

FACING BLOOD CANCER TOGETHER

Report of the Trustees and Financial Statements
for year ended 31 March 2016

Beating blood cancer since 1960
bloodwise.org.uk

Bloodwise

We're a community of researchers, people affected by blood cancer, family, friends, health professionals, fundraisers, staff, volunteers and more. There are no boundaries: patients become researchers, researchers become fundraisers and patients become volunteers. Together, we're the UK's specialist blood cancer charity.

We're united by one vision: beating blood cancer. We've always been dedicated to blood cancer and we always will be. Beating blood cancer means a world where everyone knows what blood cancer is; where diagnosis is quick but not a big deal;

where treatments work and are free from side effects; and where people can live well with – and after – blood cancer.

We've been funding world-class blood cancer research since 1960 and offer expert information and support to anyone affected by leukaemia, lymphoma, myeloma and other blood related disorders. Thanks to research, more and more people are surviving blood cancer. But we still have work to do. We won't stop until every single person survives and can live their life to the full, with and after blood cancer.



Treatment

Improving how well treatments work and how they make people feel – and ultimately finding lasting cures



Diagnosis

Helping people get a more accurate diagnosis, more quickly

**We're here to beat
blood cancer**

This is how we do it



Raise awareness

Telling people what blood cancer is and what we need to do about it



Improving lives

Improving care and support, so people can live well with – and after – blood cancer



Raising money

Raising money, so we can do all of these things

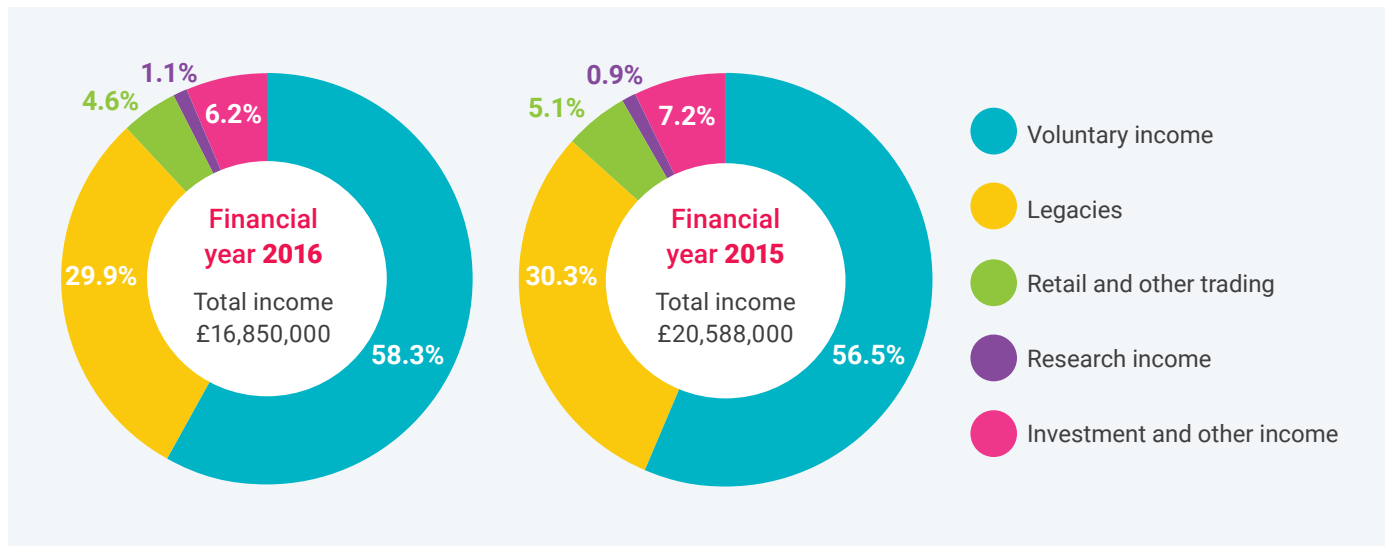
Contents

OUR YEAR AT A GLANCE	4
THANK YOU FROM OUR CHAIRMAN	5
ABOUT BLOOD CANCER	6
TRUSTEES' REPORT (INCORPORATING THE STRATEGIC REPORT)	7
STATEMENT OF TRUSTEE RESPONSIBILITIES	41
INDEPENDENT AUDITOR'S REPORT	42
CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES	44
CONSOLIDATED BALANCE SHEETS	46
CONSOLIDATED STATEMENT OF CASH FLOWS	48
ACCOUNTING POLICIES	50
NOTES TO THE ACCOUNTS	52

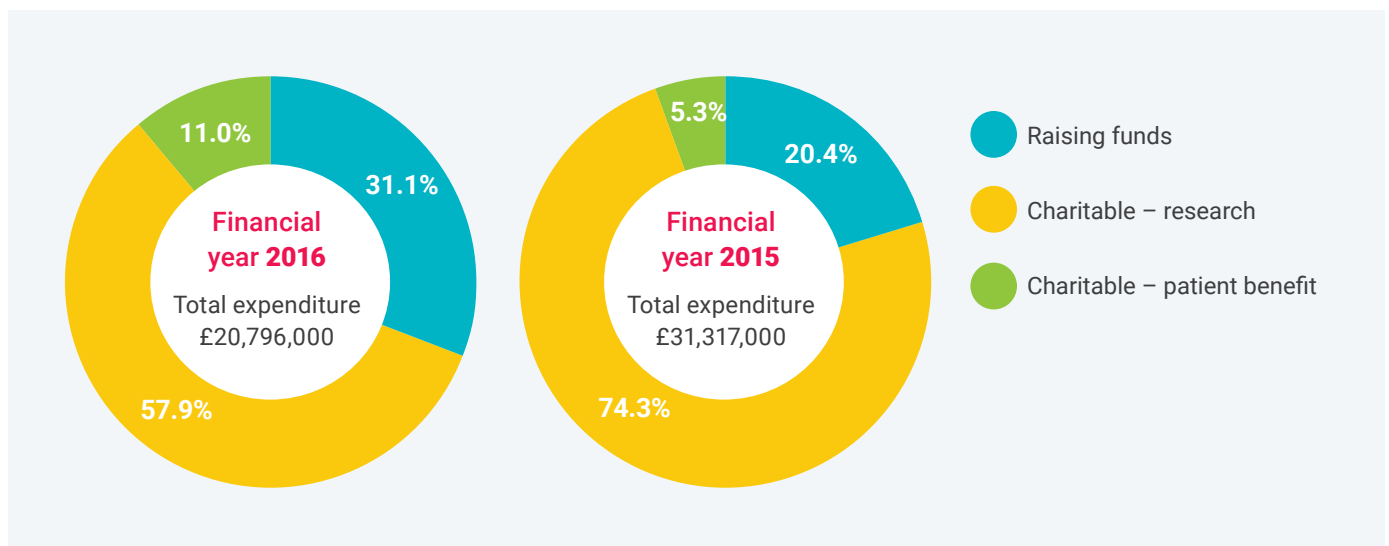
Introduction

Our year at a glance

Our income



Our expenditure



Thank you from our Chairman

This has been an ambitious year for Bloodwise in delivering our mission to save and improve the lives of blood cancer patients.

Tremendous progress has been made for blood cancer patients over the last 56 years since our charity began, and much of this has been due to the sustained and significant investment in research that you have made possible. This year we invested a further £17 million in new research grants. The acceleration in our understanding of blood cancers, combined with unparalleled advances in technology, meaningful patient data and of course the extraordinary talent of the haematology and cancer communities means that we are very well placed to make even more progress over the coming years in diagnosis, treatment and survival.

We will not stop until every life is saved from blood cancer. However, as two in every three blood cancer patients do thankfully now survive, we are also helping a growing number of people to live well with and beyond their cancer.

This year we launched the findings of our research into the needs of patients, research that was made possible by the active participation of nearly 2,000 people affected by blood cancer. This has given us a much better understanding of how we can achieve even more impact with every £ that you entrust to us.

As a result of these findings, and further research and consultation, we changed our name to Bloodwise in September 2015. This was not undertaken lightly. Over time, our aim is to reach people affected by all blood cancers with information about our research, clinical trials and patient information and support. Also in response to the insight gained, we launched a new website; led the development, with other charities, of a collaborative new digital signposting service for patients; and launched an awareness campaign.

We feel confident that by listening to our patients and responding to their needs, in the longer term we will create a stronger platform to accelerate our vision to beat blood cancer. In the short term, the simultaneous implementation of several large projects has presented us with challenges that we are working hard to overcome.

All of these ambitious plans and changes were executed in a year that turned out to be unexpectedly difficult for many charities. The combination of internal change and external turbulence resulted in a disappointing year for income.

Although we do not utilise many of the activities that have caused public concern around charity fundraising activities – such as sharing supporters' data, multiple mailings and intrusive techniques such as street fundraising or "chugging" – negative sentiment towards charities could continue to be far reaching. Our fundraising will continue to be based on relationships and long term programmes, rather than transactions, and our immediate priority is to ensure that we recover our fundraising efficiency and effectiveness. Over the last 5 years Bloodwise has adopted a deliberate strategy of investing some £30 million more in research than we have raised during this period. We have consciously reduced our reserves to put more funding in the hands of researchers sooner in anticipation of the benefits that this can bring for patients. We are very pleased with the quality of the resultant research, but clearly this approach cannot be sustained indefinitely.

Although we will be spending £25 million on research in the coming year, we will have to reduce the level of new grant awards while we work hard to increase our income in a sustainable way. With your support we will continue to be one of the largest funders of cancer research in the UK.

During the year we said farewell to two very dedicated Trustees, Mike Williams and Lesley Lee, who have both made outstanding contributions to the development of our charity over many years. Early in the new financial year, our Treasurer, Peter Burrell, will retire from the Board having made a vital contribution, especially to transforming many of the financial governance aspects of Bloodwise. We welcomed his successor Glen Lucken to the Board in January.

There is no doubt that there is still much work to be done before we achieve our vision to beat blood cancer. But with all of the wonderful work done by our supporters, patients, researchers, health professionals and partners, we have no doubt that achieving our vision is possible and getting closer.

Thank you very much for your support,



Pelham Allen
Chairman

About blood cancer

38,000 people are diagnosed with blood cancer each year in the UK. Blood cancer is much more common than is generally understood and together represents the fifth biggest group of cancers. In spite of tremendous progress in treatment, blood cancer is still the third biggest cancer killer and up to 14,000 people will lose their lives each year.

One of the reasons that blood cancer is perceived to be more rare is because there are 137 different types. Some of them have better-known names like leukaemia, lymphoma and myeloma, but many of them – in spite of quite large patient populations – are hardly known at all. Blood cancer is unusual because it affects people of all ages – from newborn babies to grandparents. Although most blood cancers are diagnosed in people aged over 60, blood cancer is also the most common cancer in children and young adults.

Because of the number and complexity of blood cancers, patient needs can vary enormously and can be quite different to those of other cancer patients.

We know that blood cancer results from errors in a single blood-forming stem cell. These abnormal cells multiply and divide, without the control mechanisms of a normal healthy cell. This interferes with the production and functioning of vital red cells, white cells and platelets. As a consequence blood cancer patients often have diverse symptoms which can be hard to recognise such as fatigue, anaemia, bleeding and an inability to fight infection.

Bloodwise has been the UK's specialist blood cancer charity since 1960. Until September 2015 we were known as Leukaemia & Lymphoma Research. We fund world-class research and offer expert information and support to anyone affected by blood cancer. Research has delivered remarkable progress and as a result we have more recently begun policy and public affairs work, to ensure that where possible patients have access to the new treatments and diagnostics that result from these years of research.

Our vision is to beat blood cancer. Our mission is to stop people from dying, to make patients' lives better and to stop blood cancer from happening in the first place.

ALL HAEMATOLOGICAL NEOPLASMS	EXPECTED UK CASES PER YEAR
Total	38,710
Chronic myeloid leukaemia	600
Chronic myeloproliferative neoplasms	3,360
Myelofibrosis	300
Myelodysplastic / Myeloproliferative neoplasms	560
Myelodysplastic syndromes	2,210
Acute myeloid leukaemia	2,430
Acute promyelocytic leukaemia	170
B-lymphoblastic leukaemia	550
T-lymphoblastic leukaemia	150
Monoclonal B-cell lymphocytosis	1,550
Chronic lymphocytic leukaemia	4,140
Hairy cell leukaemia	210
Lymphoproliferative disorder NOS	1,190
Monoclonal gammopathy of undetermined significance	4,500
Plasmacytoma	260
Myeloma	4,040
Marginal zone lymphoma	2,160
Follicular lymphoma	1,910
Mantle cell lymphoma	510
Diffuse large B-cell lymphoma	5,040
Burkitt lymphoma	210
Classical Hodgkin lymphoma	1,540
Lymphocyte predominant nodular Hodgkin lymphoma	200
T-cell lymphoma	650
T-cell leukaemias	270

With thanks to HMRN for the statistics shown on this page
hmrn.org/statistics/incidence

Our strategy

Research into blood cancer has been transformational for patients. In 1960 when our charity began, very little was known about blood cancer: there were very few treatment options and chances of survival were slim. Our charitable purpose was simply to encourage and promote research.

Now, thanks to the sustained investment in research, understanding of the biology of blood cancers is at the forefront of cancer research and can often help our understanding of other cancers too.

Nearly 70% of patients now survive blood cancer. As more people survive, our research also focuses on how to help people live well with and beyond the condition.

Because of these changes, our charitable purpose is now focused on the outcomes that we seek for patients.

Our charitable purpose

The advancement of health and the saving lives by:

- Promoting and assisting research into all aspects of blood cancers including the causes, diagnosis, treatment and cure of all blood cancers.
- Advancing the public understanding of blood cancer.

Our strategy, *An integrated approach to patient impact*, sets out how we aim to deliver our charitable purpose through five strategic goals.

Important progress has already been made for blood cancer patients. During the strategy period 2014–2017 we set ourselves a goal of creating an authoritative evidence base of patient need to help us make the investments in research and patient activities that could accelerate improvements for patients even more. We called this primary goal in our strategy **optimising patient impact**.

In support of this, we have two goals relating to how we can provide the resource needed to optimise patient impact through **raising money** and through building **partnerships**. It has been a difficult year for fundraising, but we continue to play a valuable role in creating partnerships with organisations united behind the vision of beating blood cancer.

We know that awareness of blood cancer, its symptoms and of organisations like Bloodwise that are here to help is really important.

Awareness improves the experience of patients because it can help to achieve a quicker, more accurate diagnosis – and with some of the acute blood cancers maybe even help to save a life. Awareness is also important for fundraising success in an increasingly competitive charity sector.

Our fourth goal is **to improve our reach, reputation and brand**, primarily with people affected by or working with blood cancer.

Our fifth and final goal is to **strengthen our organisation**. To achieve our vision and mission as efficiently and effectively as possible we need to be structured in a way that can adapt to changing circumstances and also be a good place for employees and volunteers to work together.

We know that every single moment is precious if we are to beat blood cancer. Our guiding belief – inspired by our founders, the early pioneers of our charity, and the patients and their families that we are here to help – is that life is a gift to be used wisely and lived fiercely. And we are determined to help people do that.

Goal 1: Optimising patient impact



Bloodwise holds a unique and important position in the UK, as one of the largest cancer research charities. It is also the only specialist blood cancer charity to invest in research, patient experience, and policy and public affairs work across all blood cancers.

This integrated approach enables us to play to different strengths according to the needs of patients and to be a voice of influence when it really matters. We focus our charitable expenditure on four priority outcomes for patients:

- accelerating and improving diagnosis
- improving treatment and finding cures
- improving care and living well with and beyond blood cancer
- improving awareness and understanding of blood cancer.

Our patient need research, launched in May 2015, was the outcome of a two-year study into the needs of patients. Its purpose was to help us identify priority areas of investment so that we could accelerate progress in terms of achieving these patient outcomes.

The research included a comprehensive review of national blood cancer and patient experience data, as well as the largest ever survey of people affected by blood cancer, with 1,700 respondents. The research highlighted 24 key issues for patients through all stages of patient experience, from awareness through to end of life care. It was clear that six issues needed our urgent response: three relate to research and three to addressing issues around patient experience.

Three issues have helped to prioritise some of our decisions about our research commitments.

