



REPORT AND FINANCIAL STATEMENTS

YEAR ENDED 30 JUNE 2021

Registered Charity Number: 1081214



REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

CONTENTS	Page
Reference and administrative details	1
Trustees' report	2
Independent examiner's report	17
Statement of Financial Activities	18
Balance sheet	19
Notes to the Financial Statements	20

REFERENCE AND ADMINISTRATIVE DETAILS

FOR THE YEAR ENDED 30 JUNE 2021

Trustees

E Bernerd (Chair)
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S Bentley
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M Simpson
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Chief Executive Iain Hutchison

Registered Charity number 1081214

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TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

The trustees present their report and the financial statements of the charity for the year ended 30 June 2021.

Saving Faces has shown great resilience in the face of unprecedented uncertainty posed by the COVID-19 pandemic. Shortly after the UK entered full lockdown, our original plan for the year significantly altered as we adapted to both the operational and financial impacts of the pandemic. The Trustees are proud of what has been achieved this year despite the significant challenges and staff have adapted and responded with creativity and positivity. The Board would like to thank our staff, volunteers, grant givers and donors for their enduring support to Saving Faces during this testing year.

OBJECTIVES AND ACTIVITIES

Saving Faces – The Facial Surgery Research Foundation is the only charity in the UK solely dedicated to reducing the incidence of facial injuries, disorders and diseases including oral cancer worldwide. With over 20 years of experience leading research of the highest quality, we pursue our mission of improving and saving patients' lives by delivering world-class research projects, clinical audits, education, support and advice services in the UK and across the globe.

Why our work is urgently needed:

- 1 million people are treated for facial diseases and injuries in the UK every year.
- 125,000 people suffer severe facial injuries through accidents or violent exchanges
- 13,000 people develop head and neck cancer which includes mouth and throat cancers
- 50,000 people need treatment for facial skin cancers
- 30,000 people need surgery for facial deformity
- 95,135 people suffer from facial fractures in the UK
- Jaw joint pain and stiffness affects many teenagers

Facial disease, injury and deformity are unlike any other conditions. They can harm our very being – our speaking and eating as well as our appearance. They often leave life-changing physical and emotional scars, undermining self-esteem and dignity, isolating patients from others, affecting their job opportunities and sometimes condemning them to impoverished lives in the shadows.

ACHIEVEMENT AND PERFORMANCE

RESEARCH

NFORC – The National Facial, Oral and Oculoplastic Research Centre

Saving Faces has partnered with a number of national surgical organisations including the British Association of Oral and Maxillofacial Surgeons (BAOMS), in running and funding the world's only National Facial, Oral and Oculoplastic Research Centre (NFORC). Through NFORC we carry out clinical trials to show which treatment is best for any disease or injury affecting the mouth or face. We do this by collecting accurate data on the results of every treatment and operation carried out by the surgeons with several years of follow-up with the patients. Saving Faces provides the core funding and research staff for NFORC, whilst surgeons from the two societies provide the research ideas and clinical support for the trials.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Through NFORC we have already carried out clinical research trials with many surgeons and their patients at multiple hospitals. We have run a clinical trial with Cancer Research UK for early mouth cancer in parallel with developing screening and diagnostic tests. The results of these trials have helped improve treatment for patients.

The Royal College of Surgeons of England (RCSEng) has selected NFORC as its head and neck cancer trials centre. This collaborative approach enables our researchers to answer vital questions more rapidly than even the most famous of single institutions.

HANA – The National Head and Neck Audit

Saving Faces has been managing its biggest project to date, the National Head and Neck Audit for England and Wales (HANA). The audit focuses on patients who have cancer of the head and neck, of which there are 13,000 cases each year and the incidence is rising. The findings from HANA will contribute to changes in clinical practice and ensure that patients receive the best care possible and experience an improved quality of life.

Saving Faces received a number of requests from clinical teams at NHS sites who are very interested and eager to upload their data to HANA. It is encouraging to see the demand from clinicians to use HANA so that they can utilise our data analysis and download reports. The HANA Project Board had to make the difficult decision to temporarily pause data uploads while complex negotiations take place to renew the charity's existing contract with its technology provider Dendrite Clinical Systems. Saving Faces' Clinical Researchers continue to work closely with audit teams nationally.

HANA currently stores data which has been collected and entered by non-clinical staff at hospitals. Matt Kennedy, Consultant Head and Neck Cancer Surgeon in Newcastle, has developed an innovative direct data entry method to improve data collection for HANA. He started a feasibility study to assess this new feature of data entry in March 2020, but this was delayed due to Covid and will resume when treatment of patients return to normal. The study will investigate the feasibility of clinicians entering data directly to the audit and collecting outcome data from the patients via online questionnaires. By combining data collected from both clinicians and patients, we aim to gain a better understanding of head and neck cancer treatments and outcomes, and improve the quality of data in the audit.

Saving Faces is collaborating with Senior Physiotherapist, Alison Dinham to include physiotherapy care in HANA. This has initiated a project to benchmark the physiotherapy service for patients with head and neck cancer. The aims of the project include identifying the character and number of patients seen, the routine treatment pathways and the outcome measures that are routinely used. An initial electronic survey was created to collect this data. Between July to October 2020, 12 physiotherapists completed the survey. Following a review of the initial results by the project team the survey was revised. The updated survey will be sent to a larger cohort of physiotherapists. The results will be analysed and will help to establish a consensus on physiotherapy practice for head and neck cancer patients, which will help to identify best practice and improve patient care.

Last year, Saving Faces surveyed surgeons at 65 head and neck cancer hospitals in the UK to assess the impact of COVID-19 on their staff, their patients and their hospitals management of head and neck cancer. The survey evaluated differences in practice, the availability of Personal Protective Equipment (PPE), whether patients were tested before surgery, whether they were tested before discharge and how many patients and staff developed COVID -19. Staff have re-examined the study and the data collected to replicate the study with further improvements, to further investigate the impact of COVID-19 in 2021/22.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

The Nationwide Selective Elective Neck Dissection (SEND) Study

Our life saving ground-breaking SEND study was the first nationwide randomised surgical trial on any type of head and neck cancer. It compared 2 different treatments for early mouth cancer and showed emphatically which treatment cured more patients. These findings will save 30,000 more people with mouth cancer worldwide every year. The worldwide impact of our research puts it in the top 5% of all medical research papers. We succeeded because we collaborated with 68 surgeons at 27 hospitals to revolutionise the treatment of this most socially disabling cancer.

