

Leukaemia UK

England & Wales · Charity number 1154856

Details

Other names LEUKA

Status Registered

Legal form CIO

Registered 2013-12-03

Register [View on the Charity Commission register](#)

Contact

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Activities

Objects: 3.1 THE OBJECT OF THE CIO IS TO RELIEVE SICKNESS AND PRESERVE AND PROTECT HEALTH IN PARTICULAR BY:3.1.1 PROMOTING RESEARCH INTO LEUKAEMIA AND/OR RELATED DISORDERS; AND3.1.2 PROVIDING SUPPORT DIRECTLY OR INDIRECTLY TO PEOPLE AFFECTED BY LEUKAEMIA AND/OR RELATED DISORDERS INCLUDING THE MAINTENANCE OF SPECIALIST TREATMENT UNITS.

Activities: Leukaemia UK promotes research into leukaemia and other blood cancers and/or related disorders, and is pioneering the development of improved care and support to those affected . The CIO changed its name from Leuka on 1st November 2019 following a merger. Its partner, Leukaemia UK was previously charity number 1150414.

Classification

- **How:** Makes Grants To Organisations, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, Elderly/old People, Other Defined Groups

Geography

- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£3,967,327	£3,818,765	£2,667,149	26
2023-12-31	£2,808,286	£3,489,744	£2,406,440	23
2022-12-31	£2,942,217	£3,052,373	£2,956,121	18
2021-12-31	£1,617,587	£1,719,402	£3,513,892	9
2020-12-31	£1,802,198	£1,667,002	£3,309,335	8

Trustees

Name	Role	Appointed
Dr Jo Reynolds		2022-10-27
Emma McKinley		2023-06-29
Ian McCafferty		2022-07-21
James Barlow		2023-06-29
James Fairclough		2018-06-20
James Lyons		2026-03-05
Karen Cracknell		2022-10-27
Luke Cripps		2019-11-01
Miriam Jordan Keane		2022-10-27
Professor Alejandro Madrigal		2022-12-08

Leukaemia UK

England & Wales - Charity number 1154856

Accounts

Leukaemia^{UK}

Annual Report 2024



Our vision:

To stop leukaemia
devastating lives

Our values:

We are curious

We explore new possibilities,
restless for progress

We are bold

We push boundaries and
go further than ever before


We are collaborative

We bring people together, galvanising and
inspiring them to change the future

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Fiona Hazell,
Chief Executive



Ian McCafferty,
CBE, Chair

Putting people affected at the heart

Reflecting on 2024, I am filled with immense pride at the progress we've made in amplifying the reach and impact of our work. This year, we ensured the voices of those impacted by leukaemia were heard like never before. Throughout our general election campaign, our supporters and expanding group of Community Champions took an extraordinary 11,400 actions. They signed and sent letters, visited Westminster to deliver our open letter to political party leaders, and engaged in patient sessions with researchers and policymakers. Our storytellers shared their experiences across multiple platforms, ensuring that the challenges faced by those with leukaemia were acknowledged at the highest levels.

The results were clear. Our political engagement programme garnered support from 18 MPs for an Early Day Motion for our Spot Leukaemia campaign and more MPs than ever are now in active conversation with our policy team.

Alongside making waves with our advocacy, funding pioneering research remains a central pillar of what we do. This year, we are proud to have provided seven new funding awards totalling over £1.1 million.

This year our funded researchers published 18 papers, each one increasing our knowledge of leukaemia and helping to discover better, kinder treatment paths. They included findings from former John Goldman Fellow Dr Sunniyat Rahman who discovered a new way that cancer genes can become active, and Dr Daniel Coleman, who developed a potential new treatment strategy for acute myeloid leukaemia (AML).

Chris Corbin, a longstanding advocate in the leukaemia community, was named our first-ever Patron this year. We also appreciated the continued efforts of Ambassadors like Juliet Sear and Hannah Peckham, who have helped raise our profile

and spread awareness. Amongst other amazing achievements, we saw a massive 3,000% rise in social media engagement as we utilised the power of digital reach.

This year was equally spectacular for fundraising. We raised a record £3.49m and are deeply appreciative of the 588 individual supporters who held concerts, ran marathons, and sky-dived to help our mission. We are especially grateful for the incredible legacy received from Lili Preston, which far surpassed any we have ever received and will make a huge difference to our work. Our 25th 'Who's Cooking Dinner?' event was a poignant night to remember and raised an impressive £300k. The achievements of our fundraising team are even more extraordinary given the current economic challenges that all charities continue to face.

