

11Company number: 7487432
Charity number: 1139869
Charity number Scotland: SCO44260



Sarcoma UK
Annual Report and Accounts
For the Year Ended 31 March 2022

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Chair of Trustees' Statement

Despite the very real challenges presented by the COVID-19 pandemic in 2021-22, Sarcoma UK was able to mark our tenth anniversary with a great deal of progress and hope.

We launched our strategy *Tackling Sarcoma Together: Sarcoma UK's Strategy 2021-26*, which sets out our vision and objectives for the next few years and our first detailed research strategy *Finding Answers Through Research*. If we are to ensure that patients are diagnosed earlier, live longer and have better experiences we must:

- Increase awareness of sarcoma and Sarcoma UK;
- Increase the amount we invest in pioneering research;
- Improve how we influence policies that affect sarcoma patients;
- Broaden and improve our support and information so that we reach more people affected by sarcoma; and
- Raise more money to be able to invest everything we want to.

To achieve all that we want to we know we must work in partnership with other organisations, with healthcare professionals and, most importantly, with patients. This year we have embarked on a comprehensive patient involvement programme to ensure our work better meets the needs and priorities of patients and their families. We are committed to ensuring that this covers all patients with sarcoma including those we have historically failed to engage.

We face an uncertain year ahead but one which we believe we are well positioned to embrace. We're excited to start delivering on our ambitious and stretching objectives – our patients deserve nothing less.

Sharon Reid
Chair of Trustee

Reference and Administrative Details

Company number	7487432 (Limited by guarantee in England and Wales)
Charity number	England and Wales (1139869) Scotland (SCO44260)
Registered office	17/18 Angel Gate, City Road, London, EC1V 2PT
Trustees	<p>Trustees, who are also directors under company law, who served during the year and up to the date of this report being approved were as follows:</p> <p>Sharon Reid (Chair) Sarah Conneally Andy Eckles Professor Ian Judson Louisa Nicoll Michael Parry Sam Patton (resigned January 2022) Isla Robinson Anjula Thompson Johanne Vass Sam Whittam (term of office ended October 2021) Russ Wilson (resigned March 2022) Rubinder Sangha (appointed June 2022) Hristo Anastasov (appointed June 2022) Jamie Ford-Cordes (appointed June 2022)</p>
Patron	Richard Whitehead MBE
Chief Executive	Richard Davidson
Bankers	CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ Lloyds TSB, National Clubs & Charities, PO Box 1000, BX1 1LY
Solicitors	Brahams Dutt Badrick French LLP, 24 Monument Street, London, EC3R 8AJ
Auditor	Sayer Vincent LLP Chartered accountants and statutory auditors Invicta House 108-114 Golden Lane London EC1Y 0TL

Objectives and Activities

Sarcoma UK is the only cancer charity in the UK focusing on all types of sarcoma.

Our vision

Where everyone affected by sarcoma cancer has the treatment, care and support they need.

Our mission

To ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

Our goals

1. More people will survive sarcoma.
2. More will be known about the causes of sarcoma.
3. Everyone affected by sarcoma will have access to the best treatment and care.

What we do

- Drive awareness of sarcoma cancer.
- Find answers through funding sarcoma research.
- Provide information and support to anyone affected by sarcoma cancer.
- Campaign for better treatments and to improve standards of care.

Sarcoma facts and figures

1. Sarcomas are uncommon cancers that can affect any part of the body, on the inside or outside, including the muscle, bone, tendons, blood vessels and fatty tissues.
2. Fifteen people are diagnosed with sarcoma every day in the UK. That's about 5,300 people a year.
3. There are around 100 different sub-types of sarcoma.
4. A key symptom of sarcoma is a lump that gets bigger quickly.
5. Sarcoma diagnoses now make up about 1.4% of all cancer diagnoses in the UK.
6. Sarcomas account for about 11% of childhood cancers and about 14% of cancers in teenagers.
7. The majority of people are diagnosed when their sarcoma is about the size of a large tin of baked beans (10cm).
8. Sarcoma survival rates have been very gradually increasing over the last two decades in the UK. The five-year survival rate for sarcoma is 55%.

Fundraising practices

The last few years have necessitated a shift in our fundraising practices as we have sought to diversify our income channels and supporter engagement. We now have a much more balanced fundraising portfolio and stronger digital as well as longer term income streams.

For a charity of our size, we consider ourselves a leader in good fundraising models and we work hard to follow exemplary supporter-led engagement practices. We subscribe to the Fundraising Regulator's Code of Fundraising Practice and we are a member of a number of professional and sector-wide bodies. Our fundraisers are provided with relevant and appropriate training and support whilst they are employed by the charity.

We take safeguarding very seriously and we are especially careful and sensitive when dealing with vulnerable people, including (but not restricted to) those affected by cancer. We have a robust Adults at Risk policy and a designated Safeguarding Officer. Supporter feedback is an important source of information about how our work impacts on them (and wider members of the public). For example, in the last few months we have adapted content in our quarterly supporter magazine, Connect, as a result of feedback from some of our supporters.

Engaging with our supporters, in person, on the telephone and via email, post and social media are essential ways to involve people in our work and progress. This work is only carried out by paid members of our team. To date, we have not employed any external organisations or professional fundraisers to fundraise on our behalf.

In the time period of this report, we are pleased to report that we received no complaints relating to our fundraising activities.

Achievements and Performance

Information and Support

We will equip and empower people affected by sarcoma

How will this be achieved:

1. We will aim to reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. We will engage with people closer to the point of diagnosis.
3. We will support patients at every step of their sarcoma journey.

1. Reach everyone who is affected by sarcoma with our support and information

- The Support Line has had another year of growth in reaching people affected by sarcoma, receiving 3,417 contacts from 767 individuals. This is an increase in both figures of 14% compared to 2020/21. Although the average call length decreased this year, the number of calls going to voicemail because the line was busy increased by 17%.

- Following a successful pilot with the South Wales sarcoma team, the Support Line direct referrals service was expanded out to Brighton, and a total of 46 referrals were made last year. The referrals service allows each person receiving a sarcoma diagnosis to be offered, by their clinical team for their contact details to be passed on to the Support Line team.
- We reviewed many of our information resources, refreshing many that were in a PDF only format into a more engaging and digitally friendly format, as well as retiring less relevant and less used resources. We also reshaped our clinical trials hub to make it easier to use.
- We continue to enable Sarcoma Support Groups across the UK by providing some financial support, and in June 2021 we ran a virtual away day for the support group leaders. We have also been engaging with support groups by arranging to join meetings and give updates on the Support Line and research programme, and the wider sarcoma landscape.
- In December 2021, the Support Line was awarded accreditation from the Helplines Standard, an award given by the Helplines Partnership to demonstrate excellence in the running of a support line.

2. Engage with people closer to the point of diagnosis

- In December we launched a new signs and symptoms resource, which is targeted at people who might be experiencing symptoms of sarcoma. This sets out the most common sarcoma symptoms in clear, simple language and provides information on what to do next.

3. Support patients at every step of their sarcoma journey

- We launched new web pages on emotional and practical support for people affected by sarcoma, and drafted a new resource focussed on liposarcoma, to be launched later in 2022.
- During Sarcoma Awareness Month we held a series of live webinars which included sessions on Sarcoma and Women's Health, Clinical Trials, Living well with and beyond sarcoma and Supporting someone with sarcoma. These were all made available on our YouTube channel.

Research

We will support world-class research

How will this be achieved:

1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
2. We will combine our grant funding streams to increase flexibility and efficiency.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
4. We will launch targeted calls for funding in priority areas of research.
5. We will work more closely with the sarcoma research community to shape our research programme and priorities.

1. Fund and support the next generation of sarcoma researchers

- We funded four new PhD studentship projects.

PhD studentships awarded in 2021/22

Exploiting the stromal matrix as an immunotherapeutic reservoir for the targeting of soft tissue sarcomas

Dr Jun Ishihara, Imperial College London – PhD studentship

£120,000

Immunotherapy, which helps the immune system fight cancer, has been very successful in some cancer types, but many soft tissue sarcoma patients do not respond to it. If there aren't enough immune cells inside the sarcoma, patients are less likely to respond to immunotherapy. During the project, a PhD student, under Dr Ishihara's supervision, aims to find a way of getting more immune cells inside the sarcoma and test whether this can 'switch on' the immune system for tumours that wouldn't respond otherwise. If they're successful, the team hope they can take this idea to develop new drugs, to improve the chance that immunotherapy is successful in patients with soft tissue sarcoma.

This project is the 2021 Sayako Grace Robinson PhD Studentship, awarded to one PhD research project every year in memory of Sayako Grace Robinson, who died of angiosarcoma in 2014.

Harnessing immunogenic cell death mechanisms to trigger anti-tumour immunity against undifferentiated pleomorphic sarcomas (UPS)

Dr Pascal Meier, Institute of Cancer Research – PhD studentship

£120,000

Cancer treatment such as chemotherapy damages cancer cells beyond repair, causing them to die via a process called apoptosis. However, sarcoma cells often become resistant to this process and don't die, causing the treatment to fail. Prof Meier and colleagues have now discovered a new way to kill cancer cells where the patient's immune system attacks the sarcoma as if it were a virus. This project will take this idea to the next level, testing if the theory works in practice. A PhD student will explore this method using techniques in the laboratory and test their findings using samples of undifferentiated pleomorphic sarcoma, in the hope that the results of the study will be applicable to other sarcoma types in the future.