Since the SEND results were published in an open-access paper in the British Journal of Cancer (BJC), it has been downloaded or read by almost 8,000 doctors and scientists. The President of The Union for International Cancer Control (UICC) in Geneva wrote to the BJC suggesting that our paper was the final piece in the jigsaw on how to treat early mouth cancer and no further research was required. A second letter to the BJC concluded that the "SEND trial merits the fame of a practice-changing trial". Professor Hutchison and statistician Professor Allan Hackshaw's responses to the letter were also published in the BJC.

The paper has been cited in several papers including a paper published in the Journal of Cranio-Maxillo-Facial Surgery in July 2020 which was supported by the European Association for Cranio-Maxillofacial Surgery (EACMFS). The paper amalgamated the existing evidence in early OSCC and provided recommendations in the management of the clinically N0 neck.

In April 2021, Professor Hutchison wrote an article in the Journal of the National Comprehensive Cancer Network (NCCN) calling for a change in the guidelines for the management of early mouth cancer in light of the SEND study and other supporting evidence.

National Jaw Surgery Patient Survey

The National Jaw Surgery Patient Survey was created to find out the reasons why patient underwent jaw surgery and how they feel after their treatment. The results of the surveys are shared with participating hospital sites so that they could evaluate their services to improve their quality of care for their patients. There are now over 1,800 responses.

Complications in Elective Neck Dissection (CEND)

The SEND study has shown the benefits of elective neck dissection for patients' with mouth cancer (see above). In response to these results, Saving Faces is collaborating with the European Association for Cranio Maxillo Facial Surgery (EACMFS) to investigate the complications in elective neck dissection across Europe. This study will assess the clinical effectiveness and safety of elective neck dissection to improve patient care. In May and June 2020, meetings were held to discuss the study design and Saving Faces staff have developed an online database for data collection.

Genomic Radiotherapy and Dysphagia (GRAD) Study

All patients who are treated with radiotherapy for cancer have some stiffening (fibrosis) of the normal skin and muscle (tissue) next to where the cancer had been. Some of this is caused by narrowing of the arteries supplying blood to the region so the skin and muscle are starved of oxygen and other important "food" products. As a result, cuts in the area don't heal as well and the skin and muscle lose their flexibility. In some patients this arterial narrowing and skin and muscle fibrosis is very much more severe.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

In the head and neck region this severe radiation stiffening of non-cancerous skin and muscle causes major difficulty opening the mouth and swallowing. The narrowing of the blood vessels to the lining of the mouth and covering of the bone (pink gum or mucosa) means that if a tooth needs to be taken out in the area that has had radiotherapy the gum may never heal and the jaw-bone rots away causing pain and infection (osteoradionecrosis).

We think that the reason why some patients get this severe reaction and others don't is because of a difference in a few of their genes. This study is comparing the whole genetic profiles of patients with and without severe swallowing or mouth opening difficulties following radiotherapy for head and neck cancer. We will try and find if there are genetic factors associated with a higher risk of developing severe radiation induced complications and what these are. If we can identify patients who are genetically susceptible to severe normal tissue radiation damage, possibly with a simple PCR gene test, before they start cancer treatment we can advise them against using radiotherapy and suggest options for other curative treatments for their cancer such as surgery or drug therapy (chemotherapy and immunotherapy).

We also aim to establish the percentage (proportion) of patients suffering from these severe complications after having radiotherapy. We are also evaluating if these genetic tests can be performed on DNA obtained from a simple saliva test that the patient can do at home rather than the more invasive blood test that requires a hospital visit.

This study has been done in collaboration with 16 hospitals in England. However, the delivery of this study has been disrupted as the sponsor of this study (the Joint Research Management Office of Barts Health and QMUL) paused all non-COVID-19 research trials including GRAD. Also, many of the research staff at these 16 hospitals were all redeployed to front line COVID-19 duties.

The National Wisdom Tooth Study

The National Wisdom Tooth Study is currently in development and will be collecting data on the surgical treatment given and its outcome for every UK patient undergoing lower third molar (wisdom tooth) treatment, over a 3-month period. This is the first nationwide study examining the incidence of problems from third molars, the treatment decisions made and the long-term outcomes of those decisions. Consultant Oral and Maxillofacial Surgeon Mr Geoff Chiu and Professor Paul Coulthard, President of the British Association of Oral Surgeons (BAOS), are leading this study with NFORC.

Saving Faces recognises the importance of listening to and putting patients at the centre of everything that we do and in November 2020 as part of the study development, volunteer patients were invited to advise on the study design, aims and methods of the study. The volunteers were extremely helpful and contributed to improvements in the wording on the patient information leaflet and consent form using accessible English. We remain committed to learning from patient and supporter feedback.

Clinical researchers have also been developing materials and documents in preparation for a service evaluation at 5 pilot sites. This include the clinical data collection forms and surveys that will be completed by patients. The results of this service evaluation will inform the larger main study.

Quality Outcome Measures in Oral and Maxillofacial Surgery (QOMS)

Saving Faces and NFORC are working with BAOMS and have developed and are running a national, specialty-wide quality improvement, clinical audit and effectiveness programme, called the Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) project. QOMS comprises of several clinical registries, the aims of which are to measure and improve quality of care for patients undergoing oral and maxillofacial surgery in

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

the UK and the Republic of Ireland. The QOMS project is managed by the QOMS Project Team with representatives from Saving Faces and BAOMS. In February 2021, a paper of the pilot phase was published in the British Journal of Oral and Maxillofacial Surgery (BJOMS).

PhD Research

We have funded many PhD students and clinical fellowships to research better investigation and treatment for cancer, facial injury, jaw joint disorder and facial disfigurement. This includes psychological PhDs studying better management for patients with all these conditions and basic science PhDs studying molecular biology of cancer and stem cells behaviour.

