>2,039</u>	<u>18</u>	<u>3,674</u>	<u>4,047</u>
Total costs	<u>2,996</u>	<u>1,794</u>	<u>958</u>	<u>7,856</u>	<u>71</u>	<u>13,675</u>	<u>13,834</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 services.

7 Total resources expended

Resources expended include:	2011-12 £'000	2010-11 £'000
Audit fees	18	21
Depreciation	459	350

8 Lease commitments

Operating lease rentals of £911,750 (2010-11: £825,903) 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		Premises	
	2011-2012 £'000	2010-11 £'000	2011-12 £'000	2010-11 £'000
Within one year	13	-	-	-
Between one and five years	2	15	811	815

9 Trustees' remuneration

Out of pocket expenses for travel and subsistence were reimbursed to trustees as follows:

	2011-2012	2010-11	2011-12	2010-11
	No.	No.	£	£
	4	5	1,465	1,681

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

10 Staff costs

	2011-12 £'000	2010-11 £'000
Employee costs during the year were:		
Salaries	6,097	6,132
Social Security costs	651	634
Pension contributions	324	332
	<u>7,072</u>	<u>7,098</u>

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

	2011-12 No.	2010-11 No.
£100,001 - £110,000	2	1
£90,001 - £100,000	-	1
£70,001 - £80,000	1	1
£60,001 - £70,000	3	1
	<u>6</u>	<u>4</u>

All employees earning more than £60,000 participated in the pension scheme.

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

	2011-12 No.	2010-11 No.
Charitable activities	116	123
Cost of generating funds	65	63
	<u>181</u>	<u>186</u>

The total number of employees in March 2012 was 206 (March 2011: 218).

11 Fixed assets group and charity

	Leasehold Improvements £'000	Furniture Fixtures & Fittings £'000	Computers & Equipment £'000	Total £'000
Cost				
At 1 April 2011	2,072	26	975	3,073
Additions	-	-	129	129
Disposals	-	-	(75)	(75)
At 31 March 2012	<u>2,072</u>	<u>26</u>	<u>1,029</u>	<u>3,127</u>
Depreciation				
At 1 April 2011	1,184	24	455	1,663
Charge for the year	300	1	158	459
Disposals	-	-	(75)	(75)
At 31 March 2012	<u>1,484</u>	<u>25</u>	<u>538</u>	<u>2,047</u>
Net book value				
At 31 March 2012	<u>588</u>	<u>1</u>	<u>491</u>	<u>1,080</u>
At 31 March 2011	<u>888</u>	<u>2</u>	<u>520</u>	<u>1,410</u>

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

12 Fixed asset investments

Group and charity	2011-12 £'000	2010-11 £'000
Market value at 1 April	6,629	7,680
Transfers to cash reserves	(986)	(1,250)
Purchases	448	289
Disposal proceeds	(413)	(240)
Net realised (losses) on disposal	(26)	(1)
Unrealised net (losses)/gains during the year	(67)	151
Market value at 31 March	<u>5,585</u>	<u>6,629</u>
Transfers to current investments 31 March	<u>(1,000)</u>	<u>(1,000)</u>
Total fixed asset investments at 31 March	<u>4,585</u>	<u>5,629</u>
Unrealised net (gains) on revaluation at 31 March	<u>(304)</u>	<u>(191)</u>
Historical cost at 31 March	<u>5,281</u>	<u>6,438</u>

	Fixed asset Investment £'000	2011-12 Current Investment £'000	Fixed asset Investment £'000	2010-11 Current Investment £'000
Investments are represented by:				
Fixed interest securities	414	-	400	-
Property funds	344	-	302	-
Equity shares	2,302	-	2,524	-
Hedge funds	514	-	532	-
Cash deposit funds	1,011	1,000	1,871	1,000
Total Investments held in the UK	<u>4,585</u>	<u>1,000</u>	<u>5,629</u>	<u>1,000</u>

	2011-12 £'000	2010-11 £'000
Investments representing over 10% by value of the portfolio comprise:		
Schroder Global Quant Fund	724	756
Scottish Widows Edinburgh (gross)	753	1,016
Nationwide Intl IOM	-	1,018

