Together we can...

Annual report and accounts 2017–18
(1 April 2017–31 March 2018)
Contents
Welcome to Breast Cancer Care’s big picture: 2017–18 and beyond 3
Who we are and what we do:
  a summary of our activities for 2017–18 5
Together we can create a network of support 8
Strategic report 10
  Together we can: strategies, aims and objectives 10
  Reaching more people 11
  Raising our profile 22
  Raising more money 26
Summary of our income and expenditure 2017–18 30
Our structure, governance and management 31
Our finances 34
Independent auditor’s report to the members and trustees of Breast Cancer Care 37
Financial statements and notes 40
Thank you 54
About us: our legal and administrative details 56

Welcome to Breast Cancer Care’s big picture: 2017–18 and beyond
When we refreshed our 2010–20 overarching strategy in 2014 to produce Facing breast cancer together, we knew that drawing on a UK-wide community was central to success.

We said we wanted to grow so that we could reach even more people affected by breast cancer with vital care, support and information. But we knew we couldn’t do it alone.

We said we needed to help create and sustain a network of support made up of people affected by breast cancer in the widest possible sense. From healthcare professionals to volunteers; from people going through diagnosis and treatment to women taking care of their breasts because they know they have a one in eight lifetime chance of developing breast cancer; from politicians making policy to healthcare managers delivering that policy in breast care units across the UK; from large companies wanting to contribute to individuals planning an Afternoon Tea – and so many, many more.

Together we can…
This year has shown once more how right we were, and we are indebted to everyone in that network who helps us to reach the people needing and wanting our care, support and information.

Together we can do so much to provide vital emotional support and practical information during the often devastating experience of having breast cancer – faced by 62,000* women and men, and their families and friends, each year in the UK.

Together we can do this even when times are tough financially and our income is not growing as we planned.

Together we must keep doing this so that we never risk going back to the situation just 45 years ago – when we began our work – where having breast cancer was shameful, few talked about it, and people had to face diagnosis, treatment and the sometimes traumatic after effects with the bare minimum of information and support.

Together we can make real the big, bold picture of everyone affected by breast cancer having access to care, support and information from us whenever and however they want and need it.

In our report on 2016–17, we said we were confident that we had strong roots for further growth during 2017–18. And this view has been proved correct, even though maintaining our

* Cumulative total of UK invasive breast cancer cases in 2014 (55,222) plus an estimated 7,000 cases of DCIS in 2014, reported by Cancer Research UK. Actual 62,222.
income has been an enormous challenge during 2017–18. Our deep foundations and determination mean we are continuing to develop and deliver sustainable information and support services for people affected by breast cancer, and to campaign for better care and treatment for people diagnosed.

We deliver our services face to face, on the phone, by email, through our website, with information booklets and now also through a smartphone app.

We launched the BECCA app – a unique way of delivering our end-of-treatment support – during 2016–17 as a web-based app delivering short information ‘cards’. Then, during 2017–18, we created a version that also works on smartphones.

In 2018–19, thanks to a £655,000 grant from the Big Lottery Fund, we will develop it further so that it performs even better for people trying to recover and return to a more normal life following breast cancer.

We are very grateful for and excited by what it will allow us to achieve for people affected by breast cancer. But we aren’t only grateful for and excited by large donations such as this one. We are equally delighted when someone writes to us to tell us, for example, how talking to our nurses has been a lifeline, and they enclose a much-needed donation.

And when the companies we work with in partnership raise money in a wide variety of ways; pulling out all the stops to get their staff and customers involved in fundraising for us. Or when people walk, run, cycle, swim and take on every sort of physical challenge to help bring in more money to support people affected by breast cancer.

Every penny counts

We are also grateful to the people who volunteer in so many roles, keeping our support services running, often because they have been there too. And to the NHS, with whom we work hand in hand to ensure that together we can do more for people affected by breast cancer. Hundreds of healthcare professionals freely give their time and skills to help us deliver our services and improve our information.

Our gratitude extends also to the many people who campaign with us or let us use their personal stories to help spread the word about the care, support and information we offer. We need all of these people and many more to make up the big picture of a network of care and support. Together we can be here when we are most needed. We thank you all most sincerely for everything you do.

Emma Burns, Chair of the Board of Trustees

Samia al Qadhi, Chief Executive

Who we are and what we do: a summary of our activities for 2017–18

Breast cancer changes everything. At Breast Cancer Care we understand the emotions, challenges and decisions people face every day when they – or a family member or friend – have been diagnosed.

We know that everyone’s experience is different. That’s why we offer reliable, practical support and trustworthy information, bringing together people affected by breast cancer to help each other and campaign for better care.

We are the only specialist UK-wide charity supporting people with breast cancer. We combine the personal experience of people affected with clinical expertise, delivering free services that make life better for people facing the trauma of breast cancer, including:

- support over the phone or by email with a breast care nurse or someone who’s been there
- welcoming online forums
- high-quality information in traditional and digital formats
- group support
- real-time digital support sessions

We help people to live with breast cancer and beyond, involving people affected by breast cancer in everything we do. From the moment someone notices something isn’t right, through their treatment and into the future, Breast Cancer Care is here.

And we’re here for people concerned about breast cancer. We help them to be breast aware so that they can notice any unusual changes in their breasts and be confident to report them to their GP. Most breast symptoms aren’t caused by cancer, but if they are, the earlier it is diagnosed the more effective treatment is likely to be.

This is vitally important because breast cancer is the most common cancer for women in the UK today, killing more than 11,400 each year.

That’s equivalent to 31 women a day, and with such a toll, nobody can say breast cancer is a disease that’s been eradicated. Our work, which is designed to support everyone affected by breast cancer, continues to be crucial.

Even as more than 82,000* people in the UK each year are told they have this life-threatening disease – including 390 men – breast cancer survival is improving and has doubled in the past 40 years.

Almost two-thirds of women survive breast cancer for 20 years or more, and an estimated 691,000 are alive in the UK today after a diagnosis of breast cancer.

This last figure is likely to rise to 840,000 by 2020, meaning that as NHS services are increasingly stretched, there’s even more need for the additional care, support and information that we offer. This is especially so when it’s the result of collaborative work between us and NHS breast cancer specialists, and designed to increase the scope of services they can offer.

It also means there’s even more need for us to develop our breast awareness, information and campaigning to ensure we are being as effective as we can in meeting our vision of a world where everyone affected by breast cancer gets the best care, support and information.

To help realise this vision, we bring together experience, skills and knowledge from our amazing UK-wide network. In this way we can be sure that we are facing breast cancer together – providing high-quality information and support that people want and need, and which will make a beneficial difference to how they cope with a life-changing diagnosis of breast cancer.

We know we are succeeding substantially in this aim because we carry out impact assessments, which also point us towards further improvements.

For example, when we evaluated our Moving Forward face-to-face service – with results available during 2017–18 – we found that the NHS and volunteer-supported courses made a significant difference to the quality of life of the women who took part in the study.

* Figures released in February 2017.
We also saw that one of the most successful outcomes was in helping women make and maintain positive lifestyle changes following a breast cancer diagnosis and treatment. So this is an area where we can focus our work in future.

Because of such evaluations – and our strong and passionate network – we feel confident to act as an informed voice of breast cancer in our campaigning among healthcare policy decision-makers across the UK. A growing community of hundreds of campaigning volunteers work with us to try to improve standards of care for everyone affected by breast cancer.

Being evidence-based also means nurses and other breast cancer professionals across the UK know they are serving their patients well when they give out or signpost people to our patient information.

Our free patient information resources, both as booklets and on our website, are written by our nursing team and peer reviewed by independent healthcare professionals and people with breast cancer. New editions are created every two to three years to help ensure they are always up to date.

Breast Cancer Care patient information is now freely available at volunteer-run Information Points in 156 breast care units and hospitals in the UK.

Members of our Nursing Network (see page 26) often help us ensure the quality of our patient information, especially nurses from the secondary breast cancer and younger women with breast cancer forums. These forums are made up of breast care nurses with a particular interest in these two areas. Like the rest of the over 1,000-strong Network, they share best practice, discuss ways of bringing about local service improvements and take part in training opportunities.

The Network is run by our Clinical team (some of them pictured below) to benefit healthcare professionals working directly with people affected by breast cancer. In turn it is supported by healthcare professionals who volunteer their time and expertise delivering expert information and training.

It takes a lot of people to make up the big picture of services, information and support that make life better for people affected by breast cancer. Despite advances, breast cancer is still a life-threatening disease with treatments and side effects that can leave people traumatised, anxious and struggling to cope.

That's why we are here to help from day one, backed by thousands of people who give their time, expertise, activity and money because they care too.
4,081 people supported through our face-to-face services
390 trained volunteers made it possible for us to run these support services during the year, and make 751 Someone Like Me matches

2,361 Breast Cancer Voices share their experience to help improve our services
3,102 Campaigns Network members help us press members of Westminster, Scottish and Welsh parliaments, to improve national care standards

1,591,265 unique visitors to our online Forum
10,464 BECCA smartphone app downloads
Both these 24/7 digital support tools rely on a network of well over 5,000 people affected by breast cancer who offer peer support and improvement ideas

1,138,206 patient information resources distributed and downloaded
1,151,265 unique visitors to our website
Each year NHS breast cancer professionals and breast cancer patient volunteers reviewed drafts of new editions of our information booklets and webpages around 300 times to help ensure they were accurate and accessible

1,3922 Helpline calls and Ask Our Nurses queries answered
£959,836 was raised through 72,498 responses to campaigns highlighting these vital services during 2017-18

471 active volunteers**
As well as being crucial to our service delivery, we couldn’t do without them at fundraising events – 182 vital volunteers meant we could run four Pink Ribbon Walks in 2017-18, which together raised £598,595

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Together we can...
During 2017–18, we responded to more than 5.8 million breast cancer support requests*

328,106 social media followers on Facebook, Twitter and Instagram
Together raising awareness of our services, encouraging other people affected by breast cancer and supporting our fundraising and events

In the picture Cathie Quinlan and her family took part in our Pink Ribbon 25 awareness campaign 2017. The campaign celebrated 25 years of the Pink Ribbon as a symbol of breast cancer support and awareness.

*Aggregate figure 5,858,565: online Forum and unique website visitors; social media followers; BECCA app downloads; Helpline calls and Ask Our Nurses queries; patient information distributed and downloaded; people supported by face-to-face and Someone Like Me services; Nursing Network members.

**Active volunteers have one or more volunteer roles with us on an ongoing and regular basis.
Strategic report

Together we can: strategies, aims and objectives

At the time of publishing this report, we are less than 18 months away from the year 2020, the end date for our strategic plan Vision 2020 – living with and beyond breast cancer, to which we have been working for nearly a decade now.

We have not yet achieved everything we aspired to when we wrote the strategy, or the refreshed 2014 version Facing breast cancer together, largely due to slow income growth. We had ambitious income goals, on which many other plans rested.

However, lots of factors over a number of years have confounded these financial ambitions. For example, the 2008 economic collapse, uncertainty caused by the result of the European Union referendum and a 2015 plummet in public trust in charities in general, the latter now thankfully beginning to see a reverse.

But, despite this, together we have found more ways to improve our efficiency and the reach of our services.

Together we continue to strive to reach the point where everyone affected by breast cancer – from diagnosis to living with primary or secondary breast cancer – has access to care, support and information from Breast Cancer Care whenever they need it and in whatever form they want it.

The heart of this mission is unlikely to change when, during 2018–19, we start collaborative work with key members of our wide network of staff, volunteers and supporters to formulate a new corporate strategy. It will be designed to take us up to 2023 – the year of our 50th birthday – and will set new, realistic targets in tandem with a vigorous review of the focus and delivery of our work.

Until then, we are continuing to concentrate our resources in seven impact areas:

- early detection and breast awareness
- diagnosis and treatment
- Moving Forward™ (now a trademarked service in the breast cancer field)
- secondary breast cancer
- younger women
- family history and breast cancer
- families and partners

Our Services and influencing strategy

2016–20 is continuing to lead development of services, which are remaining deliverable even in lean times financially.

Moving Forward™ is a comprehensive evaluation of the key elements of the Moving Forward package of services is central to this strategy. And a move from staff-run Moving Forward courses to sessions led by trained facilitators has proved its ability to scale up successfully. During 2017–18 nearly 13% more people attended a Moving Forward course than in 2016–17.

A rigorous impact evaluation across all our services, including a six-monthly evaluation update on Moving Forward courses and an annual impact report of our Living with Secondary Breast Cancer local support service.

We’ve created an evaluation framework for our Helpline and Ask Our Nurses services, with data collection due to start in November 2018. A similar framework for patient information will follow.

To create these frameworks, the specific aims of the services in supporting people affected by breast cancer are identified and reviewed. We then systematically test with the people using them whether and how we are meeting these aims. The results point the way to evidence-based improvements.