Support and Advice Services during COVID-19:

SFDADS – The Saving Faces Diagnostic Advice Service

Early detection of mouth cancers improves the chance of survival from 50% to 90%. Our rapid telemedicine diagnostic service (SFDADS) has been vital in giving specialist diagnostic advice to GPs and Dentists within 3 days of receiving photos and a few facts about their patients. Throughout the pandemic, SFDADS dramatically helped patients, dentists and doctors as we sped cancer patients to the right surgeon whilst those with benign problems have been rapidly reassured without going to hospital.

Expert Patient Helpline

When the COVID-19 pandemic hit, Saving Faces' immediate response was to increase the hours of our Expert Patient Helpline. As we had expected, there was a surge in calls, both in number and duration. The complexity of calls also increased as it became difficult for people to access healthcare services. If callers had facial injuries, infections or cancer we immediately put them in touch with their nearest, best surgeon, wherever they were located -including the USA and Australia. We also linked new patients with former patients if they requested information and reassurance from someone who had once been in their position. The Expert Patient Helpline has been a lifeline for patients seeking urgent advice and support.

RESEARCH EVENTS

BAOMS e-poster event

Due to the COVID-19 pandemic, the BAOMS Annual Scientific Meeting 2020 was cancelled. BAOMS instead showcased research e-posters on their website. Saving Faces collaborated with dental graduate Alison Mace, to conduct a systematic review on prophylactic antibiotic use and mandibular fractures. Alison submitted a poster of the results to the e-poster event which was subsequently published in December 2020 in BJOMS. The results showed that the current evidence was based on studies with a moderate risk of bias. They concluded that a high-quality RCT is needed to improve the literature base. In return, this may improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing and use is critical to effectively treat infections, protect patients from harms caused by unnecessary antibiotic use, and combat antibiotic resistance.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

PUBLICATIONS

Saving Faces worked tirelessly throughout the pandemic and is proud to have published the following 11 research papers:

1. **Management of the clinically N0 neck in early-stage oral squamous cell carcinoma (OSCC). An EACMFS position paper.** Vassiliou LV, Acero J, Gulati A, Hölzle F, Hutchison IL, Prabhu S, Testelin S, Wolff KD, Kalavrezos N. Journal of Cranio-Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.jcms.2020.06.004>
2. **More Evidence From a US Nationwide Cohort Study for the Survival Benefit of END in Early Mouth Cancer: Time for a Change in Guidelines.** Hutchison I. Journal of the National Comprehensive Cancer Network. 2021. <https://doi.org/10.6004/jnccn.2021.7036>
3. **Reply to Comment(s) on “Nationwide randomised trial evaluating elective neck dissection for early stage oral cancer (SEND study) with meta-analysis and concurrent real-world cohort”** Hutchison I, Hackshaw A. 2020. <https://doi.org/10.1038/s41416-020-0983-7>
4. **Elite and Professional sports facial injuries management – a consensus report.** Scott N, Hughes J, Forbes-Haley C, East C, Holmes S, Wilson E, Ball S, Hammond D, Drake D, Hutchison I, Cobb AR. British Journal of Oral and Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.bjoms.2020.08.046>
5. **First degree hotspots for OMFS recruitment 1967–2010: dental and medical schools where OMFS specialists and trainees were more likely to start their careers.** Kennedy C, Magennis P, Begley A, Dhariwal DK, McVicar I, Hutchison I. British Journal of Oral and Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.bjoms.2020.09.031>
6. **Legislation for Oral and Maxillofacial Surgery (OMFS) in the UK lags behind the patient care we provide: an illustrative timeline and recommendations for the future.** Magennis P, Begley A, Dhariwal DK, Brennan PA, Hutchison I. British Journal of Oral and Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.bjoms.2020.09.024>
7. **United Kingdom immigration and emigration of oral and maxillofacial Surgery (OMFS) specialists 2000-2020: how might Brexit impact on OMFS?.** Magennis P, Begley A, Hölzle F, Ulrich HP, Brennan PA, Hutchison I. British Journal of Oral and Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.bjoms.2020.09.030>
8. **European OMFS in the time of Brexit—where did the UK fit and how might the future look?.** Magennis P, Begley A, Hölzle F, Ulrich HP, Brennan PA, Hutchison I. British Journal of Oral and Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.bjoms.2020.09.025>
9. **2012—The year when BAOMS and its officers prevented closure of all UK shortened medical and dental courses.** Magennis P, Begley A, Martin IC, Hutchison I. British Journal of Oral and Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.bjoms.2020.07.036>
10. **BAOMS QOMS: findings from the pilot phase and lessons learned in the feasibility evaluation of a national quality improvement initiative.** Ho MW, Puglia F, Tighe D, Chiu GA, Ridout F, Hutchison I, Mason M, McMahon JM. British Journal of Oral and Maxillofacial Surgery. 2021. <https://doi.org/10.1016/j.bjoms.2021.02.015>
11. **Prophylactic antibiotics in the surgical management of mandibular fractures: an updated Clinical Practice Guideline.** Mace A, Hammond D, Fedorowicz Z, Pal I, San SP. British Journal of Oral and Maxillofacial Surgery. 2020. <https://doi.org/10.1016/j.bjoms.2020.10.165>

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

CONFERENCES

Saving Faces' Chief Executive, Professor Iain Hutchison delivered talks at several conferences including:

1. Barts and the London Medical School on the 8th October. The title of the talk was 'So you want to be a Surgeon?' and was delivered to members of the Barts and London Surgical Society as part of their Freshers programme of events.
2. British Association of Oral Surgeons (BAOS) Lecture on the 20th May.
The title of the lecture was 'Patients and Surgeons – Enemies or friends?' This keynote lecture was part of BAOS Digital #BAOSbytesize series. The success of face changing operations for patients lies in the patient's post-operative psychosocial feelings of self-worth through satisfying employment and positive feedback and support from family and friends. Therefore, patient surgeon relationship is very important when treating the mouth and face and this collaboration should extend to include the patients' social network. The lecture showed examples of how rewarding this can be for both the patient and the surgeon, but how a disconnect between what the surgeon can offer and what the patient expects, particularly with a dysmorphophobia patient, can lead to severe distress for the patient and pain and sorrow for the surgeon!
3. Alpha Omega Lecture on the 9th March. The title of the lecture was 'From earlier detection through treatment to recovery – How clinical and translational research is improving mouth cancer treatment'. Alpha Omega is the oldest international dental organisation and represents around 6,000 active dentists and dental students globally.
The Chief Executive's keynote lecture showcased how Saving Faces research had improved mouth cancer cure rates with:
 - Early detection with its rapid electronic diagnostic service for dentists, surface scanning microscopy of mouth lesions and Molecular and stem cell biology research;
 - Clinical research with patients on how to treat premalignancy and early and advanced mouth cancer to get best cure rates;
 - Surgical and dental innovation to improve quality of life;
 - And psychological research to recognise and intervene with patients and families who are suffering from the effects of the diagnosis and its treatment

He then highlighted the causes of delay in treatment and showed how dentists can reduce them.

FUNDRAISING

There was a promising start to the year however, the COVID-19 pandemic brought new challenges including the postponement and cancellation of external and internal fundraising events including our annual Carols at Christmas concert. Some independent events still took place, and we congratulate Consultant Oral and Maxillofacial Surgeon- Geoff Chiu, who succeeded in completing two gruelling triathlons in two weeks and raised over £500 for Saving Faces.

We really appreciate every donation, legacy and grant given in what has been a challenging year and would like to thank everyone who has supported us.

The Alan Rickman Professorship in Oral and Maxillofacial Surgery

The late Alan Rickman, one of the best-loved and most warmly admired British actors best known for TV and films including Die Hard, Truly Madly Deeply, Robin Hood Prince of Thieves and Harry Potter was also an incredibly generous and supportive Founding Patron of Saving Faces. He had been a champion of the charity

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

since its inception in 2000 and in 2014 Alan proudly launched the National Facial, Oral and Oculoplastic Research Centre (NFORC) at London's South Bank Centre.

There is a serious need for an independent and permanently funded Professor to lead NFORC and take Saving Faces' 22-year research activity to an even greater level. As a result, Saving Faces could think of no better title for this Professor than the permanent association of the great advances they will produce in treatment for facial disease, injury, or deformity with Alan's name.

The Alan Rickman Professor will direct NFORC and lead research to develop new treatments and operations that will bring about improved cure rates and better facial appearance and function. The Professor will use the big data they collect to define the best treatment for now in addition to working to transform future treatment. As well as this, they will educate, encourage, and inspire future doctors and surgeons to join them in this research. There will be an annual conference at which the Professor will present their research, and friends and colleagues of Alan will speak about him ensuring the permanent association of his name with ground-breaking research.

The Professorship has gained the following supporters: Lindsay Duncan, Juliet Stevenson, Ruby Wax, Mike Newell (Director of Harry Potter and the Goblet of Fire), Rima Rickman (widow of Alan Rickman), Miriam Margolyes, Emma Thompson, Beatie Edney, Baroness Helena Kennedy and Zoe Wanamaker. A timeline and action plan are currently in development.

THE IMPACT OF THE COVID-19 PANDEMIC ON SAVING FACES

Office Move

After 18 years of living at various sites in Barts Health, Saving Faces was given 9 days' notice to vacate our offices at Mile End Hospital to ensure COVID free corridors next to the hospital's operating theatres. No offer of suitable alternative accommodation was offered and a six-week moratorium was successfully negotiated and less expensive accommodation in non-hospital offices in King's Cross was secured. This crisis took 3 months of hard work to resolve.

Fundraising and research activity

Fundraising and research activity in 2020/21 was frustrated by the effects of the COVID-19 pandemic and the subsequent lockdowns.

Staff

During the pandemic, the charity embarked on a period of homeworking where all 7 staff worked from their residential addresses with one member of staff travelling into the office once a week to collect mail.

The Charity was able to apply to The Government's Coronavirus Job Retention Scheme which is designed to support employers whose operations have been severely affected by coronavirus. 2 staff were placed on furlough and in September, 2 members of staff left by mutual agreement and were not replaced. The hours of the 3 most expensive staff were reduced, another member of staff left in June 2021 and a rent reduction in the new office has enabled the charity to reduce overall expenditure.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Facial Surgery Research Foundation – Saving Faces is constituted under a Trust Deed dated 28th April 2000, amended on 21 June 2000 and 12 March 2001, and is a registered charity 1081214.

The Board of Trustees is responsible for managing the charity and they have a wide range of skills and experience including professional and clinical expertise.

Trustee recruitment

Trustees are recruited on the recommendation of incumbent members of the Board, commensurate with the Chair's aim to maintain a balanced composition. Applications from individuals seeking to become a Trustee will be considered as and when appropriate by the Board. The Board meet up to four times during the year.

Trustee training and induction

New Trustees are provided with a formal induction programme incorporating the opportunity to meet key staff, and an induction pack of documentation including the charity's constitution, recent Annual Reports and Accounts, recent Board minutes and the current Strategic Plan.

Structure, delegation and decision-making

The decision-making process operates as follows:

At the strategic level, the Board of Trustees regularly reviews Saving Faces' direction in the wider context of clinical research, requiring the Chief Executive to identify relevant key issues and present options for its consideration. Due governance remains a key requirement.

The Chief Executive and Clinical Research Manager coordinate the development, implementation and running of clinical trials, audits and special projects across participating (hospital) sites in the UK. This includes project progress, feedback, managing project changes and ensuring smooth collaboration with partner sites. They are responsible for leading the team of Clinical Research staff.

The Chief Executive and Finance Manager are responsible for the financial oversight of the Charity including budgeting, financial planning and monitoring as well as financial reporting and the creation and monitoring of internal controls and accounting policies. It presents a report to the Board at each of its meetings.