Exploring the MEK5-ERK5 signalling pathway and its relationship with the immune contexture in paediatric osteosarcoma to facilitate development of new therapeutic options and biomarkers

Dr Katie Finegan, University of Manchester – PhD studentship

£119,951

Osteosarcoma is the most common type of bone cancer, but no new treatments have been developed for over 40 years. This project will explore how different types of cells in our immune system are linked to how well osteosarcoma responds to treatment. Dr Finegan and her colleagues have found that one signalling pathway (groups of molecules which send messages in our cells to ensure they work properly) is important in how well a patient responds to treatment for their cancer. However, we know very little about how this works in osteosarcoma. Under Dr Finegan's

supervision, a PhD student will investigate if blocking this pathway will help show which osteosarcoma patients are likely to respond to certain treatments.

2. Combine our grant funding streams

- This year for the first time we ran an open grant round, combining our funding streams into one competitive, open and flexible funding call. We received a total of 22 applications, and awarded funding for four small grants and three large grants, alongside the four PhD studentships mentioned above.
- After three years of chairing our research funding panel, Prof Jeremy Whelan reached the end of his term. From April 2022 the panel will be chaired by Dr Sam Behjati, Group Leader in Cellular Genetics and Cancer at the Wellcome Sanger Institute.
- We have also refreshed our wider panel membership, and changed the name of the group from Research Advisory Committee, to Grant Review Panel.

Small and large grants awarded in 2021/22

An artificial intelligence framework to classify soft tissue tumours

Prof Adrienne Flanagan, University College London

£50,000

With over 50 types of soft tissue sarcoma, making a correct diagnosis is important as treatment and prognosis are different for different tumour types. This project will develop an artificial intelligence algorithm to aid pathologists diagnose soft tissue tumours, in the hope that the technology will reduce diagnostic errors, ensure less tissue is wasted and speed up diagnosis. Expert pathologists and computer scientists will collaborate to train the AI to recognise six different types of soft tissue sarcoma. The study will also bring together over 30 pathologists from across the UK and beyond to improve diagnosis and training for pathologists.

Developing novel soft tissue sarcoma models for translational studies

Dr William English, University of Sheffield

£49,686

Before new treatments can be used in soft tissue sarcoma patients, they have to undergo testing in the laboratory in a model of sarcoma to ensure the treatment works without harming the patient. However, there are few good-quality models of soft tissue sarcoma available. This project will fill the next gap in the journey to testing treatments by producing models of sarcoma in mice. The team's work will help ensure that sarcomas can be grown more reliably and quickly, so the tumour models can be used to generate the essential data that is needed before we can start clinical trials in patients, while also improving welfare of the mice at the same time. This project will address a real unmet need in ensuring that new drugs are tested in an environment which closely mimics that of a real patient as quickly and effectively as possible.

Optimisation of radiological surveillance following primary resection of retroperitoneal, abdominal and pelvic soft tissue sarcoma

Dr Olaleken Lee Aiyegbusi, University of Birmingham – PhD studentship

£23,707

After surgery, patients' aftercare includes a follow-up plan of regular clinic visits and scans to check the sarcoma has not come back or spread. Many different follow-up plans are being used around the world, but at the moment, none of these are considered better than the others. In developing the project, a panel of people affected by sarcoma confirmed the anxiety these follow-up appointments can cause and highlighted the urgent need to investigate the effect on quality of life, overall survival and cost-effectiveness. A PhD student will review follow up plans across 35 specialist sarcoma centres, interview patients to further understand follow up and conduct a cost-benefit analysis to standardise these processes and ensure patients receive the best experience following their surgery.

Investigating the phenotype of Tumour Infiltrating Lymphocytes to reprogram patients' immune systems against paediatric sarcomas

Dr Francis Mussai, University of Birmingham

£22,000

Although there are many types of sarcomas, it is fair to say that for children with sarcomas which have spread or those which have relapsed and come back, treating the sarcoma is far more challenging. Many treatments which work for adults fail in children, but we don't yet understand why. This project will take 50 existing samples from children with sarcomas and study the key immune cells inside the tumours, and investigate the genetics of these cells to gain some understanding of why these cells are or are not working. The project is only a first step, but the information gained will allow Dr Mussai's lab and others to more accurately design immune therapies for children with sarcomas in the future.

Preclinical Exploitation of WEE1 Dependence in Sarcomas with EWSR1 Fusion Proteins

Prof Janet Shipley, Institute of Cancer Research

£149,812

Desmoplastic Small Round Cell Tumours (DSRCT) and Ewing's Sarcoma are sarcomas in children and young adults. For 85% of DSRCT patients and 40% of Ewing's sarcoma patients, chemotherapy and radiotherapy don't work long term, so new treatments are needed. The action of the EWSR1 fusion gene can disrupt how cells grow and develop in both these subtypes, but a drug already available can prevent this happening. Prof Shipley and colleagues will test this drug, combined with other treatment types such as immunotherapy, in models of DSRCT and Ewing's sarcoma, and develop biological markers of how effective each is and which patients are most likely to benefit.

Assessment of oncolytic virus therapy using patient-derived Ewing sarcoma models

Dr Fiona Errington-Mais, University of Leeds

£149,435

Current immunotherapies (which use the immune system to attack cancer) do not work against Ewing's sarcoma, so new treatments are needed. Dr Fiona Errington-Mais and colleagues work on a different form of immunotherapy known as oncolytic ("cancer-bursting") viruses. The team have found through previous work that oncolytic viruses can kill Ewing's sarcoma cells directly by entering Ewing's sarcoma cells and killing them, or indirectly by activating cells from our immune system to kill them. Oncolytic

viruses have been successful in other cancers but they've never been tried in Ewing's sarcoma. This project will test this treatment on sarcoma cells in the laboratory and understand why oncolytic viruses are effective on some cells but not others.

Prospective evaluation of KARSARC - a gene expression-based risk classifier for patients with soft tissue sarcomas treated with pazopanib

Dr Paul Huang, Institute of Cancer Research

£148,455

Pazopanib is given as a standard treatment for many patients with soft tissue sarcoma, but responses can vary between patients. Dr Huang and colleagues have developed a clinical tool known as the KARSARC test that can predict which patients with soft tissue sarcoma will receive long-term benefit following treatment with pazopanib. In collaboration with MD Anderson Cancer Centre in the US, this project aims to use the KARSARC test in a clinical trial involving 145 patients with soft tissue sarcoma to help ensure each patient receives the most appropriate treatment for them. The team hope to progress the test to the next stage of development if successful.

Improving outcome in sarcoma through analysis and interrogation of national cancer data

Dr Sandra Strauss, University College London

£44,160

Previous research has shown that sarcoma patients managed in specialist centres have better outcomes, but there are challenges with sarcoma data collection and quality. This project will collate and analyse sarcoma data in England, both to understand patient experiences and outcomes and fill gaps and limitations in existing data. This is an uplift to an existing grant, now funded collaboratively with the Bone Cancer Research Trust.

3. Involve people affected by sarcoma in our research programme

- This year for the first time we have introduced a new Patient Involvement in Research Programme to ensure that our funding process takes into consideration the importance of research projects to people affected by sarcoma as well as their scientific quality.
- We recruited and trained new Research Grant Lay Reviewers: people with a personal connection to sarcoma who review the applications Sarcoma UK receives for research funding. We also welcomed four people affected by sarcoma to our Grant Review Panel.
- This work won the Sarcoma Patients Euronet (SPAEN) Advocacy in Action Award.
- Building on the success of this project, we have been able to start connecting researchers with people affected by sarcoma who would like to be involved in or inform the direction of specific research projects in the field.

4. Launch targeted calls for funding

- We ran the final funding round of our Genomic Research Programme. The round closed for applications in late September, but sadly no applications were selected for funding.
- We began scoping our next strategic funding call, which will focus on improving diagnosis of sarcoma.

5. *Work more closely with the sarcoma research community*

- We re-launched our research workshops scheme to support collaboration in the sarcoma field, and awarded funding for two workshops in March.

Prof Fiona Thistlethwaite, University of Manchester

T-Cell Therapy Clinical Trials in Sarcoma - £3,000

Dr Abigail Evans, University College London

Joint meeting of the EEC local therapy working groups - £3,000

- We launched a new collaboration with GIST Cancer UK, building on an application we received during our 2020 Genomics call. As co-funders, we jointly awarded £140,000 to Dr Olivier Giger at the University of Cambridge, but the project was unable to go ahead, and the University terminated the grant. We will continue to work with GIST Cancer UK to explore other opportunities to support research into GIST in the future.

Post transcriptional RNA modification in succinate dehydrogenase (SDH) deficient Gastrointestinal Stromal Tumours (GIST)

Dr Olivier Giger, University of Cambridge

£70,000

Gastrointestinal stromal tumours (GISTs) are the most common subtype of sarcoma. About one in 10 people with GIST, generally children and young adults, have a type of GIST known as SDH-deficient GISTs. These are particularly challenging to treat with drugs, meaning the only effective treatment for these patients is surgery. During this project team will use cutting edge laboratory techniques to better understand the genetic changes specific to SDH-deficient GIST patients. They also aim to confirm how this affects their RNA modifying enzymes, which control the function of our cells but are known to be faulty in people with SDH-deficient GIST. Understanding this could be the first step in the development of drugs which block RNA modifying enzymes, a technique used successfully in other cancers.

**Note – this grant was awarded but terminated by the University before the start date.*

- We also began encouraging discussions with other potential funding partners including the Bone Cancer Research Trust and the Sarah Burkeman Trust.

Policy

We will build strong and productive relations with healthcare professionals

How will this be achieved:

1. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
2. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.

