

Strength in numbers

breast
cancer
care



Annual report and accounts 2015–16

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Welcome to our year

It is often only when you look back over the months that you realise just how much you've achieved.

Looking back over 2015–16, we've been able to increase our impact by standing together and using the strategies spelled out in **Facing breast cancer together** (see page 8). We've spread our influence wider to campaign for better care and reach more people affected by breast cancer with support and information, as you'll read on pages 8 to 16.

The success of our Someone Like Me service demonstrates just one part of the extraordinary network of mutual support and care that we're privileged to spread far and wide across the UK.

We match people affected by breast cancer with a trained volunteer who has been through a similar experience. They can then talk by phone or email for emotional support, practical tips and help making informed decisions.

'I feel so much more positive and less afraid... She cheered me and calmed me.'

Jan, Leeds

As well as being a sustaining resource for the people using it, many of the 200 trained volunteers tell us they get a tremendous amount from turning their experience of breast cancer into something beneficial (see page 8). This year we are proud to report that we matched 939 people with a support volunteer – more people than in any previous year.

One strand of our strategy is to ensure that an increasing number of people hear about us and can access our services. With this in mind, we launched a brand campaign focusing on the real-life stories of people who have relied on us to help them cope as they live with, through and beyond breast cancer.

This work, and the relaunch last summer of our website, will take us forward with renewed vigour and a wider public profile so that together we can build on our successes during 2016–17.

In terms of challenges we've faced, a difficult atmosphere grew up around charity sector fundraising activities mid-2015. This led to a drop in public trust of charities in general.

Here, as at most other charities, we are enormously careful about our fundraising. Many of our activities not only raise money but also contribute towards the wellbeing of the people taking part – our annual fashion shows, for example.

Models for our fashion shows are all people who have had a breast cancer diagnosis. Many tell us what a tremendous boost it is to their confidence. And, as this report demonstrates, we strive to make sure that every penny is well spent making life better for people affected by breast cancer.

We know that when you have breast cancer, everything changes. We understand the emotions, challenges and decisions people face every day. That's why our vision is that everyone facing breast cancer should receive the best possible care, information and support.

So it's especially gratifying for us as Chief Executive and Chair to report that, through it all, staff, volunteers, corporate supporters and thousands of other donors have continued to stand together to realise the many great achievements you can read about in this report. We thank them all. Truly, we couldn't do it without you.

Samia al Qadhi

Samia al Qadhi Chief Executive

Emma Burns

Emma Burns Chair of the Board of Trustees

'I was recently diagnosed and treated for breast cancer and given your wonderful resource pack and a wealth of additional booklets by my hospital. I can't begin to tell you what an enormous support and help these were and how much reassurance they gave me at a very troubled time.'

Feedback by letter



Who we are and what we do: a summary of our activities for 2015–16

When you've been diagnosed with breast cancer, every bit of your life can change forever.

Each year, 60,000* people in the UK are told they have breast cancer, and more than 11,600 women die from it. It's the most common cancer affecting women in the UK today.

At the same time that the number of people being diagnosed is constantly increasing, we know breast cancer services in the NHS are more stretched than ever before.

That's why – every day from 1973 to today – we've been here as the only UK-wide breast cancer

charity offering care, support and information, helping thousands of people find a way to live with, through and beyond breast cancer.

We do this by combining our own clinical expertise and knowledge with the daily experience of people going through breast cancer.

We are supported by many more thousands of people who know that everyone with breast cancer needs others standing by them as they face the disease.

Whether it's in person, online or by phone, our services bring people together and equip them with ways to cope with breast cancer and its wide-ranging impact.

Our patient information – written by our nursing team, and informed by independent healthcare professionals and people with breast cancer – is used by breast care units across the UK.

Our Nursing Network unites breast care specialists to share best practice and take up training opportunities.

Our campaigning involves hundreds of volunteers, taking campaign actions and meeting face-to-face with health policy decision-makers as we work together to improve standards of care for everyone affected by breast cancer.

When Breast Cancer Care started out as the Mastectomy Association in 1973, it was just one woman, Betty Westgate, who was fired with a passion to ensure that anyone affected by breast cancer could ask for and receive help.

This was born out of her own experience of a breast cancer diagnosis and treatment at a time when very little information or support was available, and there was little or no discussion about treatment choices.

Because of Betty, things have changed out of all recognition, although people's need for care, information and support remains.

And Betty's inspired start has grown to a nationwide movement of people standing together with Breast Cancer Care to keep her vision alive.

* Figures released in April 2016.



Nursing Network News: sharing news and best practice with our 1,000-plus Nursing Network members



The year in numbers 2015–16...



243,890 Twitter followers and Facebook likes



938,462 unique visitors to our online Forum



2,087,169 unique visitors to our website



11,757 people with breast cancer or breast health concerns answered through our Helpline and Ask the Nurse service



1,208,792 patient information resources delivered

'I have learnt a lot about my future choices of surgery and can move on in my cancer journey with greater knowledge.'

'You put my fears at rest!'

... and what you say about us

The quotes are all from people who used our services and information during 2015–16. They were collected during evaluation surveys, and through formal and informal feedback.



17,279 hours of volunteer time supporting our work



4,336 people supported through our face-to-face services



803 Breast Cancer Voices informing our work with their personal experiences



1,131 healthcare professionals in our Nursing Network

'More information gives me more peace of mind.'

'I feel more assured about life after breast cancer.'

Strategic report

Facing breast cancer together: strategies, aims and objectives

At the start of the decade, we set out our ambitions for the coming 10 years in our **Vision 2020 – living with and beyond breast cancer** strategy document.

This prioritised our work in seven impact areas.

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

Then in 2014, in response to a changing financial climate, we revisited and refreshed our strategy, bringing a new energy and focus.

As with the original strategy, we consulted with a wide range of people who have an interest in Breast Cancer Care: people who use our services, healthcare professionals, volunteers, trustees and staff.

The renewed strategy, **Facing breast cancer together**, recognises that we have a lot to do in our seven areas of impact to ensure that we are always the natural and easily accessible choice for people who need support when they or their family and friends are affected by breast cancer.

It also highlights that as time goes on, the need for our services is increasing. In recent years we've seen the number of women diagnosed with breast cancer rise from 55,000 to 60,000 a year. There is currently no sign of this rise stopping.

When a woman or man is diagnosed with breast cancer, the impact ripples outwards, affecting many people. Family, friends, employers, colleagues and acquaintances – the list goes on.

We support many of them but we want to be there for all of them – not only for the 691,000 women and men in the UK who have had a diagnosis of breast cancer but also for anyone close to them who is seeking help.

This is a big ambition and to fulfil it we need to do a lot of work. In particular, we need to keep reaching more people with our services, increasing our profile so that people know we're here for them, and raising more money to do all that.

During 2015–16 we've made measurable progress in these three key areas.

Reaching more people affected by breast cancer

This year we responded to almost 1.23 million direct requests for support and information, and that's not counting the 1,484,869 visitors to the Information and Support pages of our website.

Someone Like Me

When you are affected by breast cancer, there are some things you can only talk about to someone who understands deeply because they've been there too.

That's where our Someone Like Me service comes in (see more on page 3).

19% increase in Someone Like Me matches

The service puts people in touch with a trained volunteer by phone or email who has a lot in common with them, including a similar experience of breast cancer.

Because of this flexible format, we can offer support to many different types of people. We are always trying to recruit and train volunteers with different experiences to maximise matching.

This includes volunteers such as Grahame, who provides email support for other men whose partners have a breast cancer diagnosis.

Then there's Aarti, whose family risk of breast cancer showed up when she was 36 and was diagnosed with breast cancer caused by having inherited an altered BRCA1 gene. She is able to provide support to people with a similar genetic profile.

She says, 'My volunteering with Someone Like Me has been immeasurably rewarding and if anyone has any concerns or questions I hope I can be of some assistance.'

Moving Forward

Nearly 4,500 people were supported through our face-to-face services. For example, our excellent Moving Forward courses, helping people trying to get back to a normal life following hospital-based treatment for primary breast cancer.

We know many people find this a very difficult part of their cancer experience, as they feel much more alone, are often struggling with long-term side effects of treatment and feel anxious about whether their cancer will return.

Moving Forward courses address these difficulties and are run in partnership with NHS hospitals.