At the operational level, the Board delegates the day-to-day running of the Charity to the Chief Executive, requiring him to deliver every aspect of governance, planning and performance in accordance with the agreed strategic direction. The Board is kept apprised of personnel, awareness, research programme and budgetary issues.

Research Programme: Peer Review

Given the importance of expert independent peer review in validating applications for new research grants and the verification of outcomes, the Scientific Advisory Board (SAB) provides the Board of Trustees with the necessary degree of objectivity as to the quality, value for money and efficiency of research that the Charity currently funds or may consider funding.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Key management personnel and remuneration policy

Saving Faces is committed to attracting and retaining talented staff. Staff are kept fully informed of the organisation's strategy and objectives, and individual performance is reviewed throughout the year. Learning and development remain a priority. Volunteer personnel are engaged for specific tasks. The key management personnel comprise the Trustees and the Chief Executive. Trustees do not receive remuneration and the Chief Executive is unpaid and donates to the charity.

Internal control and risk management

Saving Faces has a formal risk management process through which the Chief Executive and Management Team identifies the major risks to which the charity may be exposed and has ranked these by likelihood and impact, culminating in a risk control document which is updated on a regular basis. All significant risks, together with current mitigation actions, are reviewed regularly throughout the year by the Trustees. The Trustees are satisfied that systems have been developed and are in place to mitigate identified risks to an acceptable level.

Several other policies, deal with risk management and risk assessment e.g. Health and Safety Policy, Privacy etc. All policies are reviewed regularly and updated in line with changes in legislation, regulation and best practice. New policies are introduced as required.

The principal risks and uncertainties identified by the charity are as follows:

Risk identified	Action taken to mitigate the risk
Financial: the challenging economic climate has resulted in low income generation and has affected fundraising activities and targets. This could impact our ability to fulfil our key charitable objectives and commitments to research and audit.	<ul style="list-style-type: none"> • All income streams have been re-evaluated and plans are in place to diversify and increase fundraising activities. • Fundraising progress is monitored on a monthly basis to ensure targets are met. • The adequacy of financial returns achieved is monitored. • Financial updates, cash flows and reserve levels are presented to the Chief Executive regularly. • Financial updates, cash flows and reserve levels are presented to the Board of Trustees at their meetings. • The reserves policy is regularly reviewed as well as the reserves level.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Risk identified	Action taken to mitigate the risk
<p>Information Governance: ensuring that personal data is stored and handled securely in compliance with the Data Protection Act 2018.</p>	<ul style="list-style-type: none"> • Implementation of policies and measures to secure and protect data. • Monthly review of system security, authorisation procedures and password changes. • All staff and volunteers receive refresher training on Information Governance policies and procedures. • The Data Protection Officer and Senior Information Risk Owner (SIRO) ensure that the charity is appropriately compliant.
<p>Personnel risk: ensuring staff welfare, morale and workload are regularly considered to minimise loss of key staff and skills.</p>	<ul style="list-style-type: none"> • All staff have the opportunity at any point to have a meeting with their regular line manager to raise issues in addition to weekly staff meetings. • All staff receive relevant training to enable them to perform their duties. • There is a review of rates of pay, training, working conditions and job satisfaction. • The Chief Executive has prepared a whistleblowing facility to give staff the opportunity to report any misconduct within the charity. • In an event of loss of key staff, there will be succession planning and handovers to ensure a smooth transition.
<p>The COVID-19 pandemic: protecting staff, and ensuring plans are in place to protect from, or event of, loss of office space and loss of ability to host fundraising events.</p>	<ul style="list-style-type: none"> • Introducing work from home for all staff. • Ensure vulnerable staff are shielding. • All staff to avoid using public transport if they need to make a journey. • Staff to look into alternative ways to engage with supporters e.g. internet, web site. • To find new office space away from Mile End Hospital. • The publication of an annual report to raise funds. • A crowdsourcing campaign to raise funds to be launched.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

Public benefit

The Trustees believe the charity has fully met the requirement to provide benefit to the public and have paid due regard to Charity Commission guidance -section 17 of the Charities Act 2011 and PB2 Public Benefit: Running a Charity.

PATRONS

Saving Faces invites well-known, respected people to be Patrons. They do not have any decision-making powers but receive regular reports about the charity's work. Our current patrons are: Tony Adams MBE, Sir Alex Ferguson CBE, Roger Graef OBE, Julia Hobsbawm OBE, Carole Stone CBE, Lord Clive Hollick, Baroness Helena Kennedy QC, Kathy Lette, Nichola McAuliffe, Sir Jonathan Pryce CBE, Jon Snow, Ruth Rogers MBE, Hayley Sieff, John Miskelly, Nick Kalavrezos and Rima Horton.

FINANCIAL REVIEW

The Declaration of Trust gives general power to the trustees to invest funds in accounts with banks or other financial institutions, in buying property or making secured loans.

Income from donations, legacies and charitable activities decreased by 3% to £116,385 (2020: £112,809). The charity received income of £663 from its cash deposits in the year (2020: £3,741). In addition, in the year to 30 June 2021 the charity received furlough grants totalling £34,493 (2020: £11,441).

Expenditure on our charitable activities decreased by 3% to £286,453 (2020: £295,937). Fundraising costs decreased substantially to £765 (2020: £8,773).

There is an overall reduction of funds by £135,577 to £307,585. The Balance Sheet shows the charity's unrestricted funds amounted to £221,757 at the end of the year. Our restricted funds stand at £85,828.

RESERVES POLICY

Cash generated which is surplus to reserve requirements will be used to fund further charitable activities. Saving Faces funds the National Facial, Oral and Oculoplastic Research Centre (NFORC) and the national Head and Neck Audit (HANA). These important and exciting research and audit ventures bring significant financial commitment. In addition to this and being mindful of continuing unstable economic times, the trustees are keen to endeavour to ensure that we have a reserve in unrestricted funds to cover costs for a minimum of 6 months.

As at 30 June 2021, the Charity's reserves stood at £307,585, the reduction resulting from the year's net expenditure for the year ended 30 June 2021 being £135,577. Saving Faces pursues a policy of maintaining and where possible increasing the reserves in order to support the charity's ongoing activities. The charity's target reserves level is £200,000, equivalent to 6 months' average expenditure.