Continuous review, analysis and assessment of our fundraising activities, begun in 2016–17, is also helping us to keep changing and improving how we involve the public in raising money to support people affected by breast cancer. A refresh of our Afternoon Tea summer fundraising events has set out the stall for future success.

At the beginning of 2017 we moved our London head office. This efficiency-driven change – affecting the majority of staff – helped signal the need for a new People strategy 2016–20.

The People strategy expresses a clear vision of how we will recruit, retain, support, develop and manage our staff over the next two years. It provides a solid framework and action plans to support the organisation in these areas into the future.

With its help we are confident we will continue to have the right staff in the right place at the right time who are clear about their role and highly motivated to achieve our overall objectives – delivering Breast Cancer Care services, raising the money to pay for them and keeping the supporting infrastructures running smoothly.

Complementing this, a freshly constituted, cross-organisational Diversity Action Group has begun new strands of work to help ensure we are reaching a wide population of people affected by breast cancer.

The experience of this group and results of its already busy workplan will feed into the proposed new corporate strategy so that diversity and inclusion are embedded in every aspect.

We believe that a review of our recruitment tools and processes, and subsequent changes in how we do things, have already resulted in more people from diverse backgrounds applying for jobs at Breast Cancer Care. During 2017–18 we began collecting data to try to transform this anecdotal evidence into a solid benchmark from which we can measure progress.

Facing breast cancer together identified three core areas where we hoped to make advances between 2014 and 2020 – reach, profile and income. Read on to find out how we’ve done in each of these areas during 2017–18.

Reaching more people

When someone is diagnosed with breast cancer, it can change everything. Ordinary life is thrown up into the air, and people often feel scared, alone and overwhelmed as they face diagnosis, treatment and the aftermath.

For over 40 years we’ve worked closely with healthcare professionals to ensure we are complementing NHS services in helping thousands of people to feel better informed, more confident and in control through the emotional and physical upheaval of breast cancer.

We also ensure we deliver services that work alongside national cancer strategies, which highlight the need for high-quality information for patients living with and beyond cancer, and recognise the benefits of support services.

In particular, we aim to align with the strong commitment to empowering patients with information and support in the following national government policy documents:

- Cancer Delivery Plan for Wales 2016–2020
- Beating Cancer: Ambition and Action, the Scottish Government’s cancer strategy launched in March 2016

面对乳腺癌共同: 战略, 目标和举措

在发表此报告时, 我们距离2020年仅有不到18个月的时间, 这是我们的战略计划 Vision 2020 – 生活与乳腺癌之后近十年的努力结果。

我们尚未实现所有期待的目标, 当我们在撰写策略时, 或是2014年更新的版本 Facing breast cancer together, 部分是由于收入增长缓慢。我们设定的收入目标, 是许多其他计划的基础。

然而, 许多因素在多年间影响了这些财务目标。例如, 2008年经济衰退, 英国是否加入欧盟的公投结果以及2015年的公众信任在慈善组织的整体下降, 后者现在正在逐渐恢复。

但是, 尽管如此, 我们找到了更多的方法来提高效率和扩展我们的服务。

我们继续努力达到这样一个目标, 即在乳腺癌诊断到生活中的主病或次病乳腺癌时, 每个人都能获得护理、支持和信息来自Breast Cancer Care, 无论他们何时需要以及以何种方式。

这个使命的核心是不可改变的, 当我们在2018–19年启动协作工作时, 与关键成员的广泛网络的工作人员、志愿者和支持者共同制定新的公司策略。它将被设计以带领我们到2023年 – 我们的50岁生日 – 并设置新的, 合理的目标, 与一个雄心勃勃的审查的焦点和交付我们的工作。

在此期间, 我们继续集中我们的资源在七大影响领域:

- 早期检测和乳腺意识
- 诊断和治疗
- 移动前进行™ (现在是乳腺癌领域的注册商标)
- 次级乳腺癌
- 年轻女性
- 家族史和乳腺癌
- 家庭和伙伴

我们的服务和影响策略

2016–20正在继续领导服务的发展, 这些服务仍然能够在经济紧张的情况下提供。

移动前进行™ 是对移动前进行包策略的全面评估, 这是至关重要的策略。移动前进行课程从由训练有素的调解师领导的课程转变为由训练有素的调解师领导的课程, 证明了它能够成功扩大规模。在2017–18年期间, 近13%更多的人参加了移动前进行课程, 比2016–17年多了。

一个全面的评估, 关键要素的移动前进行包的评估在2017–18年期间完成。如果你阅读此报告中, 广泛的影响和经济评估研究已经给我们一个关于信息的财务。

- 我们的服务可以为人们提供的具体目标
- 准备好遵循乳腺癌诊断和治疗
- 如何将我们提供的服务提供给更多人
- 如何针对这些问题改进服务
- 如何将这些服务针对政府政策


人们策略表达了我们如何将招聘、保留、支持、发展和管理我们的员工在接下来的两年内。它为坚实的战略框架和行动计划提供支持, 以支持组织在这些领域进入未来。

有了它的帮助, 我们有信心我们将继续拥有合适的员工在正确的地点在正确的时刻, 他们清楚自己的角色并高度激励以实现我们的总体目标 – 提供乳腺癌护理服务, 收集资金以支付他们, 并保留支持的基础设施运行平稳。

通过这种方法, 新成立了一个跨-组织的多样性行动计划小组, 从2016年开始工作, 未来的新策略

实现更多的人

当有人被诊断为乳腺癌时, 这可以改变一切。日常生活被抛入空中, 人们常常感到害怕、孤独和不知所措面对诊断、治疗和之后。

从1976年开始, 我们密切配合医疗专业人士确保我们补充NHS服务, 帮助成千上万的人感觉更好, 更自信, 在控制中有情感和身体的乳腺癌冲击。

我们也确保我们提供的服务与全国性的癌症策略共同工作, 这些策略强调需要高质量的信息为患者生活和乳腺癌, 并认识到支持服务的好处。

特别是, 我们与强大的承诺保持一致, 以使患者具有更好的信息和支持, 遵循全国性政府政策文件:

- 实现世界顶级的癌症成果: 英格兰的策略 2015–2020
- 癌症实施计划为威尔士 2016–2020
- 击败癌症: 动机和行动, 苏格兰政府的癌症策略在2016年3月推出
During 2017–18, we’ve continued to increase the number of people we reach with support and information. For example, more than 4,000 people used our face-to-face services – including Moving Forward courses, our Living with Secondary Breast Cancer local support service and Younger Women with Breast Cancer days – an increase over the numbers attending during 2016–17 of almost 11%, representing more than 2,000 extra hours of support.

Moving Forward

We know that when their treatment ends, people often struggle to come to terms with what has happened to them. They may be scared that their cancer will come back, challenged by long-term side effects of treatment such as fatigue, pain and menopausal symptoms, and have difficulty with their altered body image and post-treatment trauma.

That’s why, in partnership with the NHS, we offer a package of information and support – Moving Forward – to help people overcome both the emotional and physical impact of breast cancer to live more confidently with and beyond it. We now offer nearly 200 such courses across the UK.

‘The course is very helpful for breast care nurses as well as patients, as it gives us a platform to discuss anything that patients feel needs addressing, particularly issues that are not always brought up in clinic.’

Mags Moore, Breast Care Nurse, Glan Clwyd Hospital, Rhyl

During 2017–18 we’ve started to improve this package based on a research study we commissioned that asked hundreds of people exactly what support they needed and when. This improvement work will continue into 2018–19 and beyond.

The study evaluated the effectiveness of the Moving Forward support course, which takes place over four consecutive weeks. We reported some positive early indicators in our Annual report 2016–17. The full evaluation report was completed in October 2017 and confirmed that attending a Moving Forward course improves quality of life for participants in a range of areas, such as:

- mental wellbeing
- physical wellbeing
- self-confidence
- lifestyle, particularly health and exercise

In addition, the research study looked at the financial value to society of the course, known as the social return on investment. Results showed that for every £1 invested by Breast Cancer Care to deliver Moving Forward, the value to wider society was £4.50.

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The book is also freely available through our website for anyone who needs it. We distributed 17,297 copies during 2017–18, nearly 600 more copies than during 2016–17. To order visit breastcancercare.org.uk/publications

Hope for the future

Lurline Thomas, 54, was diagnosed with breast cancer in 2016 and attended the North London Moving Forward course at Mount Vernon Cancer Centre.

‘I was diagnosed with breast cancer in March 2016 after attending a routine mammogram. It was a complete shock – I was fit and healthy with no symptoms at all.

‘The diagnosis has completely changed my life. I now have long-term side effects, including fatigue, joint pains, lymphoedema and heart problems, which mean I still haven’t been able to return to work.

‘Other people assume you’re back to normal once you finish treatment. But this isn’t the case. Moving Forward reassured me I wasn’t the only one struggling to adjust and showed me recovery is a gradual process, which varies from person to person.

‘The course has helped me adapt to my new reality. I was taught coping mechanisms, received expert advice and shared my experience with other people who had been through similar things.

‘Even though my life has changed, I now see this as having opportunities and not obstacles. Along with my faith, family and friends, the Moving Forward course helped me to be very grateful for life, to be adaptable and have hope for the future.’

Take-home reference

Alongside the expert speakers and opportunities for peer support at the course, each person attending receives a copy of our book Moving Forward: for people living with and beyond breast cancer.

This comprehensive resource complements the course and acts as a long-term reference guide. From signs and symptoms of recurrence to dealing with fatigue and financial issues, it offers practical solutions, sources of further support and insights from other people in the same situation.
Support on the go
A third strand of our Moving Forward programme is support on the go from our smartphone app BECCA.

The app was launched on smartphones during 2017 after being tested by over 1,000 users on a web-based version. It delivers day-to-day strategies and tips direct to people’s mobile phones.

Simple flashcards cover a range of topics, from wellbeing and mindfulness techniques to insights from other patients, reminding people that they’re not alone and helping them to adjust to life beyond breast cancer.

Kim Hulme, 47, from Dartmoor in Devon, was diagnosed in May 2016. She has been using the BECCA app since she finished treatment.

‘Living in a remote area, I felt cut off from support and was desperate for something I could access online… BECCA has been absolutely perfect for me. It has reminded me to look after myself and helped me change how I feel.’

Every step of BECCA development has been informed by the views of people who have been through breast cancer. We were able to demonstrate this clearly in our successful application for £655,000 of Big Lottery Fund funding, granted at the end of 2017. This means we can make substantial further improvements to the app in 2018–19 and beyond. Improvements will include faster creation of new cards and information better tailored to individual preferences.

You can find the app by searching for ‘BECCA’ in the App Store and Google Play.

In-treatment support days
During the extensive Moving Forward evaluation project, lots of people who had been on Moving Forward courses commented on the timing. They said they felt they would have benefited from similar support and information earlier in the course of their diagnosis and treatment.

Wanting to test this idea, we piloted a range of information days during 2017–18 and will use the results in a variety of ways in 2018–19 to help ensure we reach more people earlier in their treatment pathway.

Younger Women Together
These two-day residential information and support events are for women aged up to 45 who have been diagnosed with primary breast cancer in the previous three years.

Younger patients can feel particularly isolated as fewer than 6,000 women aged 45 and under are diagnosed with breast cancer in the UK each year. They may also be facing different concerns than most older women, such as family, fertility, career and sexuality issues.

‘The London Younger Women Together event was fantastic. It was great to be able to talk and to get so much advice.’

Amanda MacLean (diagnosed in 2015 when she was 41)

The events include expert information presented by healthcare professionals, who answer questions from participants and lead discussions on topics such as:

- breast surgery and reconstruction
- menopausal symptoms
- relationships and communication
- intimacy and sexuality
- fertility
- mindfulness and laughter

Over the two days women meet with other women in a similar situation – often forming longer-term peer support groups. They can share experiences and talk about the impact of their diagnosis. They can also learn about moving forward with their life after breast cancer.

Living with Secondary Breast Cancer
Secondary breast cancer is when cancer cells from the breast spread to other parts of the body such as the bones, lungs, liver or brain. Once this has happened, the cancer is no longer curable but it can be treated, sometimes for several years.

An estimated 36,000 people in the UK have secondary breast cancer (also called metastatic, stage four and advanced breast cancer). Most have complex and long-term practical and emotional support needs, often affecting every area of their lives.

Charlie Hainsworth – who spoke at our Christmas Carol concert at St Paul’s Cathedral – said, ‘Treatment has been harsh and will be ongoing for the rest of my life. I’m no longer as physically able as I was and mentally I’ve changed too.

‘I’m scared to plan ahead, nervous of scans and results. I’ve had to adapt to a new me. The realisation that I won’t get old, won’t get married, won’t have a family… it’s tough.’

Our research shows that all too often women with secondary breast cancer have less access to a specialist nurse than people with a primary diagnosis, and that their information needs aren’t always met.