34% increase in numbers attending our Moving Forward courses

They're delivered by a range of expert speakers, who provide information, support and professional guidance on topics such as: healthy eating, exercise, managing menopausal symptoms, signs and symptoms of recurrence, lymphoedema and cancer fatigue.

Living with Secondary Breast Cancer

Another of our much-valued free face-to-face services is Living with Secondary Breast Cancer. This provides sessions facilitated by a counsellor so that people with a diagnosis of incurable secondary breast cancer can get together for monthly meet-ups to ask questions about their condition and talk openly with other people in the same situation.

Every other month guest speakers attend who are expert in their field, for example, a clinical nurse specialist or a benefits adviser.

This year these sessions supplied 5,138 hours of essential support to women living with secondary breast cancer. Such support is not available through the NHS.

Information session participants reported that the sessions provided them with more confidence to make decisions related to their treatment.

They also got emotional support and practical tips by sharing experiences with other people in their situation, whom they met at the events.

Information session evaluation data

Younger Women Together

These sessions address the particular needs of women under 45 with a diagnosis of breast cancer.

Breast cancer is much less common in this age group, with 80% of breast cancers being diagnosed in women over 50. This means that when a younger woman is diagnosed, they may feel even more isolated because they'll be less likely to meet people of their age going through treatment. They may also face challenges such as fertility issues.

The events allow strong bonds to be formed between groups of younger women with breast cancer as well as access to a range of experts to talk over questions and concerns.

'Younger Women Together... is a great resource to offer patients, in addition to other Breast Cancer Care services such as the online Forum and Someone Like Me.'

Denise Flett, young women's breast nurse, The Royal Marsden Hospital NHS Foundation Trust

Other face-to-face services

During the course of the year, we completed a detailed review of our face-to-face services.

This resulted in recommendations to reconfigure some of them so that we can focus our resources on those that have the potential to be scaled up across the UK and have the most impact, thereby increasing our reach as set out in **Facing breast cancer together**.

We plan to increase the number of Moving Forward courses during 2016–17 and beyond, and continue to provide face-to-face services for younger women and people with secondary breast cancer.

To enable us to do this we started the process of scaling down or stopping some of our other services, including HeadStrong, Lingerie Evenings and Best Foot Forward. We are hugely grateful for the support of volunteers who have helped provide these services.

Information resources

We produce a huge range of bespoke information booklets and resource packs.

Along with the breast cancer and breast care information on our website, they are written by our own team of specialist breast care nurses, and reviewed by volunteer independent healthcare professionals and people affected by breast cancer.

'I was very grateful for the copy of the new [Secondary breast cancer] Resource Pack... My daughter now has a greater understanding of my condition.'

Feedback by email

Because we follow a rigorous production process, our information for people affected by breast cancer is externally assessed as being up-to-date and trustworthy by the NHS England Information Standard.

Eighty-eight hospitals across the UK now have Breast Cancer Care Information Points so that

people can easily pick up the resources they need, which cover every area of breast cancer and breast health. That's 17 more Information Points than last year, and we have plans to extend this network further in 2016–17.

24% more breast cancer Information Points

Well over a million free breast cancer booklets and other information resources were sent out to people affected by breast cancer during 2015–16 – more than ever before.

Most booklets are now available on our website in a variety of accessible formats including as audio, e-reader and PDF downloads. Some are also produced in other languages.



'It takes away some of the anxiety to know what to expect at the clinic. Thank you. Very clear, and nice to have the info in different formats too.'

Feedback on our website

Helpline and Ask Our Nurses

Our telephone Helpline and Ask Our Nurses email services increased their reach this year, answering queries from and offering emotional support to nearly 12,000 people.

The most common reason for calls and emails was to talk about diagnosis and treatment of breast cancer, with concerns following hospital-based treatment and worries about possible signs and symptoms of breast cancer also high on the list.

To help people who find it easier to call our Helpline out of office hours, we started a trial of evening opening hours on this six-day-a-week service. If successful and we receive calls during these extra hours, we plan to continue this as a permanent change.

Including the new evening sessions, we provided 2,442 hours of support to people calling the Helpline. On top of this, we rang back hundreds of other callers who left messages outside our opening hours.

Breast health promotion

The B-Aware campaign to increase breast awareness in Scotland continued.

Between January and December 2015 we recruited and trained 37 new volunteers to be part of Team B-Aware Scotland, becoming experts in talking to women about the importance of being breast aware, since the earlier breast cancer is found, the more effective treatment is likely to be.

This initiative helped to reach 20,309 people through the three different B-Aware activities: B-Aware talks; a mobile roadshow based on a big pink B-Aware bus; and workshop events.

The campaign is generously supported by Breast Cancer Care Scotland's first Breast Health Awareness Ambassador Chris Weir. It responds to research showing an increased rate of breast cancer in Scotland set against cancer survival rates among some of the lowest in Europe.

In England, a breast awareness bus was launched supported by our partner The Football Association (FA). The launch included TV interviews with England national football team members Theo Walcott and Jack Butland. The roadshow visited

40 locations between September 2015 and April 2016, reaching nearly 33,000 people with breast awareness information – many more than we'd originally anticipated.

Our official 2014-16 partnership with The FA also included a #PassItOn campaign, featuring a breast awareness video promoted via social media. Within two weeks of launch it had achieved in excess of 100,000 views.

Celebrity supporters in the video included footballers Wayne Rooney, Theo Walcott and Lianne Sanderson, and entertainers Geri Horner and Frank Skinner.

'It was great fun for me and the lads to film some tricks for the #PassItOn video. Breast cancer affects everyone, even men, so The FA teamed up with Breast Cancer Care to encourage everyone to check their breasts.'

England captain, Wayne Rooney

Changing focus

This year we brought to an end our breast health promotion Train the Trainer programme, under which we trained people in how to pass on the breast awareness message to other people in their community.

Although a successful programme, we believe that concentrating resources on reaching an even wider audience with our breast awareness message through patient information, our Helpline and the Ask Our Nurses service will be more effective in achieving earlier diagnoses.

We distributed more than half a million breast awareness booklets and other information resources, while 35% of the email inquires to Ask Our Nurses were about breast awareness and early detection.



19% more breast awareness resources distributed

Raising our profile to support more people affected by breast cancer

Our brand is one of our biggest assets, ensuring that people know they can turn to us when they need support.

That's why we launched a nationwide brand campaign in September 2015, telling people, 'We're here for you from day one'.

The campaign featured women living with, through and beyond breast cancer and who have relied on our care, support and information.

At the same time we relaunched our website, making it even easier for people to find high-quality, accurate information about every aspect of breast cancer and to get peer support 24 hours a day through our online Forum.



**40% increase
in unique visits to our
online Forum**

'Your website is brilliant and has been extremely useful to me since the day of my diagnosis in September last year. It helped so much, especially the Forum and all of the booklets available to download. Just brilliant.'

Feedback by email

We've also continued to increase our social media presence on platforms such as Twitter and Facebook, keeping in touch with our supporters and signposting to our free services and information resources.

Independent industry bench-markers now regularly rank us as one of the best known breast cancer charities, national media come to us as the voice of people affected by breast cancer and we get extensive media coverage, spreading the word about our free care, information and support.

Influencing decision-makers

Our influence extends to national parliaments and we are in regular contact with healthcare policy decision-makers at every level, persuading and supporting them into action to improve care for people with breast cancer.

We do this by working with people affected by breast cancer to collect evidence about how current care arrangements are working and where there are gaps that need to be filled.

Using our evidence, we take part in government consultations, such as the review of the Cancer Drugs Fund and National Institute for Health and Care Excellence and Scottish Medicines Consortium drug appraisals, making sure that the needs and views of people affected by breast cancer are clearly represented.

We press for change where we can see standards need improving, such as in secondary breast cancer.

During nearly a decade of campaigning on secondary breast cancer, we've ceaselessly campaigned for data to be collected on the number of people being diagnosed with secondary breast cancer each year. We've pointed out that if it's not known how many people are affected, services can't be planned properly.

This resulted in data collection on the numbers of people being diagnosed and treated for secondary breast cancer being made compulsory in England, but many hospital trusts are still struggling to find the right resources to carry this out.

We are therefore engaged in an ongoing campaign to compile a national picture of data collection in hospital trusts in England.

To make this possible, during 2015–16 we recruited hundreds of committed campaigning volunteers. They join our 800-plus panel of Breast Cancer Voices and hundreds of other volunteers who tell us about their views and experiences.