- Five blood cancers account for nearly 70% of lives lost within five years of diagnosis.
- Understanding of some pre-cursor conditions, especially myelodysplastic syndromes (MDS) and monoclonal gammopathy of undetermined significance (MGUS), may help us to find ways to stop blood cancer happening in the first place.
- For acute myeloid leukaemia (AML) and diffuse large B-cell leukaemia (DLBCL), 50% of deaths that occur within five years of diagnosis, happen within the first three months.

Three issues have helped to prioritise some of our decisions about the development of our patient services:

- low awareness of blood cancer results in a poorer patient experience: from challenges with diagnosis to a lack of understanding around the unique needs of blood cancer patients
- people affected by blood cancer feel that they differ from other cancer patients in terms of awareness, experience, care and provision of services, which contributes to them feeling isolated and unsure about whether services are relevant to their needs
- a need for better signposting towards support, resources and organisations that can help people affected by blood cancer.

Research

Our investment in research is critical to our mission to save and improve the lives of patients and to stop blood cancers from happening in the first place.

Through our research we want to contribute to new treatments and better care; drive smarter, faster diagnosis; and to reveal how blood cancer works.

Blood cancer research is often considered to be at the forefront of cancer research, and the results of this research can improve understanding of other cancers and diseases. This is very much thanks to a long-established and high-quality clinical and research community, as well as the accessibility of blood cancer cells for research.

Thanks to research there have been dramatic improvements in treatments, including improvements in chemotherapy, more targeted radiotherapy and the development of immunotherapy using a patient's own immune system to target cancer cells.

Diagnosis too has moved on considerably, from the days of examining tissues and cells under a microscope, to a multi-disciplinary approach that ensures as accurate a diagnosis as possible.

There is also unparalleled understanding of the biology of blood cancers: from genetic analysis that can pinpoint defects in blood cancer cells, to understanding the origins of blood cancer and reasons for relapse.

All of this makes us even more determined to work with others to save and improve the lives of every patient and to continue to find ways to have the most impact with our research budget.

This year, some of the decisions of our Research Committees about new research commitments have been informed by the key findings of our patient need research. We have also made **significant new** commitments to existing strategic programmes and carefully monitored progress in existing investments, especially our Trials Acceleration Programme. Here are some of the highlights:

Response to patient need findings

1. The biggest causes of lives lost to blood cancer

We now know that just five cancers account for nearly 70% of all lives lost to blood cancer within five years of diagnosis. These blood cancers are myeloma, diffuse large B-cell lymphoma (DLBCL), acute myeloid leukaemia, myelodysplastic syndromes (MDS) and chronic lymphocytic leukaemia. MDS and DLBCL are also factors in pre-cursor conditions and early deaths respectively. Our research investment into these conditions is described on page 11.

Myeloma

Myeloma is a cancer of the blood which affects blood plasma cells. When you have myeloma, too many abnormal plasma cells are made in your bone marrow. This means there isn't enough room for normal red and white blood cells. Myeloma is the biggest single cause of lives lost to blood cancer within five years of diagnosis.

This year we have made a £1.4 million investment in new myeloma projects. The projects tackle myeloma on a number of different fronts from developing new treatments to tackling the critical bone damage caused by myeloma.

Dr Farhat Khanim in Birmingham, an expert on drug redeployment, and Dr Shelly Lawson in Sheffield, an expert on the modelling of myeloma development, are working together to see if existing cancer drugs can be combined to form a new and effective anti-myeloma treatment. The concept of drug redeployment is well established in myeloma, following the impact of thalidomide treatment.

Dr Andy Chantry in Sheffield is studying the devastating bone damage associated with myeloma, to find new combinations of drugs that not only prevent bone destruction but also rebuild damaged bone. Myeloma is currently treatable but not curable, so he is also seeking to target the residual, inactive myeloma cells left after treatment to explore the potential for a cure.

Acute myeloid leukaemia

Acute myeloid leukaemia (AML) is a type of cancer that affects the blood and bone marrow. AML is characterised by an overproduction of immature white blood cells which crowd the bone marrow, preventing it from making normal blood cells.

Professor Richard Darley's programme renewal in Cardiff this year continues to focus on the dependence of AML cell survival on their generation of reactive chemicals called reactive oxygen species (ROS). AML cells are killed by either depriving them of ROS, or conversely causing ROS over production. His team are seeing if this understanding of AML biology can be harnessed to create new treatments.

Professor David Grimwade, from King's College London, is leading a collaborative project with co-applicants in Birmingham, Cardiff, Nottingham and Oxford to understand why some AML patients respond well to treatment but others do not.

Chemotherapy can cure 30–40% of younger patients with AML, but currently fewer than 10% of older patients survive more than five years after diagnosis. Dr Daniel Wiseman in Manchester is trying to understand what makes a healthy blood cell become a leukaemic cell. We already know that damage to the genetic code carried by all blood cells is important, but Dr Wiseman is trying to work out how mutations in different genes work together to cause leukaemia, and if new candidate drugs can target these mutations.

Chronic lymphocytic leukaemia

Chronic lymphocytic leukaemia (CLL) is the most common adult blood cancer. The bone marrow makes too many lymphocytes (a type of white blood cell) and it usually gets worse slowly – although not in every patient. We have a research portfolio in CLL in excess of £15 million which covers understanding the biology of CLL; stratification of patients to determine those in whom the disease will progress more rapidly; and clinical trials. There is great optimism in the CLL community that this blood cancer will have cures available within 10–15 years, providing that investment in research is maintained.

Professor Duncan Baird in Cardiff has funding for a clinical facility. Here, he will determine whether a test he developed – to distinguish patients that may need treatment for CLL from those who will never need it – works in a clinical setting.

Rituximab is a monoclonal antibody – a type of biological therapy. Dr Stephen Beers in Southampton is aiming to discover the underlying mechanisms of resistance to this drug in some patients, which appears to be related to a specific gene mutation.

The current options for CLL treatment – stem cell transplantation or chemotherapy – often come with serious side effects, and are unsuitable for older patients because of their intensity. A new drug called ibrutinib is a major advance, although few patients achieve complete remission with this drug. Professor Peter Hillmen has a trial in our Trials Acceleration Programme which is looking at which other drugs can be combined with ibrutinib, to further improve its effectiveness. It is hoped that Phase III trials will follow, and establish the safest and most effective use of these new drugs.

All of this significant work in CLL is supported by biobanking led by Professor Andrew Pettit in Liverpool. Biobanking is the process of collecting and storing patients' blood and tissue. It is tremendously important in supporting laboratory research to develop new treatments and new tests to guide treatment decisions.



2. Pre-cursor conditions

Monoclonal gammopathy of undetermined significance (MGUS) develops into myeloma in some patients, but not in others. If we can better understand the progression of MGUS, we may be able to find ways we can stop myeloma from developing in the first place.

Cancer arises from mutations in genes and may progress by acquiring further mutations. It is now possible to map any mutation in a single cell. Dr Surinder Sahota in Southampton plans to carry out DNA sequencing in single cells, to understand the nature of different cells at the earliest stage of MGUS and how they might progress to myeloma.

Dr Claire Edwards' team in Cambridge has some early evidence that dietary approaches or safe well-tolerated drugs may prevent or delay the development of myeloma in some MGUS patients.

Myelodysplastic syndromes (MDS) are blood disorders that cause a drop in the number of healthy blood cells and can put patients at risk of acute myeloid leukaemia. Dr Claire Harrison at Guys and St Thomas's has a new trial in our Trials Acceleration Programme which is using a drug most commonly associated with the treatment of breast cancer, tamoxifen. She is aiming to see if the treatment reduces the number of faulty cells in MDS.



3. Early deaths

The Haematological Malignancy Research Network (HMRN) is a collaboration of epidemiologists in York, a diagnostic laboratory in Leeds and hospitals around Yorkshire and Humberside. It provides the most accurate and detailed patient outcome data – broken down by key demographics and biological features, on all types of blood cancer – in the world.

The HMRN team in York, led by Professor Eve Roman, collaborate with doctors, nurse specialists and NHS staff at 15 hospitals in the region to collect detailed information about patients including their specific diagnosis, treatment they have received and their lifestyle.

This work in York aims to truly understand the causes of blood cancers, including leukaemia, lymphoma and myeloma in adults and children, so that we can bring better treatments and improvements in diagnosis to patients across the UK.

The £2 million programme renewal this year includes a deeper analysis to understand the drivers of early deaths for some diffuse large B-cell lymphoma and acute myeloid leukaemia patients. This may lead us to understand the interventions required to tackle this serious issue.

The Cytogenetics Database

Bloodwise invests in cell banks and databases across the UK. These invaluable resources, which collect samples and information from blood cancer patients entered into clinical trials, are helping scientists across the UK to tailor treatments for individual patients, saving more lives.

Leukaemia cells have at least one, but probably more, faulty genes that cause the disease. The cytogenetics team at the University of Newcastle, led by professors Christine Harrison and Anthony Moorman has sought to discover and characterise the abnormal genes underpinning acute leukaemias in children and adults. This has supported diagnosis and personalisation of treatment, which has helped to improve survival.

Under the £3 million programme renewal, the team will continue to collect genetic data from UK acute leukaemia clinical trials; aim to discover new genes and how they lead to leukaemia development and resistance to treatment; and to establish whole genome sequencing as an effective and routine diagnostic tool for leukaemia patients.

The Trials Acceleration Programme

Four years ago we identified that lack of access to early phase clinical trials was hindering our ability to translate potential research findings into patient benefit. Just 6% of blood cancer patients had access to early phase trials, compared with an average of 19% across all cancers.

Thanks to a collaborative effort led by Professor Charlie Craddock, we were able to devise a solution that we named the Trials Acceleration Programme (TAP).

The unique design of the programme enables researchers to do what they do best, which is to ask and answer the research questions that might lead to new treatments for patients.

Researchers are supported by a central hub in Birmingham, housed in the Cancer Research UK Clinical Trials Unit. The hub is entirely focused on the feasibility, bureaucracy and administration of setting up trials and employs experts with the necessary skills in contract negotiation and ethics, among other things. This means that everyone involved can focus on what they do best and progress can be made more quickly.

We also provide funding for research nurses or data analysts, which allows us to have 13 networked TAP centres around the UK. This means more equal access to trials throughout the country. Because all of the centres recruit patients at the same time, we accelerate the recruitment of patients and reduce the duration of the clinical trials run as part of the programme.

In the last year the Trials Acceleration Programme has gone from strength to strength. There are now 17 trials accepted into the programme, with 10 open to patients, three in the set-up phase and four having fully recruited patients and preparing results for publication. By the end of the year we will know if they will have the potential to change clinical practice.

Most important of all, this means that more than 700 patients have had access to clinical trials. Under TAP, £90 million of drugs have been made available free of charge by pharmaceutical companies.

Following the £6 million hub renewal by Bloodwise in the previous financial year, in the coming year the performance of the 13 TAP centres will be reviewed by an expert panel, pending renewal of funding. This will be led by Professor Christine Chomienne of the Université Paris Diderot-Paris 7 & Chair of the European Haematology Association – we are very grateful for their expert voluntary support.



The ideas our researchers are coming up with have the potential to be effective and to change lives. We just need more money so that – through TAP – we can test them and bring them to patients more quickly.

One story in particular inspires me and my team to work harder every day. We had one man whose acute myeloid leukaemia (AML) came back. He had a stem cell transplant – one of the only treatments that can be effective for someone whose AML has returned – but sadly it didn't work and he died.

Before he passed away, we were drawing up the plan for a new trial to test a treatment that might have helped him. We worked night and day, through our holidays, to make that trial happen in time so he could have the new treatment. But unfortunately we just couldn't get it done quick enough to save him. When we got that specific trial up and running, the treatment worked.

He was only 40, and he had two teenage daughters: he had to tell them that there weren't many options left for him. That's just not acceptable. We vowed to never stop until the day that no one has to say that to their friends and family.

Shamyala Siddique
Coordinator at our TAP hub in Birmingham

Patient experience

Our Patient Experience Team was established this year in response to our patient need research, to work with the NHS, healthcare professionals, MPs and – most importantly – with patients and carers to find ways to improve the day-to-day experience of people living with and beyond blood cancer. This work is ever more crucial because many blood cancer patients are now surviving for longer.

Under the leadership of our new Director of Patient Experience, Diana Jupp, the team are developing patient information and support services. They are also working with patients to build a blood cancer community where we hope to help reduce the feeling of isolation that many patients feel, by enabling them to share experiences.

This year we distributed nearly 43,000 patient information booklets and 385,000 people accessed our patient information online. Engagement with people affected by blood cancer really took off on social media this year too: we saw 527,870 interactions on Facebook and Twitter alone, as well as a growing number of bloggers who contributed a total of 576 blogs to our online community.

Response to patient need findings

Our patient need research has shaped the team's work and remit. This year, we focused on responding to the three key areas of patient need.

1. There is a crisis in awareness of blood cancer. Blood cancer awareness is low among the general public, patients and healthcare professionals. Awareness of the organisations that exist to help is also low.
2. People affected by blood cancer feel that they differ from other cancer patients in terms of awareness, experience, care and provision of services. This contributes to patients feeling isolated and unsure about whether services are relevant to their needs.
3. A need for better signposting towards support, resources and organisations that can help people affected by blood cancer. Establishing the Patient Experience Team enabled us to respond to these issues by creating a blood cancer awareness campaign, and leading the development of a signposting service.

137 campaign

With the help of our volunteer Medical Advisory Panel and in consultation with patients it was agreed that our first awareness campaign should be a general awareness campaign about blood cancer itself.

Blood cancer symptoms can be vague and it was important that we didn't create a population of 'worried well'. Equally, a public health campaign was not a useful option as unlike some cancers, the majority of blood cancers appear to be unrelated to lifestyle choices.

The campaign was developed with the intention of increasing awareness of the many different types of blood cancer and driving association of all blood cancers with the name Bloodwise. It coincided with the time of our name change in September, which is also Blood Cancer Awareness Month.



The integrated campaign combined outdoor posters; social media; editorial; corporate partners; and local activity by our voluntary Branches and supporters. The long term goal will be to see increased public awareness of blood cancer.

It is estimated that on average adults would have seen the outdoor posters eight times and our Media Team achieved considerable media coverage, with a total circulation of nearly 9 million. The campaign also generated 5,000 clicks to our website and 5,200 new followers on social media channels.

During the campaign we used 'Thunderclap' for the first time. Thunderclap is a social media tool that makes viral communication possible by using all of our social media networks to support and amplify campaigns at a single point in time.

On 2 September at 1.37pm precisely we were able simultaneously to reach 13 million users across all social media channels, thanks to 2,600 supporters and celebrity figures such as Stephen Fry and Alastair Campbell signing up to the Thunderclap. As a result the campaign video received 18,000 views on YouTube.

Equally important was the human side of the campaign, which saw our voluntary Branches and hundreds of volunteers take to their local high streets and supermarkets throughout the UK, raising awareness and collecting coins for our complementary 'Small Change Big Impact' campaign. Wickes stores also promoted the campaign in 235 of their stores, as well as in a series of emails to their customers and on their website.

As part of the campaign we also engaged MPs in a drop-in event at Portcullis House, which was very well attended by cross-party MPs and resulted in a number of MPs tweeting their support for Bloodwise. This created a valuable relationship-building opportunity, with many MPs going on to give support in a number of ways – notably via the development of an All Party Parliamentary Group for blood cancer, with Bloodwise as the secretariat.

The development of a signposting service

Something that came up time and again when we spoke to patients about their needs was the need for better understanding about and access to the many sources of information and support for blood cancer patients and their families.

We decided that a solution would be the creation of a digital signposting service: an authoritative helping hand to guide patients and carers to the right information at the right time, according to their needs. We also have a Support Line who speak to people affected on the telephone and via social media: where needed, the team will also help patients to use the digital signposting service.

Our ambition was to make this a truly collaborative site, showcasing the very best information and support that is available from the many organisations that exist to help.

With funding from several pharmaceutical companies, and with close consideration of Association of the British Pharmaceutical Industry (ABPI) guidance, we started conversations with other charities about this development in spring 2015. We quickly realised that for the project to have the best chance of success, it would require much more consultation with each potential partner to deliver a truly innovative solution that would meet the needs of patients.

As a result we postponed the launch of our signposting service 'Blood Cancer Connect' from September 2015 to a soft launch in May 2016. After a period of testing with patients and further consultation with charity partners, we plan to launch the service in September 2016.