1. Collaborate with healthcare professionals

- We met regularly with pharmaceutical companies to discuss plans regarding their drug development and collaboration on future medicine appraisals. We put forward clinicians and a charity representative to be experts for the appraisal of GIST drug ripretinib, with the appraisal meeting scheduled for November 2022.
- Our staff team began re-engaging with clinical teams following the pandemic through visits to Birmingham, Truro and Plymouth, and a virtual team visit with the Greater Manchester and Oswestry Sarcoma Service clinical nurse specialists.
- We began working with physiotherapists from across multiple sarcoma centres on new sarcoma rehabilitation guidelines.
- The Tricia Moate award was given this year to Debbie Artis, a physiotherapist with the Leeds sarcoma team.
- We worked with the Early Diagnosis Expert Steering Group to establish a workplan on early diagnosis projects, which was endorsed by the Sarcoma Advisory Group Chairs.

2. Facilitate networking and collaboration among healthcare professionals

- We supported an in person meeting of the Sarcoma Advisory Group chairs group, facilitating discussions around specialisation of cancer surgery, early diagnosis, and the Sarcoma Quality Dashboard.
- Members of the team attended and presented at the British Sarcoma Group meeting and the associated National Sarcoma Forum for clinical nurse specialists (CNS) and allied professionals.

Public Affairs

We will work together with the sarcoma community to achieve earlier, accurate diagnosis

How will this be achieved:

1. We will improve the quantity and quality of education on sarcoma for healthcare professionals.
2. We will work to improve referral pathways and improve quick access to scans.
3. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
4. We will prioritise research into the earlier diagnosis of sarcoma.

1. Improve the quantity and quality of education on sarcoma

- This year we partnered with Gateway C to launch an accredited, free education module on sarcoma for primary care professionals.
- We have been conducting interviews with people living with and affected by sarcoma about their experience leading up to their diagnosis, to help inform the work we are doing around early diagnosis.
- We partnered with Mr C R Chandrasekar and the Bone Cancer Research Trust to provide joint support for the BMJ Raising Awareness of Sarcomas module and fellowship scheme, targeted at medical students and junior doctors.
- Collaboratively with the Bone Cancer Research Trust we ran a medical student education survey to gather insight into their preferred learning styles and resources.

2. Improve referral pathways and quick access to scans

- We worked with the Early Diagnosis Expert Steering Group to establish a workplan and began moving forwards on projects including improving the referral pathway through standardisation of pathways, improving the referral criteria to specialist centres, and improving the time from scanning to escalation or de-escalation.

3. Influence UK governments, the NHS and other policy makers

- During Sarcoma Awareness Month we asked engaged supporters to write to their MPs and/or MSPs to ask for a meeting as a pilot. Over 1,200 messages were sent to MPs and MSPs.
- In March we held parliamentary drop-in events in both Westminster and the Scottish Parliament to discuss the need for action on early diagnosis in sarcomas. These events included people with experience of sarcoma and were well attended, with 54 MPs and 29 MSPs joining us.
- Thanks to existing relationships and supporter contact, we facilitated an Early Day Motion in Westminster and a Motion to the House in Scotland, both of which congratulate Sarcoma UK on its anniversary and work over the last 10 years.
- Sarcoma UK joined ten other Specialised Cancer Charities to co-fund a piece of work aimed at improving the influence that patients and frontline healthcare professionals have on cancer services across the UK by holding the NHS and Governments to account.
- Alongside Cancer Research UK, Macmillan Cancer Support, Breast Cancer Now and five other charities we attended a roundtable with Health Secretary Sajid Javid at the Francis Crick Institute to launch the Government's consultation on a 10-year cancer plan.
- We worked across the charity sector to influence a response to the Department of Health and Social Care's Call for Evidence ahead of a new 10-year cancer plan.
- We led on a cross-sector letter, including a range of health charities and the Institute for Cancer Research, to hold NICE and the Department of Health and Social Care to account on changes to the NICE Methods and Process review.

4. Prioritise research into early diagnosis of sarcoma

- We engaged with other charities and researchers in the field to scope out how a research funding call might most effectively be used to stimulate research into sarcoma diagnosis. The call will run in the 2022/23 financial year.

Public Awareness

Increase public awareness of sarcoma through higher profile and targeted campaigns.

How this will be achieved:

1. Invest in reaching new audiences (particularly online).
2. Upgrading our website.
3. Increasing our communications on our research programme.
4. Use our tenth anniversary as a hook for communications activity.

Highlights of the year included:

- Sarcoma UK began working with celebrity ambassador, Gavin Ramjaun. Gavin is a journalist known for his work with the BBC, Sky Sports and ITV Breakfast.
- As part of marking 10 years of Sarcoma UK we continued to share the real-life stories of people affected by sarcoma. During our People Make Sarcoma UK campaign we made an increased effort to feature stories of those from minority ethnic backgrounds, such as those of Aysha Zaman and Geeta Patel. These personal stories continued to have high engagement from supporters and an increase in the number of people contacting us to share their experiences.
- Sarcoma UK was featured as part of a double page spread in The Times, in which Pandora Cooper-Key and Fiona McAlpine discussed their bonding over their shared experience of sarcoma.
- One of our supporters, Gareth Emmerson was nominated for a Pride of Britain award. Gareth won the London Pride of Britain Awards which created great excitement across our social media platforms. The event and Gareth's participation received coverage on ITV and national press in the lead up to the broadcast. We are immensely proud of him, Zoe and all of Team Gaz for the extraordinary awareness-raising and fundraising they have achieved.
- Sarcoma Awareness Month brought a full programme of events during July, many features to mark our 10th anniversary. The programme included online panel discussions, interviews, and social media takeovers.
- We were delighted that our Patron Richard Whitehead appeared on ITV's Beat the Chasers, where he ended up taking home an impressive £24,000 for Sarcoma UK, as well as a fantastic awareness boost for sarcoma. Richard also appeared on Channel 4's Celebrity Hunted shortly afterwards giving us more opportunities to publicise our action man Patron.
- We had two high profile and very effective social media takeovers in July. The team at Huang Lab at ICR took over our Twitter account and gave us a fascinating and varied insight into the life and work of a sarcoma research centre. Rob Metcalfe, a young father living with a terminal diagnosis, took over our Instagram account for a day as he went on a road trip with his young son. Rob's candour about his hopes and fears was a rare opportunity to learn the real-life concerns of someone facing end-of-life decisions.

Fundraising

Ensure we have the funds to support our priorities.

How this will be achieved:

1. Raise at least £1,777,000.
2. Develop a virtual fundraising event offer.
3. Fundraise around our tenth anniversary celebrations.
4. Organise a range of face to face cultivation and fundraising events including the Glitter Ball, Carol Concert and James Bond pre-premiere event.

Highlights of the year included:

- Our collaborative 20for20 challenge was back again this year. The 20for20 Challenge was a pioneering and ground-breaking fundraising campaign. Spearheaded by Sarcoma UK's fundraising team, the collaboration brought together 20 rare and uncommon cancer charities to form one partnership. The 20 day challenge saw supporters do a wide range of activities from dressing up for 20 days to doing 20 different fitness challenges.
- Virtual events: The pandemic remained with us this year and we experienced restrictions to our activities for five months of the year. To ensure our supporters had opportunities to fundraise for our charity, the fundraising team came up with innovative virtual events. Offerings included our Step into Spring challenge.
- Supporters Fiona McAlpine and Pandora Cooper-Key worked with the fundraising team to deliver a carol concert at Christ Church Cathedral in Oxford. This event featured Kate Winslet, Bear Grylls, Cressida Bonas, Ronni Ancona and Alexander Armstrong. The event was a huge success that raised over £130,000.
- In collaboration with Dr Paul Huang's lab we opened the door to 30 supporters, so they were able to see first-hand our research work in action. This was a really successful day, and we will continue to offer this to our supporters in the coming years. It was a great opportunity to forge close relationships with existing major donors and existing Sarcoma UK ambassadors.
- Sarcoma UK's annual Carol Concert was back at the Actors' Church in Covent Garden. The line-up included Sandra Dickinson and Robert Powell; broadcasters Johnny Ball and Mark Osmond. There were also performances from choir Enchorus, soprano Victoria Joyce, baritone Mark Llewelyn Evans, and Strictly Come Dancing singer Lance Ellington. The night also featured a very special interview with Gaz Emmerson conducted by the BBC's Gavin Ramjaun.
- The London Marathon continues to be our successful flagship fundraising event, despite the physical race being moved from April to October our 83 runners raised over £400,000 including gift aid. This is the most that has ever been raised through the marathon.
- Supporter Wendy Watkins secured us a private pre-premiere showing of the James Bond film No Time To Die. This was a fantastic networking event that raised over £30,000.
- Our relationship with independent equity research firm The Analyst continued and their donation of £50,000 this year took the total amount they have donated to Sarcoma UK over the last ten years to £953,000.
- Alice Ellen Cooper-Dean charitable foundation gave us £15,000 to support our information and support in Bournemouth.
- Our Genomics Development Board held a successful business breakfast at Hogan Lovells' office in London. This resulted in donations in excess of £11,000 to support our research programme.
- We are grateful for the continued support from Gwen Owen Robinson over the past six years. Her yearly gifts have significantly changed the outlook for sarcoma researchers and ultimately sarcoma patients. The pioneering project which she funded in 2016 has enabled 11 new PhD researchers in sarcoma. Mark Elms, Shadi Hames, Shirin Hanaei, Molly McNae and Sara Arfan all hold a Sayako Grace Robinson PhD Studentship and have been working for some of the most prestigious

and well-regarded researchers in the sarcoma field. We feel immensely proud of the work underway.

- We have a new partnership with a Will-writing service First Wills Direct which has resulted in £53k of legacy pledges.
- Sarcoma UK was fortunate to receive £227,528 from the Medical Research Council for the UK Government Covid Medical Research Charity Support Fund. These funds are to provide support for early career researchers.