**22% more Breast
Cancer Voices**

In 2016–17 we plan to take our findings back to national government and NHS England to urge them to pick up the pace of change in this area. It will also help us to ensure that there is consistency in terms of data collection across the UK.

Our volunteer campaigners started work during the general election in May 2015. They helped arrange local question time events around the country, raising awareness among prospective parliamentary candidates about care for people with breast cancer and raising the profile of Breast Cancer Care as an influential advocate. In addition, 370 of them emailed their prospective parliamentary candidates.

As part of Secondary Breast Cancer Awareness Day in October 2015, a further 600-plus campaigners wrote to health ministers in England, Scotland or Wales to draw attention to our 'bucket list' campaign and ensure secondary breast cancer remains high on the political agenda.

This work continued during the autumn party conferences, where we took our 'bucket list' campaign to talk to politicians about the changes we want to see in care for people with secondary breast cancer:

- no one living in unnecessary pain
- everyone having access to the treatments they need
- all patients having a clinical nurse specialist as part of their care
- hospitals being able to plan services to meet patients' needs
- everyone's care being coordinated and joined up.

As a result, these issues came up at Prime Minister's Questions in Westminster. Prime Minister David Cameron and Opposition Leader Jeremy Corbyn's debate led to social media activity, press coverage and endorsement of our campaign by the Department of Health.

When surveyed after the 2015 party conferences, 52% of MPs knew of our 'bucket list' campaign and our campaign calls. This is an excellent outcome and demonstrates that we really punch above our weight.

Policy networks in England, Scotland and Wales

We take part in healthcare policy and decision-making meetings in all three nations.

Our Clinical Director and our Head of Policy and Campaigns represent Breast Cancer Care on the Cancer Patient Experience Survey Advisory Group and NHS England's Clinical Reference Group for breast cancer. Our Clinical Director also sits on the National Cancer Research Institute Breast Clinical Studies Working Group on Symptom Management.

Our Head of Scotland sits on the Scottish Government's National Cancer Quality Steering Group on behalf of the Scottish Cancer Coalition.

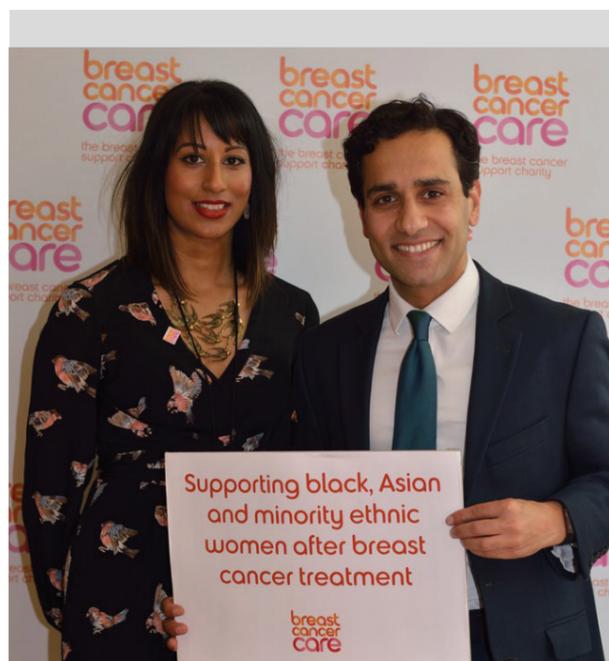
We belong to the Wales Cancer Alliance and contributed to its manifesto ahead of the Welsh Assembly Election in May 2016.

We're working with the Cancer Network in Wales, looking at making our Moving Forward courses – for people after hospital-based treatment for breast cancer (see page 9) – an integral part of the patient pathway.

Westminster launch

A Big Lottery funded project took us to the Houses of Parliament at Westminster in January 2016 to launch, with the Black Health Initiative, the findings of our research study exploring the needs and experiences of women with breast cancer from diverse backgrounds at the end of their hospital-based treatment.

MPs and policymakers attended the launch, which was to raise awareness of the needs of people with breast cancer during this often trying period and highlight some of the added difficulties and challenges faced by women from minority ethnic groups and deprived communities.



MP for Gillingham and Rainham Rehman Chishti MP (right) showing his support at the launch.

To this end, we are urging health policymakers in each nation of the UK to take into account in future cancer policy how they plan to meet the needs of people affected by breast cancer from different ethnic and social backgrounds.

In England, this means that the implementation of the Cancer Strategy 2015–20 needs to consider how best to support black, Asian and other minority ethnic women after breast cancer treatment.

In Scotland, Wales and Northern Ireland, we are urging that these factors are considered as and when new strategies and plans are developed.



Breast Cancer Care calls for all women, regardless of ethnic and social background, to have the information and support they need to live well after their breast cancer treatment.

Our call for action as a result of the Big Lottery funded project

Influencing hospital practice

Elsewhere, in collaboration with research charity Breast Cancer Now, we are helping individual hospitals to improve their secondary breast cancer services through a Secondary Breast Cancer Pledge.

We work with hospitals to help them find out from their patients what improvements are needed locally. The hospital then pledges publicly to work towards these improvements, with our support.

We've helped 15 hospitals with their pledges so far, and we plan to bring another 10 hospitals on board in 2016–17.

Fertility issues

When younger women are diagnosed with breast cancer, as well as the treatment decisions all women face, there are often implications for their fertility.

So, again with the help of nurses and people affected, we've developed a fertility toolkit.

It's designed to help healthcare professionals set up a fertility referral pathway for younger women with breast cancer at the point of diagnosis so that they get the help they need with this sensitive issue.

It includes a fertility referral pathway map, an urgent fertility referral form and patient fertility consultation information. It's been in constant demand by breast care nurses since it was published in September 2015.

Healthcare professional conference

More than 200 breast care nurses from all over the UK came along to our conference in November 2015 to network with colleagues and hear from breast cancer experts.

Presentations included:

- an update on breast imaging
- new developments in treating lymphoedema
- talking to younger children about breast cancer
- sexuality and intimacy.

And 70 more nurses joined our Nursing Network that supports professional development through sharing best practice and training opportunities. There are now well over a thousand members of this active network.

We are able to carry out our unique programme of healthcare professional training thanks to the sponsorship of Genomic Health, a company providing diagnostic tests to help in the treatment of cancers.

We are extremely grateful for this sponsorship, which is governed by our Pharmaceutical policy.

Pharmaceutical policy

This policy, which is on our website, spells out how we work with companies that manufacture and market drugs and treatments, and commercial organisations involved in the development of cancer screening and diagnostic technologies, to help achieve our strategic aims and objectives.

We take great care that our independence and objectivity is not adversely affected by our relationship with such companies.

This year we have reviewed and updated our Pharmaceutical policy.

Raising more money for people affected by breast cancer



Fantastic fundraisers

5,081 Pink Ribbonwalkers

1,917 Strawberry Teas

1,642 Big Pink events

9,000-plus people doing sporting and challenge events

Financially, 2015–16 has been a challenging year for many charities, including Breast Cancer Care.

We've been affected by the difficult atmosphere that grew up around charity fundraising activities in summer 2015. This led to a drop in people's trust in charities and a noticeable decline in willingness to donate to many charities, including us.

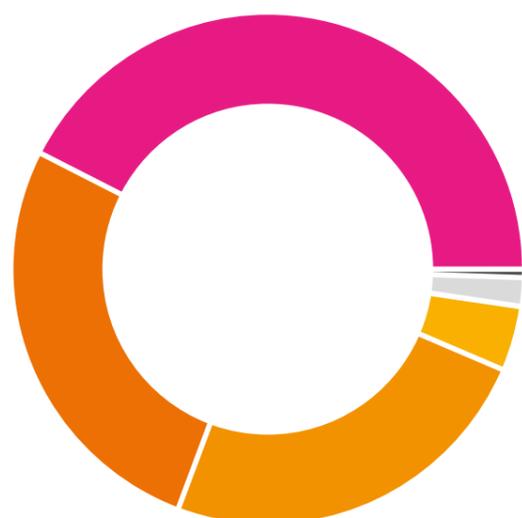
But, as our financial results show (see pages 18 and 24–37), we've started rebuilding trust by continuing to take the utmost care over how we fundraise. Also by demonstrating that when people support Breast Cancer Care, we put their money to good use, helping people affected by breast cancer. We cannot thank our supporters enough; we simply couldn't do our work without them.