A positive result from conversations with other charities has been the re-forming of the Blood Cancer Alliance, an informal grouping of all charities in the blood cancer arena. The driving impetus came as a result of several blood cancer drugs being de-listed from the Cancer Drugs Fund, an issue which prompted significant concern and the need for a co-ordinated response. Joint statements and consultation responses enabled more weight behind our arguments and we have continued to build links with the other charities on issues that affect all member charities.



The National Cancer Strategy

Our patient need research also enabled us to make an informed contribution to the development of the National Cancer Strategy on behalf of blood cancer patients this year.

In January 2015 NHS England announced the creation of a new, independent taskforce to develop a five year action plan for cancer services, with the aim of improving survival rates and saving thousands more lives a year.

Representatives from Bloodwise were able to raise the differing experience of blood cancer patients compared to other cancer patients at a series of consultation meetings. The taskforce's report, *Achieving world-class cancer outcomes: a strategy for England 2015–2020*, was published in July 2015. It sets out six strategic priorities and makes nearly 100 recommendations to radically improve the outcomes the NHS delivers for people affected by cancer.

The priorities of the strategy that have greatest resonance for blood cancer patients are:

1. Awareness and early diagnosis

Blood cancer is a complex area, including 137 different diseases. But combined, blood cancer is the third biggest cancer killer and greater awareness and understanding is essential if we are to beat them. We welcome the report's focus on early diagnosis and the emphasis put on increasing diagnostic capacity. However, there also needs to be a focus on how we can improve awareness of cancers like blood cancer, where symptoms can be non-specific and have close similarities to other benign conditions.

2. Support for people living with and beyond cancer

We were particularly pleased that one of the key recommendations is for better support for people living with and beyond cancer, which we called for in our initial response to the Cancer Taskforce consultation.

From our research we know that access to appropriate emotional support after treatment is one of the most significant areas of unmet need for blood cancer patients.

This type of support is particularly important for blood cancer patients because many will not have their cancer cured during treatment, but will live with the condition for several years. This is also true for patients on 'watch and wait' for some forms of leukaemia and other diseases that progress very slowly, who have a very specific and unique set of needs.

When rolling out the Cancer Recovery Package, it is essential therefore that particular consideration is given to how this could be adapted for chronic patients managing their cancer as a long term condition.

3. Specialist care

The strategy also prioritises giving patients access to a clinical nurse specialist (CNS). We fully support this recommendation, as patients have told us about the value of having a named professional to help coordinate all aspects of their care and support.

The Government has already backed a number of recommendations in the strategy. For example, by 2020 people with suspected cancer will be diagnosed within 28 days of being referred by a GP. By 2017, there will be a new national quality of life measure to help monitor how well people live after their treatment has ended, so that priorities for improvements can be identified.

Different cancers will require different approaches, and a one size fits all approach would not meet the needs of blood cancer patients. We have therefore urged the Government and the NHS to work together with patient organisations and charities on identifying and designing services fit to meet patient need. Our Policy and Public Affairs Team will continue to work with other blood cancer charities to ensure that the needs of our patients are adequately represented.

Goal 2: Raising income

We continue to be one of the largest voluntary income charities in the UK but this has certainly been one of our more challenging fundraising years.

We have carefully reviewed the factors that have contributed to a reduction in income. Some we believe are specific to Bloodwise, and some we believe are likely to be more widespread in the sector.

One factor is that a name change is certainly one of the most difficult things that any organisation can do. We changed our name to Bloodwise because of our patient need and market research. Unlike other tumour specific cancer charities (such as those that represent breast, prostate and bowel cancer patients) our old name (Leukaemia & Lymphoma Research) did not represent all of our 137 patient groups very well.

Our long-term intention is to demonstrate our relevance to all people affected by blood cancer, including those with leukaemia and lymphoma. We can already see that we have created a unique space and new opportunity in the charity sector. However we must now focus on creating awareness of our new name and also help some of our longstanding supporters and volunteers as they work through this level of change.

In September, the launch of our new website directly contributed to a reduction in income. Important redirects were not carried out from our old website to the new, which meant that we surrendered our first place in critical search engine rankings. This made it much more difficult to find Bloodwise on the internet. As a result there has been a significant dip in web traffic. The website navigation and donation functionality also meant it has been much more difficult than it should have been to make a donation on desktops and mobile phones. We are currently rectifying these issues.

More positively we have seen significant growth in social media interaction. We are exploring ways to convert some of this engagement into fundraising activity. Meanwhile, it is an important and cost effective way to reach and engage with a large number of people.

The wider financial and political environment has been uncertain this year and this will have affected all kinds of organisations to a greater or lesser degree. Certainly the impact of tighter funding to the NHS and academic institutions is contributing to the increase of many new charities related to hospitals and universities.

There have also been many surveys that indicate a reduction in public trust and confidence in charities, due to the actions of some charities and the way the media reported on the sad death of Olive Cooke and other related stories this year. We expect this negative impact to be far reaching and now more than ever before we must all listen to what the public expects of and needs from the sector.

Bloodwise does not pay for door-to-door or face-to-face street fundraising. If you see a person collecting money outside a supermarket or on the high street, they are likely to be a volunteer from one of our Branches or Fundraising Groups.

Our printed communications are currently limited to two newsletters, a Christmas catalogue and up to two appeals a year. Importantly, we do not share our supporter's data with anyone other than mailing agencies. This is always strictly and contractually for the purpose of our own mailings.

We will continue to monitor new fundraising regulatory requirements and best practice as they evolve. First and foremost, we will continue to engage with our supporters to ensure that we tailor all of our activity as closely as possible to their needs.

2016 supporter survey

We had already planned a supporter survey before the negative media coverage this year. We felt that this would give us an unprecedented opportunity to hear from our supporters about what they really want from us. We were delighted that over 3,500 supporters from across the UK completed our survey.

The results from this survey will help us make sure that we are as relevant as possible with all communications – and ensure that the views and preferences of our supporters are always at the heart, as we develop new products and communications. We very much appreciate the support that we receive from many different people and organisations in many different ways.

Sports events

Sports events have been an integral part of our fundraising activity for many years. Thanks to our Honorary President Ken Lomas, we had the first ever celebrity sports team at the London Marathon in 1982 and – supported by the sponsorship of TV Times and Time Inc. – we have been leaders in this area of fundraising thanks to the scale and diversity of our activity.

An amazing 26,000 people signed up for our events this year, a veritable army of supporters all doing their bit. The events ranged from local walks to our London to Paris bike ride and every event really helped to increase the visibility and awareness of Bloodwise through TV, press and social media coverage.

We continue to specialise in triathlons, which inspire participants to meet the physical and fundraising challenge. The Bloodwise Blenheim Palace Triathlon really captures the essence of what's special about Bloodwise events. It is a high quality event, whatever the weather, in a stunning location. The mix of sprint and supersprint distances makes it very accessible and a good introduction to the sport. The location makes it a great day out for all the family, which we know from our surveys is really important to our fundraisers, and there is a real sense of achievement in completing the personal challenge.

In addition to the £0.5 million raised from the event, it also helped us to generate more than 4 million circulation of press coverage through the inspiring stories of participants.

As a charity that operates throughout the UK, this year we chose to expand our involvement in some of the smaller local events. Our Regional Team have established valuable relationships with participants, friends and families at these events, which will strengthen all aspects of our community fundraising.

Special recognition goes to Nicole Harris of our Bromsgrove Branch, who has been organising the Bromsgrove 10K since 1989. Her team of volunteers offer runners and their families all the support and entertainment they need and more often than not she fixes good weather too!

Nicole's personalised approach over the years means that the event is firmly integrated in the local calendar and has grown to 500 participants in the coming year. All of this is achieved thanks to the dedicated commitment of Nicole and her Bromsgrove Branch volunteers.





Individual giving

This year, the way in which many charities solicit donations has come under question in an unprecedented way. Our approach to individual giving is to focus on people who have already expressed an interest in our work. In this way we can be sure that people have opted to receive our communications and that we are as relevant as possible in all of our publications.

Our general donations were down by 14%, which may have been affected by problems with our website, our change of name and the media environment. However regular giving saw growth of 10%, an important and reliable source of income that helps us to plan for the future.

Although we have changed our name and the way we look this year, we remain true to the vision and belief of our founders. During the year we received an extraordinary box of letters from the widow of the co-founder of our charity, Gordon Piller. The box contained the very first letter that Hilda and David Eastwood wrote to Great Ormond Street Hospital back in 1960 when their daughter was diagnosed with leukaemia – as well as, tragically, the letter they sent just a few weeks later when she passed away aged 6.

The content of the letters left us in no doubt that the progress made in the last 56 years is thanks to the courage of these early pioneers. We chose to share this unique and inspirational story as our 2015 winter appeal. This resonated strongly with our supporters and we were able to engage with more people than ever before. This proved to be our most successful online appeal ever. The Eastwood's story of courage and determination also helped us to secure valuable TV and press coverage thanks to the daughter of our founders, Sylvia Gaunt, sharing her memories of the early years.

Community fundraising

Relationships have always been at the heart of our fundraising, often because of the shared blood cancer experience of our supporters. Patients and fundraisers often talk about feeling like 'they've come home' or that they're 'part of a family'.

This is especially true of our regional fundraising, where since 1960 local Branches and Fundraising Groups have supported people affected by blood cancers in their local communities. They have also raised millions of pounds over the years to support our work.

As we become an increasingly cashless society, we are looking at new ways to enable people to donate – especially to our voluntary Branches and Fundraising Groups, who for many years have raised amazing amounts of money from small change donations. As we explore this opportunity, our income in this area has held up well. We are very grateful to all of our volunteers in this year of change: they have been integral to explaining the story of our name change and raising awareness on high streets throughout the UK.

There are also many other groups of friends and thousands of individuals who raise money and awareness in their chosen way. The diversity and ingenuity of this activity is inspirational.

Our Grimsby & District Branch

The Grimsby & District Branch have a longstanding relationship with Market Rasen Racecourse, which began with collections at the Boxing Day meet. The Branch now holds a two day shopping extravaganza event at the racecourse each year and this year were delighted to be approached by the racecourse to become their first ever charity of the year.

The partnership runs from June 2016–May 2017, and includes a 'Bloodwise Raceday' and collection dates at the Racecourse over the course of the year. The Branch are especially excited about a collection at a Jess Glynne concert, where crowds of over 13,000 are expected.

William's Sign My Ride

In May 2011 William Powell, aged just 21 months, was diagnosed with acute lymphoblastic leukaemia (ALL). Thankfully he ended his chemotherapy in July 2014 and to celebrate in style William's family set about achieving their goal to raise £10,000 for Bloodwise and Sheffield Children's Hospital, where William was treated. Taking inspiration from Williams's love of cars, they came up with 'William's Sign My Ride' – taking a VW Beetle and, in return for a donation, letting members of the public draw, sign and send messages on the car.

William's Sign My Ride visited various car shows across the UK during 2015, raising funds and awareness for Bloodwise. Following its tour, William's family are now planning to auction the Beetle and to raise a further £3,500 for Bloodwise.



Pat's memory bears

Following the death of her future son-in-law, Pat Jones wanted to bring some comfort to her daughter Karen and her young grandchildren. Knowing how much her daughter's fiancé Steve loved to wear hoodies, Pat decided to create a lasting memory for Karen's family and something which would bring them comfort in the months and years to come. Using the material of Steve's hoodies, Pat designed and made teddy bears for each of her family.

From these first three bears, the project Cherish Memory Bears quickly evolved and Pat soon began taking requests for bears from others who had lost loved ones. From work shirts to football shirts, and from babygrows to christening gowns, Pat makes bears from any suitable fabric and has recently started to make a variety of soft toys to mark other special occasions, such as weddings and births. Each bear is carefully hand made to order using a simple bear pattern, and each one created is unique and personal to the owner.

In the hope the Cherish Memory Bear project can contribute to finding a cure for blood cancer, an average donation of £20 is made to Bloodwise for every bear made. In Pat's own words: 'If we can prevent even one person suffering like Steve did, then it will be more than worthwhile.' Since the project started in January 2015, Pat has donated over £11,000 to Bloodwise.



Giving in memory

Thankfully more people are surviving blood cancer than ever before, but sadly still not everyone. We never underestimate the importance of our role in working with our supporters through difficult as well as happy times, and with this in mind this year we piloted two 'Tree of Tribute' events.

These events are first and foremost a thank you to the people who have chosen to donate to Bloodwise at one of the most difficult times in their life – after the loss of a loved one.

They are an opportunity for people sharing this same tragic experience to come together in a sensitive environment and see how their gifts are helping other people affected by blood cancer. There is also a dedicated moment to remember and place a special message on a leaf on our tree. We held our first events in Stockport and Binley in 2015 and plan to trial more in the coming year.



Partnerships and philanthropy

During the year we completed a planned restructure of our Corporate, Major Donor and Special Events teams into a new Partnerships & Philanthropy Team. This has been a foundational year, as we have recruited the team and assessed the opportunities in a rapidly changing environment.

The role of charities like Bloodwise in peer reviewing and evaluating research can be a vital service to help philanthropists make decisions about how they might prioritise their charitable support. This, combined with the opportunity to meet researchers and see how their support contributes to saving and improving the lives of patients, can make blood cancer research a compelling proposition for individuals who want to make a significant impact through their personal support.

During the year we have focused on three main areas of our research portfolio as priority areas for philanthropic and trust support.

1. Childhood leukaemia

Our sustained investment in childhood leukaemia over the last 56 years has contributed to a dramatic and remarkable improvement in survival for children with leukaemia.

The combined investment in clinical trials; biobanking (the collection of tissue from the trials); analysis of genetic data collected in the cytogenetics database; and research into the biology of childhood blood cancers mean that we are very confident of continued success in improving treatments and survival in the coming years. In the longer term there may be the opportunity to prevent childhood acute lymphoblastic leukaemia from happening in the first place.

We have been very grateful for the support of Tony and Maggie Rizzo and their charity Fighting Leukaemia, in support of this vital work.

2. Chronic lymphocytic leukaemia

With significant philanthropic support there is the real opportunity to cure chronic lymphocytic leukaemia (CLL), the most common adult blood cancer, within the next 10–15 years. Lord Patel of Bradford kindly hosted a reception to demonstrate the importance and potential of this research at the House of Lords River Room in November. In front of a fascinated audience, Professor Peter Hillmen gave a compelling explanation of how clinical trials testing combinations of new and existing agents; sustained investment in understanding the biology of CLL; and the development of tests to stratify patients will together lead to cures for the disease in the not too distant future.

3. Trials Acceleration Programme

The results of the pilot phase of our Trials Acceleration Programme means we are able to demonstrate a tangible social return on investment for supporters of the programme through the number of patients recruited to trials and their access to treatments that would not otherwise be available. By the end of this year published results will demonstrate the initial impact of the trials and their potential to change clinical practice. We are very grateful to the Michael Oglesby Trust and the Beefy Foundation for their generous support of the Trials Acceleration Programme.

Corporate partnerships

Our partnership with Wickes has now raised over £4.8 million, and we hope to reach the £5 million milestone before the partnership comes to an end in July. A highlight of the year was the 'hop up Kilimanjaro' event, where stores spent a weekend virtually totting up 38,000 steps using pedometers to 'get to the top' of Mt Kilimanjaro. Every step symbolically represented one of the 38,000 people diagnosed with blood cancer every year. In just one weekend the stores raised an incredible £40,000.





Special events

Thanks to the support of some high profile people, Bloodwise has a long track record – from Beefy Walks to the Calendar Girls – of unique bespoke events and this year was no exception.

We were very excited when Tim Firth, David Pugh and Daffyd Rogers (respectively writer and producers of the original Calendar Girls play) announced the development of a brand new musical 'The Girls', with songs written by Tim and Gary Barlow. The producers involved Bloodwise from the very beginning, generously giving a free programme advertisement for the run of the show in Leeds and Manchester with collections at the end of every performance. With the support of the original Calendar Girls and the cast, our volunteers were able to raise more than £60,000 from just two months of shows.

We were also given the opportunity to invite patients and healthcare professionals to special performances of the

show. This gave many patients a welcome opportunity to meet and share experiences as well as have fun at a very special event. We are thrilled that the producers have announced that the musical will open in the West End in January 2017.