Operations and Resources

What we said we would do:

1. Create a strong, stable organisation with good governance, systems and processes.
2. Ensure that we have a positive, skilled team with appropriate training and development.
3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.

1. Create a strong, stable organisation with good governance, systems and processes

- In March 2021 we contracted an external firm for IT support. As well as helping us complete our SharePoint migration, they are now assisting with general support queries.
- In January 2022 we moved to a shared office with JDRF UK.
- We successfully recruited five new trustees, they will be joining Sarcoma UK in June 2022 and October 2022. The new trustees will support and enhance our governance and have made us more diverse and representative of the community we serve.

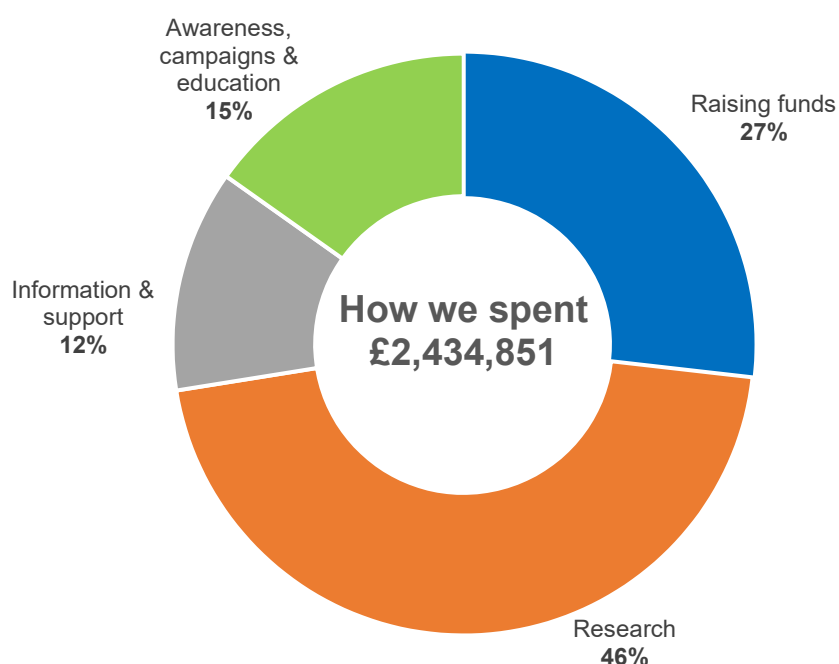
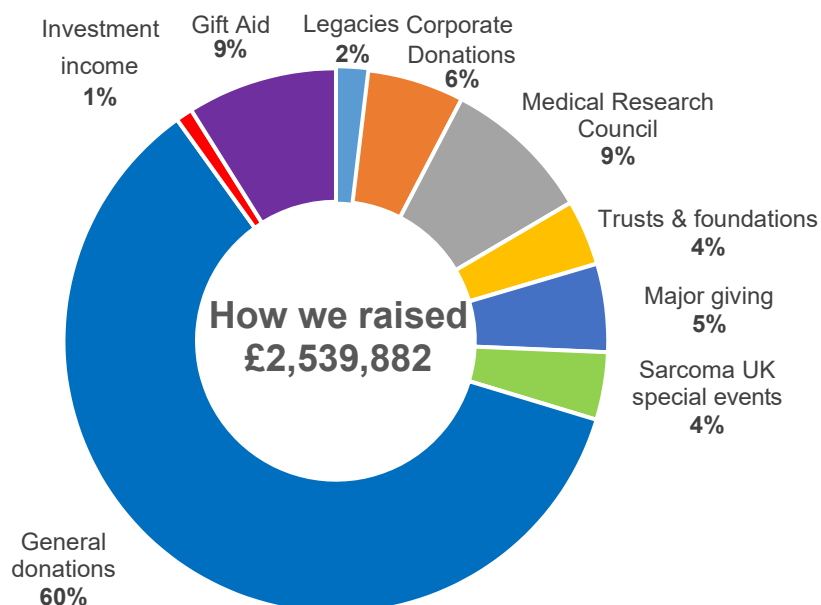
2. A positive, skilled team with appropriate training and development

- A staff Wellbeing Group was introduced, at monthly meetings the group discuss ideas and suggestions to improve staff wellbeing.
- Our Staff Handbook was updated to include a focus on staff wellbeing.
- Feedback was received from the 2020 AMRC Peer Review Audit, which assesses the quality of AMRC member charities' peer review processes. This identified some minor areas for improvement across our animal research and Research Advisory Committee policies, these were updated during the year.
- Our Support Line Advisor attended the virtual MDTs where she increased her knowledge of sarcoma, whilst introducing herself to the clinical teams. She undertook Helpline skills training and is completing cancer-related modules via Future learn.
- NCRAS Special Partnerships analyst Shane Collins gave an excellent talk for the Sarcoma UK staff team with updates on national cancer data and its implications for sarcoma care and treatment.
- Project management training was delivered to the organisation.
- The Senior Management Team carried out training focusing on coaching and managing high performance.
- Our Information and Support Officer undertook CPD-accredited training for writing health information.

3. *Focus on equality, making our services accessible to all people with sarcoma, with no one left behind*

- The Equality, Diversity and Inclusion (EDI) Group worked closely with HR to update recruitment and selection processes.
- Supported trustee recruitment through social media.
- Introduced the option for staff to have their pronouns added to their e-signature.
- Equality, diversity and inclusion training completed by all staff and included in the induction process.
- Equality, diversity and inclusion training was offered to all trustees.
- The EDI Groups aim for next year is to engage with the wider sarcoma community.

How we raise and spend our money



The above activities include 14% support costs and 2% governance costs, which have been re-allocated to each activity (see notes to financial statements)

Future Plans

In the coming year we will continue on our path towards achieving the objectives outlined in our strategy to 2026.

Our long-term vision

All people with sarcoma will be diagnosed earlier, have better experiences and live longer lives with less long-term effects.

What this means for people affected by sarcoma



Patients will be diagnosed earlier
(at stage I or II)



Patients will live longer



Patients will have better experiences
of their sarcoma

To achieve this over the next three to five years we will focus on:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Improving education on sarcoma for healthcare professionals.• Increasing awareness of sarcoma.• Improving referral and access to scans.• Prioritising research into the early diagnosis of sarcoma. | <ul style="list-style-type: none">• Ensuring patients have more treatment options.• Ensuring all care is given at specialist centres or involves sarcoma multi-disciplinary teams.• Supporting more targeted treatments.• Improving our understanding of sarcoma and how it develops. | <ul style="list-style-type: none">• Funding research to improve outcomes and quality of life.• Ensuring access to the most appropriate care and support.• Ensuring patients have more access to reliable, transparent information.• Enabling patients to have access to peer support. |
|--|--|--|

Specifically in 2022-23:

1. We will aim to reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
 - Review our core information content to make the language more accessible, less clinical, and more closely aligned with our brand and tone.
 - Publish new video content and infographics to complement many of our text heavy resources.
 - Shift our core information content to being more digitally focussed, moving away from PDF factsheets to allow the content to become more easily searchable and accessible.
 - Recruit a Support Line Advisor.
2. We will support patients at every step of their sarcoma journey.
 - Launch a new webpage on palliative care, focussing mainly on the support aspects of this topic and breaking down some of the barriers to discussing it.
 - Publish a new print and online resource about Leiomyosarcoma, which is the most common subtype for which we don't yet have a dedicated resource.
 - Develop shorter information content pages with key highlights and details for rarer sarcoma subtypes so that we are able to reach a higher proportion of people affected by sarcoma.
 - Complete a review of our clinical trials hub content.
1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
 - Launch the Sarcoma UK student network, connecting our funded students with one-another, with the charity and with people affected by sarcoma.
 - Run a competitive workshop scheme, providing funding for research meetings and conferences.
2. We will combine our grant funding streams to increase flexibility and efficiency.
 - Run an annual open grant round to award PhD studentships, larger grants and small grants with a total budget of £800,000.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
 - Implement lay review within all grant funding rounds and include lay members on all research panels.
 - Recruit and train a new tranche of lay members.
4. We will launch targeted calls for funding in priority areas of research.
 - Run a targeted research funding call with budget of £250,000 for projects exploring improving diagnosis of sarcoma.
 - Launch and administer the Research Strategy committee to steer and inform future targeted research calls.
5. We will work more closely with the sarcoma research community to shape our research programme and priorities.
 - Form new collaborations with other funders to fund research in partnership.
 - Visit research labs and attend conferences.
 - Actively participation in SPAEN board.

6. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
 - Ensure all consultation interaction is representative of UK practice and reflects healthcare professional views.
7. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.
 - Become a conduit for conversation amongst the professional communities, with a focus around early diagnosis.
 - Facilitate the work of the Early Diagnosis Steering Group, and run a series of policy projects based on their recommendations.
 - Collaborate with the SAG Chairs group on the Service Specification for Sarcoma, particularly around specialisation and preparing for consultations on updates to the current Specification.
8. We will improve the quantity and quality of education on sarcoma for healthcare professionals.
 - Launch and promote education programmes for healthcare professionals who interact with people with sarcoma or suspected sarcoma.
9. We will work to improve referral pathways and improve quick access to scans.
 - Create and promote improved ultrasound guideline knowledge.
 - Drive creation of national guidelines for standardisation of MRI scanning. Holding a radiology day to develop new guidelines in collaboration with the BSG and creating a new resource.
 - Scope and map out work to standardise referral requirements through discussions with sarcoma MDT staff.
 - Develop a resource to improve escalation and de-escalation in consultation with relevant healthcare professionals.
 - Facilitate the work of BSG and the SAG Chairs to map how patients are referral into specialist centres.
 - Drive work into understanding of the cost of late diagnosis. Facilitate the work of the Leeds sarcoma centre and Dr Rob Turner and use this project to feed into commissioned research on the national picture of the cost of late diagnosis.
10. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
 - Hold parliamentary engagement events in both Westminster and Holyrood, allowing supporters to write to their MPs to ask them to attend.
 - Work proactively with the NHSE Cancer team, making the most of their new-found emphasis on early diagnosis.
11. We will prioritise research into the earlier diagnosis of sarcoma.
 - Commission research projects into early diagnosis.
 - Support and enable an audit of early diagnosis in sarcoma, working with Mr Jonathan Stevenson to facilitate the audit.
12. Ensure we have the funds to support the priorities above.