Thousands of fantastic fundraisers turned out to take part in Pink Ribbonwalks, hold Strawberry Teas, dress up for Big Pink events, run, cycle, swim and trek, take part in or support our fashion shows, shake collection buckets for us and more.

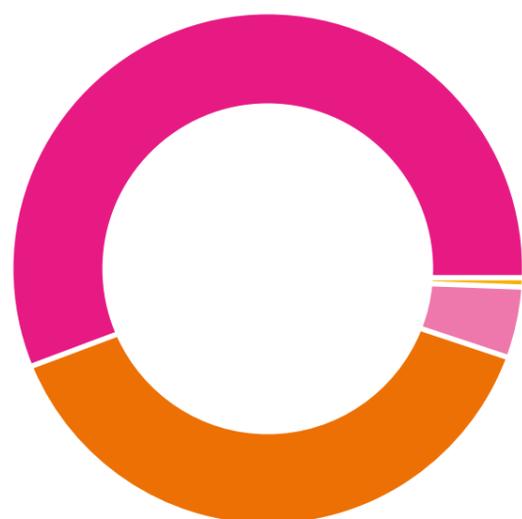
Meanwhile, among our corporate partnerships, so many amazing organisations and their staff pulled out all the stops to support our vital work – Asda, QVC, Dorothy Perkins and The FA, to name just four during 2015–16. You can see more of our wonderful 100 corporate partners and other supporters on page 38.

Because we have increased our income, we've been able to invest more in our services and influencing – the front line for supporting people affected by breast cancer, today and in the future.

Summary of our income and expenditure 2015–16



Income	£m
Community fundraising, trust fundraising, individual donations and legacies	7.24
Corporate partnerships income	4.53
Events income	4.14
Conference, merchandising and other income	0.70
Project grants	0.31
Investment income	0.12
Total	17.04



Expenditure	£m
Services to people affected by breast cancer	9.51
Fundraising	6.71
Policy and research	0.77
Governance	0.09
Total	17.08

For more details see pages 18 and 24–37.

Incredible volunteers

Altogether this year our incredible volunteers contributed 17,279 hours, delivering services, fundraising and campaigning for us. Without them, we couldn't provide the care, support and information we offer to people affected by breast cancer.

For our part, we've tried to make it easier to volunteer, for example by introducing online registration for people wanting to help out at our Pink Ribbonwalks and fashion shows.

Volunteers are our voice and our face, making it possible for us to be there. Thank you.

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 2016, six of 12 trustees and candidate 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 every 18 months or so with either the Chair or Vice-Chair. The Chair carries out a review with the Vice-Chair.

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:

1. so far as the trustee is aware, there is no relevant audit information of which Breast Cancer Care's auditors are unaware
2. the trustee has taken all the steps that they 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 annually have a half day of training, team-building, in-depth discussion and debate.

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 appointed by the Board.

In the case of the Audit and Assurance Committee, a Chair who is not a member of the Board of Trustees was appointed after an open recruitment and interview process.

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're 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 National Health Service.

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 non-consolidated payment, capped at 5% of gross pay, which is dependent on both achieving a range of objectives and the financial strength of the charity.

Further details can be found in note 11 to the financial statements.

Our finances

Breast Cancer Care went into 2015–16 with a great deal of ambition. Guided by our five-year strategy **Facing breast cancer together** (see page 8) we are aiming to double the number of people we support by 2020.

A key part of this strategy is to transform our fundraising performance. We want to make our income larger, more predictable and dependable. This will enable us to scale up our provision of high-quality services with confidence, avoiding having to cut back and re-expand from one year to the next as income ebbs and flows.

With a target of raising £27million a year by 2020 and with an excellent track record of support, in 2015–16 we hoped to begin to implement our five-year fundraising investment plan to reach this target.

Switch of focus

As noted elsewhere in this report, 2015–16 turned out to be challenging for charities, particularly those such as Breast Cancer Care that rely on fundraising from individuals and businesses to provide free services.

Given the overall environment, we scaled back our investment in fundraising and switched our focus mid-year to ensuring that we met the current year's budget for service delivery and running costs.

We immediately reviewed our fundraising activities to ensure we were maintaining good practice. A more in-depth review is planned for 2016–17 to ensure we are maximising our opportunities and have enough diversity in our portfolio.

At Breast Cancer Care, we have always understood that our supporters are often also beneficiaries, and we work hard to ensure that the care of people affected by breast cancer comes first. For example, we never sell our clients' data to other organisations. We ensure all staff receive training on data protection that emphasises the importance of this issue to everyone concerned.

Income increased

Despite this strategy shift, we increased our income to just over £17million, thereby underpinning our strategic ambition of supporting more people living with, through and beyond breast cancer.

Our charitable expenditure grew to £10.3million and we supported more people during the year, reaching our highest number ever (see page 6).

Compared to recent years we had mixed income performance, with individual donations down on the prior year by 5% and events income decreased by 8% (see note 2 to the financial statements on page 31).

This loss was counterbalanced by better performance in a number of areas, particularly legacies, where income more than doubled from the prior year to £1.3million.

As part of our five-year plan we invested in generating future income across a range of activities contributing to an increase in expenditure on raising funds to £6.75million. The financial return from this investment and hoped-for stability in terms of predictable income from engaged regular supporters will not be fully recognised until towards the end of (and beyond) the five-year horizon. However, as reported above, we changed our focus and did not invest to the extent that we had planned to. The environment remains challenging for all charities so we are continuing to re-evaluate and reappraise our plans and activities.

In particular, we have commissioned an in-depth look at how we can improve in areas where our ambitious fundraising targets for 2015–16 were not realised, although income overall was higher than the year before. This includes some of our community activities, sponsored events and how we interact with corporate partners and high-value donors.

Overall, we made a loss of £307k for the year, largely due to a decrease in value of our investments (see overleaf).

Given the many challenges in the year, this was a satisfactory outcome and within the parameters of our budget expectations given that we had originally planned a small deficit for the year.

Maximising our impact and efficiency

In 2016 we are undertaking an organisation-wide review to ensure we continue to maximise our impact and efficiency.

This means looking for ways to increase the number of people we support despite the potential of lower income growth than we anticipated in our five-year strategy.

In fundraising we are reviewing our activities to ensure they continue to meet best practice and any new regulations as well as re-evaluating our approach to ensure we obtain value for money and invest in sustainable income streams. Benchmarking against other similar charities suggests that we run our infrastructure (Finance, IT and HR) efficiently and we are hoping to reduce fixed costs by moving our central office in London to smaller premises in 2017.

Risk management

As demonstrated in the activities reported above, risk management is embedded in our governance approach. Key risks and associated mitigating actions are regularly reviewed and updated by both the Senior Management team and the trustees. Principal risks currently include:

- A reduction in fundraised income. We rely on fundraised income to pay for the wide range of vital information and support we provide, but our income stream is vulnerable to many factors, such as the possibility of a recession, insufficient diversity in our funding streams, changes in public sentiment and failure to make our case for support. As highlighted elsewhere in this report, we are taking steps to mitigate and manage these risks, including a comprehensive review of our fundraising approach during 2016–17.
- Failure to increase the numbers and diversity of people who can access our services. While we continue to increase the number of people we support each year, we may not be able to keep pace with the forecast increase in the numbers of people living with breast cancer. We know we need to continue to do more, extend our reach and ensure our services are accessible to everyone who needs them. So we updated our services strategy in 2015 with a view to making it easier to scale up our services. We continue to review key elements of it to ensure we are maximising our impact.

There are several other key risks, including changes in the policy environment, governance, legislative compliance and ensuring we attract and retain the right people to deliver our mission. All of these areas are managed proactively.

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. We also seek to generate a return each year from our investments, which provides additional income to fund our activities. The investment objective is therefore to balance income and capital returns within an acceptable level of risk.

Our tolerance to risk during 2015–16 was medium-low, underlining our aim to protect our reserves in real terms rather than engage in more speculative, higher-risk capital growth strategies.

In 2016 we have moved to a low-risk tolerance position due to ongoing volatility and uncertainty in the financial markets. We have also updated our investment policy objective, which can be summarised as:

‘The trustees seek to achieve a minimum level of gross income of £125,000 per annum from a lower risk portfolio as defined by the Strategic Asset Allocation within the Investment policy statement.

‘While the trustees accept that there will be short-term fluctuations in the value of their investments they also seek to preserve the real capital value of the portfolio over the medium and longer term. This will be continually reviewed to ensure that it remains appropriate.’