Our Living with Secondary Breast Cancer service, run across the UK since 2011, is designed to address information and support gaps. Working with the NHS, the service complements the treatment, care and support provided by healthcare professionals. It involves breast cancer specialists in planning and delivering information sessions so they can be sure local issues are addressed.

Monthly meet-ups are held in a safe and relaxed environment. They cover all aspects of living with the disease and offer people the chance to meet and talk openly with other women with the same diagnosis.

‘I signed up to a Living with Secondary Breast Cancer group early on, and I’m so glad I did. I’ve met such a wonderful bunch of women… We laugh, cry and truly understand each other.’

Charlie Hainsworth

Each group is led by a qualified counsellor skilled in group facilitation and in supporting people with a life-limiting illness.

During 2017–18 the number of people attending Living with Secondary Breast Cancer local support services UK-wide increased by 9% over the previous year. As well as the Aberdeen group (see over page) new services were launched in Brighton and Leicester.

Younger Women with Secondaries Together
For women under 45, we hold an annual event, Younger Women with Secondaries Together.

It runs for two days, usually from Friday to Saturday, with free accommodation on the Friday night.

This gives people time to build supportive friendships, which can be especially important for this group. Breast cancer is much rarer in women under 50, and secondary breast cancer rarer still. Many will not previously have met another young woman in the same situation.

In addition to some of the subject areas covered in Younger Women Together (see above) on which this event is modelled, expert information sessions include palliative care, taking to children, and adjusting and adapting to a life-limiting illness.
On launch day, five people attended in person in Orkney and Shetland can dial in. This also uses video linking so that people from areas – we launched our new service in Aberdeen – to use video conferencing for people from remote less alone.

north of Scotland have somewhere to turn and feel people living with secondary breast cancer in the Scottish Highlands – the first Birthday bonus

A year on from the launch of Living with Secondary Breast Cancer in the Scottish Highlands – the first to use video conferencing for people from remote areas – we launched our new service in Aberdeen. This also uses video linking so that people from Orkney and Shetland can dial in.

On launch day, five people attended in person in Aberdeen and five joined by video from Orkney and Shetland. Together, these two groups are ensuring that more people living with secondary breast cancer in the north of Scotland have somewhere to turn and feel less alone.

Secondary breast cancer information pack

The new edition – printed in April 2018 with stock to take us through to 2020 thanks to a generous grant from charity Future Dreams – was based on an independent evaluation with feedback from people with secondary breast cancer and healthcare professionals.

Because of what they said, it is now called the Secondary breast cancer information pack.

Other improvements include:
- a new ‘symptom checker’ to help people identify if their disease might have progressed or spread elsewhere
- more information about clinical trials
- the section on the end of life is now confined to the end of the pack

As well as people with primary breast cancer, Someone Like Me is open to partners, families and friends.

We also have volunteers who have an altered gene that increases their breast cancer risk, such as BRCA1, but have not had a breast cancer diagnosis. People with a genetic risk diagnosis may be considering having life-altering surgery and treatments to reduce their risk of a cancer diagnosis. Being able to speak to someone who has been through it themselves can be invaluable.

To help expand Someone Like Me, during 2017–18 we recruited and trained a new group of email volunteers. People can now ‘filter’ the volunteers on our website to find someone whose profile is close to theirs. This can help them choose the best person to contact. Visit breastcancercare.org.uk/slm

The numbers of people using the service overall were lower this year than during 2016–17. However, we are actively promoting this service in 2018–19 now that we have more volunteers in place with a wider range of experience.

In response to an evaluation survey of Someone Like Me covering October 2017–March 2018:

- of 82 respondents said the service met their needs
- 98% felt less isolated since talking to their volunteer

Nearly six years after her own breast cancer diagnosis, Helen Symes-Goodman supports other women in her position through Someone Like Me.

She was diagnosed with breast cancer at 41 in August 2012 and had surgery, chemotherapy and radiotherapy. But, like so many people, she found she was in trouble when she reached the end of treatment and was expecting to move on with life.

‘I found it impossible. I used to cry most days... I wasn’t coping,’ she said.

Helen called our Helpline and was later matched with a volunteer though Someone Like Me. ‘The woman they put me in touch with was brilliant. We spoke every couple of weeks.

‘I didn’t think anyone survived breast cancer, but she was still here. And what I was feeling, she’d felt the same.’

Now Helen is a Someone Like Me volunteer herself. Some people have a couple of queries about treatment and she’ll only speak to them once; others she talks to over a longer period.

She describes the Someone Like Me volunteer training as ‘brilliant’ and says that helping people through the service is ‘very empowering’.

‘Initially, before I started volunteering, I had bad days,’ she says. ‘But it’s a lovely thing to be able to speak to someone and know you’re making a difference.’

A perfect match

Secondary breast cancer resource pack

Healthcare professionals and people with secondary breast cancer work closely with us to produce our award-winning Secondary breast cancer resource pack.

It provides crucial information about care, treatment and living with this incurable disease. Included in the pack is: a booklet on living with secondary breast cancer and personal circumstances are similar to their own.

We distributed this free resource to 3,174 people during 2017–18.

Birthday bonus

A year on from the launch of Living with Secondary Breast Cancer in the Scottish Highlands – the first to use video conferencing for people from remote areas – we launched our new service in Aberdeen. This also uses video linking so that people from Orkney and Shetland can dial in.

On launch day, five people attended in person in Aberdeen and five joined by video from Orkney and Shetland. Together, these two groups are ensuring that more people living with secondary breast cancer in the north of Scotland have somewhere to turn and feel less alone.

Someone Like Me

One of our main aims is to ensure that care, information and support are there for people not just when they need them but also in the format that suits them. And we know the courses described above are not for everyone.

That’s why we offer support and information in a range of other ways, including our Someone Like Me service.

Someone Like Me gives one-to-one peer support by phone or email. It matches people with a trained volunteer whose experience of breast cancer and personal circumstances are similar to their own.

She describes the Someone Like Me volunteer training as ‘brilliant’ and says that helping people through the service is ‘very empowering’.

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Helpline and Ask Our Nurses
These two ‘lifelines’ – as they have been described by people using them – put people directly in touch with a breast care expert, usually a nurse, with questions about breast cancer or breast health, or simply to talk to someone about what they are going through.

Callers include:
• people who want to know more about the signs and symptoms of breast cancer because they are afraid they may have it
• people who’ve been diagnosed with primary or secondary breast cancer
• families and friends of people diagnosed, wanting to know how to support their loved one and sometimes needing support themselves
• healthcare professionals with questions about new treatments, side effects and best practice

Accurate information and the chance to talk openly in a safe and confidential space can help callers feel less anxious, more informed, more confident about making decisions and more supported with what they are going through.

If people don’t have English as a first language or if they have hearing difficulties, there are telephone interpreting and text services available.

‘I don’t know what I would have done without being able to call you at each stage. It helps so much to talk to people who understand because you can feel so alone.’

Jennifer, Helpline caller

Support that keeps growing
People use the Forum to start all kinds of groups, from local coffee mornings to larger support groups.

The New Year Newbies (some of them pictured below) are a group of 33 women who started chatting on a monthly chemotherapy thread on the Forum in January 2014. They shared practical tips and information during treatment, and talked about side effects, what helped them and questions to ask their treatment team.

The group became close quickly, setting up a Facebook group and messaging daily.

Group member Pat Glue says the biggest benefit was having people there she could talk to at any time.

‘I don’t think I would have got through it without them. When you’re stuck at home and other people are at work, you’d know at least one person would be online. And you say things you wouldn’t say to your friends and family because you don’t want to worry them. The rest of the group completely understand where you’re coming from.’

She adds that the anonymity on the Forum can make it a less daunting way to reach out for support.

“You can set up an anonymous username and you don’t even have to post anything. For a while I was just reading the threads. It’s such a good way of getting information.”

Over time their support group has developed into a close network of friends.

“We’re still very active three years on. We’ve arranged meet-ups and spa weekends. We’ve had ups and downs, we’ve lost three of our group members to breast cancer, but we’re still proud to be supporting each other.

‘It’s definitely worthwhile to join the Forum. I was just expecting a few answers to a few questions, but I’ve got so much more.’

Facebook Live
Our nurses also appeared on Breast Cancer Care Facebook Live information sessions, watched by thousands of people. For example, a discussion session on family history, genetic testing and the BRCA gene was led by one of our Clinical Nurse Specialists. Alongside her were experts from gynaecological cancer research and support charity the Eve Appeal and the BRCA Umbrella support group. The February 2018 session got 3,000 views and was shared 42 times.

We’ve also had thousands more views when we’ve broadcast on Facebook Live from the Labour and Conservative Party conferences, and when our ambassador Denise Lewis OBE chatted with supporters at the Pink Ribbon Tour cycling event.

Some people prefer to receive the information in writing, maybe so they can pass it on to friends and relatives or look over it again later. For them there is the option to email our nurses, either directly or through our web-based Forum (see below).

Together this year the Helpline and Ask Our Nurses services answered over 600 more calls and emails than in 2016–17, an increase of 4.5%.

The Forum
Our online Forum is a welcoming community of understanding people affected by breast cancer who support each other with practical tips and emotional support.

It’s run with light-touch moderation by two of our digital experts, who point users in the direction of useful information and keep the atmosphere friendly and safe.

It offers 24-hour access to online peer support, whether people are worried about their breasts, wondering how they’ll cope with a diagnosis or treatment, or concerned about a friend.
Patient information: booklets and on the website

As with other services, we aim to make our patient information available to people in ways that suit them.

So we make our traditional patient information, leaflets, booklets and other resources downloadable from our website in PDF, ebook and audio formats. And we create Braille and other accessible resources on request.

In addition, there is a huge range of patient information on the website itself.

During 2017–18, our patient information was requested and accessed 3.3 million times. This figure includes the number of traditional resources distributed and downloaded and the number of times pages of patient information were accessed on our website.

‘These articles are very informative. Because of them I have known all the right questions to ask the team... I am on a 15-day course and I’m so tired I could cry... But, because of this information I know I’m not on my own in these emotions.’

Feedback on Radiotherapy for primary breast cancer website page

The information covers every aspect of breast cancer diagnosis and treatment, and breast health. It is written in straightforward language and with clear explanations that underpin and expand on information given by breast care professionals.

Vita magazine goes out to around 26,500 subscribers, four times a year but reducing to three times a year in 2018–19. This popular format provides expert information, real-life inspirational stories and practical tips. Because people have told us they pass on the magazine when they have finished reading it, we estimate that each copy is seen by an average of 2.5 people.

Breast health promotion

The earlier people are diagnosed with breast cancer, the more likely their treatment is to be successful. So spreading breast awareness messages is important.

Social media channels such as Facebook and Twitter are effective outlets for our breast health promotion work, with potential for wide reach, often among new audiences. We also added a breast check dialogue to Amazon’s virtual personal assistant Alexa in March 2018.

Vital breast awareness messages on these and other platforms add to the information given out through our Helpline, Ask Our Nurses and patient information on and offline.

Breast Cancer Care volunteers also go out into the community helping to promote early detection of breast cancer through breast awareness. During 2017–18, they delivered or took out 34 breast awareness talks and stands across the UK reaching 652 people. Altogether, this took 158 hours of their valuable time.

During Breast Cancer Awareness Month in October 2017, TV presenter Emma Willis fronted a new video for us encouraging women to check their breasts regularly.

In the Not Just a Lump video, Emma reminds women there are seven other breast changes aside from a lump that can be signs or symptoms of breast cancer and should be checked by a doctor.

Emma said, ‘Like many women I thought a lump was the only warning sign of breast cancer. Now I’ve had my eyes opened to all the other things to look out for too – like a change in skin texture, redness or an inverted nipple.’

The video reached nearly 1.5 million people through viewing and sharing on Facebook, YouTube, Twitter and Instagram.

To see it, visit breastcancercare.org.uk/ signssymptoms

The big 10,000

That’s the figure* reached in hours of support contributed by our dedicated volunteers during 2017–18. This was in service and fundraising activities, and through organisational support such as office admin and training other volunteers.

On top of that, there were many more hours from people who cheered on Team Breast Cancer Care at challenge events and from the thousands who take campaign actions in support of our influencing work (see page 23).

Feedback on Radiotherapy for primary breast cancer website page

‘We’ve always used Breast Cancer Care publications to back up our discussions with patients.’

Heidi Barclay, Clinical Nurse Specialist, Broomfield Hospital, Chelmsford, Essex

All patient information is free, written by clinical specialists and reviewed by independent healthcare professionals and people affected by breast cancer. Both our print and online patient information is accredited by the NHS England Information Standard as high-quality, user-friendly, accurate and up-to-date.

To download and order booklets and other resources visit breastcancercare.org.uk/publications

For online information and support visit breastcancercare.org.uk/information-support

THANK YOU!