The trustees have considered the going concern status of the charity and reviewed the main trends and factors affecting future developments, fundraising, the potential impact of the worldwide economic outlook, and have reviewed cash projections into 2022 and 2023. The trustees are satisfied that the charity is a going concern.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

FUTURE PLANS

Pursuing our mission of improving and saving lives by delivering world class research and running support and advice services remains our priority as we enter a new financial year. We will continue with our activities including:

The National Wisdom Tooth Study

We will continue to conduct preliminary studies at pilot sites to inform the development and smooth roll out of the National Wisdom Tooth Study in England, Wales, Scotland and Northern Ireland. We will collect data on the surgical treatment given and its outcome for every UK patient undergoing lower third molar (wisdom tooth) treatment, over a 3-month period- specifically looking at post-operative infection rates and numbness of the lip or tongue. This is the first study examining the incidence of problems from third molars, the treatment decisions made and the long-term outcomes of those decisions. We will apply for ethical approval and work to secure funding from the National Institute for Health Research (NIHR) for a research grant to fund the project including trial coordinators, data managers and analysts within Saving Faces.

Post-operative antibiotics and facial fractures

Saving Faces intends to investigate the use of postoperative antibiotics in patients with facial fractures. The proposed study will be a prospective randomised controlled trial comparing different post-operative antibiotics regimes on patients with mandibular fractures. The study involves Saving Faces working in collaboration with Oral and Maxillofacial surgeons and Barts Clinical Trials Unit to develop the trial.

Re-open the SEND and GRAD study

The SEND and GRAD study have been on hold since April 2020 due to the COVID-19 pandemic and we intend to re-open the studies next year.

Temporomandibular joint (TMJ) replacement audit

Saving Faces are working with surgeons who perform TMJ replacement surgery to create an improved data collection database for the audit, in REDCAP.

Publication of research results

We expect to publish at least 12 studies in scientific and medical publications next year and our research results will include improvements to the management of mouth cancer and defining the best management of facial injuries in professional and elite athletes.

Expert Patient Helpline

Our unique Expert Patient Helpline will continue to serve patients not only here in the UK but also worldwide. As we had expected, there was a surge in calls, both in number and duration this year and we expect this to continue next year. We will continue to connect callers with facial injuries, infections and cancer with “expert” patients who have been through a similar experience, and if necessary to their nearest, best surgeon.

SFDADS – The Saving Faces Diagnostic Advice Service

Throughout the pandemic, SFDADS dramatically helped patients, dentists and doctors as we sped cancer patients to the right surgeon whilst those with benign problems have been rapidly reassured without going to hospital. We will continue to run this life saving diagnostic service next year.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

FUTURE PLANS (continued)

Financial resilience

Securing funding for our plans is a priority. As a small charity we were able to adapt to the COVID-19 environment and develop a flexible approach to delivering services to meet the needs of patients. Our fundraising strategy now focusses on developing financial resilience through The Alan Rickman Professorship in Oral and Maxillofacial Surgery, attracting legacies and securing research funding. In addition, we will continue to offer the best possible support to our corporate partners and the individuals and groups who donate and fundraise on our behalf. We also look forward to holding special fundraising events like our Carols at Christmas at St Bartholomew's Church.

The Alan Rickman Professorship

We anticipate that a lot of people will be supportive of the twin positives of improving treatment for facial deformity, disease and injury; and memorizing Alan Rickman, an actor many people love and miss. We have produced a booklet demonstrating the type of conditions researched by Saving Faces and the need for the Professorship to raise much more research funding and improve treatment for all patients worldwide. We have already approached and gained the support of Alan's widow, several famous actors and a previous government technology advisor for a crowd-funding campaign. A timeline and action plan are currently in development which includes contacting and involving all Harry Potter actors, other actor friends of Alan, all University Harry Potter societies, all University Surgical societies and Saving Faces societies, all UK and European facial surgeons, all Saving Faces supporters and many private dentists. We will encourage them to use social media to contact all their followers and patients asking them to join the campaign. Using QR codes for each constituency we will encourage competition in fund-raising with prizes for the best between each hospital's department; and separately the different University surgical societies; and Harry Potter societies.

We will build a dedicated website for the campaign where everybody can see the progress. All the funds raised will go into an account as a permanent endowment with the interest used to fund the Professor's academic salary and grow the endowment. The Professor, working with NFORC should rapidly raise significant grant income on an annual basis to fund increasing numbers of Saving Faces research staff.

Saving Faces is very grateful to everyone who has supported us in the last year and those who will support us in the coming year. Our life saving work would not be possible without you.

TRUSTEES' REPORT

FOR THE YEAR ENDED 30 JUNE 2021

STATEMENT OF TRUSTEES' RESPONSIBILITIES

Law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the year and of its financial position at the end of the year. In preparing financial statements giving a true and fair view, the trustees should follow best practice and:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles of the charities SORP (Statements of Recommended Practice)
- make judgments and estimates that are reasonable and prudent
- state whether applicable accounting standards and statements of recommended practice have been followed subject to any 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 accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which enable them to ascertain the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

This report was approved by the board of trustees on 21 April 2022 and signed on its behalf by

P Magennis (Trustee)



INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES

FOR THE YEAR ENDED 30 JUNE 2021

I report to the Trustees on my examination of the accounts of The Facial Surgery Research Foundation for the year ended 30 June 2021 which are set out on pages 18 to 26.

Respective responsibilities of trustees and examiner

The trustees are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the 2011 Act"). The trustees are satisfied that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and have chosen instead to have an independent examination.