We were very lucky to pilot a new sporting 'Audience with' event with Sir Dave Brailsford and our Chairman of Fundraising Alastair Campbell at the Royal Society in November. Fresh from leading Team Sky's third Tour de France win, Sir Dave was in conversation with Alastair talking about winning mindsets.

Famed for his 'marginal gains' approach to sporting excellence, Sir Dave resonated with patients, sports fans and business people alike when he announced that: "I won't allow anyone to imagine an obstacle is insurmountable". We hope to repeat the success of this event with another special 'Audience With' evening with Sir Ben Ainslie in the autumn.



Our Christmas with the Stars event was once again a sell-out success and the charity event of choice for X Factor finalists. Introduced by Nick Grimshaw, Che Chesterman brought the house down with his rendition of 'Try a little tenderness'.

Supported by Frank Renton's Brass, other stunning performances during the evening came from Sonna Rele singing 'Strong' from Kenneth Branagh's Cinderella movie and the world premiere of the carol 'Ring out the bells', written especially for Bloodwise by award winning composer and leukaemia survivor Patrick Doyle.

Christmas with the Stars is the second longest running production at the Royal Albert Hall after the proms!

My Peak Challenge

We have been lucky enough to have Scottish actor Sam Heughan, star of hit TV series Outlander, support us for a number of years.

Sam launched his latest 'My Peak Challenge' fundraising and fitness campaign in January, encouraging individuals to sign up and 'reach their peak' – from setting a personal health and fitness goal to learning new skills or taking up a new hobby – while raising money for Bloodwise.

Last year's initiative was an incredible success, raising over £60,000. With most challenges taking place in May, this year looks set to be an even more successful one, raising around £200,000 so far with more to come. This is set to fund the Camellia Trial, an acute myeloid leukaemia trial that Bloodwise is working on in collaboration with Stanford University – which makes it very relevant to the many US-based My Peak Challenge participants.

Legacies

Our ability to plan and budget for future years is very much dependent upon the generosity of people who leave gifts in their will. After taking care of their families first of all, hundreds of people have supported Bloodwise with gifts this year.

Our legacy income can vary from year to year and although this year we saw legacy income drop to £5.0 million, notifications of legacies saw a slight increase during the year. Following a successful pilot of a legacy event in Birmingham in 2014, we held three events this year in Leeds, the Wirral and London to sensitively explain the importance of legacy gifts to supporters who signed up for the event.

It also gave us the opportunity to share progress in research and our plans for the future in beautiful settings, that gave attendees the opportunity to reflect on their reasons for supporting Bloodwise.

Goal 3: Partnership

We actively seek opportunities to work with others to accelerate progress towards our vision to beat blood cancer. This can be particularly important on issues where blood cancer is perceived to be rare, which might mean it is overlooked. In September, the proposed removal of important drugs for blood cancer patients from the Cancer Drugs Fund (CDF) provided the opportunity for collective action and positive results.

The Cancer Drugs Fund

In September there was deep concern and disappointment when 12 blood cancer indications relating to 7 drugs were de-listed by the CDF. By working closely with other blood cancer charities, researchers and patients we were able to ensure that a campaign led by Oxford researcher Anna Schuh to re-list the drugs gained 28,000 signatures.

A letter was sent to David Cameron and Jeremy Hunt on behalf of the Blood Cancer Alliance, an informal group of all blood cancer charities, urging them to find a suitable solution to this unacceptable situation. Subsequently, two drugs, ibrutinib for chronic lymphocytic leukaemia and brentuximab (used to treat some lymphomas) were re-listed. Additionally, as a result of these conversations we are developing a new strategic partnership with Janssen – one of several partnerships with industry where by working in accordance with Association of the British Pharmaceutical Industry (ABPI) guidance, we can work together more effectively for the benefit of patients.

We are continuing conversations with all key stakeholders including the NHS, industry and other charities to find a more sustainable solution to cancer drugs access and affordability. It is of vital importance that patients have access to the treatments that are the result of years of research funding.

Anthony Nolan and Bloodwise parliamentary round table

In January we co-hosted a parliamentary round table with Anthony Nolan (the stem cell registry charity) to discuss the challenges of living with and beyond blood cancer. The event brought together parliamentarians, NHS professionals and patients to discuss the provision of care for blood cancer patients – and in particular, the post-treatment needs of patients. It was an important opportunity to share how Anthony Nolan and Bloodwise are working together to support the needs of patients.

Scotland

During the year we attended the Association of Medical Research Charities (AMRC) public affairs working group for Scotland, which is a network for research charities and research bodies. The AMRC keynote presentation was from the Chief Scientific Office, part of the Scottish Government Health and Social Care Directorate.

We were pleased to hear that the Scottish Government has made funding available for collaborative working with charities. We plan to make a presentation on our research investment in Scotland to Scottish Government officials, with particular emphasis on examples of effective collaborative working such as our Trials Acceleration Programme.

We have also become a member of the Cross-Party Cancer Group in the Scottish Parliament, and are in the process of becoming a member of the Scottish Cancer Coalition, a partnership of 21 voluntary organisations dedicated to improving cancer services and outcomes for patients in Scotland.

Goal 4: Improve reach, reputation and brand

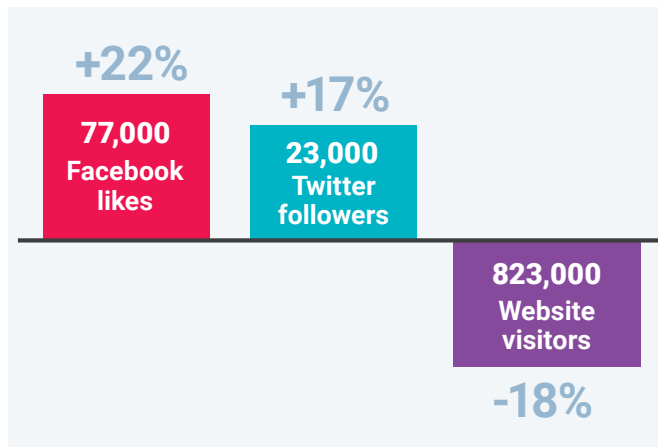
Our patient need research highlighted the vital role our name can play in creating more awareness of blood cancer, its symptoms, and of our charity. Patients told us that our name Leukaemia & Lymphoma Research was long and complex: hard to say, to spell and to remember. By referencing only two types of blood cancer, it also alienated some patients and supporters affected by different types of blood cancer. The singular focus on research did not reflect the important work that we do in supporting blood cancer patients through their cancer experience.

While the limitations of the old name were easy to understand, some people have been understandably anxious about the degree of change. We continue to explain the reasons for the change wherever we can, and talk about the opportunities it is beginning to create.

We launched the new name in Blood Cancer Awareness Month in September 2015 with the UK's biggest ever blood cancer awareness campaign. Our campaign was designed to put all 137 different types of blood cancer on the map, to show the world that they all matter, and to help everyone understand that Bloodwise is here to beat every single one.

The early indications are that we are beginning to create momentum behind 'blood cancer' as a cause and increase our opportunity to connect with more people affected by the condition. But we know that this degree of change can take time to be accepted and that we will need to continue to focus on raising awareness.

Increase/decrease from last year



As part of the name change process we relaunched our website (bloodwise.org.uk) in September. The look and feel of the website has not quite captured the warmth and humanity of all that we do. There have also been some challenges with the user experience: the navigation is overly complicated for someone who has been newly diagnosed with cancer, for example. Other technical issues mean that we took a temporary dip in search engine rankings, which impacted our income.

We are quickly moving to resolve these issues and have learned valuable lessons for future digital development projects. We are really sorry that this will have caused unnecessary inconvenience to the thousands of loyal users of our website.

Goal 5: Strengthening the organisation



Our vision to beat blood cancer could not be more ambitious and to achieve this we need a team who are united behind achieving this goal. Our success is driven by our people: an engaged workforce is key both in terms of staff wellbeing and happiness, and improved business performance as a result of this.

In November we launched our first ever formal staff engagement survey, externally hosted by ORC International. The aim of the survey was to receive staff feedback; assess staff engagement levels; identify issues which contribute to turnover; and give us clear data to show both areas where we are doing well and areas where we can make plans to improve.

We had an excellent response rate across the organisation, with an 86% completion rate. This is very high for any organisation but particularly for a first formal survey. We launched the survey during a year of significant change and the results reflected this. Key actions are being implemented in line with the survey results.

The survey will be repeated in November, where we will be able to measure the impact of our response to the initial survey results and gain insight about the relationship between engagement and organisational performance.

The year ahead: our key priorities

We have five primary objectives for the coming year.

- We will continue to create awareness of Bloodwise and of blood cancer. With a new name, this will be absolutely vital in the coming year. Throughout the year we will have a focus on systematic strategic communication to reach people affected by blood cancer as efficiently as possible.
- We will work with the research community and other organisations to develop and implement a new research strategy that continues to be focused on patient outcomes and beating blood cancer as quickly as possible.
- We will work with others to improve care and ensure that patients and their families can live well with and beyond blood cancer.
- We will extend our reach and relevance to all people affected by blood cancer through the delivery of information services and our newly established Ambassador programme.
- We will drive efficiency and income recovery through operational, technological and fundraising improvements and innovation.

Financial review

Your support

Income

This has been a difficult year for income, with a reduction of 18% on the previous year (FY16 £16.9m, FY15 £20.6m). Some factors that are likely to have affected income are beyond our control. It has been an uncertain year for the economy and we cannot quantify if a more negative sentiment towards charities during the year has impacted on our income, even though we have not been involved in the activities that have come under most scrutiny.

Certainly with the degree of change that we have implemented this year, including the new name, it would be reasonable to expect a short term dip. However we are confident that we have created a better long-term opportunity to improve our fundraising by having relevance to a much broader group of people. We will need to continue to focus on raising awareness of Bloodwise to achieve this.

As a consequence of the reduction in income our fundraising efficiency has unfortunately declined this year. We have carefully reviewed costs for the year ahead and will make careful choices about where investment will be required and where further savings can be made.

We have already accelerated strategy development for the next three-year period, we have strengthened our team and we have taken some immediate steps to improve our existing fundraising while we work on new opportunities.

In a challenging and competitive charity environment we are exploring ways to retain our human-centric approach to fundraising while being more proactive in asking for support.

In the coming months we plan to be much better at telling the story of the incredible impact that our investment in research has made for people affected by blood cancer.

We have a strong record of relationship management, which will stand us in good stead at a time when public sentiment to the transactional techniques that some charities adopt is more negative than it has ever been.

Individual giving

The backdrop to fundraising this year was persistent negative press, especially about the techniques used by charities to secure donations from individuals. In addition the functionality on the new website did not make it easy for people to donate, especially by mobile. The result was a small reduction in individual giving donations. (FY16 £1.46m, FY15 £1.57m).

We hope that the year ahead will be an easier one. We already only engage people in individual giving if they have opted into our communications. This means that we will not need to fundamentally change our approach as a result of public sentiment and the changing regulatory environment. In fact we have the opportunity to grow this income stream further.

Regional giving

The focus of our Regional Team was delivering the name change message to our voluntary Branches during the first half of the year. We also experienced delays in the launch of new in-memory, tribute and celebration products as a result of the website challenges but these were successfully launched in May 2016 with a positive response. Although we experienced a reduction in income in this area (FY16 £3.1m, FY15 £3.6m), the team are optimistic about an uplift in activity and income in the year ahead.

Sports and challenges

With income of £4.0 million (FY15 £5.2m), sports and challenges continue to be a very important source of income – but returns on investment are reducing for most charities in a highly competitive marketplace. There was still growth in triathlon income and smaller regional events were often more successful than some big flagship events because of personalised relationship management. Issues with both our own website and third party sites affected online fundraising – however we believe the issues are now resolved. The Sports Team are very focused on their relationship management to encourage every participant to maximise the money that they are able to raise.

Partnerships and philanthropy

We have strengthened our team in this important area of fundraising this year. Although income was lower than the previous year (FY16 £1.65m, FY15 £1.98m), this was largely because of the delay in confirmation of funding for a Research Fellowship, which we now expect to receive in the coming financial year.

Legacies

Legacies are a very important proportion of our voluntary income, but it is an income stream that we cannot especially influence in the short term. The underlying trend for our legacy income appears to be stable, with a healthy pipeline that has an increasing proportion of higher value residuary legacies.

We really appreciate those individuals making the decision to leave a gift in their will and we are very sensitive to the needs of our supporters when we promote this method of giving. Legacy income was £5.0 million in FY16 (FY15 £6.2m).

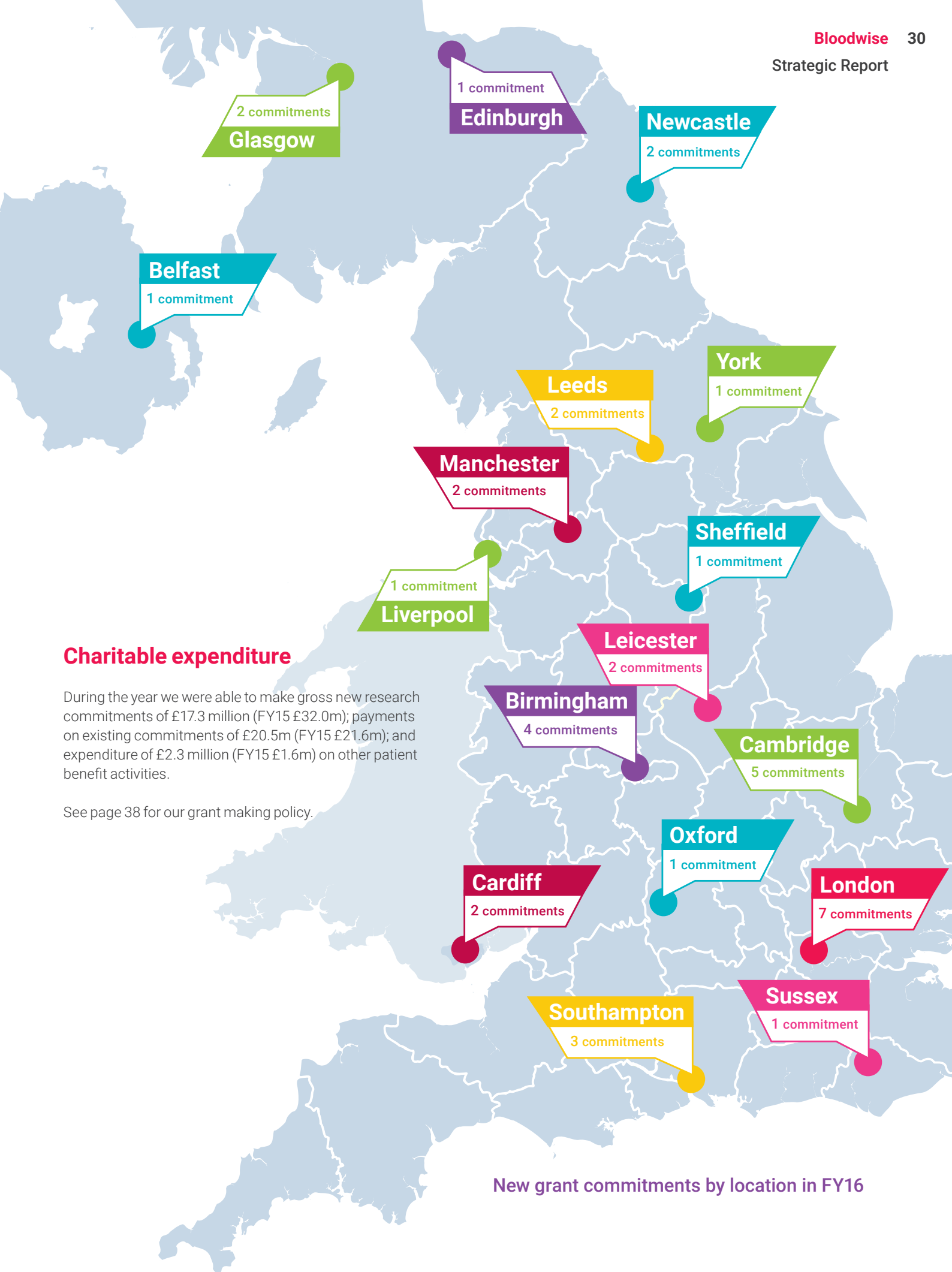
Investment income

Investment income was down on the previous year, at £1.0 million (FY15 £1.4m). This reflects the rebalancing of our portfolio in late FY15 with the transfer of £20.0 million into a lower risk liquidity portfolio. In the light of subsequent volatility this was a good step to have taken. We do not currently need to draw down funds from the main portfolio, which will give us the opportunity to benefit from market improvements should they happen.