*Total 9,880 hours officially logged but we know many more hours are not reported by our volunteers.
Raising our profile

A strong public profile and trustworthy reputation are vital if we are to reach everyone who might need our free services and campaign effectively for improvements to national breast cancer treatment and care. To achieve these things, we rely to a high degree on our vast network of supporters.

We have a modest budget for media campaigning to help keep our work in the public eye and raise awareness of breast health. But we have some wonderful volunteers willing to share the most intimate of real-life stories in mass media so that others know about breast cancer and the impact it has on people’s lives. And some stalwart supporters in the media, who often offer us both editorial and advertising space.

During 2017–18, we reached an average of more than 50% of the adult UK population with our media messages, according to independent media monitor Gorkana.

In some months our reach was much higher. For example, in May 2017 it was 72%, with our Director of Services and Engagement the busiest spokesperson. He was discussing access to palbociclib, a new drug treatment for people with secondary breast cancer. At that time the decision on access was being delayed by the National Institute for Health and Care Excellence (NICE).

During Breast Cancer Awareness Month in October 2017, our BECCA app was voted Woman’s Own app of the week and our website was the Daily Mirror’s website of the week. We were also involved in a Facebook Live session with popular parenting website Mumsnet. One of our Clinical Nurse Specialists joined TV presenter Victoria Derbyshire and one of Mumsnet’s founders to talk about the impact of breast cancer, the importance of being breast aware and the need for support.

Two of our media volunteers attracted a lot of attention in March 2018. Ana and David Macedo-Brown are a married couple diagnosed with breast and prostate cancer respectively within four days of each other six years ago. They took part in one of our Pink Ribbon Walk fundraising events in 2017 and shared their story to encourage other people to sign up in 2018. It

Screened in

In January 2018, Victoria Derbyshire – who has been treated for breast cancer herself – supported us again. She gave us interview slots on her BBC Two daily news and current affairs programme to talk about new findings in breast cancer research and treatment, and what they might mean to people facing a diagnosis.

appeared in the Daily Mail newspaper, the Scottish Daily Mail and the Mail Online, reaching over 1,380,000 people.

Without such people we would not be so well known; nor would we be able to raise as much money to fund our life-enhancing services. We are very grateful to everyone who has shared their stories or given us space to raise awareness.

Campaigning and influencing for better services

Breast Cancer Care has led strong campaigning on improving care and support for people with secondary breast cancer since 2006. Most recently this has been our Secondary. Not Second Rate campaign. This began during 2016–17, has continued into 2017–18 and will keep going during 2018–19.

The Secondary. Not Second Rate campaign began with an extensive survey of people affected by secondary breast cancer. This revealed challenges in national standards of care and treatment including around diagnosis, data collection, support services and nursing care.

Using our findings, we went to the Labour and Conservative Party annual conferences in 2017, along with four campaigners who are living with secondary breast cancer.

Together we spoke to more than 60 MPs including Cancer Minister Steve Brine, then Health Secretary Jeremy Hunt, Shadow Health Secretary Jonathan Ashworth and Opposition Leader Jeremy Corbyn. We impressed on them all the implications of the lack of data collection and specialist nursing care. We also told them about our recommendations for tackling these issues.

To mark national Secondary Breast Cancer Awareness Day (13 October), we published the fifth of a series of Secondary. Not Second Rate reports. Called The Case for Change, it consolidates the campaign’s recommendations.

You can read and download all six campaign reports and our Manifesto for Change at breastcancercare.org.uk/secondary

We launched The Case for Change in the Westminster Parliament at a reception attended by 100 delegates, including over 40 MPs.

We also asked people to sign up to our Manifesto for Change, which sets out our vision of every person with secondary breast cancer receiving the best care and support. Nearly 2,000 people have signed it.

Because of this campaigning, changes were made to guidance on data collection in hospital trusts in England to improve the accuracy of figures on the number of people diagnosed with secondary breast cancer. This was one of our key recommendations as without this data it is impossible to plan effective services.

The resonance of the campaign was also demonstrated by an independent monitoring report. It found that 44% of 150 Westminster MPs sampled were aware of the campaign and 44% supported it. We will be continuing to build on this support during 2018–19.

Influencing hospital practice

The Secondary. Not Second Rate campaign identified a number of gaps in care and support for people diagnosed and living with secondary breast cancer. To help health managers and policymakers address these gaps, we have been collecting and disseminating secondary breast cancer best practice from the UK and internationally.

Our examples of best practice were brought together in consultation with healthcare professionals and people with a secondary breast cancer diagnosis. They are presented in our March 2018 report, Setting the standard for care: Current best practice in secondary breast cancer. Nineteen case studies put forward potential solutions to the challenges identified in our campaign.

We shared the findings with healthcare professionals and key influencers during peer-learning events in London and Sheffield. At these events, nurses and allied healthcare professionals
**Sharing best practice**

In the best practice report (see previous page) we highlighted both our own visual and print resources, such as the signs and symptoms of secondary breast cancer chart (above), and those of other organisations. The report said:

‘A National Cancer Institute study in the US investigated the effectiveness of hearing and accurate recall. It found that patients recall just 14% of their conversations with healthcare professionals in a non-life-threatening situation let alone when diagnosed with incurable cancer. ‘However, in studies using visual cues such as infographics and pictographs, this recall level reached a mean of 80% for populations with average literacy.’

We ask patients in hospitals that join the Pledge scheme what’s working well in their care and where changes could make a big difference. The answers help individual hospitals make plans to improve their care and support of people living with secondary breast cancer.

Over the five years of this project we have worked with 34 hospitals. Eight of them joined the Pledge during 2017–18. The changes the hospitals have brought in include:

- making robust business cases for a specialist secondary breast cancer nurse
- having a nurse in the oncology clinic to support patients
- introducing holistic needs assessments
- launching local support groups

Following an evaluation, Breast Cancer Care and Breast Cancer Now have decided to continue their efforts separately in the immediate future. At Breast Cancer Care we are focusing on the support we provide to clinical nurse specialists working with people with secondary breast cancer. This support in 2018–19 will include a toolkit of practical resources and opportunities for them to share best practice and increase their skills and knowledge.

**Improving post-treatment support for people with breast cancer**

As reported elsewhere in this document, in December 2017 we published an in-depth evaluation of our Moving Forward course. We run this course for people recovering from a breast cancer diagnosis and treatment in partnership with NHS hospitals across the UK.

Independent researchers found that the course significantly improves the quality of life of participants, reducing concerns and improving emotional wellbeing. As well as benefits to the individual, there are clear opportunities for society and the NHS.

We launched the findings in the Westminster, Scottish and Welsh parliaments, where we showcased the beneficial impact of the course to stakeholders. They included cancer alliances and networks, hospital trusts and health boards, and NHS England.

This was timely with the cancer strategies for England, Scotland and Wales all pointing to the need to better support for people following treatment for cancer.

In England and Wales this commitment is happening through the roll-out of the Recovery Package. In Scotland the Transforming Care After Treatment (TCAT) programme is changing the way that follow-up and post-treatment care is managed.

The Recovery Package makes specific reference to patients having access to a health and wellbeing event to provide information and support, with the aim of patients having better understanding and more confidence in managing their health.

Our Moving Forward course clearly fits the criteria for such events.

We will be campaigning to improve national provision of recovery events during 2018–19.

**Breast cancer guidance and access to new treatments**

Our Clinical Director represents Breast Cancer Care on the following advisory bodies and steering committees:

- NHS England Breast Cancer Clinical Expert Group
- the National Audit of Breast Cancer in Older Patients
- the Medicines and Healthcare Products Regulatory Agency
- the Plastic, Reconstructive and Aesthetic Surgery Expert Advisory Group
- the National Cancer Registration and Analysis Service Breast Cancer Expert Advisory Group

Our clinical and policy leads are involved in breast cancer drug appraisals for NICE in England and Wales, and the Scottish Medicines Consortium (SMC) in Scotland. We work to ensure that the voices of people affected by breast cancer are heard in these appraisals.

In addition, we are monitoring the impact of changes to the availability of new breast cancer treatments. In particular, in England, changes to the Cancer Drugs Fund introduced in July 2016 and the new Budget Impact Test, introduced in April 2017. We will feed back our findings during upcoming consultations and through our campaigning initiatives.

During 2017–18, we have fed into the development of NICE guidance on the care and support of people diagnosed with breast cancer.

We found in a survey that 21% of younger women had not had a discussion with their healthcare professionals about options to preserve their fertility before their treatment started. We raised this issue through NICE’s consultation on updating their guideline for early and locally advanced breast cancer. We are continuing to push for improvements in this area.
In Scotland we provided joint submissions with Breast Cancer Now to the SMC Patient and Clinical Engagement Group to support the approval of breast cancer drugs in Scotland.

Policy networks in England, Scotland and Wales

We routinely play a part in healthcare policy and decision-making meetings and consultations in England, Scotland and Wales, ensuring the needs and voices of people with breast cancer are heard at the highest level.

We have been advising NHS England on best practice for breast cancer diagnosis, treatment and care through the Cancer Patient Experience Advisory Group as well as through the Breast Cancer Clinical Expert Group, as noted above.

In Wales we have representation on the Cancer Implementation Group and Cross-Party Group on Cancer.

In Scotland we sit on the Cancer Coalition Group (CCG) and the Cross-Party Group on Cancer (CPGC). During 2018–19 we are expecting changes to focus the work of these two groups:

• we will be part of a sub-group of the CCG looking specifically at cancer services and NHS care pathways for people with cancer
• CPGC will be inquiring into the progress of the Scottish government’s cancer strategy as September 2018 marks the halfway point in its five-year time frame.

We are also represented on the TCAT Steering Group, whose work finishes during 2018, and the Scottish Cancer Taskforce through our relationship with the European Union for example – and when individuals are trusting us with their personal details and money.

In the circumstances we feel we did very well to achieve this outcome. On the other hand, it was still a disappointment in a year when we had hoped for financial growth to support more people affected by breast cancer.

During 2016–17 we launched an annual review of our fundraising portfolio to ensure our work in this area is always well targeted and as effective as possible. But the anticipated benefits have not emerged as quickly as we hoped.

We had a change in our Director of Fundraising and Marketing in November 2017 and we are hoping that his new perspective, alongside fresh five-year plans and targets in place for fundraising, will help us see a better outcome in 2018–19.

During 2017–18, we have been laying the groundwork for new data protection regulations that came into effect from 25 May 2018. This work has helped us to be even more confident of the care we take with our fundraising, especially when individuals are trusting us with their personal details and money.

Raising more money

Breast Cancer Care is a charity funded entirely by voluntary donations, by trusts and through corporate support. We do not receive any government funding.

And when people and companies are feeling less confident – because of the uncertainty of our relationship with the European Union for example – they may give a little less to charities such as ours. In the same way that lots of small amounts together make up a great financial contribution, so a little less from a lot of people can make a sad difference to our bottom line.

So, it was against a strong headwind that we kept our finances stable during 2017–18 (see Our finances page 34 and Financial statements and notes page 40).

We want people to feel certain that when they give to Breast Cancer Care, we put their money immediately to good use, helping people affected by breast cancer to make the right choices for them and to cope better with this life-threatening diagnosis.

Together we can raise millions

We are incredibly grateful to all our corporate partners who continue to provide such invaluable support.

Special thanks go to Asda as we celebrated a fantastic £60 million raised through their Tickled Pink campaign over the past 21 years. Tickled Pink supports both Breast Cancer Care and Breast Cancer Now, through colleague and customer fundraising, supplier-supported products and communication campaigns. The partnership continues to raise crucial awareness and funds for our support and information services.

Also to QVC, who last year raised more than ever before, as well as Skechers, Dorothy Perkins and Sahara Force India, who each more than doubled their fundraising target.

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Three times as good

Three times a year, members receive Nursing Network News, featuring news from the world of breast care; resource listings; professional development opportunities and examples of innovative practice from nurses working in the field; and email update bulletins between issues.

Membership benefits during 2017–18 included professional development teleconferences led by experts in the field. One discussed chronic pain after breast surgery. Another was an introduction to biosimilars, a new type of drug just starting to be in use for some breast cancer treatments. We also delivered 16,000 free nursing business cards.

Fast track to success

Breast Cancer Care appeared on Grand Prix race tracks around the world during 2017–18.

This was thanks to a fast-moving partnership with the Sahara Force India Formula One team, who included our logo on the top of team car chassis for five races, and has so far raised well over £100,000.

As well as raising funds to support the growing number of men, women and families affected by breast cancer, the partnership unites partners, fans and teams to increase awareness of breast cancer and do something positive to help.

We registered 109 new healthcare professionals as members of this dynamic professional networking group during 2017–18.

The Nursing Network helps breast care professionals to share best practice and support each other in improving care for people with breast cancer in their local areas.

So, it was against a strong headwind that we kept our finances stable during 2017–18 (see Our finances page 34 and Financial statements and notes page 40). In the circumstances we feel we did very well to achieve this outcome. On the other hand, it was still a disappointment in a year when we had hoped for financial growth to support more people affected by breast cancer.