Behind the scenes we continued to make Leukaemia UK a great place to work by introducing new policies, including our Equality, Diversity, Belonging, and Inclusion policy (EDIB). We created three new roles and more staff engaged in our annual survey, underscoring our commitment to a supportive, inclusive workplace.

Looking back, we've achieved so much, but we are not slowing down. We remain ambitious, inspired by our supporters and the opportunities that lie ahead.

Our success is due to the hard work, passion, and dedication of our community, and I extend my deepest thanks to everyone who has contributed to our mission. Together, we will continue to grow, innovate, and make an even greater impact in the fight against leukaemia.



Delivering on our strategy

As we move into 2025, we look ahead with determination and ambition, building on the momentum of 2024 to create an even greater impact for those affected by leukaemia. With 2024 marking the halfway point of our five-year strategy, we know we've laid strong foundations for the opportunities ahead in our mission to stop leukaemia from devastating lives.

In 2025, we will continue our commitment to saving and improving lives through strategic investments in research, tireless campaigning, and raising awareness of leukaemia's signs and symptoms. We will nurture a culture of curiosity, supporting innovative research projects and driving improvements across all areas of our organisation, from HR to digital transformation. We understand that we cannot achieve our mission alone, which is why we will strengthen our network of patients, clinicians, researchers, staff, and Trustees.

Our ambitions for 2025 remain bold. We will focus on the Government's 10-Year Health Plan and National Cancer Plan to ensure the needs of people affected by leukaemia are represented. Our work with the leukaemia community will deepen to ensure our advocacy is evidence-based and reflective of their needs. The patient voice, central to all we do, will continue to guide our growing group of Community Champions, Ambassadors, storytellers, and supporters.

Research investment remains at the heart of our mission. In 2025, we will mark the 10 year anniversary of our John Goldman fellowships and look forward to demonstrating the impact of these to date and funding more early career researchers, alongside continued investment in our Follow Up

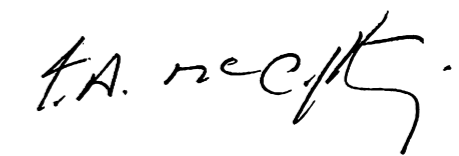
Fund, Project Grant, and the Patient Care Pioneer Award introduced in 2024.

Building Leukaemia UK's profile remains a priority. We will strengthen our brand through strategic PR planning, focusing on thought leadership and promoting our policy and advocacy priorities. Our real-life stories initiative will expand to represent an even broader range of experiences, exploring innovative ways to share these vital narratives.

After a record-breaking year for fundraising in 2024, our goal for 2025 is to do even better. From our first-ever Facebook Fundraising Challenge to relaunching the Mini Masters golf event, we will continue diversifying our fundraising events to attract new supporters and deepen engagement with existing ones.

Internally, we are committed to strengthening our organisation and fostering an inclusive, dynamic environment. In 2025, we will focus on increasing our engagement score in our third staff survey, and starting the development of our new Leukaemia UK strategy for 2027 onwards.

The continued collaboration of our dedicated community of patients, supporters, clinicians, researchers, advocates, and staff is key to our success. Thank you for being part of this journey with us.



LeukaemiaUK



You are amazing!

Team Leukaemia UK

A year of impact



2024 – a year of impact



January

Kick-started our policy and advocacy drive ahead of the general election in earnest and made a new staff appointment to lead this area of work



February

International Childhood Cancer Day – great engagement around the story of Henry, who had recently rung the bell after three years of treatment for ALL, as well as support from Ambassador Saffron Vadhvani

Announcement of Dr Matthew Blunt's John Goldman Fellowship Follow-up Fund award to continue his work to benefit CLL patients

May

First DIDACT workshop of the year

Posted our first Leukaemia UK TikTok video at the Hackney Half Marathon to celebrate our biggest-ever team entry – 150 runners

Staff Survey which saw an increase in engagement score from 73% to 77%



June

Delivered our Open Letter to the leaders of all the parties with the help of our Community Champions

Sent out a call for our supporters to **email letters to their parliamentary candidates**