Our investment policy objective

As part of our overall approach we have an ethical policy that means the trustees will not invest directly in tobacco-related companies or companies that derive significant revenue from sales of tobacco-related products.

Where investments are made ‘indirectly’ through Collective Funds the trustees request its managers exercise care and discretion to ensure that tobacco-related companies are not a material component.

The trustees are also required to consider the congruence of potential investments with the aims of the charity.

Fixed asset investments totalled £4.64million at the year-end (see note 14 to the financial statements) with £3.63million of this held in securities managed on our behalf by investment managers Charles Stanley.

Performance in 2015–16 was mixed, with the portfolio generating income of £117k – in line with our target but decreasing in capital value by £257k.

We regularly review performance of our investment managers to ensure they are in line with benchmarks and that our approach is in line with our broader strategy and plans.

Investments are held over a long-term timeframe so some volatility in capital values are expected.

Reserves

At the end of the financial year our total funds were £7.84million, made up of general unrestricted reserves (the level of which we aim to keep within an agreed range set out in our Reserves policy), designated reserves and restricted funds.

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. Our approach is risk based, we attempt to assess the potential volatility in our income streams and match these against our planned expenditure commitments, investment requirements and the extent to which our operating costs are fixed. As such we have set our minimum reserves level at £5.9million with an upper limit of £10.4million, which is the equivalent of four to seven months planned expenditure.

Our general unrestricted reserves as at 31 March 2016 were £6.2million, which is within our 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.

In line with best practice, the net book value of the tangible and intangible fixed assets the organisation holds is designated as these assets are not readily transferrable into cash.

In addition, a further allowance has been made to ensure funds are available to reduce our office costs and footprint in London. The expectation is that these funds will be spent or released back into general funds during 2016–17. At the year-end total designated funds stood at £1.38million and are detailed in note 21 to the financial statements.

Restricted funds

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

As of 31 March 2016 reserves that were restricted in this way totalled £207k. Further details can be found in note 20 to the financial statements.

Breast Cancer Care Trading Limited

In line with recommended practice, Breast Cancer Care operates a trading subsidiary Breast Cancer Care Trading Limited.

The subsidiary had a turnover of £850k (see note 24) from cause-related marketing activities with commercial participators (for instance, putting our logo on vetted products and services), merchandise sales and tickets to some of the events we run. Any profits are gift aided to Breast Cancer Care each year.

This annual report, prepared under the Charities Act 2011 and the Companies Act 2006, was approved by the trustees of Breast Cancer Care on 21 September 2016, including in their capacity as company directors approving the strategic report contained therein and is signed as authorised in its behalf by:



Emma Burns,
Chair of the Board of Trustees

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

We have audited the financial statements of Breast Cancer Care for the year ended 31 March 2016 set out pages 26 to 37. The financial reporting framework that has been applied in their preparation is applicable law and FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

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 and to the charitable company's trustees as a body, in accordance with section 154 of the Charities Act 2011 and section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company, the charitable company's members as a body and the charitable company's trustees as a body for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

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

We have been appointed as auditor under section 151 of the Charities Act 2011, under section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Strategic Report and the Trustees' Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

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 2016 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities Act 2011 and the Charities and Trustee

Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Opinion on other matter 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 Strategic Report and Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements and has been prepared in accordance with the applicable legal requirements.

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit we have not identified any material misstatements in the Strategic Report and Trustees' Annual Report.

Matters on which we are required to report by exception

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

- the parent charitable company has not kept adequate accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption from the requirement to prepare a strategic report or in preparing the Trustees' Annual Report.

N. Hashemi

Naziar Hashemi

Senior Statutory Auditor For and on behalf of

Crowe Clark Whitehill LLP

Statutory Auditor

London

28 September 2016

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

Breast Cancer Care

Consolidated Statement of Financial Activities (incorporating an Income and Expenditure Account) for the year ended 31 March 2016

	Note	Unrestricted Funds £'000	Restricted Funds £'000	2015-16 £'000	2014-15 £'000
Income and endowments from:					
Donations and legacies:					
Voluntary income	2	10,708	1,055	11,763	10,938
Project grants	3	-	310	310	423
Charitable activities					
Other trading activities	4	4,422	28	4,450	4,691
Investments	5	126	-	126	142
Other: Rental, conferences & other income		387	-	387	381
Total		15,643	1,393	17,036	16,575
Expenditure on:					
Raising funds:					
Costs of generating voluntary income		4,122	-	4,122	3,350
Costs of activities for generating funds		2,626	-	2,626	2,158
		6,748	-	6,748	5,508
Charitable activities:					
Support & Inform		8,328	1,237	9,565	9,206
Influence		725	47	772	773
		9,053	1,284	10,337	9,979
Total	6	15,801	1,284	17,085	15,487
Net gains/(losses) on investments	14	(257)	-	(257)	71
Net income/(expenditure)		(415)	109	(306)	1,159
Transfers between funds		-	-	-	-
Net movement in funds		(415)	109	(306)	1,159
Reconciliation of Funds					
Total funds brought forward at 1 April	20 & 21	8,052	98	8,150	6,991
Total funds carried forward at 31 March		7,637	207	7,844	8,150

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 31st March 2016 (2015: nil).
All the above results derive from continuing activities.

The deficit for the year of Breast Cancer Care for Companies Act 2006 purposes was £(306,000) (2015: surplus of £1,159,000)

The notes on pages 27 to 37 form part of these accounts.

Breast Cancer Care

Consolidated and Charity Balance Sheets as at 31 March 2016

	Note	Group 2015-16 £'000	Group 2014-15 £'000	Charity 2015-16 £'000	Charity 2014-15 £'000
Fixed Assets					
Intangible Assets	12	138	124	138	124
Tangible Assets	13	351	320	351	320
Investments	14	4,639	4,895	4,639	4,895
		5,128	5,339	5,128	5,339
Current Assets					
Stock		121	72	16	7
Debtors	15	3,066	2,350	3,368	2,804
Investments	16	518	509	518	509
Cash at bank and in hand		1,664	2,156	1,406	1,846
		5,369	5,087	5,308	5,166
Creditors: amounts falling due within one year	17	(1,546)	(1,134)	(1,485)	(1,213)
Net Current Assets		3,823	3,953	3,823	3,953
Creditors: amounts falling due after more than one year	18	-	(155)	-	(155)
Provisions for liabilities	19	(1,107)	(987)	(1,107)	(987)
Total Net Assets		7,844	8,150	7,844	8,150
The Funds of the Charity:					
Restricted income funds	20	207	98	207	98
Unrestricted funds:					
Designated funds	21	1,375	1,044	1,375	1,044
General funds	21	6,262	7,008	6,262	7,008
Total Charity Funds	22	7,844	8,150	7,844	8,150

Approved by the Board of Trustees
on 21 September 2016 and signed
on its behalf by:



Emma Burns

Chair



Dheepa Balasundaram

Treasurer

The notes on pages 27 to 37 form part
of these accounts.

Breast Cancer Care

Consolidated Cashflow Statement for the year ended 31 March 2016

	2015-16	2014-15	
	£'000	£'000	
Net cash provided by operating activities (a)	<u>(264)</u>	<u>469</u>	
Cash flows from investing activities:			
Dividends, interest and rents from investments	-	2	
Purchase of property, plant and equipment	(219)	(125)	
Proceeds from sale of investments	614	453	
Purchase of investments	(614)	(458)	
Net cash provided by investing activities	<u>(219)</u>	<u>(128)</u>	
Increase in cash in the year	<u>(483)</u>	<u>341</u>	
Change in cash and cash equivalents in the reporting period	<u>(483)</u>	<u>341</u>	
Cash and cash equivalents at the beginning of the reporting period	2,665	2,324	
Cash and cash equivalents at the end of the reporting period	<u>2,182</u>	<u>2,665</u>	
	2015-16	2014-15	
	£'000	£'000	
(a) Reconciliation of net income/(expenditure) to net cash flow from operating activities			
Net incoming resources for the reporting period (from the Statement of Financial Activities)	(49)	1,088	
Adjustments for:			
Depreciation and amortisation charges	174	149	
(Increase) in stocks	(49)	(52)	
(Increase) in debtors	(716)	(235)	
(Decrease)/increase in creditors	376	(481)	
Net cash provided by operating activities	<u>(264)</u>	<u>469</u>	
(b) Analysis of cash and cash equivalents	31 March	Cashflow	1 April
	2016		2015
	£'000	£'000	£'000
Cash at bank and in hand	1,664	(492)	2,156
Notice deposits (less than 3 months)	518	9	509
Total cash and cash equivalents	<u>2,182</u>	<u>(483)</u>	<u>2,665</u>

Breast Cancer Care

Notes to the Accounts for the year ending 31 March 2016

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 5-13 Great Suffolk Street, London, SE1 0NS.