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Also to QVC, who last year raised more than ever before, as well as Skechers, Dorothy Perkins and Sahara Force India, who each more than doubled their fundraising target.
With the ongoing support of all our corporate partners, we have been able to help thousands of people affected by breast cancer with our support services, while reaching a record number of people through their businesses.

Another incredible source of support is from members of our giving club, the Care Collective. They have been working steadily towards a £1.5 million target to help us double the reach of our face-to-face services. Over two years they have contributed £330,000 to this target. We can’t thank them enough for their time, energy and donations delivering this vital initiative.

You can see more of these wonderful partners and other supporters on page 54.

To help support people affected by breast cancer visit breastcancercare.org.uk/donate

Together we can plan ahead
Thousands of individuals have helped us plan for the future with confidence by supporting our raffles and lottery, and by setting up regular payments by direct debit. The reliable income we achieve in this way is so helpful to us in delivering sustainable services to people affected by breast cancer.

People support us all year round by buying gifts and practical items from our online shop. We also launched two more charity shops during 2017–18.

Following the success of our first shop in Leighton Buzzard we opened shops in Hemel Hempstead and Peterborough. More are planned for 2018–19 as suitable opportunities and resources allow.

Thousands more people have raised funds to help people affected by breast cancer through our Pink Ribbon Walks, Afternoon Teas and Big Pink events, running, cycling, modelling and so much more.

During 2017–18 there were:

2,236 Pink Ribbon Walkers
1,730 Afternoon Teas
1,747 Big Pink events
2,436 people doing sporting and challenge events

Together we can be confident
Our fashion shows are highlights every year. They were held in London and Glasgow in 2017–18, attended by 2,173 people.

Not only do these events raise money for us but they are also a chance for people who have been through breast cancer to get together to demonstrate that it’s possible to regain your confidence – and much more – after such a traumatic illness.

Most of our fundraising events are supported by staff volunteering their time outside their working hours. Sometimes the organising teams need to work hard to recruit enough internal helpers. But never for The Shows. Volunteer places are always filled fast. We just can’t get enough of the passion and fashion on show at these heartwarming events.

And we can’t get enough of our vast and wonderful network of people who supply the help and support needed by anyone facing breast cancer or affected by it because someone they love has been diagnosed.

Thank you to you all. Together we can do so much more.

Breast Cancer Care helped me to cope’

‘I was diagnosed with inflammatory breast cancer in 2015 and attended the Moving Forward course. I found it so useful and made some lovely friends, so I wanted to give something back.’

Tina, Afternoon Tea host

‘I’m overjoyed to be a model’

Colette O’Shaughnessy was diagnosed in October 2012, aged 43.

She said: ‘My lovely little boy Alfie was only five years old, and I was totally devastated. I had chemotherapy, a double mastectomy, radiotherapy, my ovaries removed and I’m on hormone therapy. When diagnosed, I felt completely lost but the support from Breast Cancer Care helped me to cope with the horror of it all. I’m overjoyed to be a model in The Show. It’s an excellent opportunity for me to raise money so other people can benefit like I did.’

‘I’m overjoyed to be a model’

Colette O’Shaughnessy was diagnosed in October 2012, aged 43.

She said: ‘My lovely little boy Alfie was only five years old, and I was totally devastated. I had chemotherapy, a double mastectomy, radiotherapy, my ovaries removed and I’m on hormone therapy. When diagnosed, I felt completely lost but the support from Breast Cancer Care helped me to cope with the horror of it all. I’m overjoyed to be a model in The Show. It’s an excellent opportunity for me to raise money so other people can benefit like I did.’
Summary of our income and expenditure 2017–18
For more details see pages 34–53.

<table>
<thead>
<tr>
<th>Income</th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community fundraising, trust fundraising, individual donations and legacies</td>
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</tr>
<tr>
<td>Events income</td>
<td>3.70</td>
</tr>
<tr>
<td>Corporate partnerships and sponsorship income</td>
<td>3.65</td>
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<tr>
<td>Project grants</td>
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<tr>
<td>Conference, merchandising and other income</td>
<td>0.30</td>
</tr>
<tr>
<td>Investment income</td>
<td>0.16</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>16.19</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services to people affected by breast cancer</td>
<td>8.20</td>
</tr>
<tr>
<td>Fundraising</td>
<td>7.37</td>
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<tr>
<td>Policy and research</td>
<td>0.72</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>16.29</strong></td>
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</table>

Our structure, governance and management

Breast Cancer Care is a company limited by guarantee and registered in England. It is a charity, registered in England and Wales in 1993 and in Scotland in 2007 and it was incorporated in 1989. 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 2018, six of ten trustees have had breast cancer, and 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. 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 2018, six of ten trustees have had breast cancer, and 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 have a review meeting about once every 18 months with either the Chair or Vice-Chair. The Chair carries out a review with the Vice-Chair and vice versa.

Statement of trustees’ responsibilities

The trustees are responsible for preparing this report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

Company law requires the trustees to prepare financial statements for each financial year.

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 charitable company and the group; and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period.

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

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP)
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charitable company will continue in business

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company’s transactions, and also to disclose (with reasonable accuracy and at any time) the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity’s constitution.

They are also responsible for safeguarding the assets of the charity and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each trustee confirms the following to our independent auditors.
1. So far as the trustee is aware, there is no relevant audit information of which Breast Cancer Care’s auditors are aware.

2. The trustee has taken all the steps that she or he ought to have taken as a trustee in order to make herself/himself 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 under 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 detailed in our vision statement) meets the highest aspirations of the public benefit policy and that our reported achievements 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 and at least once a year they have a half day of team-building, in-depth discussion and debate. They also have access to a range of training opportunities.

The Charity Code of Governance

We take our governance responsibilities seriously and, as a large charity, we aim to have a governance framework that is fit for purpose, compliant and efficient.

In 2017 the new Charity Code of Governance was launched, with a recommendation that charities review their level of application and to explain any aspects of the code they were not applying.

Our review found we apply the code with a few exceptions, and are satisfied that our governance framework is robust and fit for purpose.

The areas in which we do not apply the code are term limits and external review of the board.

Sub-committees

The Board of Trustees 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 and members, including co-optees who are not trustees, appointed by the Board.

In the case of the Audit and Assurance Committee, the Chair is appointed after an open recruitment and interview process and may either be a trustee or from outside the Board but with specialist skills suited to the role. The current Chair pro tem is a member of the Board of Trustees.

A complete list of the sub-committees of the Board and their members plus Breast Cancer Care’s advisory committees is available at the end of this document.

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 so that we continue our culture of learning and retain talent.

Staff remuneration

The majority of employees are paid in line with existing public sector pay scales, including any annual award for cost of living increases.

Staff salaries are either pegged to the National Joint Council (NJC) pay scale, typically used within local authorities, or the Agenda for Change (AFC) scale, which is used within the NHS.

The Chief Executive and Senior Management team’s pay is set and reviewed annually by the Human Resources and Remuneration Committee, a sub-committee of the Board of Trustees with delegated powers, in accordance with an established procedure that aims to be transparent, sustainable, proportionate and performance-based.

Like other employees, Senior Management team members are entitled to a cost of living increase (the NJC award) though they are not eligible for incremental pay rises. However, should specific criteria be met, they may receive a nonconsolidated payment, capped at 5% of gross pay. This depends both on them individually achieving a range of objectives and the overall financial strength of the charity.

Further details can be found in note 10 to the financial statements.

From our Annual staff engagement survey, 2017, completed by 84% of 200-plus staff

said they were proud to work for Breast Cancer Care

said they understood how their work helps Breast Cancer Care achieve its vision, purpose and aims
Our finances
It has been a tough few years for fundraising organisations, and 2017–18 was no exception. Financial sustainability is crucial as it allows us to balance the needs of people affected by breast cancer today with those of people who will need our support in the future. As such, we worked hard to maintain a similar level of income to that achieved in 2016–17, ending 2017–18 on £16.2 million compared to £16.9 million.

This end-year figure reflects both successes and challenges within the year. Some of our events are still struggling to return to the fundraising heights of a few years ago, but we have brought in new streams of income, such as the three-year grant from the Big Lottery Fund to fund the further development of our BECCA app.

We are very grateful to our corporate partner Sahara Force India for gifting to us advertising space on the body of their Formula One cars, allowing our logo to be seen by millions all over the world, and bringing us significant value.

As well as maintaining income levels, we carefully controlled costs. Managing the effect of inflation and an ambitious strategy for growth of our services was not easy but we are very pleased to say that we again achieved year-on-year growth in our hours of support provided to people affected by breast cancer.

Although our charitable expenditure fell from £9.7 million in 2016–17 to £8.9 million in 2017–18, our reach in hours of support increased by 8%.

As a result of carefully managing our expenditure to balance against our evolving expectations of income achievable in the year we ended 2017–18 with a modest deficit of £174,000. This was due to the timing of restricted expenditure which took place in 2017–18 but the associated income had already been received and recognised in 2016–17. Our unrestricted funds actually increased very slightly, retaining the protection we need to achieve our future ambitions.

Our fundraising approach
Scrutiny over fundraising activities and new regulations ensuring that the use of personal data is taken very seriously has meant that we have continued to make these areas a priority. Breast Cancer Care is proud to say that we put our supporters at the heart of everything that we do especially as they are often people affected by breast cancer and therefore also beneficiaries. We are registered with the Fundraising Regulator and adhere to their code of fundraising when carrying out our activities.

For some activities it is more cost effective for us to work with professional fundraisers. When we do, we ensure that they are thoroughly trained on the charity’s objectives and carry out their activities with the same care that we would ourselves. We do this by regular monitoring of their activities, including shadowing of fundraisers, review of phone calls made and ‘mystery shopping’ activities. We also mystery shop our own Supporter Care team to ensure our high standards are maintained in this important public-facing function.

We operate a clear and stringent complaints and compliments handling procedure that is reported regularly to the Senior Management team and the Board of Trustees. This year we received a total of 68 complaints. We are mindful of protecting the public, including vulnerable people, from unreasonably intrusive or persistent fundraising approaches, and make use of agreed policies and the external fundraisers that we employ to help us with this.

Risk management
Risk is inherent within all of our activities and therefore must be understood and managed. Accepting a certain level of risk allows us to innovate and strive to achieve more for people affected by breast cancer. It is important, however, to balance risk across the organisation to ensure that it remains within our current level of appetite and tolerance.

We operate a process of risk identification and management that is embedded into the governance of the organisation. Central to this is our risk register, which is regularly reviewed and updated by the Senior Management team and the trustees, and considered by the Finance and General Purposes Committee four times a year.

We also regularly adapt the format and content to ensure we capture our understanding of our biggest risks and what we need to do to manage them. It is a living document that continues to change over time in response to internal and external stimuli.

Major risks are grouped under five categories and scored in terms of likelihood and impact. This allows us quickly to identify the most pressing risks and any changes in their profile. For each risk the register sets out the possible causes, current controls in place to manage it and any actions ongoing to provide further mitigation. These actions are assigned an owner, and progress is tracked by the Senior Management team and the trustees.

Our principal risks remain largely unchanged from the previous year, and revolve around our ability to raise income to fund our services and our ability to increase the number and diversity of people who can access our services.

Almost all the money we spend on our services is raised in the same year, meaning that our planned activities are at risk from volatility within our income streams. Part of our fundraising strategy is to diversify our income to help mitigate against this. Our income is also at risk from changes in the economic environment, public trust in charities and changing fundraising regulation, all of which we monitor closely and respond to through our in-year plans.

As the number of people affected by breast cancer in the UK continues to rise, there is a risk that the reach of our services cannot keep pace. To meet this challenge, our services and influencing strategy updated in 2016 has rationalised our services and moved us towards a more scalable model of service delivery, which will make it easier to scale up our activities when funds allow.

Investment policy
We hold a portion of our reserves as investments in order to protect against their erosion through inflation in the medium to long term. Our objective is to balance income and capital return to enable us to provide services for our beneficiaries in the present and in the future, against an acceptable level of risk. We are currently holding a low-risk-tolerance position, reflecting the ongoing economic uncertainty. Investments are sufficiently liquid that they can be redeemed in a short period of time if required.

We have an ethical policy that means we will not invest directly in tobacco-related companies or companies that derive significant revenue from tobacco-related products. We require that our investment managers exercise care to ensure that tobacco-related companies do not form a material component of any investments made ‘indirectly’ through collective funds.

Fixed asset investments totalled £3.9 million at 31 March 2018, which are held and managed on our behalf by our investment managers CCLA. We regularly review the performance of our investment managers to ensure they are in line with agreed benchmarks and that our approach is in line with our broader strategy and plans, and as such, we made the decision to move our investment portfolio to CCLA during 2017.

A dip in the stock markets in the final month of the financial year means that overall we recorded a modest loss on our investments for 2017–18, but this has recovered quickly post the balance sheet date.