The Fundraising Team will actively be looking at growing the following areas of fundraising:

- Grow challenge events portfolio and to brand a number of challenges.
- Merchandise revamp to enhance public visibility and provide a competitive offering.
- Our regular Sarcoma UK events will continue including the Glitter Ball and Carol Concert.
- Invest in two more virtual Facebook challenge events during the year.
- Major donor stewardship.

- Two major donor lab tours.
 - High profile event with a celebrity and auction to thank The Analyst for donating over £1m over the last decade.
 - Collaborative charity campaign.
 - Increase number of Will sign ups over the year, through a targeted mailing and stewardship plan.
 - In memory giving – digital campaign with JustGiving, offering a physical pack and personal stewardship to support families, with the potential to develop Group Funds.
 - Creating easier donation pathways including Direct Debit facilities and PayPal.
13. Create a strong, stable organisation with good governance, systems and processes.
- Review bank accounts and consider options for diversifying cash.
 - Improved integration between the finance system SAGE and other organisational systems/excel spreadsheets.
 - Review and update job application process including a more user-friendly application and equal opportunities form.
 - Integrating Raiser's Edge (database) NXT WebView across the charity in the same way we use Teams and Zoom. Individuals will have the resources at their fingertips via the dashboard enabling them to carry out their own reporting.
 - Rollout ImportOmatic across all funding streams including Much Loved and Memory Giving.
 - Database health check.
 - Implement new risk management model.
 - Review Board of Trustees sub-committees' terms of reference and make recommendations.
 - Maintain a timely review of our information, demand for content and stock levels by:
 - Conducting a review of 12 of our resources across the year.
 - Completing an information audit, compiling a report of our findings.
 - Conduct our first Research Audit, analysing funding trends across subtypes, grant types and other splits.
 - Create a comprehensive patient involvement programme which is in place across the organisation.
 - Regular monitoring and evaluation of our campaigns, events and applications will help us to improve.
14. Ensure that we have a positive, skilled team with appropriate training and development.
- Introduce a training and development policy. The policy will focus on the process, responsibilities, resources and areas/categories of training provided both internally and externally.
 - The Staff Wellbeing Working Group – key activities throughout the year will include: away days, team building activities, therapy sessions.
 - Review and update the staff induction process and provide training to managers e.g. induction checklist, probationary review form, probationary objectives.
 - Introduce more robust policies and process's surrounding hybrid working including; health and safety, regular equipment reviews, management of flexible working, data security and review of hotdesking system.
15. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.
- The Equality, Diversity and Inclusion Working Group (EDI) will be looking at how Sarcoma UK can engage with the wider sarcoma community, and as things progress will take the initial steps towards making this happen.

- Produce and roll out an internal EDI guide/prompt to be incorporated into staff projects. This will be trialled with the support line and rolled out to all staff at the beginning of the year.

16. Increase public awareness of sarcoma through higher profile and targeted campaigns.

As Sarcoma UK expands and is better placed to identify and segment audiences, we need to develop a dynamic communication plan for Sarcoma UK and work alongside all teams to identify newsworthy content and increase awareness of sarcoma and Sarcoma UK. This will be achieved by:

- Sourcing a PR Agency, enabling us to be more proactive in our approach and more outward focused. They will be responsible for identifying, writing and selling content to a range of national, regional and local media outlets.
- The use of data driven localisation (AdWords, Search Engine Optimisation, targeting, geotargeting and retargeting).
- Investment in video content. The rebuild of the website, will allow us to increase the amount of video content on key pages such as information and support and to accompany major fundraising and challenge events.

The impact of COVID-19 on Sarcoma UK's work

COVID-19 continued to have a significant impact on Sarcoma UK's income and work in 2021-22. Financial planning remained difficult as there is so much uncertainty in society and with people's finances.

We regularly and consistently speak to the staff team to ensure that morale is high and they feel supported and engaged. In surveys our staff felt that the organisation had responded well to the pandemic and they felt supported by their line manager.

We are always looking to reduce costs and be as efficient as possible while remaining effective. We moved offices in January 2022 to both downsize and share with another charity.

Governance, Structure and Management

Legal Entity

Sarcoma UK is a charity registered in England and Wales with the Charity Commission on 17 January 2011, and registered as a charity in Scotland on 12 September 2013. Its governing

documents are its memorandum and articles of association. Sarcoma UK is also a company limited by guarantee incorporated with Companies House on 10 January 2011.

Sarcoma UK is sole corporate Trustee of former charity The Sarcoma Trust.

Charitable Objectives

The objectives of the charity are: to promote and protect the physical and mental health of patients with bone and soft tissue sarcomas in the United Kingdom through the provision of information, support, education and practical advice to them, their families and their carers; the relief of sickness and the preservation of health in particular by promoting and supporting research with the publication of the useful results thereof and the development of more effective treatment and care for patients with bone and soft tissue sarcomas; to

advance the education of the general public in all areas relating to sarcoma.

Board of Trustees 2021/22

Sharon Reid – Chair

Sharon is a former Executive Director and Chief Operating Officer at Edelman, the world's largest PR agency, and has worked in communications for the last 18 years.

Sarah Conneally

Sarah is former Head of Events & Visits at 10 Downing Street, having worked for both David Cameron and Theresa May. Sarah was a colleague of Chris Martin at 10 Downing Street and she led their working group during our charity of the year partnership in 2016. Sarah is now a director at the newly formed Commonwealth Summit Unit, part of the Cabinet Office.

Andy Eckles – Trustee with special interest in finance

Andy has 30 years' experience in finance, as both an auditor and currently as Group Financial Controller at Huntswood, a company that provides specialist resourcing and consultancy services. Andy's son, Tom, passed away from Ewing's sarcoma in September 2015.

Professor Ian Judson

Ian has been treating patients with sarcoma for 25 years as Head of the Sarcoma Unit at the Royal Marsden until his retirement in 2016. He has conducted many clinical trials in this area, and was a founder member of the British Sarcoma Group, and President until 2015.

Louisa Nicoll

Louisa is a nurse with extensive experience in the delivery of oncological and specialist palliative care services. She is currently Ward Manager at a Sue Ryder hospice in Henley-on-Thames. Louisa's husband was diagnosed with high grade osteosarcoma in March 2016 and sadly died in August 2020.

Mr Michael Parry

Michael is a Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital specialising in orthopaedic oncology and primary and revision lower limb arthroplasty. His specialist interests are in orthopaedic oncology and lower limb arthroplasty, with a particular interest in the management of infected joint replacements.

Sam Patton (resigned January 2022)

Sam Patton is the Director of Orthopaedics & Consultant Orthopaedic Surgeon at the Royal Infirmary of Edinburgh. Sam has a long history of sarcoma practice and has served as a panel member on our Research Advisory Committee. Among his relevant experience are positions including Oncology Editor for The Bone & Joint Journal (the premier UK based orthopaedic journal) and Lead Clinician, Scottish Sarcoma Network in 2007-2013.

Isla Robinson

Isla Robinson is a freelance Marketing Consultant (Director level) with over 15 years' experience of local and global marketing, including as a lead member of the team for Campari UK. Isla brings her professional expertise to the Board alongside first-hand

experience of Ewing's sarcoma with which she was diagnosed in 2011. This was when Isla first discovered Sarcoma UK, and she has since found the charity to be a 'key source' of reliable information.

Anjula Thompson

Anjula qualified as a Solicitor in 1993. She worked in private practice for 10 years and thereafter as a legal officer in the voluntary sector before taking up her current role, in 2005 as a Deputy District Judge, adjudicating in Civil and family cases. Anjula is the wife of Sarcoma UK trustee Dave Thompson who sadly passed away in 2016.

Johanne Vass

Jo is a Sarcoma Advanced Nurse Practitioner, the lead for sarcoma nursing services and a key member of the South Wales Sarcoma Multi-Disciplinary Team. She was the first sarcoma specialist nurse to be appointed in South Wales in 2012.

The Board continue to follow the Charity Governance Code, to manage and take responsibility for Trustee governance. The Board has two committees, the Nominations and Human Resources (NHR) Committee and the Governance, Risk and Finance (GRF) Committee. The Board have produced a detailed Charity Governance Code assessment document, which will be reviewed by the GRF Committee and presented to the Board annually.

Sam Whittam (term of office ended October 2021)

Sam is a barrister working principally in the area of child protection and was called to the bar in 1995. In 2009, Sam lost her friend to sarcoma.

Russ Wilson (resigned March 2022)

Russ is currently a Partner at Hall & Partners, one of the UK's leading Brand Strategy consultancies. Russ has a very personal experience of sarcoma, having had an osteosarcoma removed from his leg when he was in his 20s.

Nominations and Human Resources Committee (NHR)

Responsible for HR and staffing issues, including staff remuneration. Responsibility for the renewal of tenure, recruitment and appointment of trustees is also delegated to the **Nominations and Human Resources Committee** who make recommendations to the Board of Trustees.