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.

Reconciliation with previous Generally Accepted Accounting Practice

In preparing the financial statements, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 the restatement of comparative items was required. At the date of transition, in applying the FRS 102 definition of intangible assets, website development costs were reclassified from tangible fixed assets to intangible fixed assets. No other restatements were required. In accordance with the requirements of FRS 102 a reconciliation of opening balances is provided.

	Tangible Fixed Assets	Intangible Fixed Assets
	£'000	£'000
Balances as previously stated at 1 April 2015		
Cost	3,367	0
Accumulated depreciation	(2,923)	0
Net Book Value	444	0
Transfer of website development costs		
Cost	(150)	150
Accumulated depreciation	26	(26)
Net Book Value	(124)	124

Balances as restated at 1 April 2015

Cost	3,217	150
Accumulated depreciation	(2,897)	(26)
Net Book Value	320	124

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 the financial statements are described in the accounting policies and are summarised below:

Dilapidation provision – The charity has provided for its possible liability in relation to its leasehold property which has been estimated as disclosed in note 19.

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, Breast Cancer Care Trading Ltd, because of its policy of gifting its taxable profits to the parent charity each year. Breast Cancer Care has no similar exemption from VAT. Irrecoverable VAT is included in the cost of those items to which it relates. All other income and expenses are net of VAT.

Tangible 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
- furniture, fixtures and fittings – 20 to 40% per annum
- computers and equipment – 20 to 25% per annum
- 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 20 and 21.

The different funds held are defined as follows:

- restricted funds are subject to specific restrictions imposed by the donor or by the nature of the appeal
- designated funds are set aside at the discretion of the trustees for specific purposes. Details of the specific designated funds are given in Note 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 2016

2. Voluntary income	Unrestricted Funds £'000	Restricted Funds £'000	2015-16 Total £'000	2014-15 Total £'000
Individual and Other Donations	5,379	556	5,935	6,221
Corporate Donations	3,632	439	4,071	3,905
Corporate Sponsorships through Trading Subsidiary	456	-	456	304
Legacies	1,241	60	1,301	508
	10,708	1,055	11,763	10,938

Voluntary income was £11,763,000 (2015: £10,938,000), of which £10,708,000 was unrestricted (2015: £10,415,000) and £1,055,000 was restricted (2015: £523,000).

Individual and other donations includes gifts in kind of £98,804 (2015: £101,892) and corporate donations includes gifts in kind of £84,844 (2015: £343,439).

At 31 March 2016, in addition to legacy income that has been included in the accounts, the charity expects to benefit from legacies to an approximate value of £465,000 (2015: £375,000) 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	2015-16 Total £'000	2014-15 Total £'000
The William Grant Foundation	50	50
The Freemasons' Grand Charity	34	-
Department of Health	28	72
The City of London Corporation's charity, City Bridge Trust	21	21
The Childwick Trust	20	-
The Robertson Trust	15	-
The Scottish Government - Health Department	15	15
The Hugh Fraser Foundation	14	-
The Jane Hodge Foundation	10	-
Tom and Sheila Springer Charity	10	-
The Lake House Charitable Foundation	10	-
Welsh Government Health Challenge Wales Voluntary Sector Grant	8	14
The Zochonis Charitable Trust	6	-
The Eveson Charitable Trust	6	-
The February Foundation	5	10
Big Lottery Fund - Research Programme	-	73
London Stock Exchange Group Foundation	-	25
The Milly Apthorp Charitable Trust	-	20
The Balcombe Charitable Trust	-	10
Bank of Scotland Foundation	-	8
Ashley Charitable Trust	-	8
Various grant giving trusts	58	97
	310	423

4. Activities for generating funds	Unrestricted Funds £'000	Restricted Funds £'000	2015-16 Total £'000	2014-15 Total £'000
Events Income	4,113	28	4,141	4,500
Merchandising Income	309	-	309	191
	4,422	28	4,450	4,691

Income from activities for generating funds was £4,450,000 (2015: £4,691,000), of which £4,422,000 (2015: £4,646,000) was unrestricted, and £28,000 (2015: £45,000) was restricted.

5. Investment income	Unrestricted Funds £'000	Restricted Funds £'000	2015-16 Total £'000	2014-15 Total £'000
Interest Received	9	-	9	6
Investment Income	117	-	117	136
	126	-	126	142

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2016

6. Analysis of expenditure

	Generating voluntary income £'000	Activities for generating funds £'000	Support £'000	Influence £'000	2015-16 Total £'000	2014-15 Total £'000
Direct costs						
Staff costs	1,383	825	4,347	369	6,924	5,687
Other direct costs	1,973	1,384	3,024	274	6,655	5,987
	3,356	2,209	7,371	643	13,579	11,674
Support costs						
Information Technology	96	46	252	18	412	388
Finance & Supporter Services	192	146	700	20	1,058	1,049
Public Awareness	-	-	-	-	-	396
Facilities	331	156	866	64	1,417	1,481
Human Resources	122	58	319	23	522	535
Governance	22	10	57	4	93	93
VAT Recovered	3	1	-	-	4	(129)
	766	417	2,194	129	3,506	3,813
Total costs	4,122	2,626	9,565	772	17,085	15,487

Support costs above include the following governance costs:

CEO office salary costs	66	66
Trustee & trustee meeting expenses	8	7
Audit fees	20	18
	94	91

Expenditure totalled £17,085,000 (2015: £15,487,000), of which £15,801,000 (2015: £14,529,000) was unrestricted, and £1,284,000 (2015: £958,000) was restricted. Restricted funds were used for generating voluntary income (£0; 2015: £1,000); to support and inform (£1,237,000; 2015: £853,000); and influence (£47,000, 2015: £104,000).

Support costs include £1,256,000 of staff costs (2015: £1,585,000).

Facilities include the cost of premises and associated maintenance; these premises are used for the delivery of client services.

7. Total Resources Expended

Resources expended include:	2015-16 £'000	2014-15 £'000
Auditors' remuneration:		
- Audit fees	20	20
- Tax advisory services	2	-
Depreciation and amortisation	172	419

8. Lease Commitments - lessee

Operating lease rentals of £913,479 (2015: £912,312) were paid in respect of equipment, and property and facilities held under leases during the year. In the coming year, the charity is committed to paying the following amounts in respect of operating leases, expiring:

	Equipment		Property and Facilities	
	2015-16 £'000	2014-15 £'000	2015-16 £'000	2014-15 £'000
Within one year	11	11	903	903
Between one and five years	-	7	36	907
More than five years	-	-	-	-

9. Lease Commitments - lessor

Income from operating lease rentals of £377,300 (2015: £377,300) was received in respect of property and facilities let under leases during the year. In the coming year, the lessees are committed to paying the following amounts to the charity in respect of operating leases, expiring:

	Property and Facilities	
	2015-16 £'000	2014-15 £'000
Within one year	342	377
Between one and five years	-	342
More than five years	-	-

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2016

10. Trustees' Remuneration and expenses

	2015-16 £'000	2014-15 £'000
Trustees' expenses reimbursed	5	8

None of the Trustees have been paid any remuneration or received any other benefits from any employment with the charity (2015: None). Out of pocket expenses for travel and subsistence were reimbursed to 7 trustees (2015: 6).

11. Staff costs

	2015-16 £'000	2014-15 £'000
Employee costs during the year were:		
Salaries	6,958	6,212
Social Security costs	708	630
Pension contributions	508	438
Redundancy payments	6	-
	8,180	7,280

Redundancy payments were as a result of organisational restructure. 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 trustees, the Chief Executive Officer, and the Directors. The total employee benefits of the key management personnel of the charity were £557,751 (2015: £563,436). The Chief Executive received total pay of £111,676, which comprised a bonus of £6,001 for performance in 2014-15 and a basic salary of £105,675.