Reserves policy
We retain a level of reserves in line with good financial management practice and they are held for a number of practical reasons, including:

• providing working capital to meet upfront expenditure during the year before income is received
• to give time to restructure the charity should there be a sustained fall in the level of income generated each year, including meeting any expenditure commitments
• to provide resource for investment, for example updating technology, service development or growing fundraising

We review and update our reserves policy at least annually to reflect the risk inherent in our income and activities, and our investment requirements. Currently, our policy determines that our reserves should be between £5.1 million and £8.8 million.
which is equivalent to four to seven months of planned expenditure.

As at 31 March 2018, our unrestricted reserves stood at £7.6 million, which is within our target range.

Designated reserves

Designated reserves are funds that have been earmarked by trustees for a specific reason or purpose. For this reason these funds are excluded from our reserves policy figure. We hold a designated reserve equal to the net book value of our fixed assets as these assets are not readily convertible into cash, and therefore cannot protect us from risk in the same way as unrestricted reserves. In 2017–18, designated funds reduced from £323,000 compared to £323,000 in 2016–17. This is because the London office move in early 2017 increased the balance significantly, and these assets are now depreciating, lowering the balance each year. Further detail about designated funds can be found in note 20 to the financial statements.

Restricted funds

Restricted funds arise through conditions stipulated by donors/funders on how income may be applied, or because an appeal raises funds for a particular activity. As at 31 March 2018, reserves that were restricted in this way totalled £66,000. Further detail about restricted funds can be found in note 20 to the financial statements.

Breast Cancer Care Trading Limited

Breast Cancer Care Trading Limited is the wholly owned subsidiary of Breast Cancer Care. In 2017–18 it achieved income of £3.4 million and net profit before Gift Aid payments of £1.7 million. All profits generated by Breast Cancer Care Trading Limited are donated to Breast Cancer Care.

The annual report, prepared under the Charities Act 2011 and the Companies Act 2006, was approved by the trustees of Breast Cancer Care on 19 September 2018, including in their capacity as company directors approving the strategic report contained therein and is signed as authorised on its behalf by:

Emma Burns
Chair, Board of Trustees

Pictured below: praise for our expert caring Helpline staff on the online Forum

Independent auditor’s report to the members and trustees of Breast Cancer Care

Opinion

We have audited the financial statements of Breast Cancer Care for the year ended 31 March 2018 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

• give a true and fair view of the state of the group’s and the charitable company’s affairs as at 31 March 2018 and of the group’s incoming resources and application of resources for the year then ended;
• have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
• have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

• the trustees’ use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
• the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group’s or the charitable company’s ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor’s report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.
Opinions on other matters prescribed by the Companies Act 2006
In our opinion based on the work undertaken in the course of our audit:
• the information given in the trustees’ report, which includes the directors’ report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
• the strategic report and the directors’ report included within the trustees’ report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In light of the knowledge and understanding of the group and the charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report included within the trustees’ report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:
• the parent company has not kept adequate accounting records; or
• the parent company 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.

Responsibilities of trustees
As explained more fully in the trustees’ responsibilities statement set out on page 31, 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, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor’s report.

Use of our report
This report is made solely to the charitable company’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 charitable company’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 charitable company and the charitable company’s members as a body, for our audit work, for this report, or for the opinions we have formed.

Nicola May
Senior Statutory Auditor For and on behalf of Crowe U.K. LLP Statutory Auditor London
Date: 2 November 2018
## Financial statements and notes

### Breast Cancer Care

#### Consolidated Statement of Financial Activities (incorporating an Income and Expenditure Account) for the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>Unrestricted Funds £'000</th>
<th>Restricted Funds £'000</th>
<th>2017-18 £'000</th>
<th>2016-17 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income and endowments from:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies:</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Voluntary income</td>
<td>2</td>
<td>11,060</td>
<td>393</td>
<td>11,453</td>
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<tr>
<td>Project grants</td>
<td>3</td>
<td>-</td>
<td>583</td>
<td>583</td>
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<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other trading activities</td>
<td>4</td>
<td>3,986</td>
<td>9</td>
<td>3,995</td>
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<tr>
<td>Investments</td>
<td>5</td>
<td>158</td>
<td>-</td>
<td>158</td>
</tr>
<tr>
<td>Other: rental, conferences &amp; other income</td>
<td>3</td>
<td>-</td>
<td>3</td>
<td>314</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>15,207</td>
<td>985</td>
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<tr>
<td><strong>Expenditure on:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Raising funds:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Costs of generating voluntary income</td>
<td>4,086</td>
<td>-</td>
<td>4,086</td>
<td>3,952</td>
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<tr>
<td>Costs of activities for generating funds</td>
<td>3,282</td>
<td>-</td>
<td>3,282</td>
<td>2,767</td>
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<tr>
<td><strong>Charitable activities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support &amp; Inform influence</td>
<td>7,030</td>
<td>1,174</td>
<td>8,204</td>
<td>8,921</td>
</tr>
<tr>
<td></td>
<td>684</td>
<td>39</td>
<td>723</td>
<td>794</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>7,714</td>
<td>1,213</td>
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<tr>
<td><strong>Net gains/(losses) on investments</strong></td>
<td>15,082</td>
<td>1,213</td>
<td>16,295</td>
<td>16,434</td>
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<tr>
<td><strong>Net income/(expenditure)</strong></td>
<td>54</td>
<td>(228)</td>
<td>(174)</td>
<td>777</td>
</tr>
<tr>
<td><strong>Net movement in funds</strong></td>
<td>54</td>
<td>(228)</td>
<td>(174)</td>
<td>777</td>
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<tr>
<td><strong>Reconciliation of funds</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>20 &amp; 21</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total funds brought forward at 1 April</td>
<td>8,327</td>
<td>294</td>
<td>8,621</td>
<td>7,844</td>
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<tr>
<td>Total funds carried forward at 31 March</td>
<td>8,381</td>
<td>66</td>
<td>8,447</td>
<td>8,621</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
<th>Group 2017-18 £'000</th>
<th>Group 2016-17 £'000</th>
<th>Charity 2017-18 £'000</th>
<th>Charity 2016-17 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>11</td>
<td>113</td>
<td>110</td>
<td>113</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>12</td>
<td>710</td>
<td>799</td>
<td>710</td>
</tr>
<tr>
<td>Investments</td>
<td>13</td>
<td>3,968</td>
<td>3,541</td>
<td>3,868</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,691</td>
<td>4,850</td>
<td>4,691</td>
<td>4,850</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td></td>
<td>64</td>
<td>88</td>
<td>3</td>
</tr>
<tr>
<td>Debtors</td>
<td>14</td>
<td>3,480</td>
<td>2,319</td>
<td>3,610</td>
</tr>
<tr>
<td>Investments</td>
<td>15</td>
<td>11</td>
<td>510</td>
<td>11</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>1,867</td>
<td>2,747</td>
<td>1,713</td>
<td>1,967</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,422</td>
<td>5,664</td>
<td>5,337</td>
<td>5,584</td>
</tr>
<tr>
<td>Creditors: amounts falling due within one year</td>
<td>16</td>
<td>(1,082)</td>
<td>(1,444)</td>
<td>(997)</td>
</tr>
<tr>
<td>Net current assets</td>
<td></td>
<td>4,340</td>
<td>4,220</td>
<td>4,340</td>
</tr>
<tr>
<td>Creditors: amounts falling due after more than one year</td>
<td>17</td>
<td>(324)</td>
<td>(198)</td>
<td>(324)</td>
</tr>
<tr>
<td>Provisions for liabilities</td>
<td>18</td>
<td>(260)</td>
<td>(251)</td>
<td>(260)</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td></td>
<td>8,447</td>
<td>8,621</td>
<td>8,447</td>
</tr>
<tr>
<td>The funds of the charity:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted income funds</td>
<td>19</td>
<td>66</td>
<td>294</td>
<td>66</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td></td>
<td>823</td>
<td>923</td>
<td>823</td>
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<tr>
<td>Designated funds</td>
<td>20</td>
<td>7,558</td>
<td>7,404</td>
<td>7,558</td>
</tr>
<tr>
<td><strong>Total charity funds</strong></td>
<td>21</td>
<td>8,447</td>
<td>8,621</td>
<td>8,447</td>
</tr>
</tbody>
</table>

The deficit for the year of the parent charity was £174,000 (2017: profit of £777,000)

Approved by the Board of Trustees on 19 September 2018 and signed on its behalf by:

Emma Burns Chair

Jill Thompson Treasurer

The notes on pages 43 to 53 form part of these accounts.

---

There were no recognised gains or losses other than those shown in the statement above. No corporation tax was payable by the charity in the year ended 31 March 2018 (2017: nil). All the above results derive from continuing activities.

The deficit for the year of Breast Cancer Care for Companies Act 2006 purposes was £174,000 (2017: surplus of £777,000).

The notes on pages 43 to 53 form part of these accounts.
Breast Cancer Care

Consolidated Cashflow Statement for the year ended 31 March 2018

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Net cash provided by operating activities (a)</td>
<td>(1,160)</td>
<td>711</td>
</tr>
<tr>
<td>Cash flows from investing activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash withdrawals from investments</td>
<td>-</td>
<td>1,011</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(221)</td>
<td>(647)</td>
</tr>
<tr>
<td>Proceeds from sale of investments</td>
<td>4,116</td>
<td>1,398</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(4,114)</td>
<td>(1,398)</td>
</tr>
<tr>
<td>Net cash provided by investing activities</td>
<td>(219)</td>
<td>364</td>
</tr>
<tr>
<td>(Decrease)/increase in cash in the year</td>
<td>(1,379)</td>
<td>1,075</td>
</tr>
<tr>
<td>Change in cash and cash equivalents in the reporting period</td>
<td>(1,379)</td>
<td>1,075</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the reporting period</td>
<td>3,257</td>
<td>2,182</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the reporting period</td>
<td>1,878</td>
<td>3,257</td>
</tr>
<tr>
<td>(a) Reconciliation of net income/(expenditure) to net cash flow from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net (outgoing)/incoming resources for the reporting period (from the Statement of Financial Activities)</td>
<td>(103)</td>
<td>465</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation charges</td>
<td>307</td>
<td>227</td>
</tr>
<tr>
<td>Decrease/(increase) in stocks</td>
<td>24</td>
<td>33</td>
</tr>
<tr>
<td>Decrease/(increase) in debtors</td>
<td>(1,161)</td>
<td>747</td>
</tr>
<tr>
<td>(Decrease)/increase in creditors</td>
<td>(227)</td>
<td>(761)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>(1,160)</td>
<td>711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) Analysis of cash and cash equivalents</th>
<th>31 March Cashflow 1 April</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018 £'000</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>1,867</td>
</tr>
<tr>
<td>Notice deposits (less than 3 months)</td>
<td>11</td>
</tr>
<tr>
<td>Total cash and cash equivalents</td>
<td>1,878</td>
</tr>
</tbody>
</table>

Breast Cancer Care

Notes to the Accounts for the year ending 31 March 2018

Company information

The charity is a company limited by guarantee (registered number 02447182), which is incorporated and domiciled in the UK. The address of the registered office is Kennington Business Park, Chester House, 1-3 Brixton Road, London SW9 6DE.

1. Accounting policies

Basis of Accounting

The financial statements are prepared under the historical cost convention and in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and republic of Ireland (FRS 102) and the Companies Act 2006.

Having assessed the charity’s financial position, its plans for the foreseeable future and the risks to which it is exposed, the trustees are satisfied that there are no material uncertainties about the charity’s ability to continue. It remains appropriate therefore to prepare the financial statements on the going concern basis.

Breast Cancer Care meets the definition of a public benefit entity under FRS 102.

The individual entity accounts of Breast Cancer Care have taken advantage of the disclosure exemption under FRS 102 to separately disclose categories of financial instruments and items of income, expenses, gains or losses relating to instruments as these have been presented on a group basis in the notes to the accounts.

Group accounts

The group accounts consolidate the funds of the charity and its wholly owned trading subsidiary company on a line by line basis. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because advantage has been taken of the exemption afforded by section 408 of the Companies Act 2006.

Critical accounting judgements and key sources of estimation uncertainty

In the application of the charity’s accounting policies, which are described in the accounting policies below, trustees are required to make judgements, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

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

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in
Dilapidation provision – The charity has provided for its possible liability in relation to its leasehold property which has been estimated as disclosed in note 18.

Incoming resources
All incoming resources are included when the charity is legally entitled to the income, is reasonably certain of receipt and the amount can be measured with reasonable accuracy.

For legacies, recognition is the earlier of the estate accounts being approved or cash being received. Income from will or reversionary trusts is not recognised until the life interest has passed away.

Donated services are included at the value to the charity where this can be quantified, which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market. In accordance with the Charities SORP (FRS 102) no amounts are included in the financial statements for services donated by volunteers. Refer to the trustee’s annual report for more information about their contribution. 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.