Efficiency

We are very disappointed that a reduction in income has led to a deterioration in our fundraising cost income ratio this year. Savings were made on budgeted expenditure but a number of activities like sports events have pre-committed costs and so the opportunity to reduce costs is limited during the year.

Our 12 month fundraising ratio was 40% (FY15 33%). We have carefully reviewed plans for this year, and budgets have been prepared recognising the need to improve this ratio – we are also developing a new strategy that will aim to improve flexibility of the cost base. It is a priority to improve our fundraising efficiency and effectiveness.



Charitable expenditure

During the year we were able to make gross new research commitments of £17.3 million (FY15 £32.0m); payments on existing commitments of £20.5m (FY15 £21.6m); and expenditure of £2.3 million (FY15 £1.6m) on other patient benefit activities.

See page 38 for our grant making policy.

New grant commitments by location in FY16

Research commitments

In FY16 we were able to make new research commitments of £17.3 million (FY15 £32.0m). Although the reduction was inevitable as a consequence of our fundraising performance, it is also in contrast to an unusual year in FY15 when we renewed our commitment to the Trials Acceleration Programme Renewal (£6.3m), along with a large number of programme renewals in that year.

Over the last five years new commitments have varied between £21 million and £32 million, depending on the number of programme renewals.

The funding set aside in our accounts for new research commitments of £17.3 million is reduced by deferred commitments, and by the value of unspent research commitments made in previous years. Deferred commitments relate to the portion of grants (typically years 4 and 5) that are subject to successful completion of the first three years of research. Unspent spends remaining on completion of grants arise from efficiencies such as staff vacancies. In FY16 deferred commitments amounted to £3.7 million (FY15 £7.5m) and unspent funds were £2.4 million (FY15 £2.1m).

Research and career development

Of the new commitments made this year, £10.8 million was invested in specialist programmes. Programmes are awards made for up to five years to support a team of researchers in tackling more extensive long-term goals that have the potential to deliver impact for patients. They are assessed by international peer review which is then used to inform a site visit to the researchers, where the team present their case for support to a small expert panel.

We invested £3.6 million in project grants, which are awarded for up to three years to support a technician, research assistant or post-doctoral scientist to carry out a clearly defined piece of work. These grants provide an opportunity to explore innovative new ideas which may form the foundations of future specialist programmes.

We invested £1.7 million in career development awards that ensure we are helping to develop the skills and capabilities that will be needed for our research in the future. This will cement the UK's place at the forefront of blood cancer research in future years.

Clinical trials

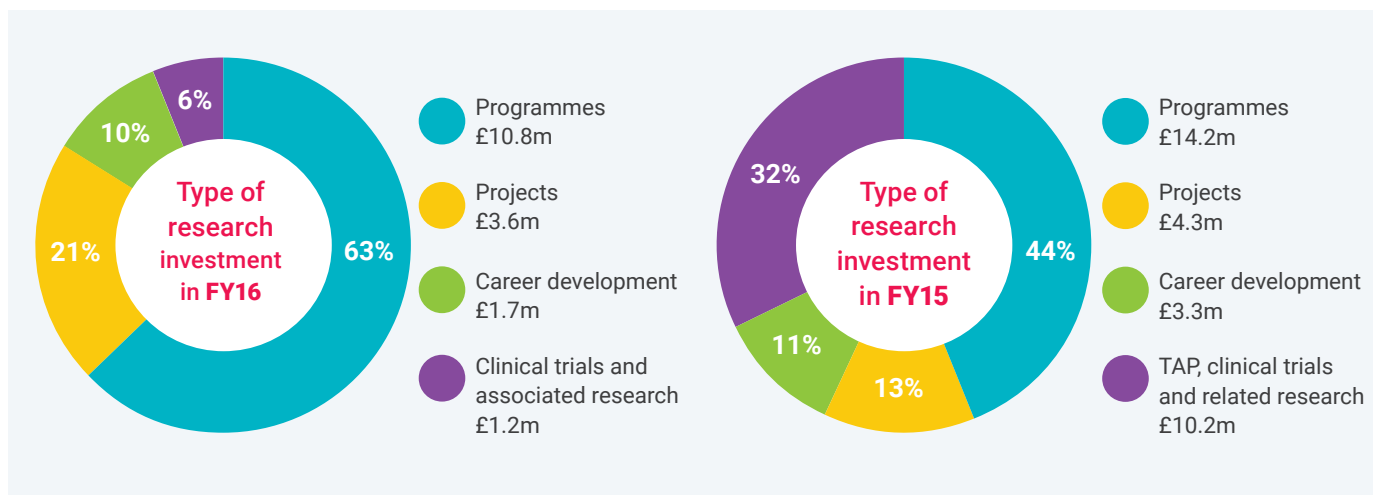
Clinical trials are the only way we can test new ways of treating patients. Trials sometimes test new treatments and sometimes test existing treatments used in new ways – or a combination of both. Trials can run over several years and the intention is to see if new treatments or combinations of treatments are better than existing ones.

Trials also help us to develop better ways to diagnose blood cancers; develop treatments that can alleviate the symptoms of blood cancer; manage side effects associated with treatment; test the safety of new drugs; and establish the safest dosage of drug.

Our investment in clinical trials is largely in early phase trials which test the safety of new drugs, confirm the optimum dosage and identify any side-effects. From these trials we can find out if the drug reaches the cancer target, if it behaves as we would expect in a human being, and how the cancer cells respond to the drug.

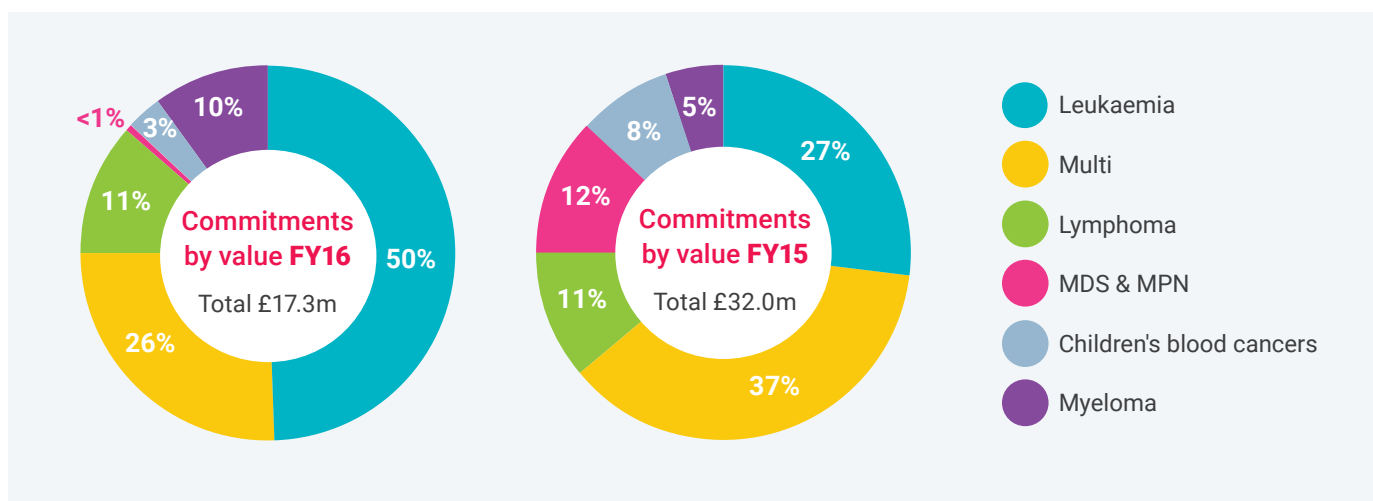
We also invest in trial-associated research projects. These are laboratory based research projects which are integral to clinical trials and for the analysis of primary and/or secondary endpoints and clinical outcome.

This year we invested nearly £1.2 million in trials and related research. Because of our previous investment in Trials Acceleration Programme infrastructure and centres, some trials are now delivered at zero additional cost and therefore the scale of our new investment does not directly reflect the scale of new activity.



Research investment in FY16 by blood cancer type

As we understand more and more about the biology of cancer, we understand the control mechanisms that are disrupted for cancer to take hold. These mechanisms are true for many forms of cancer, so much of our research is relevant to different blood cancers and even other forms of cancer. It is therefore challenging to separate our research portfolio according to blood cancer type, but these charts give an indication of the primary focus of our research over the past 12 months.



Research payments

Because we make commitments that extend over periods of more than one financial year, we have to consider the new commitments that we make in terms of the cash flow payments that they will generate in future years. Unlike other charities where income and expenditure often occur within a single financial year, we must consider our future liabilities and ensure that we keep suitable investment balances to ensure that our payments to existing commitments can be met. During the year we made payments of £20.5 million on existing research commitments and we expect this to increase in FY17 and FY18 as our accelerated commitment to research in recent years flows through to payments.

Patient experience

As we reported last year, our investment in patient experience is increasing as more people survive blood cancer and need support in living well with and beyond blood cancer. The appointment of a Patient Experience Director has extended the activities of a very pro-active team and this – along with the development of our signposting service and the 137 awareness campaign – has led to increased investment in this area to £2.3million (FY15 £1.6m).

Reserves policy and review of strategic risk model

Over the last few years the Trustees have been taking steps to release funds from our balance sheet to invest in patient activities. This has been driven by a desire to maximise patient impact but also to alleviate the perception of a lack of fundraising urgency because of large investment and cash balances. In addition we have amended the terms of our five-year programme grants so that the final two years are contingent on the success of the first three.

Our strategic risk model enables the Trustees to consider different scenarios over future years for income, operating expenditure and grant commitments. Our aim, in conjunction with our reserves policy, is to optimise the balance between short-term spending and longer-term sustainability. Our emphasis is on cash-flow management to ensure that we are able to make payments when due, rather than keeping assets to cover every liability.

We define our reserves as cash and investments, and our new reserves policy requires that we maintain cash and investments at a level:

- not more than 24 months grant payments plus six months operating expenses; and
- not less than 12 months grant payments plus six months operating expenses.

In addition, our new policy requires total assets (excluding tangible fixed assets) to exceed current liabilities at all times. A traditional definition of reserves, based on net assets, compares total assets to total liabilities, without regard for the timeframe in which those liabilities will become payable.

Our grant commitments are long-term, and recognised as liabilities in one year but only payable up to three years later. Our priority is to have enough assets now to pay the liabilities that are due now, rather than enough assets to pay out all of our liabilities. Liquidity is therefore a more important measure than net assets. For this reason cash and investments are a more appropriate definition of reserves than net assets.

The operating expenses part of the reserves policy is to allow the organisation to respond in a considered way to adverse changes in circumstances. We believe that provision for six months operating costs will allow sufficient time to enable emerging circumstances to be assessed and appropriate plans developed and implemented, without creating a 'crisis response' situation.

With the '3+2' approach to grant commitments, the maximum length of a grant liability recognised on the balance sheet is three years. If the upper limit on reserves is set at 36 months we would effectively be fully providing for future grant commitments. The upper limit of 24 months is considered an appropriate compromise, maintaining pressure to spend funds raised in pursuit of our vision, but also creating a more predictable research commitment pipeline by holding a small amount more than the minimum in reserve.

With the reserves policy, operating in conjunction with the strategic risk model, we aim to optimise near-term investment in grants whilst ensuring sufficient financial rigour to respond to potential downside scenarios, in particular to demonstrate that we are not trading insolvently.

Having made greater research commitments in recent years than the income generated in those years, we now need to reduce the amount of research commitments we undertake in line with our income, to avoid breaching our lower reserves limit. We need also to be careful to allow for the increasing volatility in equity investment values.

Based on the current grants position, the reserves policy requires us to hold between £34.0 million and £54.0 million in liquid and readily realisable assets. At 31 March 2016, cash and investments (including current asset and fixed asset investments and the investment property which was sold shortly after the year-end) were valued at £57.7 million, slightly above the reserves policy upper threshold. In accordance with the current plans, we expect reserves to fall within the limits in the next financial year, as we continue to invest for patient impact.

Although the balance sheet shows net current liabilities of £5.6 million, we expect cashflow generated by operating activities to enable liabilities to be met as they fall due. In addition the investment property sold shortly after the year-end (realising nearly £2.9 million after transaction costs) and the fixed asset investments, valued at £31.6 million at year-end, are all tradeable assets and can therefore quickly be converted into cash.

As such, and despite the current decline in income, we remain confident that we will continue to satisfy all our minimum reserves and solvency requirements for the foreseeable future.

Investment policy and performance

Our investments (excluding properties) were valued at £53.8 million at 31 March 2016 (£65.8m at 31 March 2015) and consist of a long-term main portfolio and a liquidity reserve portfolio. At year end the value of the main portfolio was £31.6 million (£33.2m at 31 March 2015) and delivered a total return in the year of minus 1.4% against an objective of 3.0% (being CPI +3%).

In light of the continuing volatility in capital markets, and the reserves policy, Trustees chose to hold higher cash balances in the liquidity reserve, which at the year-end was £22.2 million (£32.5m at 31 March 2015). The liquidity reserve portfolio delivered a return of 0.4% against a target of 0.5%. These investments, together with cash held in bank current accounts and fundraised income, provide assurance that we can meet our future grant commitments when they fall due.

During the year the Investment Committee conducted a competitive review of investment managers. As a result of the review Cazenove, now part of Schroder, was re-appointed as manager of the main portfolio and the liquidity reserve. CCLA were also appointed to manage a small proportion of our investment funds through their COIF Charities Investment Fund.

At Bloodwise we give careful consideration to positive social impact in the widest sense and seek to follow the guidance on ethical investment provided by the Charity Commission guidance in *CC:14 Charity and Investment matters: a guide for Trustees*. The Investment Committee, with the advice of our investment managers Cazenove, monitor the appropriateness of investments with regard to the aims and reputation of the charity, as well as potential financial performance.

We seek to avoid investment in companies or sectors undertaking a particular activity or operating in a way which may be harmful to our charity's interests. As a charity concerned with the health and wellbeing of blood cancer patients we avoid direct investment in any company where the major part of their business activity or focus is tobacco products.

We also monitor opportunities to make investments in companies or sectors which reflect our charity's values. Cazenove has a team dedicated to socially responsible investment and their investment approach incorporates a social, environment and ethical policy. This is reviewed annually by our Investment Committee.

Principal risks and uncertainties

Identifying and managing the possible and probable risks that a charity may face over its working life is a key part of effective governance. In managing risk, Trustees aim to ensure that significant risks are known and monitored, to enable informed decisions to be made and timely action to be taken. It also means that Trustees can make the most of opportunities and develop them with the confidence that any risks will be managed.

Risks are identified and given ratings from low to high according to the likelihood of their occurrence and their impact should they occur. All risks on the register are reviewed but particular attention is paid to those that are considered to have a high likelihood of occurrence and a high level of impact.

The risk register is dynamic, showing movement in risk ratings between periods as well as a traffic light system to demonstrate confidence in the control. The Audit & Risk Committee meet every four months to review all risks, making changes to the register as risks are mitigated and new ones emerge.

The Board of Trustees review the risk register in its entirety annually and specific areas of risk when required. The major risks to Bloodwise; the potential impact and probability associated with each risk; the existing internal controls and accountability for them; and the mitigating actions needed to reduce each risk have been considered by the Trustees. They are satisfied that systems and procedures are established in order to manage those risks.

The table shows risks that were agreed by the Trustees as rated high in probability of occurrence and impact, as at March 2016.

RISK	MITIGATION
1. Efficient and effective income generation in uncertain and competitive environment	<ul style="list-style-type: none"> • Appointment of Fundraising & Marketing Director and strengthened team. • Income strategy development and implementation. • Emphasis on core supporter relationships and communications. • Focus on return on investment and cost. • Development of Philanthropy & Partnership Team. • Website development and improvement. • Focus on raising awareness.
2. Equity market volatility	<ul style="list-style-type: none"> • Portfolio management delegated to expert investment managers with clear mandate. • Performance monitored by Investment Committee with appropriate Trustee expertise.
3. Ability to meet research commitments	<ul style="list-style-type: none"> • Liquidity fund for short to medium term liabilities. • Reserves policy and liquidity fund protect existing commitments. • Strategic risk model with financial variables gives long-term view of scope for new research commitments. • Research strategy to review flexibility/agility of research investment and funding streams.
4. Staff retention	<ul style="list-style-type: none"> • Implementation of staff survey and response to results. • Focus on improving internal communication. • Regular benchmarking and review of pay and benefits. • Learning & development programme.