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

	2015-16 No.	2014-15 No.
£110,001 - £120,000	1	1
£100,001 - £110,000	-	1
£90,001 - £100,000	1	-
£80,001 - £90,000	2	2
£70,001 - £80,000	-	1
	4	5

All employees earning more than £60,000 participated in the pension scheme. Contributions paid in respect of these individuals in the year totalled £54,024 (2015: £50,209).

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

	2015-16 No.	2015-16 FTE	2014-15 No.	2014-15 FTE
Charitable activities	155	135	148	127
Cost of generating funds	75	61	63	53
	230	196	211	180

12. Intangible Fixed Assets Group and Charity

Cost

	Website Development costs £'000	Total Intangible Assets £'000
At 1 April 2015	150	150
Additions	55	55
Disposals	-	-
At 31 March 2016	205	205

Amortisation

At 1 April 2015	26	26
Charge for the year	41	41
Disposals	-	-
At 31 March 2016	67	67

Net Book Value

At 31 March 2016	138	138
At 31 March 2015	124	124

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2016

13. Tangible Fixed Assets Group and Charity

	Leasehold Improvements £'000	Furniture & Fittings & Equipment £'000	Computers & Equipment £'000	Total Tangible Assets £'000
Cost				
At 1 April 2015	2,149	38	1,030	3,217
Additions	-	-	164	164
Disposals	-	-	(178)	(178)
At 31 March 2016	2,149	38	1,016	3,203
Depreciation				
At 1 April 2015	2,112	29	756	2,897
Charge for the year	18	3	112	133
Disposals	-	-	(178)	(178)
At 31 March 2016	2,130	32	690	2,852
Net Book Value				
At 31 March 2016	19	6	326	351
At 31 March 2015	37	9	274	320

14. Fixed asset investments Group and Charity

	2015-16 £'000	2014-15 £'000
Market value at 1 April	4,896	4,821
Transfers to cash reserves	-	(2)
Purchases	614	458
Disposal Proceeds	(614)	(453)
Net realised (losses)/gains during the year	(114)	(33)
Net unrealised (losses)/gains on disposal	(143)	104
Market value of listed investments at 31 March	4,639	4,895
Transfers from current investments 31 March	-	-
Market value of fixed asset investments at 31 March	4,639	4,895
Unrealised net gains on revaluation at 31 March	(198)	(270)
Historical cost at 31 March	4,441	4,625

	2015-16		2014-15	
	Fixed asset Investment £'000	Current Investment £'000	Fixed asset Investment £'000	Current Investment £'000
Investments are represented by:				
Fixed interest securities	1,597	-	1,461	-
Property funds	-	-	-	-
Equity shares	1,820	-	2,214	-
Hedge funds	-	-	-	-
Cash deposit funds	1,220	518	1,220	509
Total Investments held in the UK	4,637	518	4,895	509

There were no investments representing over 10% by value of the portfolio.

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

Investments held by the charity also included an additional £2 (2015: £2) investment in the subsidiary company at cost (see note 24). The charity also holds an investment of £20 for a one-third share in Pink Ribbon Limited. The other two-thirds are held by Breast Cancer Now.

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2016

15. Debtors

	Group 2015-16 £'000	Group 2014-15 £'000	Charity 2015-16 £'000	Charity 2014-15 £'000
Trade Debtors	340	109	217	65
Other Debtors	32	40	32	40
Prepayments and accrued income	2,694	2,201	2,610	2,201
Subsidiary company	-	-	509	498
	3,066	2,350	3,368	2,804

16. Current Investments

	Group 2015-16 £'000	Group 2014-15 £'000	Charity 2015-16 £'000	Charity 2014-15 £'000
Money Market and Bank Deposits	518	509	518	509

17. Creditors: Amounts falling due within one year:

	Group 2015-16 £'000	Group 2014-15 £'000	Charity 2015-16 £'000	Charity 2014-15 £'000
Trade creditors	173	98	163	86
Other creditors	202	94	202	94
Accruals	503	374	503	374
Deferred income	438	381	414	372
Taxation and Social Security	230	187	203	186
Subsidiary company	-	-	-	101
	1,546	1,134	1,485	1,213

Deferred income includes amounts received for fundraising events taking place in the next financial year. During the year £436,844 of income was deferred (2015: £380,691) and £380,055 of income was released (2015: £504,194).

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

18. Creditors: Amounts falling due after one year:

	Group 2015-16 £'000	Group 2014-15 £'000	Charity 2015-16 £'000	Charity 2014-15 £'000
Other Creditors	-	155	-	155
	-	155	-	155

19. Provisions for liabilities

	Group and Charity			
	1 April 2015 £'000	Transfer £'000	Release £'000	31 March 2016 £'000
Office lease commitments	987	120	-	1,107

Provisions relate to the potential dilapidations and exit costs associated with our four offices. One lease expires in 2016-17 and we expect a release from the provision.

20. Restricted Funds

	Balance at 1 April 2015 £'000	Income £'000	Expenditure £'000	Balance at 31 March 2016 £'000
Lavender Trust Fund	-	106	(106)	-
The City of London Corporation's charity, City Bridge Trust	-	21	(21)	-
Novartis	-	123	(47)	76
Department of Health - HSCVF	3	28	(31)	-
Client Services	95	1,115	(1,079)	131
	98	1,393	(1,284)	207

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2016

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

The **City of London Corporation's charity, City Bridge Trust** - the three year grant is to fund our London based Moving Forward Courses aimed at breast cancer patients that are coming to the end of hospital based treatment and are beginning to move forward from breast cancer.

Novartis - Funding over two years has been received to survey secondary breast cancer patients' needs and experiences as well as the value and impact of secondary breast cancer nurses.

Department of Health HSCVF - the three year grant is for a programme of local walks in the North of England for anyone moving forward from a diagnosis of breast cancer and is from Department of Health's Health and Social Care Volunteering Fund.

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

21. Unrestricted Funds

	1 April 2015 £'000	Income £'000	Expenditure £'000	Transfer £'000	Investments £'000	31 March 2016 £'000
General funds	7,008	15,479	(15,668)	(300)	(257)	6,262
Designated funds						
Fixed assets fund	444	164	(133)	-	-	475
Office resource fund	600	-	-	300	-	900
	1,044	164	(133)	300	-	1,375
Total Unrestricted Funds	8,052	15,643	(15,801)	-	(257)	7,637

Fixed assets fund represents the net book value of tangible fixed assets except those held in restricted assets.

Office resource fund is to cover the planned move to a smaller office in London, IT investment and other associated costs.

22. Analysis of Group Net Assets between Funds

	General Funds £'000	Designated Funds £'000	Restricted Funds £'000	Total Funds £'000
Fund balances at 31 March 2016 are represented by:				
Intangible Fixed Assets	-	138	-	138
Tangible Fixed Assets	-	351	-	351
Investments	4,639	-	-	4,639
Current Assets	4,276	886	207	5,369
Current Liabilities	(1,546)	-	-	(1,546)
Provision for liabilities	(1,107)	-	-	(1,107)
Total Net Assets	6,262	1,375	207	7,844

23. 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 £4,418,000 (2015: £4,192,000) and financial liabilities at amortised cost, comprising trade creditors, other creditors and accruals at of £878,000 (2015: £721,000). Total interest income received in respect of financial assets held at amortised cost totalled £9,000 (2015: £6,000).

The charity held assets at fair value through income and expenditure of £4,639,000 (2015: £4,895,000). Movements in the year through the statement of financial activities comprised income of £117,000 (2015: £136,000) and losses of (£257,000) (2015: gains of £71,000).

24. 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.

Breast Cancer Care

Notes to the Accounts for the year ended 31 March 2016

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

	Merchandising £'000	Corporate Income £'000	Events £'000	Other £'000	2015-16 Total £'000	2014-15 Total £'000
Turnover	366	288	176	20	850	723
Cost of Sales	(370)	-	-	-	(370)	(217)
Gross Profit/(Loss)	(4)	288	176	20	480	506
Bank charges	-	-	-	(8)	(8)	(7)
Management fee paid to the charity	-	-	-	(120)	(120)	(105)
Other expenses	-	-	-	(1)	(1)	(1)
Net Profit/(Loss)	(4)	288	176	(109)	351	393

The aggregate of the assets, liabilities and funds was:

	2015-16 £	2014-15 £
Assets	531,662	520,901
Liabilities	(531,660)	(520,899)
Funds (representing two ordinary shares of £1 each)	2	2

25. Related Party Transactions

In the year ending 31 March 2016, 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 £119,867 (2015: £105,268).