Current members:

- Isla Robinson (Chair)
- Louisa Nicoll
- Sam Whittam (until October 2021)
- Russell Wilson (until March 2022)

Governance, Risk and Finance Committee (GRF)

Responsible for overseeing governance, organisational risk and working with the Senior Management Team on finance. The **Governance, Risk and Finance Committee** make recommendations to the Board of Trustees.

Current members:

- Ian Judson (Chair)
- Andy Eckles
- Anjula Thompson
- Johanne Vass

Trustee Appointment and Induction

Sarcoma UK places a high value on having an informed and skilled Board of Trustees which guides the charity to achieve its ambitious goals.

Trustees serve a three-year term, after which they are eligible for re-election for a further three years.

New trustees are recruited in various ways, according to the skills sought by the Board. Vacancies are advertised in national charity media, through professional networks and via the charity's website and networks. Potential trustees are invited to submit a formal application and attend an interview with the Nomination and Human Resources Committee.

All trustees receive the Trustee Handbook, setting out the role and responsibilities of Sarcoma UK trustees, including the charity's policies and procedures relating to governance. A Register of Trustees' Interests is in place and updated annually.

All new trustees receive the governing document, strategy and business plan, published accounts and minutes of previous Board of Trustee meetings, Trustee Handbook, as well as Charity Commission guidance on effective governance. A formal induction programme is in place, where trustees spend time with the Chief Executive and the Senior Management Team. Trustees are subscribed to Governance publication and are encouraged to attend training and other events for charity trustees.

Organisational Structure

The Board of Trustees sets the strategic direction of Sarcoma UK and approves the main policies of the charity. It appoints and directs the Chief Executive, monitors performance and identifies and manages the major risks facing the charity. The Board meets four times a year.

The Board delegates responsibility for the running of the charity to the Chief Executive with clearly communicated and recorded executive limits. The Chief Executive is responsible and accountable for achieving Sarcoma UK's strategic objectives and delivering the annual business plan. A Senior Management Team is in place to support the Chief Executive, providing leadership across key areas of the charity's work, and ensuring delivery of the charity's day-to-day work.

Sarcoma UK's Senior Management Team consisted of:

- Chief Executive
- Director of Finance and Resources
- Director of Fundraising and Communications
- Director of Research, Policy and Support

Sarcoma UK has a policy for reviewing staff salaries, set out in the Staff Handbook. Staff salaries are reviewed annually by the Board of Trustees Nominations and Human Resources Committee, on behalf of the Board of Trustees, and benchmarked against voluntary sector pay surveys and inflation. The remuneration of senior management is covered under this policy.

The trustees are grateful to the staff team for the outstanding work they do on behalf of people affected by sarcoma.

Volunteers

The trustees recognise the valuable contribution made by volunteers to Sarcoma UK and wish to record their gratitude for this commitment. These include: members of Sarcoma UK's Grant Review Panel; sarcoma support group leaders; Sarcoma UK's Information Review Panel; Sarcoma UK's Medical Advisory Group, individuals and families who have provided their stories for use as case studies; everyone who has undertaken fundraising and awareness-raising in their communities; everyone who has set up information stands or cheering stations at events; and everyone who has supported Sarcoma UK at events and activities throughout the year. In accordance with accepted practice, no amounts are included in the financial statements to reflect the value of work undertaken by volunteers.

Risk management

To manage risk effectively, Sarcoma UK uses a risk assessment model. The model sets out the processes for identifying major strategic risks, assessing their likely impact and, where appropriate, the measures that need to be implemented to mitigate the risks. The highest priority risks are regularly reviewed by the Senior Management Team and the Trustee Governance Risk and Finance Committee.

In our risk assessment model, risks are categorised under the following headings: Governance, Financial, Operational, Environmental and External Factors, Compliance Risk, and Charitable Objectives.

The most significant risks identified throughout 2021-22 included:

1. Failure to raise income required because of a prolonged pandemic, the effects of Brexit and related economic recession.
2. Post-pandemic working practises and the move to hybrid working.
3. Cyber fraud.

The trustees are satisfied that appropriate systems are in place and further steps are planned to manage and mitigate these most significant risks.

The risk assessment model was reviewed by the trustees in November 2021, it was agreed by the trustees that we would update our current assessment model and process in 2022/23.

Grant Making Policy

Sarcoma UK is a member of the Association of Medical Research Charities (AMRC), an organisation of the leading medical and health research charities in the UK. In accordance with AMRC best practices, Sarcoma UK is committed to ensuring the highest standards of

accountability, balance, independence, rotation of expertise and impartiality in our research programme.

Our funding decisions are made on the basis of the scientific quality of the studies proposed, and the relevance to people affected by sarcoma.

We hold annual calls for proposals, which are open competition and publicised on our website and to the sarcoma research community. Applications submitted are subject to a preliminary triage of their eligibility, and then undergo a rigorous external peer review process by sarcoma research experts and people affected by sarcoma, to identify the best quality projects. Our Grant Review Panel is made up of independent scientific experts as well as people with a personal connection to sarcoma. All panel members and external peer reviewers adhere to our Principles of Peer Review Policy, as well as declaring conflicts of interest in line with our Conflicts of Interest Policy. A conflict of interest results in exclusion from review and participation in funding decisions. The panel considers all peer and lay reviews, scores independently and anonymously, and then makes recommendations for funding to Sarcoma UK's Board of Trustees, who approve the final grants to be awarded.

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Working with Others

Sarcoma UK recognises that progress towards our goals is maximised when working collaboratively with others who share an interest in improving the lives of people affected by sarcoma. As the only UK charity focusing on all types of sarcoma, we aim to work collaboratively with the whole sarcoma community to achieve our vision for the future. In 2020/21, Sarcoma UK had collaborations with: the Association of Medical Research Charities (AMRC); BMJ Learning; Boom Foundation (Northern Ireland); British Sarcoma Group; The Bone Cancer Research Trust; Cancer 52; National Cancer Registry and Analysis Service (NCRAS), Welsh Cancer Intelligence and Surveillance Unit, Information Services Division of the NHS National Services Scotland, N. Ireland Cancer Registry, GIST Cancer UK; National Cancer Research Institute (NCRI) sarcoma clinical studies group; National Institute of Health and Care Excellence (NICE); National Sarcoma Forum (of specialist nurses); NHS England; Public Health England, the Sarah Burkeman Trust; Sarcoma Patients EuroNet; the Scottish Sarcoma Network; the network of sarcoma specialist centres – bone and soft tissue – in England, Wales and Northern Ireland; Sarcoma Advisory Group (SAG) Chairs; the Children and Young People's Cancer Coalition; and all the charities that formed part of our 20for20 campaign.

Financial Review

Income

Sarcoma UK has made excellent progress against its objectives for the year, successfully raising £2,539,882, an increase of 35% from the previous year (2021: £1,875,292).

This increase is primarily due to the reinstatement of fundraising events following the pandemic and £227,528 from the UK Government COVID Medical Research Charity Support Fund.

The trustees wish to thank all donors for their invaluable support during the year, which is helping Sarcoma UK transform the lives of everyone affected by sarcoma.

Expenditure

Total expenditure increased to £2,434,851 (2021: £1,868,955), an increase of 30% mainly as a result of:

- Increasing research grants made by £245,294.
- An increase in event costs by £254,137 following the reinstatement of community and special events since the pandemic.
- An increase in fundraising fees and materials by £26,474 due to increased event participation.
- PR and marketing costs increased by £34,270 following a website upgrade and Sarcoma UK's first ever Facebook challenge, both creating increased public awareness of sarcoma.

Sarcoma monitors spending closely, employing the use of financial management and budgetary controls across the charity and expenditure on our charitable activities remained high at 73% of total expenditure. We strive to keep the costs of raising money to a minimum. This year for every £1 spent on fundraising £3.89 was raised. This decreased from the prior year as we started to re-invest in fundraising and special events following the pandemic.

A surplus of £105,031 (2021: £6,337) was made this year and increases total charity funds to £1,513,532 (2021: £1,408,501), of which £9,705 are restricted. The reserves policy is discussed below.

Reserves Policy

The Board of Trustees aim to maintain reserves at a level which equates to approximately nine months of operational costs including budgeted salary, rent and support costs. This is approximately £880,000 for the forthcoming year.

Due to the generosity of our supporters and the outstanding performance of Sarcoma UK's fundraising team, the total funds of the charity at 31 March 2022 were £1,513,532 of which £9,705 are restricted. This leaves a balance of £1,503,827 as unrestricted funds. The trustees monitor reserves very carefully and regularly assess investment opportunities to ensure that money raised is invested in the most effective ways. They have agreed to designate £100,000 of these unrestricted funds to our core research costs and £100,000 to our information and support service in 2022/23, £13,354 are tied up as fixed assets leaving a balance of £1,290,473, which exceeds the level required by the reserves policy £880,000. Remaining funds of £410,473 will be applied to furthering our mission to ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

The reserves policy including designation of funds will be reviewed in 2023 to ensure it is adequate for the charity's future operational needs.

Statement of responsibilities of the trustees

The trustees (who are also directors of Sarcoma UK 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).