Subsidiaries and related parties

Bloodwise Trading Ltd is a wholly owned subsidiary of Bloodwise. The principal activity of this trading company is Christmas card and sportswear retailing and the management of royalties arising from intellectual property in research and the Calendar Girls musical. A taxable profit of £0.2 million (FY15 £0.4m) was donated under gift aid to Bloodwise, details of which are in note 11 to the accounts.

During the year we have reviewed the profitability of the activities of the subsidiary. This has resulted in a reduction of the Christmas range and as a result the role of Buying & Trading Manager became redundant. The accounts presented from page 44 are consolidated accounts.

Salaries

We have a structure of six salary bands and all employees with the exception of the Chief Executive are assimilated into this structure. We have a pay progression element to salary which – subject to organisational performance – means that we have the opportunity to recognise achievement of objectives and behaviours separately from cost of living considerations. Our starting grade is above the national living wage and therefore no adjustments were required in response to new legislation.

Our pay policy is kept under regular review and we regularly benchmark our salaries and benefits to similar organisations to ensure that our remuneration is appropriate, fair and competitive.

Executive salaries

Bloodwise has a significant role to play in saving and improving the lives of patients and stopping blood cancers from happening in the first place. It is vital that we have leaders with the professional expertise and experience to ensure that we can deliver on our ambitious mission. To achieve this we must ensure that this competitive reward offering extends to our Executive Team.

The Board delegates the determination of pay policy to the Remuneration & Appointments Committee, which makes recommendations to the Board of Trustees for all salaries but are specifically responsible for setting the remuneration of the Chief Executive and Directors.

In making their decisions the committee considers sector analysis on Executive pay, organisational performance and individual director performance. The Trustees recently conducted a thorough external benchmarking of all salaries. An analysis of senior executive salaries is presented on page 56.

Pensions

We contribute a defined amount to individual employees' personal pension schemes, which are currently provided by AEGON. The majority of our employees have joined the auto-enrolment scheme since it was introduced in July 2014. Details of pension contributions can be found on page 66.

The environment

At Bloodwise we try to consider the impact of all that we do. In the last year we were able to recycle:

- 210kg of cardboard
- 36kg of mixed paper
- 5,316kg of mixed recyclables
- 533kg of secure shredding
- 28kg of waste, which has been converted to energy.

We carefully monitor our usage of all key utilities to reduce the impact on the environment and in an effort to reduce our operational costs.

Going concern

Although income was lower this year, the year-end balance sheet position is broadly consistent with long-term expectations with net current liabilities, negative unrestricted funds (excluding revaluation reserves) and positive total net assets. The rationale for this approach and the focus on cash-flow management, including our approach to net current liabilities rather than net assets, has been described elsewhere in this report.

The Trustees have reviewed our financial position and forecasts, taking into account operational plans, the levels of investment reserves and cash, and the systems of financial control and risk management. As a result of this review, the Trustees believe that we are well placed to manage operational and financial risks successfully.

Accordingly, the Trustees consider that the Charity has adequate resources to continue in operational existence for the foreseeable future. They continue to support the going concern basis in accounting in preparing the annual accounts.

How we work

Our charity

Legal structure and governance

Bloodwise, formerly Leukaemia & Lymphoma Research, is a company limited by guarantee and incorporated in England on 17 October 1962. The registration on change of name was completed at Companies House on 2 April 2015. Our articles of association were last amended on 2 April 2015.

Bloodwise is a registered charity in England and Wales (charity number 216032) and in Scotland (charity number SC037529). Leukaemia & Lymphoma Research remains as a dormant company.

The Trustees (see page 71) are responsible for the governance and strategy of the charity. There are 10 Trustees who together bring a diversity of gender, skills and experience to enable the Board to operate effectively. Trustees are appointed for a renewable term of three years and are the directors of the company for the purposes of the Companies Act 2006.

Mike Williams (July) and Lesley Lee (March) left the Board during the year and Peter Burrell will be retiring from the Board in July 2016. The Trustees are very grateful for their contribution and commitment to Bloodwise.

The Trustees meet six times a year and delegate day-to-day responsibility for the running of the charity to the Executive Team. The Trustees also delegate specific responsibilities to various sub-committees. The operations of the organisation are covered by the Audit & Risk; Investment; Remuneration & Appointments; Strategy Development; and Governance committees. The Investment Committee has benefited greatly from the expertise of Andrew Hutton, an independent advisor who left the committee in February.

Recruitment, induction and training of Trustees

The Governance Committee is responsible for the review of Trustee skills and the identification of skill gaps. It is the role of the Remuneration & Appointments Committee to recruit Trustees, aiming to ensure a broad mix of skills and backgrounds. The committee meets regularly to review the selection of Trustees and succession planning for both the Board and the wider organisation.

We use appropriate recruitment methods to recruit Trustees, including executive search and selection and personal introduction or recommendation. On appointment new Trustees spend induction time with the Executive Team and we aim to hold at least one of our Trustee meetings each year at a site where they can also experience our research or other patient activities.

During FY16 Trustees met researchers in Leeds in May and attended a strategy workshop in September.

Trustees attended our regional Impact Days to engage with fundraisers, researchers, clinicians, patients, volunteers and employees.

The Governance Committee have a scheme of work to complete during the year to ensure that we have thoroughly reviewed our governance. Trustees will carefully monitor forthcoming changes to fundraising regulation and other regulatory requirements, and implement changes where necessary.

Governance of our research and grant giving policy

The peer review process and grant making policies of research charities like Bloodwise play an important intermediary role between the funder and the grant recipient. It is an important way to ensure that research is reviewed in a competitive environment in comparison with other applications throughout the UK.

This can help to ensure that collaboration is encouraged and duplication is diminished. It also helps to ensure that the best research is selected to achieve our mission to save and improve the lives of blood cancer patients and to stop blood cancers happening in the first place.

As a member of the Association of Medical Research Charities (AMRC) we adhere to their principles of peer review, which are accountability, balance, independent decision making, rotation and impartiality. We aim to support original and innovative research, which will truly benefit patients affected by blood cancers including leukaemia, lymphoma and myeloma.

Our selection process involves hundreds of experts in blood cancer research around the world, who give their time freely to evaluate the applications. Their informed assessments are considered by our three expert committees, who make recommendations to our Board of Trustees about which applications to fund.

Research committee

Our Research Committee considers applications for research grants and specialist programmes and advises on research strategy. This committee also considers the recommendations of awards made by the Training and Career Development Sub-Committee. The Research Committee was chaired by Professor Paul Farrell and has ten members with expertise in research disciplines relevant to Bloodwise. Each member serves on a voluntary basis for three years.

Professor Farrell resigned from the committee in March after three terms as Chairman. During this time he introduced scoring systems for the research and better co-ordination and collaboration between our three research-focused committees. His experience, expertise and advice have been very much valued by Trustees.

Training and career development sub-committee

Our Training and Career Development Sub-Committee considers applications for all of our career development awards. The committee is chaired by Professor Adele Fielding and has four members with experience in graduate and post-graduate training and mentoring.

Clinical trials committee

Our Clinical Trials Committee considers applications for clinical trials and trial associated research projects. The committee is chaired by Professor Irene Roberts and has twelve members with expertise in trials and drug discovery. Each member serves on a voluntary basis for four years.

As we have an ambition to accelerate the set up and recruitment of trials, this committee holds 'virtual' meetings, to ensure that our own bureaucracy is not a block to this.

Our application process

Step 1: The application

Applicants outline the objectives of their research in detail, highlighting how they plan to achieve them and how their research will benefit patients with blood cancer.

Applicants for clinical trials must also submit a draft trial protocol. This describes what treatments patients entered onto this trial will receive, and when.

Step 2: Peer review

All applications for all categories of award are sent to expert referees worldwide for evaluation. Up to six referees will be consulted for individual applications. We draw on a database of over 500 experts, who we rely on for informed advice and recommendations about each application.

We check all potential external peer reviewers for any potential conflict of interest with an application, before we ask for their opinion on it.

In addition, specialist programmes are assessed at a site visit, where a committee of experts from around the world visit the team under review at their host institution or university. A report on the conclusions and recommendations of the site visit committee is then presented to our Research Committee.

Step 3: Committee meeting

All applications, together with the reviewer's reports, are considered by every member of the designated committee. The committee meetings allow the members to discuss the merits of each application submitted in that round. Each application is scored according to key criteria, then recommendations are made for funding to the Board of Trustees.

Candidates who are shortlisted for training and career development awards are interviewed by the Training and Career Development Sub-Committee, which then makes recommendations to the Research Committee.

Applicants for phase I and II clinical trials make presentations to the Clinical Trials Committee and take questions on their trial design. Committee members aren't allowed access to review documents for their own applications or for any applications from the same institution. In addition, they are not present when their own application or applications from their institutions are being discussed.

Step 4: Board of Trustees

All recommendations for all awards made by the three committees are reported to our Board of Trustees, who make the final decision on which applications will be approved for funding.

Our reputation for high quality research and patient impact depends very much on the expertise, dedication and commitment of the volunteer members of our research committees. We are hugely grateful for the advice that we receive from this community, which enables us to be accountable for saving and improving the lives of patients with every pound that we receive.

During the year we had planned to review our committee structure. This was postponed due to the appointment of our new research director Dr Alasdair Rankin, to give him the opportunity to review this in line with the development of our research strategy in the coming year.

Public benefit

In reviewing our aims and objectives and planning future activities, the Trustees have taken into account the Charity Commission's general guidance on public benefit. The Trustees ensure that the activities undertaken are in line with the charitable objectives and aims of Bloodwise. Although our activities are specifically inspired and motivated by the needs of blood cancer patients, our understanding of blood cancer often leads the way to enhancing understanding of other cancers and diseases. Public benefit is achieved through saving and improving the lives of patients.

Our employees and volunteers

The tremendous progress that we continue to make for patients is only possible thanks to the dedication and hard work of very many people including our volunteers, supporters and employees.

Volunteers operate at every level and throughout Bloodwise. Our 10 Trustees share ultimate responsibility for governing our charity and directing how it is managed and run.

We have regular volunteers who support our work at our offices around the country and without whom we would not be able to conduct some of the activities we do, especially sports events.

This year we have started an Ambassador scheme where people who are willing to share their experience of Bloodwise and blood cancer represent our charity throughout the UK.

Our voluntary Branches and Fundraising Groups continue to raise awareness and money for Bloodwise and provide support for families affected by blood cancer.

We employ 105 people and are committed to supporting their learning and development needs as well as making our reward and recognition policies as fair as possible. The size of our organisation can limit the opportunity for vertical progression and therefore we aim to offer breadth of experience across different areas of the charity.

We never forget our patients and their families, who are at the heart of all that we do.

Trustees' indemnity

The Company purchased and maintained throughout the financial year Trustees' liability insurance in respect of itself and its Trustees.

Independent auditor

Deloitte LLP have expressed their willingness to continue to act as auditor.

The Trustees' report, including the strategic report, was approved by the Board of Trustees on 28 June 2016.

Signed by order of the Trustees
(incorporating information to be reported in the Strategic report as well as the Directors' report as per the requirements of the Companies Act)



Jonathan Cox, Company Secretary
28 June 2016

Statement of Trustee responsibilities

The Trustees (who are also directors of Bloodwise for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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 SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed; and
- prepare the financial statements on the 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 disclose with reasonable accuracy 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 and the Charities Accounts (Scotland) Regulations 2006.

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

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Independent Auditor's Report to the Trustees and Members of Bloodwise for the year ended 31 March 2016

We have audited the financial statements of Bloodwise for the year ended 31 March 2016 which comprise the Group Statement of Financial Activities, the Group and charitable company's Balance Sheets, the Group Cash Flow Statement and the related notes 1 to 24. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). 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 charity's Trustees, as a body, in accordance with section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006 (as amended). Our audit work has been undertaken so that we might state to the charitable company's members and the 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 purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

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

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

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 group's and the parent 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 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 parent charitable company's affairs as at 31 March 2016 and of the group's and the parent charitable company's incoming resources and application of resources, including the group's and the parent's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Independent Auditor's Report to the Trustees and Members of Bloodwise for the year ended 31 March 2016 (continued)

Opinion on other matters prescribed by the Companies Act 2006

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

Matters on which we are required to report by exception

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

- The parent charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company's financial statements are not in agreement with the accounting records or 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.



Reza Motazed FCA

(Senior statutory auditor) for and on behalf of Deloitte LLP Chartered Accountants and Statutory Auditor, London, United Kingdom

28 June 2016

Consolidated statement of financial activities for the year ended 31 March 2016

Incorporating the income and expenditure account

	Notes	2016 Restricted funds	2016 Unrestricted funds	2016 Total funds	2015 Total funds as restated
		£'000	£'000	£'000	£'000
INCOME FROM:	2				
Donations and legacies		647	14,204	14,851	17,878
Other trading activities		-	778	778	1,046
Investments		-	1,027	1,027	1,422
Other sources		-	194	194	242
TOTAL INCOME		647	16,203	16,850	20,588
EXPENDITURE ON:	3				
Raising funds					
Raising donations and legacies		-	5,994	5,994	5,845
Other trading activities		-	304	304	311
Investment management costs		-	130	130	199
Other expenditure		-	44	44	44
		-	6,472	6,472	6,399
Charitable activities	3				
Research		28	18,162	18,190	32,873
Deferred funding		-	(3,736)	(3,736)	(7,535)
Unspent funds at completion of grant		-	(2,416)	(2,416)	(2,057)
Patient benefit activities		-	2,286	2,286	1,637
		28	14,296	14,324	24,918
TOTAL EXPENDITURE		28	20,768	20,796	31,317

Consolidated statement of financial activities for the year ended 31 March 2016 (continued)

Incorporating the income and expenditure account

	Notes	2016 Restricted funds	2016 Unrestricted funds	2016 Total funds	2015 Total funds as restated
		£'000	£'000	£'000	£'000
Net income / (expenditure) before investment gains	5	619	(4,565)	(3,946)	(10,729)
Net gains on investments	7	-	1,507	1,507	3,469
Net income / (expenditure) for the year		619	(3,058)	(2,439)	(7,260)
Transfer between funds	19	(599)	599	-	-
NET MOVEMENT IN FUNDS		20	(2,459)	(2,439)	(7,260)
RECONCILIATION OF FUNDS:					
Total funds brought forward		-	9,818	9,818	17,078
Total funds carried forward	18	20	7,359	7,379	9,818

All amounts relate to the continuing activities of the group.

The group has no recognised gains and losses other than those included in the results above, and therefore no separate statement of total recognised gains and losses has been presented.

The consolidated statement of financial activities for the year ended 31 March 2015 is disclosed in note 24.