Rental income is recognised on a straight line basis over the term of the lease.

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. Support costs together with governance costs are apportioned between the key activities undertaken in the year (see note 6).

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, 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, 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 fixed assets
Tangible fixed assets costing more than £1,000 are capitalised. Depreciation is charged on a straight line basis to write off the cost of the assets over their useful life as follows:
- leasehold improvements – term of the lease
- CRM database – 14% per annum
- Forum platform – term of the contract

Intangible fixed assets
Intangible fixed assets costing more than £1,000 are capitalised. Depreciation is charged on a straight line basis to write off the cost of the assets over their useful life as follows:
- Website development costs – 25 to 33% per annum

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.

Debtors
Trade and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid.

Current investments
Current investments include cash held on deposit accounts with a maturity date of less than one year.

Cash at bank and in hand
Cash at bank and cash in hand includes cash held for immediate use by the charity.

Creditors and provisions
Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.

Financial instruments
The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

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

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 19 and 20. The different funds held are defined as follows:
- restricted funds are subject to specific restrictions imposed by the donor or by the nature of
• designated funds are set aside at the discretion of the trustees for specific purposes. Details of the specific designated funds are given in Note 20
• 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 2018

2. Voluntary income

Unrestricted Restricted 2017-18 2016-17
Funds Funds £’000 £’000 £’000 £’000
Individual and other donations 7,099 228 7,327 6,561
Corporate donations 1,688 105 1,893 3,048
Corporate sponsorships through trading subsidiary 1,849 - 1,849 438
Legacies 414 60 474 1,025

Total 11,950 394 11,353 11,072

Voluntary income was £11,453,000 (2017: £11,072,000), of which £11,060,000 was unrestricted (2017: £10,611,000) and £393,000 was restricted (2017: £461,000).

Individual and other donations includes gifts in kind of £294,420 (2017: £592,689) and corporate donations includes gifts in kind of £23,601 (2017: £70,224).

At 31 March 2018, in addition to legacy income that has been included in the accounts, the charity expects to benefit from legacies to an approximate value of £152,000 (2017: £129,000) from estates for which the administration has yet to be finalised.

It is not possible to account for the value our volunteers bring to the charity, but they donate their time to a range of activities across the organisation, including fundraising efforts, campaigning and the delivery of services, as described in the strategic report.

3. Project grants

Unrestricted Restricted 2017-18 2016-17
Funds Funds £’000 £’000 £’000 £’000
Moondance Foundation 165 141
BIG Lottery Fund 130 -
The Saracens Sport Foundation 50 50
Future Dreams 38 -
The William Grant Gordon Foundation 35 -
The Jane Hodge Foundation 32 20
Edale Leader Foundation 25 -
The Robertson Trust 15 15
The Ellen Kane Charitable Trust 10 10
Rangers Charity Foundation 10 -
The Edith Murphy Foundation 10 -
The Scarborough Group Foundation 10 -
The Zochonis Charitable Trust 6 6
The Eveson Charitable Trust 10 -
The Tampon Tax fund 1000 -
The Hugh Fraser Foundation 7 -
The Northwood Charitable Trust 6 -
Various grant giving trusts 31 54

363 1,314

Income from activities for generating funds was £3,995,000 (2017: £4,084,000), of which £3,896,000 (2017: £4,029,000) was unrestricted, and £99,000 (2017: £56,000) was restricted.

5. Investment income

Unrestricted Restricted 2017-18 2016-17
Funds Funds £’000 £’000 £’000 £’000
Interest received - - - -
Investment income 158 158 102

158 158 115
Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2018

6. Analysis of expenditure

<table>
<thead>
<tr>
<th>Voluntary generating income</th>
<th>2017-18 £’000</th>
<th>2016-17 £’000</th>
<th>Support</th>
<th>2017-18 £’000</th>
<th>2016-17 £’000</th>
<th>Influence</th>
<th>2017-18 £’000</th>
<th>2016-17 £’000</th>
<th>Total</th>
<th>2017-18 £’000</th>
<th>2016-17 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>1,443</td>
<td>702</td>
<td>3,999</td>
<td>276</td>
<td>6,420</td>
<td>6,610</td>
<td>757</td>
<td>518</td>
<td>732</td>
<td>9,178</td>
<td>10,128</td>
</tr>
<tr>
<td>Other direct costs</td>
<td>1,902</td>
<td>2,128</td>
<td>2,422</td>
<td>309</td>
<td>6,761</td>
<td>6,933</td>
<td>3,940</td>
<td>3,090</td>
<td>7,880</td>
<td>10,830</td>
<td>11,020</td>
</tr>
<tr>
<td></td>
<td>3,345</td>
<td>2,830</td>
<td>6,421</td>
<td>585</td>
<td>13,181</td>
<td>13,243</td>
<td>4,887</td>
<td>8,188</td>
<td>9,775</td>
<td>13,065</td>
<td>13,238</td>
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<td>Support costs</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Information technology</td>
<td>140</td>
<td>77</td>
<td>267</td>
<td>27</td>
<td>511</td>
<td>458</td>
<td>748</td>
<td>617</td>
<td>825</td>
<td>1,551</td>
<td>1,598</td>
</tr>
<tr>
<td>Finance &amp; supporter services</td>
<td>199</td>
<td>155</td>
<td>645</td>
<td>22</td>
<td>1,021</td>
<td>1,044</td>
<td>1,220</td>
<td>1,099</td>
<td>2,521</td>
<td>2,720</td>
<td>2,753</td>
</tr>
<tr>
<td>Public awareness</td>
<td>268</td>
<td>218</td>
<td>254</td>
<td>-</td>
<td>522</td>
<td>536</td>
<td>538</td>
<td>530</td>
<td>1,066</td>
<td>1,088</td>
<td>1,127</td>
</tr>
<tr>
<td>Facilities</td>
<td>293</td>
<td>160</td>
<td>558</td>
<td>57</td>
<td>1,068</td>
<td>1,162</td>
<td>1,361</td>
<td>1,278</td>
<td>2,639</td>
<td>2,439</td>
<td>2,440</td>
</tr>
<tr>
<td>Human resources</td>
<td>137</td>
<td>75</td>
<td>260</td>
<td>27</td>
<td>499</td>
<td>463</td>
<td>568</td>
<td>526</td>
<td>1,075</td>
<td>1,029</td>
<td>1,093</td>
</tr>
<tr>
<td>Governance</td>
<td>28</td>
<td>15</td>
<td>53</td>
<td>5</td>
<td>101</td>
<td>95</td>
<td>116</td>
<td>100</td>
<td>217</td>
<td>201</td>
<td>205</td>
</tr>
<tr>
<td>VAT recovered</td>
<td>58</td>
<td>30</td>
<td>-</td>
<td>-</td>
<td>86</td>
<td>29</td>
<td>112</td>
<td>29</td>
<td>141</td>
<td>141</td>
<td>141</td>
</tr>
<tr>
<td>Total costs</td>
<td>4,086</td>
<td>3,282</td>
<td>8,204</td>
<td>722</td>
<td>16,255</td>
<td>16,834</td>
<td>20,078</td>
<td>19,006</td>
<td>40,084</td>
<td>41,344</td>
<td>43,004</td>
</tr>
</tbody>
</table>

Support costs include the following governance costs:

- CEO office salary costs 67
- Trustee & trustee meeting expenses 6
- Audit fees 28

Total costs for the year 2018 were £16,295,000 (2017: £16,434,000), of which £15,082,000 (2017: £14,691,000) was unrestricted, and £1,213,000 (2017: £743,000) was restricted. Restricted funds were used for generating voluntary income (£0; 2017: £0), to support and inform (£0; 2017: £0), and influence (£0; 2017: £0).

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2018

10. Staff costs

<table>
<thead>
<tr>
<th>Year</th>
<th>£’000</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017-18</td>
<td>2016-17</td>
</tr>
<tr>
<td>Salaries</td>
<td>6,571</td>
<td>6,722</td>
</tr>
<tr>
<td>Social security costs</td>
<td>681</td>
<td>656</td>
</tr>
<tr>
<td>Pension contributions</td>
<td>504</td>
<td>529</td>
</tr>
<tr>
<td>Redundancy payments</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,774</strong></td>
<td><strong>7,957</strong></td>
</tr>
</tbody>
</table>

Redundancy payments were as a result of organisational restructuring. Payments are recognised at the point notice of redundancy is given to the employee.

The key management personnel of the charity and the group comprise the trustee, the Chief Executive Officer and the directors. As indicated in note 9, none of the trustees were paid any remuneration or received any other benefit.

The key management personnel of the charity were paid a salary of £105,020 and Employers National Insurance of £13,367.

The number of employees whose remuneration as defined for taxation purposes amounted to over £50,000 in the year was as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>No.</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017-18</td>
<td>2016-17</td>
</tr>
<tr>
<td>£100,001 – £110,000</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>£90,001 – £100,000</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>£80,001 – £90,000</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>£70,001 – £80,000</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

All employees earning more than £50,000 participated in the pension scheme. Contributions paid in respect of these individuals in the year totalled £60,727 (2017: £54,380).

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

<table>
<thead>
<tr>
<th>Year</th>
<th>No.</th>
<th>FTE</th>
<th>No.</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017-18</td>
<td>2016-17</td>
<td>2017-18</td>
<td>2016-17</td>
</tr>
<tr>
<td>£50,001 – £60,000</td>
<td>207</td>
<td>187</td>
<td>215</td>
<td>164</td>
</tr>
</tbody>
</table>

11. Intangible fixed assets

<table>
<thead>
<tr>
<th>Year</th>
<th>Website Development costs</th>
<th>Total Intangible Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td></td>
<td>2017-18</td>
<td>2016-17</td>
</tr>
<tr>
<td>Cost</td>
<td>At 1 April 2017</td>
<td>225</td>
</tr>
<tr>
<td>Additions</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>286</strong></td>
<td><strong>286</strong></td>
</tr>
</tbody>
</table>

Amortisation

<table>
<thead>
<tr>
<th>Year</th>
<th>Website Development costs</th>
<th>At 31 March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>2018</td>
<td>115</td>
<td>115</td>
</tr>
<tr>
<td>2017</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>173</strong></td>
<td><strong>173</strong></td>
</tr>
</tbody>
</table>

Costs

<table>
<thead>
<tr>
<th>Year</th>
<th>£’000</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017-18</td>
<td>2016-17</td>
</tr>
<tr>
<td>31 March 2016</td>
<td>113</td>
<td>113</td>
</tr>
<tr>
<td>31 March 2017</td>
<td>110</td>
<td>110</td>
</tr>
</tbody>
</table>
Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2018

12. Tangible fixed assets
group and charity

<table>
<thead>
<tr>
<th>Leasehold improvements</th>
<th>Furniture &amp; Fittings</th>
<th>Computers</th>
<th>Total Tangible Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 April 2017</td>
<td>194</td>
<td>290</td>
<td>1,196</td>
</tr>
<tr>
<td>Additions</td>
<td>18</td>
<td>145</td>
<td>160</td>
</tr>
<tr>
<td>At 31 March 2018</td>
<td>212</td>
<td>335</td>
<td>1,357</td>
</tr>
<tr>
<td>Deprecation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 April 2017</td>
<td>55</td>
<td>33</td>
<td>88</td>
</tr>
<tr>
<td>Change for the year</td>
<td>18</td>
<td>53</td>
<td>71</td>
</tr>
<tr>
<td>At 31 March 2018</td>
<td>73</td>
<td>86</td>
<td>159</td>
</tr>
<tr>
<td>Net book value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 31 March 2018</td>
<td>138</td>
<td>200</td>
<td>338</td>
</tr>
</tbody>
</table>

13. Fixed asset investments
group and charity

<table>
<thead>
<tr>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Market value at 1 April</td>
<td>£'000</td>
</tr>
<tr>
<td>Transfers to cash reserves</td>
<td>-</td>
</tr>
<tr>
<td>Purchases</td>
<td>4,114</td>
</tr>
<tr>
<td>Disposal proceeds</td>
<td>(4,118)</td>
</tr>
<tr>
<td>Net realised (losses)/gains during the year</td>
<td>0</td>
</tr>
<tr>
<td>Net unrealised (losses)/gains on disposal</td>
<td>(108)</td>
</tr>
<tr>
<td>Market value of listed investments at 31 March</td>
<td>-</td>
</tr>
<tr>
<td>Transfers from current investments 31 March</td>
<td>-</td>
</tr>
<tr>
<td>Market value of fixed asset investments at 31 March</td>
<td>-</td>
</tr>
<tr>
<td>Unrealised net gains on revaluation at 31 March</td>
<td>-</td>
</tr>
<tr>
<td>Historical cost at 31 March</td>
<td>-</td>
</tr>
</tbody>
</table>