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 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 and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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. They are also responsible for safeguarding the assets of the charitable company 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.
- 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.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 12 (2020:12). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees on 11 October 2022 and signed on their behalf by

Sharon Reid
Chair of Trustees

Acknowledgements

Patron	Richard Whitehead MBE
Founder	Roger Wilson CBE
Celebrity Ambassadors	Jake Quickenden, Gavin Ramjaun, Sandra Dickinson, Mark Osmond
Ambassadors	Lesley Abraham, Shelagh Allison, Zoe Conway, Jan Cornell, Maddie Cowey, Karen Delin, Dr Alison Dunlop, Mark Gould, Amelia Granville, Gina Long, Steve Mayer, Leona Rankin, Ian Randall, Glenys Stittle, Baroness Liz Sugg, Dr Rachel Taylor, Jasmine Thompson, Zoe Thompson, Wendy Watkins, Sam Whittam, Dr Jeff White, Glyn Wilmshurst and Sheelagh Wilson

Grant Review Panel

Professor Jeremy Whelan (Chair), Professor of Cancer Medicine, University College London.

Professor Andrew Beggs, Reader in Cancer Genetics & Surgery, University of Birmingham.

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Dr Bernadette Brennan, Consultant Paediatric Oncologist, Royal Manchester Children's Hospital.

Professor Susan Burchill, Professor of Adolescent and Paediatric Cancer Research, Leeds Institute of Cancer and Pathology, University of Leeds.

Dr Quentin Campbell Hewson, Consultant Paediatric Oncologist, Great North Children's Hospital in Newcastle upon Tyne.

Dr Louise Carter, Senior Clinical Lecturer in Experimental Cancer Medicine, University of Manchester.

John Coles, lay panel member

Mr Paul Cool, Consultant Orthopaedic & Oncological Surgeon, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

Mr Craig Gerrand, Consultant Orthopaedic Surgeon, Royal National Orthopaedic Hospital.

Dr Paul Huang, Team Leader, Division of Molecular Pathology, Institute of Cancer Research.

Becky Hughes, lay panel member

Dr Sophie Postel-Vinay, Physician Scientist, Drug Development Department and U981 INSERM research unit, Gustave Roussy Cancer Campus.

Alasdair Punton, lay panel member

Dr Karen Sisley, Senior Lecturer, University of Sheffield.

Dr Sandra Strauss, Consultant Medical Oncologist, University College Hospitals London.

Leanne Thorndyke, lay panel member.

Professor Galina Velikova, Chair of Psychosocial and Medical Oncology, University of Leeds.

Dr Jayne Wood, Consultant in Palliative Medicine and Clinical Lead, Royal Marsden and Royal Brompton Hospitals London.

Supporters

Sarcoma UK is deeply grateful to all those who have supported us during the year.

Sarcoma UK could not exist without the kindness of our supporters who contribute to our progress in a wide variety of ways. While many people support the charity through financial donations, others contribute through volunteering, giving their time, energy, passion, and skills.

A huge thank you to all our supporters.

Opinion

We have audited the financial statements of Sarcoma UK (the 'charitable company') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Sarcoma UK's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly

stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

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

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable,

matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.

- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano (Senior statutory auditor)

11 November 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

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

Sarcoma UK

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from:							
Donations and legacies	2	2,001,718	528,429	2,530,147	1,504,715	368,357	1,873,072
Investments		9,735	-	9,735	2,220	-	2,220
Total income		2,011,453	528,429	2,539,882	1,506,935	368,357	1,875,292
Expenditure on:							
Raising funds	3	652,468	-	652,468	403,208	-	403,208
Charitable activities							
Research	3	616,399	495,761	1,112,160	670,237	187,644	857,881
Information and support	3	290,493	10,000	300,493	274,584	40,362	314,946
Awareness, campaigns and education	3	354,634	15,097	369,731	189,693	103,227	292,920
Total expenditure		1,913,993	520,858	2,434,851	1,537,722	331,233	1,868,955
Net income / (expenditure) and net movement in funds for the year	5	97,460	7,571	105,031	(30,787)	37,124	6,337
Reconciliation of funds:							
Total funds brought forward		1,406,367	2,134	1,408,501	1,437,154	(34,990)	1,402,164
Total funds carried forward		1,503,827	9,705	1,513,532	1,406,367	2,134	1,408,501

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Sarcoma UK

Balance sheet

Company no. 7487432

As at 31 March 2022

	Note	£	2022 £	£	2021 £
Fixed assets:					
Tangible assets	10		13,354		9,959
			13,354		9,959
Current assets:					
Debtors	11	526,555		359,689	
Short term deposits		109,534		108,569	
Cash and cash equivalents		3,718,176		3,246,107	
			4,354,265	3,714,365	
Liabilities:					
Creditors: amounts falling due within one year	12	1,175,961		1,115,390	
Net current assets			3,178,304		2,598,975
Total assets less current liabilities			3,191,658		2,608,934
Creditors: amounts falling due after one year	13		1,678,126		1,200,433
Total net assets	14		1,513,532		1,408,501
The funds of the charity:	15				
Restricted income funds			9,705		2,134
Unrestricted income funds:					
Designated funds		200,000		200,000	
General funds		1,303,827		1,206,367	
Total unrestricted funds			1,503,827		1,406,367
Total charity funds			1,513,532		1,408,501

Approved by the trustees on 11 October 2022 and signed on their behalf by Sharon Reid

Sharon Reid
Chair of Trustees

Statement of cash flows

For the year ended 31 March 2022

	2022		2021
	£	£	£
Cash flows from operating activities:			
Net income for the reporting period (as per the statement of financial activities)	105,031		6,337
Depreciation charges	7,531		6,057
Sale of Fixed Assets	-		222
Interest	(9,735)		(2,220)
(Increase)/decrease in debtors	(166,866)		62,500
Increase in creditors	538,264		308,186
Net cash provided by operating activities	474,225		381,082
Cash flows from investing activities:			
Transferred (to)/from short term deposits	(965)		107,398
Interest received	9,735		2,220
Loss on disposal	2,670		148
Purchase of fixed assets	(13,597)		(3,095)
Net cash (used in)/provided by investing activities	(2,157)		106,671
Change in cash and cash equivalents in the year	472,068		487,753
Cash and cash equivalents at the beginning of the year	3,246,109		2,758,356
Cash and cash equivalents at the end of the year	3,718,177		3,246,109
Analysis of cash and cash equivalents			
	At 1 April 2021 £	Cash flows £	As at 31 March 2022 £
Cash at bank and in hand	2,837,343	467,992	3,305,335
Notice deposits (less than three months)	408,764	4,076	412,840
Total cash and cash equivalents	3,246,107	472,068	3,718,175

1 Accounting policies

a) Statutory information

Sarcoma UK is a charitable company limited by guarantee and is incorporated in the United Kingdom. The registered office address (and principal place of business, if different from the registered office) is 49-51 East Road, London, N1 6AH.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

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

Income from revenue grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

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 is classified under the following activity headings:

- ☐ Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- ☐ Expenditure on charitable activities includes the costs of raising sarcoma awareness, funding research and providing information and support, all undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are those costs which do not in themselves constitute a charitable or fundraising activity, but are the central office functions necessary to support these activities. They include administration, finance, HR, database, IT and office overhead costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

- | | |
|---|-----|
| <input type="checkbox"/> Raising funds | 29% |
| <input type="checkbox"/> Research | 15% |
| <input type="checkbox"/> Information and support | 29% |
| <input type="checkbox"/> Awareness, campaigns and education | 27% |

l) Operating leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £250. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

□ Fixtures and fittings	5 years
□ Computer equipment	5 years

n) Debtors

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.

o) Cash at bank and in hand

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.

p) Creditors and provisions

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

q) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Donations and gifts	1,937,430	528,429	2,465,858	1,467,883	368,357	1,836,240
Legacies	48,789	-	48,789	36,832	-	36,832
Donated goods and services	15,500	-	15,500	-	-	-
	<u>2,001,718</u>	<u>528,429</u>	<u>2,530,147</u>	<u>1,504,715</u>	<u>368,357</u>	<u>1,873,072</u>

Donated goods and services include those donated to the Sarcoma UK Glitter Ball event from Diageo, Campari, ICONIC Vision and Granville Films. Hogan Lovells Internatal LLP also provided the venue and catering for the Sarcoma UK Genomics Development Board Meeting and acted as our solicitor during our office move.

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2022

3a Analysis of expenditure (current year)

	Charitable activities							
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £	2022 Total £	2021 Total £
Staff costs (Note 6)	197,512	106,029	174,474	166,766	25,024	200,578	870,383	868,359
Other staff costs	3,549	3,047	3,845	2,800	1,771	39,389	54,401	24,849
Research grants payable (Note 4)	-	936,815	-	-	-	-	936,815	691,521
Research support (development scheme)	-	6,000	-	-	-	-	6,000	-
Travel & subsistence	396	281	44	620	-	204	1,545	377
Fundraising fees	42,896	-	-	-	-	-	42,896	27,297
Fundraising materials	14,708	-	-	-	-	-	14,708	3,833
Events, participation & publicity costs	268,138	-	-	-	-	-	268,138	14,001
Fundraising appeals	5,669	-	-	-	-	-	5,669	10,807
Donor relationship management	737	-	-	-	-	-	737	71
PR & marketing	-	-	-	82,800	-	-	82,800	48,530
Support services	-	-	10,259	-	-	-	10,259	7,321
Awareness & campaigning projects	-	-	451	15,614	-	-	16,065	10,932
Information services	-	-	1,410	-	-	-	1,410	2,802
Office costs	-	-	-	-	-	71,621	71,621	106,267
Office communication costs	-	-	-	-	-	10,736	10,736	11,285
Membership subscriptions	7,335	3,086	-	225	1,528	297	12,471	10,321
Trustees development, expenses & meeting costs	-	-	-	-	2,226	-	2,226	27
Legal & professional	-	-	-	-	8,593	2,201	10,794	20,991
Insurance	-	-	-	-	-	4,495	4,495	2,837
Bank charges	-	-	-	-	-	480	480	323
Depreciation & Loss on Disposal	-	-	-	-	-	10,202	10,202	6,204
	540,940	1,055,258	190,483	268,825	39,142	340,203	2,434,851	1,868,955
Support costs	100,020	51,031	98,659	90,494	-	(340,203)	-	-
Governance costs	11,508	5,871	11,351	10,412	(39,142)	-	-	-
Total expenditure 2022	652,468	1,112,160	300,493	369,731	-	-	2,434,851	1,868,955