I report in respect of my examination of the Trust's accounts as carried out under section 44 (1) (c) of the 2005 Act and section 145 of the 2011 Act. In carrying out my examination I have followed the requirements of the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Since the charity has prepared its accounts on an accruals basis, your examiner must be a member of a body listed in the 2011 Act. I can confirm that I am qualified to undertake the examination because I am a registered member of the Institute of Chartered Accountants of England and Wales, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the 2011 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Kathryn Burton FCA
For and on behalf of Haysmacintyre LLP
10 Queen Street Place
London EC4R 1AG

Date: 26th April 2022

STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 30 JUNE 2021

	Note	Unrestricted Funds £	Restricted Funds £	2021 Total Funds £	2020 Total Funds £
INCOME					
Donations and legacies	2	90,342	21,253	111,595	107,767
Investment income	3	663	-	663	3,741
Charitable activities	4	4,790	-	4,790	5,042
Government Grant – Coronavirus Job Retention Scheme		34,493	-	34,493	11,441
Other income		100	-	100	100
Total income		130,388	21,253	151,641	128,091
EXPENDITURE					
Costs of raising funds	5	765	-	765	8,773
Charitable activities	6/7/8	279,091	7,362	286,453	295,937
Total expenditure		279,856	7,362	287,218	304,710
Net (expenditure)/income before Transfers		(149,468)	13,891	(135,577)	(176,619)
Gross transfers between funds	15	-	-	-	-
Net (expenditure)/income		(149,468)	13,891	(135,577)	(176,619)
RECONCILIATION OF FUNDS					
Total funds brought forward		371,225	71,937	443,162	619,781
TOTAL FUNDS CARRIED FORWARD		221,757	85,828	307,585	443,162

All operations are continuing activities.

The notes form part of these financial statements.

BALANCE SHEET

AT 30 JUNE 2021

		2021		2020	
	Note	£	£	£	£
FIXED ASSETS					
Tangible assets	11		-		-
CURRENT ASSETS					
Debtors: amounts falling due within one year	12	13,861		10,471	
Cash at bank		310,875		438,893	
		<u>324,736</u>		<u>449,364</u>	
CREDITORS: amounts falling due within one year	13	<u>(17,151)</u>		<u>(6,202)</u>	
NET CURRENT ASSETS			307,585		443,162
NET ASSETS			<u>307,585</u>		<u>443,162</u>
FUNDS					
	15				
Unrestricted funds			221,757		371,225
Restricted funds			85,828		71,937
TOTAL FUNDS			<u>307,585</u>		<u>443,162</u>

The financial statements were approved and authorised for issue by the Board of Trustees on 2022 and were signed below on its behalf by:

P Magennis (Trustee)



21 April 2022

The notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

1. ACCOUNTING POLICIES

Accounting convention

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 (FRS102) (effective 1 January 2015) - (Charities SORP (FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The Charity meets the definition of a public benefit entity under FRS102, Assets and Liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant account policy note (s).

Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the Trustees have considered whether in applying the accounting policies required by FRS102 and the Charities SORP FRS 102 the restatement of comparative items was required. No restatement has been required in making the transition to FRS 102 and the Charities SORP FRS 102.

Going Concern

The trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future, despite the impact of COVID-19 on the Charity's operations.

Income

Income is recognised once the charity has entitlement to the resources, it is certain that the resources will be received, and the monetary value of income can be measured with sufficient reliability. Donations are accounted for in the year in which they are received.

Government grants are accounted for on an accruals basis. Research grant funding is accounted for on an accruals basis, based on progress made through a project and treated as restricted funds for each specific project.

Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Costs of raising funds comprise of those costs directly attributable to raising public awareness of the charity's existence, recruiting patrons who will work on behalf of the charity, and encouraging the public to make donations.

Charitable activities include research costs which comprise of expenditure involved in operating the research activities of the charity.

Support costs comprise of costs involved in administering the charity's activities. Support costs are allocated to charitable activities and apportioned to restricted reserves as permitted by the specific terms of the fund. All other support costs are allocated to the unrestricted reserves.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 30 JUNE 2021

1. ACCOUNTING POLICIES (continued)

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment – 25% straight line

Individual fixed assets costing £500 or more are capitalised at cost as fixed assets.

Irrecoverable VAT

Irrecoverable VAT is charged against the category of resources expended for which it is incurred.

Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Pension costs

Pension contributions are charged statement of financial activities as incurred. These contributions are invested separately from the charity's assets in the Universities Superannuation Scheme.

Recognition of liabilities

Liabilities are recognised when an obligation arises to transfer economic benefits as a result of past transactions or events.

2. VOLUNTARY INCOME	2021	2020
	£	£
Donations and gift aid	111,595	107,767
	<u> </u>	<u> </u>
3. INVESTMENT INCOME	2021	2020
	£	£
Fixed deposit interest	663	3,741
	<u> </u>	<u> </u>
4. INCOME FROM CHARITABLE ACTIVITIES	2021	2020
	£	£
Charitable activities		
Grant Income	4,790	5,042
	<u> </u>	<u> </u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 30 JUNE 2021

5. COSTS OF RAISING FUNDS			2021	2020
			£	£
	General fundraising expenses		765	8,773
			<u> </u>	<u> </u>
6. CHARITABLE ACTIVITIES COSTS	Direct Costs	Support Costs	Total	Total
	(See note 7)	(See note 8)	2021	2020
	£	£	£	£
	Charitable activities		287,218	304,710
			<u> </u>	<u> </u>
7. DIRECT COSTS OF CHARITABLE ACTIVITIES			2021	2020
			£	£
	<i>Staff costs</i>		128,306	153,467
	<i>Research and clinical trials</i>		8,799	11,770
	<i>PhD student fees</i>		-	-
	<i>Training and outreach</i>		18,073	-
	<i>Awards and fellowships</i>		-	285
	<i>SEND</i>		-	3,244
	<i>HANA Head and Neck Cancer Audit</i>		808	8
	<i>TMJ Registry</i>			
			<u> </u>	<u> </u>
			155,986	168,774
			<u> </u>	<u> </u>
8. SUPPORT COSTS			2021	2020
			£	£
	Staff costs		80,797	80,156
	Travel		-	363
	Insurance		8,840	3,169
	Telephone		609	472
	Printing, postage and stationery		265	1,898
	Rent and premises costs		21,367	19,600
	IT costs		11,542	10,847
	Depreciation of tangible and heritage assets		-	1,355
	Independent examiners fees		5,400	5,100
	Legal and professional fees		2,225	4,035
	Bank Charges		(578)	168
			<u> </u>	<u> </u>
			130,467	127,163
			<u> </u>	<u> </u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 30 JUNE 2021

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 30 June 2021 nor for the year ended 30 June 2020.