- The transfer under gift aid of the trading profits of Breast Cancer Care Trading Ltd to the charity of £351,046 (2015: £393,196).

There was an outstanding balance due to the charity by Breast Cancer Care Trading Ltd of £509,000 (2015: £498,000), and an outstanding balance due by the charity to Breast Cancer Care Trading Ltd of £0 (2015: £101,000) as at the 31 March 2016.

In the year ending 31 March 2016, the aggregate value of donations received from trustees of the charity was £22,553 (2015: £9,785).

26. Trustee Indemnity Insurance

During the year, the charity purchased insurance to indemnify the trustees against the consequences of neglect or default on the part of the trustees. The cost of the insurance was £1,640 (2015: £1,640).

27. 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.

28. Income from pharmaceutical companies

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

	2015-16 Total £'000	2014-15 Total £'000
Novartis	123	37
Roche Products Ltd	21	20
Pfizer	33	15
AstraZeneca	15	-
Genomic Health	11	9
Celgene	1	1
Amgen	-	10
	204	92

Income received from pharmaceutical companies in 2015-16 supported our secondary breast cancer awareness work, and the Breast Cancer Care Nursing Network – which provides educational resources, learning events, regular news publications and training for 1,100 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.

29. 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 £507,977 (2015: £438,444)

Thank you

Addleshaw Goddard
 Advising London
 AIG Europe Ltd
 Ann and Calum Frampton for their dedication and support of the charity through numerous fundraising events
 Asda for the incredible Tickled Pink campaign
 AstraZeneca

Baker & McKenzie
 Bala Rotary Club
 Barbra's Babes for raising over £50,000
 Barclays Agriculture
 Best Western Hotel, Strathaven
 BGC
 BHS
 Big Yellow Self Storage Company Ltd
 Birmingham District Nursing Charitable Trust, The 29th May 1961 Charitable Trust, and The Eveson Charitable Trust for funding work in the West Midlands
 Bob Sturgess
 Bristows
 BT

Cardiff Fundraising Committee
 Caroline Turner
 Chris Weir for her continued support of B-Aware, a breast health awareness project throughout Scotland
 Christine Sturgess for chairing The Show London committee and thank you to all our Breast Cancer Care Fashion Show committee members
 City Bridge Trust for Moving Forward courses in London
 Crabtree & Evelyn
 Curves

DG Fruit Ltd
 Dorothy Perkins
 Duncan Spence

Eat Natural
 Elemis
 EMCOR UK
 En Route International
 Estée Lauder
 Eversheds

Fife Flyers
 Fiona Treharne
 FitFlop
 Freixenet
 Freshfields Bruckhaus Deringer
 Furnival Chambers

Genomic Health
 Hayley Carpenter - Priest

Interflora

Jackie Scully
 Jane Hinnrichs
 JML
 Joanne and Chris Thomson
 Jodie Burnett
 Jupiter Hotels

Karen Bloor

L Lynch Plant Hire & Haulage Ltd
 Lakeside Leisure Group
 Latham & Watkins
 Lewisham Council and Mayoress committee for raising £200,000 for the Lavender Trust since 1999
 Lindor
 Linzi Shoes
 Look Good Feel Better

Manchester Beer and Cider Festival
 Manchester University Rag
 Mark Master Masons
 McAllister Litho Glasgow
 Miss Selfridge
 Mission Foods
 Monica Takvam

Newbury Racecourse
 Next
 Nick Miles for his ongoing support of the Lavender Trust
 Novartis

Office Shoes
 Our member Angela Quinn and our Patrons of The Cornerstone Collective Paul Pester and the Saracens Sport Foundation

Palmer's
 Pfizer Limited
 Pipers Crisp Co
 PM Solutions
 Premier Paper
 Proskauer

QBE European Operations
 QVC

Radisson Hotel, Glasgow
 RBS Invoice Finance
 Renfield Hair and Beauty
 Rieves Lotteries
 Rituals
 Roadchef
 Roberts Radio
 Roche Products Limited
 Rolls-Royce Motor Cars

Sassoon
 Service User Research Partnership Group (SURP)
 Sidley Austin
 Simmons & Simmons
 Slug & Lettuce
 Smint
 Southside Ladies Lunch Committee, Glasgow
 St David's Dewi Sant
 Steph Harrison for achieving the amazing fundraising milestone of £100,000
 Streamline Foods
 SUFC

Tangent
 The Carols by Candlelight London committee members
 The Childwick Trust for funding Living with Secondary Breast Cancer services in the South of England
 The Coxless Crew
 The David and Claudia Harding Foundation
 The Evelyn Drysdale Foundation, Hugh Fraser Foundation, Len Thomson Charitable Trust, Margaret Murdoch Charitable Trust, Martin Connell Charitable Trust, Mickel Fund, PF Charitable Trust, Souter Charitable Trust, and William Grant Foundation for funding work in Scotland
 The February Foundation
 The Football Association, Wembley Stadium and members of the England squads for their support this year
 The Health and Social Care Volunteering Fund (Department of Health) for funding Best Foot Forward in the North of England
 The Jane Hodge Foundation and Simon Gibson Charitable Trust for funding services in Wales
 The JMCMRJ Sorrell Foundation
 The Lake House Charitable Foundation
 The Masonic Charitable Foundation (formerly The Freemasons' Grand Charity) for funding the launch of new Living with Secondary Breast Cancer services in England
 The Random House Group Ltd
 The Robertson Trust for supporting Living with Secondary Breast Cancer services in Scotland

The Scottish Government for funding Living with Secondary Breast Cancer Services in Scotland
 The Show Scotland committee
 The Tom and Sheila Springer Charity for supporting services for younger women with breast cancer
 The Welsh Government for funding the Best Foot Forward services and Lymphoedema Sessions in Wales
 The William Allen Young Charitable Trust
 The Zochonis Charitable Trust for funding services in Manchester
 Tony Stacey (Save Our Melons)

Wales & West Utilities
 Wayne Palmer and Dale Hattey
 Weil
 Westdale Press
 Western Power Distribution
 Wilkos
 Willkie
 Woman&Home

**A special thank you to each person
 who very kindly remembered
 Breast Cancer Care's work in their Will**

About us: our legal and administrative details

Royal Patron

Her Royal Highness The Duchess of Kent GCVO

Patrons

Joan, Baroness Bakewell DBE
Cherie Blair CBE QC
Geri Horner
Allan Leighton
Professor Trevor Powles CBE
Professor Ian Smith

Ambassadors

Kaye Adams
Jonathan Ansell
Alexandra Burke
Vanessa Feltz
Leigh Halfpenny
Jane Hinnrichs
Denise Lewis OBE
Amanda Mealing
Diana Moran
Mike Phillips
Lisa Snowdon
Meera Syal CBE
Denise Van Outen
Chris Weir

Founder

Betty Westgate MBE (1919–2000)

Board of Trustees

Emma Burns, Chair
Dr Marion Lewis, Vice-Chair
Dheepa Balasundaram, Treasurer
Farida Anderson MBE
Mark Astaire (appointed 22 June 2016)
Lesley Bailey (resigned 22 September 2015)
Susan Brannigan
Dr Christine Douglass
Dr Alison Jones
Nick Morris
Jill Pask
Sybil Roach-Tennant
Fiona Wood

Chief Executive

Samia al Qadhi

Executive Directors

David Crosby (Services and Engagement from August 2015)
Graham Galvin (Finance and Resources)
Andy Harris (Fundraising and Marketing)
Dr Emma Pennery CBE (Clinical and Information)
Diana Jupp (Services until June 2015)

Board subcommittees

Finance and General Purposes Committee

Dheepa Balasundaram, Chair
Emma Burns
Nick Morris
Jill Pask

Investment

Jill Pask, Chair
Dheepa Balasundaram
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Dr Christine Douglass, Chair
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Steve Jenkins (co-opted)

Governance and Nominations

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Audit and Assurance

Catherine Young, Chair
Dr Christine Douglass
Dr Alison Jones
Sybil Roach-Tennant
Jonathan Dancey (co-opted)
Raj Kambo (co-opted)

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Callum Calder

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Solicitors

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Russell Cooke
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London WC1R 4BX



When you have breast cancer, everything changes.

At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day. That's why we offer support and information and campaign for better care.

Whether you want to speak to our nurses, read reliable information or connect with someone who's faced what you are facing now, we'll help you feel more in control.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk

Central Office

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