Consolidated balance sheets as at 31 March 2016

	Notes	GROUP		BLOODWISE	
		2016 £'000	2015 As restated £'000	2016 £'000	2015 As restated £'000
FIXED ASSETS					
Tangible assets	8	7,609	7,607	7,609	7,607
Investment property	9	2,852	-	2,852	-
Investments	10	31,612	33,225	31,612	33,225
Investment in subsidiary company	11	-	-	76	76
		42,073	40,832	42,149	40,908
CURRENT ASSETS					
Stocks		100	241	52	194
Debtors	12	1,047	1,510	1,175	1,845
Investments	10	22,237	32,527	22,237	32,527
Cash at bank and in hand		960	3,170	781	2,729
		24,344	37,448	24,245	37,295
LIABILITIES					
Creditors: Amounts falling due within one year	13	(29,894)	(29,052)	(29,871)	(28,975)
NET CURRENT (LIABILITIES)/ASSETS		(5,550)	8,396	(5,626)	8,320
TOTAL ASSETS LESS CURRENT LIABILITIES		36,523	49,228	36,523	49,228
CREDITORS					
Amounts falling due after more than one year	14	(29,144)	(39,410)	(29,144)	(39,410)
TOTAL NET ASSETS		7,379	9,818	7,379	9,818

Consolidated balance sheets as at 31 March 2016 (continued)

	Notes	GROUP		BLOODWISE	
		2016	2015 As restated	2016	2015 As restated
		£'000	£'000	£'000	£'000
THE FUNDS OF THE CHARITY:	17				
Investments revaluation reserve (including investment property)		6,581	6,085	6,581	6,085
Fixed asset property revaluation reserve		5,730	5,730	5,730	5,730
Unrestricted funds		(4,952)	(1,997)	(4,952)	(1,997)
Total unrestricted funds		7,359	9,818	7,359	9,818
Restricted funds		20	-	20	-
TOTAL FUNDS		7,379	9,818	7,379	9,818

The financial statements were approved, authorised for issue and signed on behalf of the Trustees on 28 June 2016 by:

Delhan B. Allen

P B Allen
Chairman

P.M. Burrell

P M Burrell
Honorary Treasurer

The notes on pages 52 to 70 form part of these financial statements.
Company registered Number: 738089

Consolidated statement of cash flows for the year ended 31 March 2016

		2016	2015
	Notes	£'000	£'000
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net cash used in operating activities	(a)	(13,709)	(11,631)
CASH FLOWS FROM INVESTING ACTIVITIES:			
Dividends, interest and rents from investments	(b)	1,027	1,422
Purchase of property, plant and equipment		(255)	-
Proceeds from the sale of investments		20,111	34,062
Purchase of investments		(18,534)	(7,653)
Net cash provided by investing activities		2,349	27,831
Change in cash and cash equivalents in the year		(11,360)	16,200
Cash and cash equivalents at beginning of the year		27,783	11,583
Cash and cash equivalents at the end of the year		16,423	27,783
Reconciliation to cash at bank and in hand:			
Cash at bank and in hand		960	3,170
Cash held as part of investment portfolio		15,463	24,613
Cash and cash equivalents		16,423	27,783

Consolidated statement of cash flows for the year ended 31 March 2016 (continued)

	2016	2015
	£'000	£'000

NOTES TO THE CASH FLOW STATEMENT:

(a) Reconciliation of net expenditure to net cash flow from operating activities:

Net expenditure for the year	(2,439)	(7,260)
Adjustments for:		
Depreciation charges	84	79
Gains on investments	(1,507)	(3,469)
Dividends, interest and rents from investments	(1,027)	(1,422)
Decrease/(increase) in stocks	141	(132)
Decrease in debtors	463	201
(Decrease)/increase in creditors	(9,424)	372
Net cash used in operating activities	(13,709)	(11,631)

(b) Dividends, interest and rents from investments:

Listed investment income	991	1,386
Interest received	1	1
Rental income	35	35
	1,027	1,422

Accounting policies

Basis of accounting

The financial statements are prepared under the historical cost convention modified to include the revaluation of investment and in accordance with the *Companies Act 2006, 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 the Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP (FRS 102))*, and the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The financial statements are prepared on the going concern basis as described in the Report of Trustees on page 36.

The prior year financial statements were restated on adoption of FRS 102 in the current year. The transition date was 1 April 2014.

As permitted by section 408 of the Companies Act 2006 and defined in Section 24 of the Charities SORP, no separate Statement of Financial Activities has been prepared in respect of Bloodwise.

Basis of consolidation

Group financial statements have been prepared in respect of the charity and its wholly owned subsidiary undertaking, Bloodwise Trading Ltd. These financial statements have been consolidated on a line by line basis and the results of the subsidiary undertaking are disclosed in note 11.

Income

Income is recognised when the Group and Charity has entitlement to the funds, any performance conditions attached to the items of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Legacy income is brought into the accounts when entitlement has been established and the receipt of income is probable. Sufficient evidence for entitlement is deemed to be when notice of impending distribution has been received as at 31 March and the funds can be quantified with sufficient accuracy.

Income from voluntary Branches and donations from other voluntary fundraising sources are brought into the accounts when received at head office.

Donations are shown gross except for small fundraising events run by volunteers where monies are received at head office net of expenses.

In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised. Please refer to the Trustees' Annual Report for more information about their contribution (page 40).

Bloodwise Trading Ltd income is included when receivable, excluding VAT.

Expenditure

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

Expenditure on raising funds comprises costs associated with attracting voluntary income and costs of other income generation, for example costs of goods sold and other costs associated with Bloodwise Trading Ltd.

Purchase costs and net proceeds of disposal of investments include the direct costs of investing and disposing respectively.

Expenditure on charitable activities includes expenditure associated with their performance and comprises direct expenses including grant awards and staff costs as well as support costs attributable to these activities.

Research, training and educational grants are included in the Statement of Financial Activities (SoFA) when detailed costs are approved by the Board of Trustees. Clinical trials grants are included in the SoFA when approved by the Board of Trustees and once the ethical approval of the final protocol is obtained.

Support costs are those functions that assist the work of the Charity but do not directly undertake charitable activities. Support costs include information technology, human resources, facilities and back office costs, governance, finance and depreciation. These costs have been allocated between the cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 4.

Irrecoverable VAT is written off when the expenditure to which it relates is incurred and is recorded as part of that expense.

Branch accounting

The 83 voluntary Branches and voluntary Fundraising Groups across the UK raise money for Bloodwise from a variety of local activities and sources with minimal cost expenditure and submit accounts annually to head office. The Branches' net assets, being primarily cash not remitted to head office by 31 March 2016, have not been consolidated in these accounts and these have been estimated at £165,000 (2015: £192,000).

Pension contributions

Pension contributions payable under a defined contribution scheme are charged to the SoFA in the accounting period to which they relate.

Funds

Unrestricted general funds are available for charitable purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors.

Full details of funds are shown in note 19.

Taxation

As a registered charity, income and gains are exempt from corporation tax to the extent they are applied to its charitable objectives. The trading subsidiary has not incurred a tax charge since all its profits are gifted to the charity.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost, net of depreciation and any provision for impairment. Depreciation is provided on all tangible fixed assets, other than freehold land and items of equipment costing below £10,000, at rates calculated to write off the cost or valuation, less estimated residual value, of each asset on a straight-line basis over its expected useful life, as follows:

• Freehold buildings	50 years
• Refurbishment costs	5 years
• Software development costs	5 years
• Equipment	2 years
• Vehicles	4 years

The freehold property is held at Fair Value which under the transition to FRS 102 is treated as deemed cost.

Investments

Investments are included at market value at the balance sheet date which gives rise to unrealised gains and losses at the end of the financial period, which are included in the SoFA. The investment property is included at Fair Value based on the value achieved through the post year-end sale.

In the parent charity balance sheet, investments in subsidiary undertakings are measured at cost.

Stocks

Stocks are stated at the lower of cost and estimated selling prices less costs to sell, which is equivalent to the net realisable value. Cost is calculated using the FIFO (first-in, first-out) method. Provision is made for obsolete, slow-moving or defective items where appropriate.

Financial instruments

Financial assets and financial liabilities are recognised when the Group becomes a party to the contractual provisions of the instrument. All financial assets and liabilities are initially measured at transaction price (including transaction costs), except for those financial assets classified as at fair value through profit or loss, which are initially measured at fair value (which is normally the transaction price excluding transaction costs), unless the arrangement constitutes a financing transaction. If an arrangement constitutes a finance transaction, the financial asset or financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. 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 after allowing for any trade discounts due.

Notes to the accounts for the year ended 31 March 2016

1 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

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

The Trustees have taken advantage of the exemption in FRS 102 to elect to measure a freehold property on the date of transition to the FRS at its Fair Value and use that Fair Value as its deemed cost.

Grant commitments for awards with expected payments exceeding twelve months have been discounted using a market rate for cash for a period matching the duration of the liability.

The freehold property at Great Ormond Street was moved from tangible assets to investment property at the year end date and valued at Fair Value based on realised value from the post year end sale.

2 ANALYSIS OF INCOME FROM:

	2016	2015
	£'000	£'000
a) Donations and legacies		
Voluntary income	9,815	11,641
Legacies	5,036	6,237
	14,851	17,878
b) Other trading activities		
Event entry fees	366	449
Retail trading	271	317
Other trading activities	141	280
	778	1,046
c) Investments		
UK listed equities	561	754
Non-UK listed equities	115	142
Fixed interest stocks	315	490
Rental income	35	35
Interest received	1	1
	1,027	1,422

Notes to the accounts for the year ended 31 March 2016 (continued)

3 ANALYSIS OF EXPENDITURE ON:

	Research grants	Staff	Direct costs	Support costs (Note 4)	Total 2016	Total 2015 as restated
	£'000	£'000	£'000	£'000	£'000	£'000
Raising funds						
Raising donations and legacies	-	2,940	2,519	535	5,994	5,845
Other trading activities	-	-	304	-	304	311
Investment management costs	-	-	130	-	130	199
Other expenditure	-	-	44	-	44	44
Charitable activities						
Research	17,260	329	540	61	18,190	32,873
Deferred funding	(3,736)	-	-	-	(3,736)	(7,535)
Unspent funds at completion of grant	(2,416)	-	-	-	(2,416)	(2,057)
Patient benefit activities	-	1,113	967	206	2,286	1,637
Total	11,108	4,382	4,504	802	20,796	31,317

Direct costs are those costs associated with providing the activity such as fundraising materials, advertising, postage and stationery, venue and travel expenses.

Staff costs and allocated central support staff costs are allocated on the basis of a combination of time spent on each activity and headcount.

Notes to the accounts for the year ended 31 March 2016 (continued)

4 ANALYSIS OF SUPPORT COSTS

2016	Information technology	Human resources	Facilities	Governance, finance & depreciation	Total 2016
	£'000	£'000	£'000	£'000	£'000
Raising donations and legacies	116	192	109	118	535
Research	13	21	12	15	61
Patient benefit activities	43	71	40	52	206
Total	172	284	161	185	802

2015 comparatives – as restated	Information technology	Human resources	Facilities	Governance, finance & depreciation	Total 2015
	£'000	£'000	£'000	£'000	£'000
Raising donations and legacies	108	247	137	151	643
Research	12	28	15	21	76
Patient benefit activities	32	75	41	55	203
Total	152	350	193	227	922

Governance costs are included within support costs. Governance costs include auditor's remuneration, relevant legal and professional fees and Trustees' expenses.

Support costs are allocated on a basis consistent with the use of resources, primarily headcount.

Notes to the accounts for the year ended 31 March 2016 (continued)

5 NET EXPENDITURE FOR THE YEAR

	2016	2015
	£'000	£'000
Net expenditure is stated after charging:		
Depreciation of owned assets	84	79
Fees payable to the charity's auditor	24	24

6 ANALYSIS OF STAFF COSTS, TRUSTEE REMUNERATION AND EXPENSES, AND THE COST OF KEY MANAGEMENT PERSONNEL

	2016	2015
	No.	No.
The average monthly number of employees by function was:		
Raising funds	70	72
Charitable activities	28	25
Support	14	14
	112	111

	2016	2015
	£'000	£'000
Their aggregate remuneration comprised:		
Salaries	3,836	3,777
Social security costs	370	362
Pension costs	176	72
	4,382	4,211

Notes to the accounts for the year ended 31 March 2016 (continued)

6 ANALYSIS OF STAFF COSTS, TRUSTEE REMUNERATION AND EXPENSES, AND THE COST OF KEY MANAGEMENT PERSONNEL (continued)

	2016	2015
	No.	No.
The number of employees whose emoluments, excluding national insurance contributions and pension contributions but including benefits in kind, were in excess of £60,000 was:		
£60,001–£70,000	1	1
£80,001–£90,000	1	2
£90,001–£100,000	2	2
£120,001–£130,000	1	1

Redundancy payments of £25,833 were made in the year.

The key management personnel of the charity are listed on page 72. The total remuneration (including pension contributions) of the key management personnel of the charity for the year totalled £583,000 (2015: £599,000).

Trustees' remuneration

No Trustees received remuneration during the current or prior year. Six Trustees (2015: seven Trustees) claimed (or had paid on their behalf) travelling, accommodation and entertaining expenses totalling £3,604 (2015: £3,994).

7 ANALYSIS OF NET GAINS ON INVESTMENTS

	2016	2015
	£'000	£'000
Gain on property investment	2,683	-
Net investment (losses) / gains on managed funds	(1,176)	3,469
	1,507	3,469

Notes to the accounts for the year ended 31 March 2016 (continued)

8 TANGIBLE ASSETS – GROUP AND BLOODWISE

	Freehold land & buildings as restated	Fixtures, equipment & vehicles	Total
	£'000	£'000	£'000
Cost			
At 1 April 2015	7,517	765	8,282
Additions	-	255	255
Disposals	-	(12)	(12)
Transfers	(192)	-	(192)
At 31 March 2016	7,325	1,008	8,333
Depreciation			
At 1 April 2015	21	654	675
Charge for the year	2	82	84
Released on disposal	-	(12)	(12)
Released on transfer	(23)	-	(23)
At 31 March 2016	-	724	724
Net Book Value			
At 31 March 2016	7,325	284	7,609
At 31 March 2015	7,496	111	7,607

The Eagle Street freehold property was valued at £7,325,00 on 31 March 2016 by an external valuer, Daniel Watney LLP. The valuation was prepared in accordance with the requirements of the RICS Valuation - Professional Standards January 2014 (Revised April 2015) and UK Generally Accepted Accounting Principles (UKGAAP) and FRS 102. The property has been valued on the basis of Fair Value on the assumption it would be sold subject to vacant possession.

The valuer's opinion of Fair Value was primarily derived using comparable recent market transactions on arm's length terms together with other valuation techniques.

The historical cost of the property was £1,773,000.

The freehold property at Great Ormond Street was transferred from Freehold Land & Buildings to Investment Property at 31 March 2016 balance Sheet date due to the change in use of the property by the charity and the subsequent sale completed shortly after the year end date.

Notes to the accounts for the year ended 31 March 2016 (continued)

9 INVESTMENT PROPERTY – GROUP AND BLOODWISE

	2016
	£'000
Cost or valuation	
At 1 April 2015	-
Transfer of historical cost	192
Transfer of depreciation	(23)
Revaluation gain	2,683
At 31 March 2016	2,852

The freehold property at Great Ormond Street was transferred from Tangible Assets to Investment Property at 31 March 2016 due to the change in use of the property by the Charity and sale of the property shortly after the year end date.

The investment property was valued on the basis of evidence arising from the sale of the property completed shortly after the year end.

The historical cost of the property was £192,000.

The amount recognised in the Statement of Financial Activities for the year for rental income from investment property is £35,000 (2015: £35,000).

Notes to the accounts for the year ended 31 March 2016 (continued)

10 INVESTMENTS – GROUP AND BLOODWISE

	2016	2015
	£'000	£'000
Market value of investments at 1 April	41,139	64,079
Additions at cost	18,534	7,653
Disposal proceeds	(20,111)	(34,062)
Net investment losses/(gains)	(1,176)	3,469
Market value of investments at 31 March	38,386	41,139
Cash held as part of investment portfolio	15,463	24,613
Total with investment managers	53,849	65,752
Investments comprise the following:		
Listed UK equities	7,153	7,105
Listed UK fixed interest and government stocks	11,481	12,259
Listed non-UK equities	8,481	9,075
Listed non-UK fixed interest stocks	1,697	2,177
Other funds	9,574	10,523
Total investments	38,386	41,139
Cost of investments	34,488	35,054
Investment revaluation reserve (difference between market value and cost)	3,898	6,085
Investment fund split:		
Main fund	31,612	33,225
Liquidity reserve	22,237	32,527
	53,849	65,752

The main fund comprises assets that are not expected to be required in the short term and are held for longer term returns.

The liquidity reserve is made up of cash and near-cash assets and held to meet short to medium term cash flow requirements.