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2022

3b Analysis of expenditure (prior year)

	Charitable activities						
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £	2021 Total £
Staff costs (Note 6)	226,584	90,917	181,243	157,329	24,418	187,868	868,359
Other staff costs	(102)	1,001	857	1,098	7,250	14,745	24,849
Research grants payable (Note 4)	-	691,521	-	-	-	-	691,521
Research support (development scheme)	-	-	-	-	-	-	-
Travel & subsistence	-	121	-	-	-	256	377
Fundraising fees	27,297	-	-	-	-	-	27,297
Fundraising materials	3,833	-	-	-	-	-	3,833
Events, participation & publicity costs	14,001	-	-	-	-	-	14,001
Fundraising appeals	10,807	-	-	-	-	-	10,807
Donor relationship management	71	-	-	-	-	-	71
PR & marketing	-	-	-	48,530	-	-	48,530
Support services	-	-	7,321	-	-	-	7,321
Awareness & campaigning projects	-	-	25	10,907	-	-	10,932
Information services	-	-	2,802	-	-	-	2,802
Office costs	-	-	-	-	-	106,267	106,267
Office communication costs	-	-	-	-	-	11,285	11,285
Membership subscriptions	6,308	2,226	102	403	1,282	-	10,321
Trustees development, expenses & meeting costs	-	-	-	-	27	-	27
Legal & professional	-	-	-	-	8,173	12,818	20,991
Insurance	-	-	-	-	-	2,837	2,837
Bank charges	-	-	-	-	-	323	323
Depreciation & Loss on Disposal	-	-	-	-	-	6,204	6,204
	288,799	785,786	192,350	218,267	41,150	342,603	1,868,955
Support costs	102,141	64,364	109,450	66,648	-	(342,603)	-
Governance costs	12,268	7,731	13,146	8,005	(41,150)	-	-
Total expenditure 2021	403,208	857,881	314,946	292,920	-	-	1,868,955

Notes to the financial statements

For the year ended 31 March 2022

4 Grant making

	Payment Schedule						
	2022	2023	2024	2025	2026	2022	2021
	£	£	£	£	£	£	£
Grants to institutions:							
Institute of Cancer Research	-	-	-	-	-	-	120,000
University of Birmingham	-	-	-	-	-	-	5,000
Royal Marsden NHS Foundation Trust	-	-	-	-	-	-	50,000
University of Southampton	-	-	-	-	-	-	248,398
University of Sheffield	-	-	-	-	-	-	117,850
University of Edinburgh	-	-	-	-	-	-	119,988
Royal National Orthopaedic Hospital	-	-	-	-	-	-	41,070
University College London	44,160	-	-	-	-	44,160	-
University of Birmingham	22,000	-	-	-	-	22,000	-
University of Birmingham	4,613	10,265	6,121	2,709	-	23,707	-
Imperial College London	-	30,969	36,379	36,891	15,762	120,000	-
Institute of Cancer Research	-	87,508	62,304	-	-	149,812	-
Institute of Cancer Research	-	48,581	49,476	50,398	-	148,455	-
Institute of Cancer Research	-	38,067	38,149	43,784	-	120,000	-
University of Leeds	-	72,695	76,741	-	-	149,435	-
University of Manchester	-	37,638	39,248	43,065	-	119,951	-
University of Sheffield	-	31,754	17,932	-	-	49,686	-
University College London	-	50,000	-	-	-	50,000	-
						997,207	702,306
University of Liverpool (underspend)						-	(36)
University College London Hospitals NHS						-	(10,749)
University of Cambridge (Underspend)						(41,131)	-
Newcastle University (Underspend)						(19,206)	-
Birkbeck University of London (Underspend)						(35)	-
University of Southampton						(20)	-
At the end of the year						936,815	691,521

Full details of grant making activities are disclosed on page 8-11 of the report of the trustees.

5 Net income for the year

This is stated after charging / (crediting):

	2022	2021
	£	£
Depreciation	7,531	6,057
Loss on disposal	2,670	148
Interest received	(9,735)	(2,220)
Operating lease rentals:		
Property	24,943	74,107
Auditor's remuneration (excluding VAT):		
Audit	7,150	6,800

6 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2022	2021
	£	£
Salaries and wages	762,289	736,783
Redundancy and termination payments	4,893	17,536
Social security costs	76,791	73,428
Employer's contribution to defined contribution pension schemes	31,700	31,699
Accrued holiday pay	(5,290)	8,913
	870,383	868,359

The following number of employees received employee benefits (excluding employer pension costs and national insurance contributions) during the year

	No.	No.
£90,000 - £99,999	1	1
£60,000 - £69,999	2	1

The total employee benefits including pension contributions and national insurance of the key management personnel were £317,522 (2021: £390,741) incurred by 5 (2021: 7) employees.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £235 (2021: £27) incurred by 3 (2021: 1) members relating to attendance at meetings of the trustees. The costs shown in note 3 for trustees' development, expenses & meeting costs also include costs relating to trustee meeting lunches, which are not direct trustee expenses relating to attendance at meetings of the trustees.

Notes to the financial statements

For the year ended 31 March 2022

7 Staff numbers

The average monthly headcount of employees, analysed by activities was:

	No.	No.
Raising funds	5	5
Research	2	1
Information and support	4	5
Awareness and campaigns	3	4
Support	6	6
	20	21

Total number of staff by headcount at 31 March 2022 was 22 (including 7 part-time).

8 Related party transactions

Sarcoma UK Trustees and close family personally donated and raised £17,342 (2021: £12,628).

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At the start of the year	29,520	35,129	64,649
Additions in year	-	<u>13,597</u>	<u>13,597</u>
At the end of the year	29,520	48,726	78,246
Depreciation			
At the start of the year	26,406	28,284	54,690
Charge for the year	3,114	4,417	7,531
Disposal	-	2,670	2,670
At the end of the year	29,520	35,372	64,892
Net book value			
At the end of the year	-	<u>13,354</u>	<u>13,354</u>
At the start of the year	3,114	6,845	9,959

All of the above assets are used for charitable purposes.

11 Debtors

	2022 £	2021 £
Other debtors	9,450	13
Prepayments	321,209	234,540
Accrued income	195,896	125,136
	526,555	359,689

12 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	13,549	3,220
Taxation and social security	22,762	18,028
Other creditors	5,920	5,579
Accruals	54,609	41,319
Deferred income	-	1,000
Grants payable	1,079,121	1,046,244
	1,175,961	1,115,390

13 Creditors: amounts falling due after one year

	2022 £	2021 £
Grants payable:		
1 - 2 years	825,324	482,367
2 - 5 years	852,802	718,066
	1,678,126	1,200,433

Notes to the financial statements

For the year ended 31 March 2022

14a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	13,354	-	-	13,354
Net current assets	2,968,599	200,000	9,705	3,178,304
Long term liabilities	(1,678,126)	-	-	(1,678,126)
Net assets at 31 March 2022	1,303,827	200,000	9,705	1,513,532

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	9,959	-	-	9,959
Net current assets	2,396,841	200,000	2,134	2,598,975
Long term liabilities	(1,200,433)	-	-	(1,200,433)
Net assets at 31 March 2021	1,206,367	200,000	2,134	1,408,501

15a Movements in funds (current year)

	At 1 April 2021 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2022 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	-	495,761	(495,761)	-	-
Information and support	-	15,000	(10,000)	-	5,000
Awareness, campaigns and education	2,124	17,668	(15,097)	-	4,695
Total restricted funds	2,134	528,429	(520,858)	-	9,705
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,206,367	2,011,453	(1,713,993)	(200,000)	1,303,827
Total unrestricted funds	1,406,367	2,011,453	(1,913,993)	-	1,503,827
Total funds	1,408,501	2,539,882	(2,434,851)	-	1,513,532

15b Movements in funds (prior year)

	At 31 March 2020 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2021 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	(35,000)	222,644	(187,644)	-	-
Information and support	-	40,362	(40,362)	-	-
Awareness, campaigns and education	-	105,351	(103,227)	-	2,124
Total restricted funds	(34,990)	368,357	(331,233)	-	2,134
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,237,154	1,506,935	(1,337,722)	(200,000)	1,206,367
Total unrestricted funds	1,437,154	1,506,935	(1,537,722)	-	1,406,367
Total funds	1,402,164	1,875,292	(1,868,955)	-	1,408,501

Notes to the financial statements

For the year ended 31 March 2022

Purposes of restricted funds:

Sarcoma Trust

These funds represent the amounts retained within the Sarcoma Trust after becoming a linked charity with Sarcoma UK.

Research

These funds are to be used specifically towards research grants, as requested by the donor.

Information and Support

These funds are to be used specifically towards the provision of support and information for the sarcoma community, as requested by the donor.

Awareness, Campaigns and Education

These funds are to be used specifically towards raising awareness and improving standards of treatment and care, as requested by the donor.

Purposes of designated funds:

Research

These funds represent those designated by the trustees towards our core research costs in 2022/23. These core costs include research grants awarded and research management costs.

Information and Support

These funds represent those designated by the trustees towards our information and support service in 2022/23. These costs include the running of our support line service and production of patient information.

16 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property 2022 £	2021 £	Equipment 2022 £	2021 £
Less than one year	35,640	5,763	-	207
	35,640	5,763	-	207

17 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.