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

Investments held by the charity also included an additional £2 (2010-11: £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 2011-12 £'000	Group 2010-11 £'000	Charity 2011-12 £'000	Charity 2010-11 £'000
Money market and bank deposits	<u>1,000</u>	<u>1,277</u>	<u>1,000</u>	<u>1,277</u>

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

14 Debtors	Group 2011-12 £'000	Group 2010-11 £'000	Charity 2011-12 £'000	Charity 2010-11 £'000
Trade debtors	406	406	272	233
Other debtors	293	236	293	236
Prepayments and accrued income	882	656	882	653
Subsidiary company	-	-	2,452	2,032
	1,581	1,298	3,899	3,154

15 Creditors: amounts falling due within one year:	Group 2011-12 £'000	Group 2010-11 £'000	Charity 2011-12 £'000	Charity 2010-11 £'000
Other creditors	375	361	375	344
Accruals and deferred income	998	1,370	974	1,356
Taxation and Social Security	409	205	167	182
Subsidiary company	-	-	2,566	1,887
	1,782	1,936	4,082	3,769

16 Creditors: amounts falling due after one year:	Group 2011-12 £'000	Group 2010-11 £'000	Charity 2011-12 £'000	Charity 2010-11 £'000
Other creditors	235	200	235	200
Accruals and deferred Income	310	249	310	249
	545	449	545	449

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.

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

17. Restricted Funds	Balance at			Balance at
	1 April	Income	Expenditure	31 March
	2011	£'000	£'000	2012
	£'000		£'000	£'000
Milly Apthorp Foundation	13	-	(13)	-
Lavender Trust Fund	-	186	(186)	-
Big Lottery Research Programme	-	93	(90)	3
Department of Health	-	34	(34)	-
Client Services	18	534	(552)	-
Enterprise Project	32	11	(23)	20
	<u>63</u>	<u>858</u>	<u>(898)</u>	<u>23</u>

Milly Apthorp Foundation have given a grant restricted to a variety of client service activities

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

Big Lottery Research grant - the fund for a three-year project develop an intervention to improve the emotional, social and practical wellbeing of women living with primary breast cancer from diverse ethnic and social backgrounds following their completion of hospital based treatment.

Department of Health - Breast Cancer Care and Bowel Cancer have been awarded The Department of Health's Innovation, Excellence and Service Development Fund to establish a joint programme of breast and bowel cancer awareness training courses across the UK over two years

Services restricted funds have been received from a variety of donors funding a range of our service activities during the year.

Enterprise project restricted funds have been received to specifically spend on our new database project for IT infrastructure.

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

18 Unrestricted funds

	1 April 2011 £'000	Income £'000	Expenditure £'000	Transfer £'000	Investments £'000	31 March 2012 £'000
General funds	5,872	11,817	(12,423)	(108)	-	5,158
Designated funds						
Investment losses	292	-	-	82	(93)	281
Enterprise database	592	-	(120)	(55)	-	417
Miscellaneous fixed assets	12	-	(39)	81	-	54
Premises fund (formally relocation)	583	-	(195)	-	-	388
	1,479	-	(354)	108	(93)	1,140
Total unrestricted funds	7,351	11,817	(12,777)	-	(93)	6,298

Investment gains and losses is designated to reduce the impact of future losses for equities due to the volatility of investment values over the last five years.

Enterprise database designation represents the costs of our new integrated database project which went live in March 2011. The designated fund represents the net book value of the capitalised assets of the project.

Miscellaneous fixed asset designation represents the net book value of the assets which are not included in the Enterprise or Premises funds, mainly relating to information technology assets.