Notes to the accounts for the year ended 31 March 2016 (continued)

11 INVESTMENT IN SUBSIDIARY COMPANY – BLOODWISE ONLY

The company owns the entire issued ordinary share capital of Bloodwise Trading Ltd, incorporated and registered in the United Kingdom, whose principal activities are the sale of Christmas cards and gifts and the management of royalties arising from research and other intellectual property to raise funds for Bloodwise. The key financial information of Bloodwise Trading Ltd is as follows:

	2016	2015
	£'000	£'000
Turnover	545	796
Bank interest received	1	1
	546	797
Cost of sales and direct expenses	(259)	(255)
Distribution costs	(61)	(74)
Overhead expenses	(27)	(26)
Donated to Bloodwise under Gift Aid	(199)	(442)
Movement in shareholders funds	-	-
Share capital	76	76
Retained profit / (loss)	-	-
Shareholders funds represented by net assets	76	76

Notes to the accounts for the year ended 31 March 2016 (continued)

12 DEBTORS – Amounts receivable in one year

	GROUP		BLOODWISE	
	2016	2015	2016	2015
	£'000	£'000	£'000	£'000
Trade debtors	33	32	-	10
Other debtors	105	210	105	195
Due from subsidiary undertaking	-	-	236	442
Prepayments and accrued income	909	1,268	834	1,198
	1,047	1,510	1,175	1,845

Prepayments and accrued income includes accrued income in respect of legacies receivable of £473,000 (2015: £961,000). Legacies that have been notified on or before 31 March 2016, but which have not been accrued or received by the date the accounts were signed, were estimated to be £1,815,000 (2015: £2,111,000).

13 CREDITORS – Amounts falling due within one year

	GROUP		BLOODWISE	
	2016	2015	2016	2015
	£'000	£'000	£'000	£'000
Accruals for grants payable (note 15)	29,174	28,338	29,174	28,338
Accruals and deferred income	221	299	217	257
Taxation and social security	125	122	106	118
Other creditors	374	293	374	262
	29,894	29,052	29,871	28,975

14 CREDITORS – Amounts falling due after more than one year

	GROUP AND BLOODWISE	
	2016	2015
	£'000	£'000
Accruals for grants payable (note 15)	29,144	39,410

Notes to the accounts for the year ended 31 March 2016 (continued)

15 MOVEMENT IN AND ANALYSIS OF RESEARCH COMMITMENTS – GROUP AND BLOODWISE

	2016		2015	
	£'000	£'000	£'000	£'000
Balance at 1 April		67,748		66,984
Grants approved by the Board of Trustees during the year (note 16)	17,189		32,297	
Discounting of grants	71		(321)	
Research support costs	930		897	
Total research expenditure	18,190		32,873	
Deferred funding	(3,736)		(7,535)	
Unspent funds at completion of grant	(2,416)		(2,057)	
Research support costs	(930)		(897)	
		11,108		22,384
		78,856		89,368
Less: Paid during the year		(20,538)		(21,620)
Balance at 31 March		58,318		67,748
Due within one year (note 13)		29,174		28,338
Due after more than one year (note 14)		29,144		39,410
		58,318		67,748

Total research commitments of £58,318,000 (2015: £67,748,000) are amounts approved by the Board of Trustees on or before 31 March 2016 for spend over the next three years.

Research support costs comprise related staff costs, direct costs and allocated central support costs.

Notes to the accounts for the year ended 31 March 2016 (continued)

15 MOVEMENT IN AND ANALYSIS OF RESEARCH COMMITMENTS – GROUP AND BLOODWISE (continued)

	AMOUNTS DUE FOR RECOGNITION IN THE YEAR TO 31 MARCH			
	TOTAL	2017	2018	2019
	£'000	£'000	£'000	£'000
Deferred funding commitments (not provided for in the accounts)	19,057	7,786	7,535	3,736

Deferred funding commitments

Grants are awarded in two phases, on a three years plus two years basis. Deferred funding of £3,736,000 (2015: £7,535,000) represents the latter phase, and is in respect of funding due after more than one year and within five years for grants approved by the Board of Trustees during the year that are subject to conditions being met.

Grant commitments for awards with expected payments exceeding twelve months have been discounted using a market rate for cash matching the term of the liabilities with rates between 0.6% and 0.7%.

Notes to the accounts for the year ended 31 March 2016 (continued)

16 GRANTS APPROVED IN THE YEAR, SHOWN BY INSTITUTION – GROUP AND BLOODWISE

	2016	2015
	£'000	£'000
Cardiff University	997	208
CRUK Manchester Institute	525	-
Imperial College	549	1,714
Institute of Cancer Research	-	219
King's College Hospital	-	365
King's College London	275	5,433
MRC Toxicology Unit	-	171
Newcastle Upon Tyne Hospital NHS Foundation	168	-
Oxford University Hospitals NHS Trust	-	119
Queen Mary University London	-	2,588
Queen's University Belfast	202	-
Southampton General Hospital	-	2,294
St James's University Hospital	65	-
The Babraham Institute	-	291
University College Hospital London	-	1,005
University College London	472	712
University of Birmingham	586	8,828
University of Cambridge	3,151	1,090
University of Edinburgh	142	-
University of Glasgow	510	1,896
University Hospital Southampton NHS Foundation Trust	-	297
University of Leeds	233	249
University of Leicester	91	142
University of Liverpool	246	-
University of Manchester	232	-
University of Newcastle	3,011	687
University of Oxford	223	977
University of Sheffield	689	-
University of Southampton	436	918
University of Sussex	245	222
University of York	3,469	-
Welcome Trust Sangar Institute	-	104
Subtotal carried forward to next page	16,517	30,529

Notes to the accounts for the year ended 31 March 2016 (continued)

16 GRANTS APPROVED IN THE YEAR, SHOWN BY INSTITUTION – GROUP AND BLOODWISE (continued)

	2016	2015
	£ '000	£'000
Subtotal brought forward from previous page	16,517	30,529
Supplements to existing grants	210	1,558
Leukaemia & Lymphoma Society US	181	106
Wellcome Trust – Open Access	104	104
CRUK Centre for Drug Development	177	-
Grants approved by the Board of Trustees during the year (note 15)	17,189	32,297
Discounting of grants	71	(321)
	17,260	31,976

17 ANALYSIS OF FUNDS – GROUP

	2016	2015
	£ '000	£'000
Investments revaluation reserve (including investment property)	6,581	6,085
Fixed asset property revaluation reserve	5,730	5,730
Unrestricted funds	(4,952)	(1,997)
Total unrestricted funds	7,359	9,818
Restricted funds	20	-
	7,379	9,818

18 ANALYSIS OF NET ASSETS BY FUNDS – GROUP

	Tangible assets	Investment properties	Investments	Net current (liabilities)	Long term liabilities	Net assets
	£'000	£'000	£'000	£'000	£'000	£'000
Unrestricted funds	7,609	2,852	30,464	(4,422)	(29,144)	7,359
Restricted funds	-	-	1,148	(1,128)	-	20
Total funds	7,609	2,852	31,612	(5,550)	(29,144)	7,379

Notes to the accounts for the year ended 31 March 2016 (continued)

19 RECONCILIATION OF MOVEMENTS IN FUNDS – GROUP

	Balance 1 April 2015	Incoming resources	Resources expended	Transfers	Net gain on investment	Balance 31 March 2016
	£'000	£'000	£'000	£'000	£'000	£'000
Unrestricted funds	9,818	16,203	(20,768)	599	1,507	7,359
Restricted funds	-	647	(28)	(599)	-	20
Total funds	9,818	16,850	(20,796)	-	1,507	7,379

Transfers between restricted and unrestricted funds relate to income raised in respect of commitments made and recognised by the charity in a prior period. This ensures that restricted income is correctly matched to the charitable expenditure to which it relates.

As permitted by Section 408 of the Companies Act 2006, no separate Statement of Financial Activities has been included in respect of Bloodwise. The movement in funds during the year that has been recognised in the financial statements of Bloodwise is a decrease of £2,439,000.

20 PENSION CONTRIBUTIONS

Bloodwise operates a scheme to contribute a defined amount to individual employees' personal pension schemes. The assets of the various schemes are held separately from those of Bloodwise in independently administered funds.

The total cost of these schemes was £176,000 (2015: £165,000). Outstanding contributions included within other creditors at the balance sheet date were £29,000 (2015: £75,000).

21 RELATED PARTY TRANSACTIONS

All transactions between the charity and its subsidiary, Bloodwise Trading Ltd, eliminated on consolidation.

No Trustee received payment for professional or other services supplied to the charity during the year (2015: £nil).

Total donations received without conditions from Trustees during the year were £10,093 (2015: £4,034). No donations were received from other related parties in the year (2015: £20,000).

Notes to the accounts for the year ended 31 March 2016 (continued)

22 EXPLANATION OF TRANSITION TO FRS 102

This is the first year that the Group has presented its financial statements under Financial Reporting Standard 102 (FRS 102) issued by the Financial Reporting Council. The last financial statements under previous UK GAAP were for the year ended 31 March 2015 and the date of transition to FRS 102 was therefore 1 April 2014. As a consequence of adopting FRS 102, the following accounting policies have changed to comply with the standard.

Governance costs

These have been reclassified within support costs (see note 4). In the year ended 31 March 2015, governance costs have increased expenditure on raising funds by £92,000 and expenditure on charitable activities by £92,000.

Revaluation of property

The freehold property at Eagle Street was revalued to Fair Value as at the date of transition to FRS 102 and treated as deemed cost at that date. The property was revalued to £7,325,000. Depreciation expensed in the year ended 31 March 2015 was written back against expenditure. Historic cost recognised at 1 April 2014 of £1,773,000 and accumulated depreciation of £178,000 were transferred to the property revaluation reserve.

Grant discounting

Grant commitments for awards with expected payments exceeding twelve months have been discounted using a market rate for cash matching the term of the liabilities. In the year ended 31 March 2015, discounting grant commitments to net present value has reduced the total cost of grants made in the year by £321,000.

Holiday pay

A liability is now recognised for paid annual leave which was due, but not taken at the balance sheet date. The impact of the restatement is an increase of £95,000 in employee costs in the year ended 31 March 2015. A liability of £95,000 is recognised at 31 March 2015.

Notes to the accounts for the year ended 31 March 2016 (continued)

22 EXPLANATION OF TRANSITION TO FRS 102 (continued)

	AT 1 APRIL 2014	AT 31 MARCH 2015
	£ '000	£'000
Reconciliation of Group and Bloodwise funds		
Unrestricted fund balances as previously reported	11,348	3,844
Adjustments for:		
Revaluation reserve on Eagle Street property	5,730	5,730
Depreciation on Eagle Street property	-	18
Grant discounting	-	321
Holiday pay liability	-	(95)
Unrestricted fund balances as restated	17,078	9,818
Reconciliation of surplus for the year ended 31 March 2015		
		£'000
Deficit for the financial year under previous UK GAAP		(7,504)
Adjustments for:		
Depreciation on Eagle Street property		18
Grant discounting		321
Holiday pay liability		(95)
Deficit for the financial year under FRS 102		(7,260)

23 POST BALANCE SHEET EVENTS

The sale of the property at 43 Great Ormond Street, which commenced prior to the balance sheet date, was completed on 11 May 2016. Sale proceeds before costs were £2,900,000.

Notes to the accounts for the year ended 31 March 2016 (continued)

24 COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

		2015	2015	2015
		Restricted funds	Unrestricted funds	Total funds as restated
	Notes	£'000	£'000	£'000
Income from:	2			
Donations and legacies		1,062	16,816	17,878
Other trading activities		-	1,046	1,046
Investments		-	1,422	1,422
Other sources		-	242	242
Total income		1,062	19,526	20,588
Expenditure on:	3			
Raising funds				
Raising donations and legacies		-	5,845	5,845
Other trading activities		-	311	311
Investment management costs		-	199	199
Other expenditure		-	44	44
		-	6,399	6,399
Charitable activities	3			
Research		560	32,313	32,873
Deferred funding		-	(7,535)	(7,535)
Unspent funds at completion of grant		-	(2,057)	(2,057)
Patient benefit activities		-	1,637	1,637
		560	24,358	24,918
Total expenditure		560	30,757	31,317

Notes to the accounts for the year ended 31 March 2016 (continued)

24 COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (continued)

		2015	2015	2015
		Restricted funds	Unrestricted funds	Total funds as restated
	Notes	£'000	£'000	£'000
Net income/(expenditure) before investment gains	5	502	(11,231)	(10,729)
Net gains on investments	7	-	3,469	3,469
Net income/(expenditure) for the year		502	(7,762)	(7,260)
Transfer between funds		(502)	502	-
Net movement in funds		-	(7,260)	(7,260)
Reconciliation of funds:				
Total funds brought forward		-	17,078	17,078
Total funds carried forward	18	-	9,818	9,818

Patron and Trustees

Royal Patron

His Royal Highness The Duke of Kent KG

President

Sir Ian Botham OBE

Honorary Presidents

Richard Delderfield

Angela Knowles

Ken Lomas MBE

Chairman of Fundraising

Alastair Campbell

Board of Trustees*

NAME	AUDIT & RISK COMMITTEE	PATIENT IMPACT COMMITTEE (disbanded October 2014)	REMUNERATION & APPOINTMENTS COMMITTEE	INVESTMENT COMMITTEE	GOVERNANCE COMMITTEE	STRATEGY DEVELOPMENT COMMITTEE
Pelham Allen (Chairman)	*		*		*	*
Jeremy Bird (Vice-Chairman)	*	*	*		*	*
Peter Burrell FCA (Honorary Treasurer)	*			*	*	
Maria Clarke			*			
Zanna Floyd			*			
Simon Guild	*					*
Glen Lucken	*			*		
Charlie Metcalfe	*			*		*
Michael Prescott	*	*				
John Reeve		*			*	

* As at year-end

Officers and advisers

Senior management*

Catherine Gilman, Chief Executive
Jonathan Cox, Finance Director
Diana Jupp, Patient Experience Director
Alasdair Rankin, Research Director
Kate Scally, Interim Director Fundraising & Marketing

Research Committee members*

Professor Paul Farrell (Chair) (resigned), Imperial College London
Professor Christian Buske, University of Ulm, Germany
Dr Mary Callahan, Université Joseph Fourier, Grenoble, France
Professor Julian Dyson, Imperial College London
Professor David Gillespie, University of Glasgow
Professor Tessa Holyoake, University of Glasgow
Dr Richard Jenner, University College London
Dr Stefan Meyer, University of Manchester
Dr Martin Turner, Babraham Institute, Cambridge
Professor Mark Vickers, University of Aberdeen
Dr Marieke von Lindern, Amsterdam Medical Center, Netherlands

Clinical Trials Committee*

Professor Irene Roberts (Chair), University of Oxford
Dr Jamie Cavenagh, Bart's Cancer Institute, London
Professor Gordon Cook, St James Institute of Oncology, Leeds
Professor Stephen Devereux, King's College Hospital, London
Professor Paul Farrell (resigned), Imperial College London
Dr Claire Harrison, Guys and St. Thomas' NHS Foundation Trust
Professor Peter Hillmen, St James' University Hospital, Leeds
Dr Robert Hills, Cardiff University
Professor Simon Rule, Derriford Hospital, Plymouth
Dr Anna Schuh, University of Oxford

Training & Career Development Committee*

Professor Adele Fielding (Chair), University College London
Dr Rebecca Auer, Barts and the London Medical School
Dr Claire Edwards, University of Oxford
Professor Chris Pepper, Cardiff University
Dr Reuben Tooze, University of Leeds

* As at year-end

Bankers

Barclays Bank PLC. 1 Churchill Place, London E14 5HP

Auditor

Deloitte LLP, Chartered Accountants & Registered Auditors
2 New Street Square, London EC4A 3BZ

Investment managers

Cazenove Capital Management Ltd with Charity Investment
from Schroders, 12 Moorgate, London EC2R 6DA
CCLA Investment Management Limited, Senator House,
85 Queen Victoria Street, London EC4V 4ET

Legal advisers

Fieldfisher, Riverbank House, 2 Swan Lane, London EC4R 3TT

Registration

Our registered name is Bloodwise.

We are registered with the Charity Commission of England and Wales (Charity number 216032) and in Scotland (Charity number SC037529) and as a company limited by guarantee (registered number 738089).

Registered office

Our registered (and principal) office is 39–40 Eagle Street, London WC1R 4TH

Our regional offices

Scotland: 111 George Street, Edinburgh, EH2 4JN

North: Newcastle University, Biomedical Research Building, Room 2.35, 2nd Floor Campus for Ageing and Vitality, Newcastle upon Tyne NE4 5PL

Midlands: Medical School, University of Birmingham, Edgbaston B15 2TT

Wales: Department of Haematology, School of Medicine, Room 182, 1st Floor, B–C Link, Cardiff University, Heath Park, Cardiff CF14 4X

London and South East: 39–40 Eagle Street, London WC1R 4TH