Trustees' expenses

There were no trustees' expenses paid for the year ended 30 June 2021, nor for the year ended 30 June 2020.

10. STAFF COSTS

	2021	2020
	£	£
Wages and salaries	171,256	189,148
Social security costs	16,514	17,388
Other pension costs	21,271	22,546
	<u>209,041</u>	<u>229,082</u>

The average monthly number of employees during the year was as follows:

	Number	Number
Charitable activities	<u>6</u>	<u>7</u>

During the current and prior years no employees had emoluments exceeding £60,000.

The total employee benefits of the key management personnel of the Charity were £84,726 (2020 – £67,370).

11. TANGIBLE FIXED ASSETS

	Office equipment
COST	£
At 1 July 2020 and 30 June 2021	<u>46,785</u>
DEPRECIATION	
At 1 July 2020	46,785
Charge for the year	<u>-</u>
At 30 June 2021	<u>46,785</u>
NET BOOK VALUE	
At 30 June 2021	<u>-</u>
At 30 June 2020	<u>-</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 30 JUNE 2021

12. DEBTORS: amounts falling due within one year	2021 £	2020 £
Gift aid recoverable		-
Other debtors and prepayments	13,861	10,618
Other	-	(146)
	<u>13,861</u>	<u>10,472</u>

13. CREDITORS: amounts falling due within one year	2021 £	2020 £
Trade creditors	7,646	657
Accruals and Other Creditors	9,505	5,545
	<u>17,151</u>	<u>6,202</u>

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS 2021	Unrestricted Funds £	Restricted Funds £	2021 Total Funds £	2020 Total Funds £
Fixed assets	-	-	-	-
Current assets	238,908	85,828	324,736	449,364
Current liabilities	(17,151)	-	(17,151)	(6,202)
	<u>221,757</u>	<u>85,828</u>	<u>307,585</u>	<u>443,162</u>

ANALYSIS OF NET ASSETS BETWEEN FUNDS 2020

	Unrestricted Funds £	Restricted Funds £	2020 Total Funds £
Fixed assets	-	-	-
Current assets	377,427	71,937	449,364
Current liabilities	(6,202)	-	(6,202)
	<u>371,225</u>	<u>71,937</u>	<u>443,162</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 30 JUNE 2021

15. MOVEMENT IN FUNDS 2021	At 1 July 2020	Net movement In funds	Transfers between funds	At 30 June 2021
	£	£	£	£
Unrestricted funds				
General fund	371,225	(149,468)	-	221,757
Restricted funds				
GRAD	39,276	-	-	39,276
Jag Dhanda Course Donations	1,661	13,891	-	15,552
Martha Redlich	1,342	-	-	1,342
Tare's Reconstructive Surgery	29,658	-	-	29,658
TOTAL FUNDS	443,162	(135,577)	-	307,585

Net movement in funds, included in the above are as follows:

	Income £	Expenditure £	Movement in funds £
Unrestricted funds			
General fund	130,388	(279,856)	(149,468)
Restricted funds			
GRAD	-	-	-
Jag Dhanda Course Donations	21,253	(7,362)	13,891
TOTAL FUNDS	151,641	(287,218)	(135,577)

MOVEMENT IN FUNDS PRIOR YEAR

	At 1 July 2019	Net movement In funds	Transfers between funds	At 30 June 2020
	£	£	£	£
Unrestricted funds				
General fund	548,790	(177,565)	-	371,225
Restricted funds				
GRAD				
Jag Dhanda Course Donations	39,991	(715)	-	39,276
Martha Redlich		1,661	-	1,661
Tare's Reconstructive Surgery	1,342	-	-	1,342
TOTAL FUNDS	619,781	(176,619)	-	443,162

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 30 JUNE 2021

15. MOVEMENT IN FUNDS PRIOR YEAR (continued)

Prior year net movement in funds, included in the above are as follows:

	Income £	Expenditure £	Movement in funds £
Unrestricted funds			
General fund	117,316	(294,881)	(177,565)
Restricted funds			
GRAD	-	(715)	(715)
Jag Dhanda Course Donations	10,755	(9,114)	1,661
TOTAL FUNDS	<u>128,091</u>	<u>(304,710)</u>	<u>(176,619)</u>

GRAD

The GRAD trial is a retrospective case-controlled cohort study using Genome Wide Association (GWAS) to compare genomic differences between head and neck cancer patients who do and do not suffer from severe swallowing and mouth opening difficulties after radiotherapy or chemoradiotherapy.

Jag Dhanda Course Donations

Mr Jag Dhanda was a key member of The National Facial Oral, Oculoplastic and Research Centre (NFORC) who provided clinical leadership to drive the research projects for funding and execution. This resulted in setting up the Jag Course Donations fund to support Jag's educational courses of training established surgeons on new methods in head and neck surgical procedures. Delegates are requested to make a donation to Saving Faces/NFORC, which helps raise awareness of the charity and our work.

Martha Redlich

The Martha Redlich fund resulted from a legacy left by Professor Iain Hutchison's late mother, Dr Martha Redlich in 1990. The fund was managed by the St Bartholomew's Charity and initially used to purchase medical equipment at "Barts" and later fund the Saving Faces Art Project. Professor Hutchison collaborated and funded artist Mark Gilbert who produced over 100 pieces of art of Professor Hutchison's patients before, after and in some cases during surgery at the Royal London Hospital between 1999 and 2002. The paintings have toured all over the world and continue to be available for loan exhibition.

Tare's Reconstructive Surgery

The plight of Tare, an 18-year-old Zimbabwean girl, was first brought to Saving Faces' attention in 2009. She suffers with a very rare tumour, cemento-ossifying fibroma. The surgery in 2009 reduced the size of the tumour and saved Tare's life, but Tare still needs more treatment.

16. RELATED PARTY DISCLOSURES

There were no related party transactions during the year, or in the prior year.