Premises fund represents the net book value of our leasehold investments and the provision for dilapidations, less the landlord's 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 2012 are represented by:				
Tangible fixed assets	-	1,060	20	1,080
Investments	4,304	281	-	4,585
Current assets	2,980	-	3	2,983
Current liabilities	(1,730)	(52)	-	(1,782)
Long-term liabilities	(396)	(149)	-	(545)
Total net assets	5,158	1,140	23	6,321

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

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	Corporate	Events	Other	2011-12	2010-11
	£'000	Income	£'000	£'000	Total	Total
		£'000	£'000	£'000	£'000	£'000
Turnover	99	2,162	132	178	2,571	2,142
Cost of Sales	(76)	-	-	-	(76)	(87)
Gross Profit/(Loss)	23	2,162	132	178	2,495	2,055
Interest payable	-	-	-	(4)	(4)	(3)
Management fee paid to the charity	-	-	-	(388)	(388)	(280)
Other expenses	-	-	-	(38)	(38)	(20)
Net Profit/(Loss)	23	2,162	132	(252)	2,065	1,752

The aggregate of the assets, liabilities and funds was:	2011-12	2010-11
	£	£
Assets	2,746,883	2,086,409
Liabilities	(2,746,881)	(2,086,407)
Funds (representing 2 ordinary shares of £1 each)	2	2

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) (2010-11: 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 £1,590 (2010-11: £1,575).

Breast Cancer Care

Notes to the financial statements for the year ending 31 March 2012

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:

	2011-12	2010-11
	Total	Total
	£	£
Roche Products Ltd	25,000	-
Glaxo SmithKline	-	5,875
Sanofi Aventis	-	3,500
Pfizer	26,150	-
Novartis	15,883	-
Genomic Health	8,000	-
Amgen	12,000	13,000
	87,033	22,375

Legal and administrative details

ROYAL PATRON

Her Royal Highness The
Duchess of Kent GVC

PATRONS

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

AMBASSADORS

Alexandra Burke
Amanda Mealing
Denise Lewis OBE
Denise Van Outen
Diana Moran
Jonathan Ansell
Lisa Snowdon
Meera Syal MBE
Vanessa Feltz

FOUNDER

Betty Westgate MBE (1919–2000)

BOARD OF TRUSTEES

Jane Hinnrichs **Chair**
Deborah Rozansky **Vice-Chair**
Dheepa Balasundaram **Treasurer**
Emma Burns
Professor Mustafa Djamgoz
(resigned 15 March 2012)
Nicholas Mockett
Sybil Roach-Tennant
Sue Walter
Jill Pask
Lesley Bailey
Francesca Pattison
Heena Patel
Susan Brannigan

CHIEF EXECUTIVE

Samia al Qadhi

EXECUTIVE DIRECTORS

Jane Hatfield **Policy,
Research and Planning**
(*maternity cover* : Liz
Carroll August 2011 to
September 2012)
Graham Galvin **Finance and
Resources**
Diana Jupp **Services**
Judy Beard **Fundraising and
Marketing**
Dr Emma Pennery **Clinical**

BOARD SUB-COMMITTEES

Finance and General Purposes Committee

Dheepa Balasundaram **Chair**
Jane Hinnrichs
Jill Pask
Sybil Roach-Tennant

Investment

Nicholas Mockett **Chair**
Jill Pask
Susan Brannigan

HR and Remuneration

Sue Walter **Chair**
Emma Burns
Jane Hinnrichs
Sybil Roach-Tennant
Steve Jenkins (co-opted)

Governance & Nominations

Deborah Rozansky **Chair**
Jane Hinnrichs
Heena Patel

Audit & Assurance

Catherine Young **Chair**
Heena Patel
Deborah Rozansky
Sue Walter
Jonathan Dancey (co-opted)

ADVISORY COMMITTEES

Research Committee

Professor Robert Leonard
Dr Kinter Beaver
Dr Gill Hubbard
Professor Mustafa Djamgoz
Stephanie Jacobs
Professor Mari Lloyd-Williams
(resigned August 2011)
Sinead Cope (resigned August
2011)
Professor Lesley Fallowfield
Professor Mike Dixon
Dr Penny Wright
Dr Deborah Fenlon
Professor Emma Ream
Sybil Roach-Tennant
Mairead Mackenzie
Julie Wray

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Registered charity numbers:

- 1017658 in England and Wales
- SC038104 in Scotland

Registered company in England
2447182

Company limited by guarantee
Breast Cancer Care Trading Ltd
Registered company in England
02681072

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Callum Calder

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