14. Debtors

<table>
<thead>
<tr>
<th>Group</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Trade debtors</td>
<td>772</td>
<td>173</td>
<td>326</td>
<td>100</td>
</tr>
<tr>
<td>Other debtors</td>
<td>561</td>
<td>198</td>
<td>245</td>
<td>7</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>1,989</td>
<td>1,961</td>
<td>2,134</td>
<td>2,124</td>
</tr>
<tr>
<td>Subsidiary company</td>
<td>-</td>
<td>-</td>
<td>1,961</td>
<td>843</td>
</tr>
<tr>
<td>Total</td>
<td>3,668</td>
<td>2,337</td>
<td>5,516</td>
<td>3,268</td>
</tr>
</tbody>
</table>

15. Current investments

<table>
<thead>
<tr>
<th>Group</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Money market and bank deposits</td>
<td>11</td>
<td>510</td>
<td>11</td>
<td>510</td>
</tr>
</tbody>
</table>

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2018

16. Creditors: amounts falling due within one year:

<table>
<thead>
<tr>
<th>Group</th>
<th>2017-18</th>
<th>2016-17</th>
<th>Charity</th>
<th>2017-18</th>
<th>Charity</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>121</td>
<td>174</td>
<td>111</td>
<td>172</td>
<td></td>
</tr>
<tr>
<td>Other creditors</td>
<td>71</td>
<td>45</td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>381</td>
<td>537</td>
<td>407</td>
<td>537</td>
<td></td>
</tr>
<tr>
<td>Deferred income</td>
<td>248</td>
<td>391</td>
<td>248</td>
<td>391</td>
<td></td>
</tr>
<tr>
<td>Taxation and Social Security</td>
<td>261</td>
<td>258</td>
<td>186</td>
<td>180</td>
<td></td>
</tr>
<tr>
<td>Subsidiary company</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,882</td>
<td>1,444</td>
<td>991</td>
<td>1,384</td>
<td></td>
</tr>
</tbody>
</table>

Deferred income includes amounts received for fundraising events taking place in the next financial year. During the year £264,427 of income was deferred (2017: £391,200) and £389,679 of income was released (2017: £438,040).

17. Creditors: amounts falling due after one year:

<table>
<thead>
<tr>
<th>Group</th>
<th>2017-18</th>
<th>2016-17</th>
<th>Charity</th>
<th>2017-18</th>
<th>Charity</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Other creditors</td>
<td>324</td>
<td>198</td>
<td>324</td>
<td>198</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>324</td>
<td>198</td>
<td>324</td>
<td>198</td>
<td></td>
</tr>
</tbody>
</table>

18. Provisions for liabilities

<table>
<thead>
<tr>
<th>Group and Charity</th>
<th>1 April</th>
<th>31 March</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Transfer</td>
<td>Release</td>
<td></td>
</tr>
<tr>
<td>Office lease commitments</td>
<td>251</td>
<td>0</td>
</tr>
</tbody>
</table>

Provisions relate to the potential dilapidations and exit costs associated with our four offices. One lease will expire in 2018-19 and resulted in the increase in the provision.

19. Restricted Funds

<table>
<thead>
<tr>
<th>Balance at 1 April</th>
<th>Income</th>
<th>Expenditure</th>
<th>Balance at 31 March</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Lavender Trust Fund</td>
<td>-</td>
<td>44</td>
<td>(44)</td>
</tr>
<tr>
<td>Department of Health – Tampon Tax Fund</td>
<td>-</td>
<td>1,000</td>
<td>(774)</td>
</tr>
<tr>
<td>Novartis</td>
<td>76</td>
<td>(76)</td>
<td>-</td>
</tr>
<tr>
<td>Monndance Foundation</td>
<td>-</td>
<td>141</td>
<td>(127)</td>
</tr>
<tr>
<td>Client services</td>
<td>131</td>
<td>643</td>
<td>(720)</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>1,283</td>
<td>(1,745)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Balance at 1 April</th>
<th>Income</th>
<th>Expenditure</th>
<th>Balance at 31 March</th>
</tr>
</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Big Lottery Fund</td>
<td>-</td>
<td>130</td>
<td>(118)</td>
</tr>
<tr>
<td>Lavender Trust Fund</td>
<td>-</td>
<td>48</td>
<td>(48)</td>
</tr>
<tr>
<td>Department of Health – Tampon Tax Fund</td>
<td>-</td>
<td>226</td>
<td>(226)</td>
</tr>
<tr>
<td>Monndance Foundation</td>
<td>14</td>
<td>165</td>
<td>(179)</td>
</tr>
<tr>
<td>Client services</td>
<td>64</td>
<td>642</td>
<td>(642)</td>
</tr>
<tr>
<td>Total</td>
<td>294</td>
<td>855</td>
<td>(1,210)</td>
</tr>
</tbody>
</table>

The Big Lottery Fund – this grant is to fund our development of our BECCA app

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

The Department of Health Tampon Tax Fund – this grant is to fund and evaluate our Moving Forward package of support aimed at breast cancer patients who are coming to the end of hospital-based treatment and are beginning to move forward from breast cancer.

Monndance Foundation – this grant is to fund our Moving Forward courses in Wales, specifically.
Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2018

20. Unrestricted funds

<table>
<thead>
<tr>
<th>1 April 2016</th>
<th>Income £'000</th>
<th>Expenditure £'000</th>
<th>Transfer £'000</th>
<th>Investments £'000</th>
<th>31 March 2017</th>
<th>General funds £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
</tbody>
</table>

General funds

6,262 14,442 (14,512) 900 312 7,404

Designated funds

Fixed assets fund

475 627 (179) - - 923

Office resource fund

900 - (900) - - 900

Total restricted funds

1,375 627 (179) 900 - 923

Total unrestricted funds

7,637 15,086 (14,691) - 312 8,327

21. Analysis of group net assets between funds

<table>
<thead>
<tr>
<th>General Funds</th>
<th>Designated Funds</th>
<th>Restricted Funds</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds £'000</td>
<td>Funds £'000</td>
<td>Funds £'000</td>
<td>Funds £'000</td>
</tr>
<tr>
<td>Fund balances at 31 March 2017 were represented by:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible fixed assets</td>
<td>-</td>
<td>110</td>
<td>-</td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>3,941</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investments</td>
<td>5,356</td>
<td>14</td>
<td>204</td>
</tr>
<tr>
<td>Current assets</td>
<td>1,444</td>
<td>-</td>
<td>(1,444)</td>
</tr>
<tr>
<td>Current liabilities</td>
<td>(449)</td>
<td>-</td>
<td>(449)</td>
</tr>
<tr>
<td>Provision for liabilities</td>
<td>7,404</td>
<td>923</td>
<td>204</td>
</tr>
</tbody>
</table>

Total net assets

22. Financial instruments

At the balance sheet date the consolidated group held financial assets at amortised cost comprising cash and short term deposits, stock, trade debtors, other debtors and accrued income of £5,161,000 (2017: £5,096,000) and financial liabilities at amortised cost, comprising trade creditors, other creditors and accruals of £573,000 (2017: £579,000). Total interest income received in respect of financial assets held at amortised cost totalled £1,000 (2017: £8,000).

The charity held assets at fair value through income and expenditure of £3,868,000 (2017: £3,941,000). Movements in the year through the statement of financial activities comprised income of £158,000 (2017: £109,000) and losses of £71,000 (2017: gains of £312,000).

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2018

23. Subsidiary Company

The charity owns the whole of the issued ordinary share capital of Breast Cancer Care Trading Limited, a company registered in England (company no. 02681072). 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:

<table>
<thead>
<tr>
<th>2017-18</th>
<th>Total</th>
<th>2016-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchandising</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Corporate</td>
<td>1,395</td>
<td>1,050</td>
<td>105</td>
</tr>
<tr>
<td>Events</td>
<td>-</td>
<td>-</td>
<td>(1,282)</td>
</tr>
<tr>
<td>Other</td>
<td>(584)</td>
<td>(207)</td>
<td>-</td>
</tr>
</tbody>
</table>

Gross profit/(loss)

113 1,055 105 50

Bank charges

- - - (6) (56)

Management fee paid to the charity

- - - (440) (440)

Other expenses

- - - (6) (5)

Net profit/(loss)

112 1,300 105 50

The aggregate of the assets, liabilities and funds was:

2017-18 £'000 | 2016-17 £'000
| Assets | 2,224,946 | 1,046,991 |
| Liabilities | (2,224,946) | (1,046,973) |
| Funds (representing two ordinary shares of £1 each) | 5 | 5 |

Registered office address: Kennington Business Park, Chester House, 1-3 Brixton Road, London SW9 8DE

25. Related party transactions

In the year ending 31 March 2018, the following transactions took place between the charity and its wholly owned subsidiary Breast Cancer Care Trading Ltd:

- The charging of an annual management charge from the charity to Breast Cancer Care Trading Ltd for use of the charity’s premises, staff and resources of £448,724 (2017: £326,913).
- The transfer under Gift Aid of the trading profits of Breast Cancer Care Trading Ltd to the charity of £691,542 (2017: £752,873).

There was an outstanding balance due from Breast Cancer Care Trading Ltd of £1,501,538 (2017: £842,000), and an outstanding balance due to the charity by Breast Cancer Care Trading Ltd of £0 (2017: £0) as at the 31 March 2018.

26. 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.

27. Income from pharmaceutical companies

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

<table>
<thead>
<tr>
<th>2017-18</th>
<th>Total</th>
<th>2016-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer</td>
<td>50</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Roche Products Ltd</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novartis</td>
<td>121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AstraZeneca</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>178</td>
<td>57</td>
<td></td>
</tr>
</tbody>
</table>

Income received from pharmaceutical companies in 2017-2018 supported our work to improve secondary breast cancer care across the UK and our Living with Secondary Breast Cancer Service. The income also supported our Breast Cancer Care Nursing Network – which provides educational resources, learning events, regular news publications and training, currently for 1,145 specialist breast care nurses across the UK. All donations strictly adhere to our policy on working with pharmaceutical companies, and are in accordance with the requirements of the ABPI Code of Practice for the Pharmaceutical Industry.

28. Defined contribution pension scheme

The company provides defined contribution schemes for all employees. The amount charged to the statement of financial activities is the contribution payable in the year and amounted to £633,455 (2017: £529,757).
Thank you

Abi Garnett
Addleshaw Goddard LLP
Amgen Ltd
Anita Watson
Asda for the incredible Tickled Pink campaign

Babel Nadell
Baker McKenzie
Balance Training
Betty and Colin Hart
Big Lottery Fund
Big Yellow Self Storage Company Ltd
Bob and Christine Sturgess
Boux Avenue
Boy George and Kevin O'Dowd
Bridget Buckton
BT
Buyagift.com

Caroline Hiles
Caroline Humber
Carolyn Collard
Cedric Pauwels
Christine Sturgess for chairing The Show London committee and to all our committee members
Claire McDonnell
Claire Myersson
Coast & Country
Comfort (Unilever)
Community Pharmacy Scotland
Cllr Maxine Chakowa, Mayor of Sevenoaks 2017-2018 and Sevenoaks Town Council
Curves
Cynthia Langdon

Dawn Tunbridge
Deborah Hubbard
Dee Hartland-Swan
delicious. magazine
Dorothy Perkins
Dream Challenges team for their continued support as part of the Women v cancer partnership
Duncan Spence

Eleanor Meade
ELEMIS
Ellen Kane Trust
Emma Cairns
En Route International
Essex Fundraising Group
Estelle Lauder
Fairfax & Favor
Fiorelli (Global Brands Group)
Fiona Treharne
Folli Follie
Frances Dean
Freixenet
Future Dreams
Glasgow Fundraising Group
Glasgow High Kelvinside RFC
Haydn Derry
Hayley Carpenter-Priest
Hazel Clarke
Hilary Alexander, Lesley Goring and the team of stylists
Hilton Hotels Ltd and HLT Stakis Operator Ltd
HiQ
Ian Tod
Intu Trafford Centre

Jackie Scully and Duncan Sloan
Jason Haigh-Ellery
JML
Jo Myatt
Jo Taylor
Joanne and Chris Thomson
Jobs Go Public
John Bryson and the team at Train2Fight
Jonny Lee-Kemp
Julie Croft
Jupiter Hotels
Kate Wauchop
King & Spalding LLP

Lakeside Leisure Group
Latham & Watkins LLP
Lewisham Council, the Mayor of Lewisham and the Mayores’ Committee
Lilian Mitchell
Linda Dye
Linda Lanter MBE, Chief Executive Sevenoaks Town Council
Linda Murray
Lindt
Linzi Shoes

Liz Mackay
L Lynch Plant Hire & Haulage Ltd
Look Good Feel Better
Lorraine Hathorn
Lurline Thomas
Maltin PR
Mark Master
Matical Media
McAllister Litho Glasgow
MCL Create
Monica Takvam
Murgitroyd
Nick Miles
Novartis Pharmaceuticals UK Ltd

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