March

Launch of our general election manifesto including our Open Letter which gained 7,000 signatures



July

Launch of our supporter action to write to their MP, MS or MSP - 2,937 supporters wrote letters, reaching 625 out of the 650 sitting in parliament

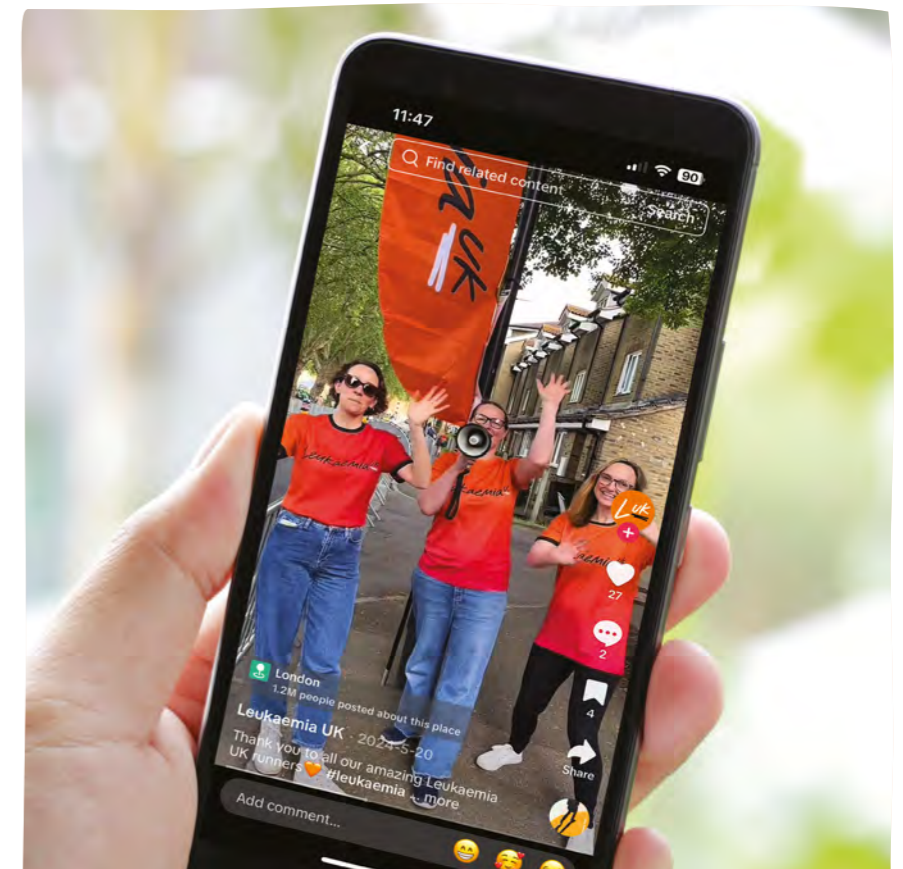
Awarded over £560k in funding for four John Goldman Fellows

Announced £50k funding for our first Patient Care Pioneer Award

Two laboratory tours took place at the Francis Crick Institute and University College London with Professor Dominique Bonnet and Dr Noelia Che

August

We launched our annual Spot Leukaemia campaign, ahead of Blood Cancer Awareness Month in September, which reached 2 million people



April

London Landmarks Half Marathon where 31 runners raised £22k

London Marathon with 49 runners who raised £132k



September: Blood Cancer Awareness Month

18 MPs supported an Early Day Motion highlighting our Spot Leukaemia campaign

10 runners raised £10k in the Great North Run

Photocall at the Scottish Parliament attended by 42 MSPs, with 14 MSPs attending our drop-in session

Our 25th Who's Cooking Dinner? raised our biggest-ever fundraising total of £300k



October

Worked with **Myeloma UK** and **Lymphoma Action** to secure a commitment from the NHS England Cancer Programme to develop a Best Practice Timed Pathway for the three key blood cancers. We will be developing this work in 2025

Our GP survey results were published in Pulse Today

November

Second DIDACT training day

Dr Victor Lombart and Dr Yang Li hosted a **tour of their research laboratories at University College London (UCL)**



Attended the Labour Party conference

Our 2024 Annual Science Seminar at Wellcome Collection

Attended the Liberal Democrat Party conference

Our DRTV ad won the 'Best Medium Charity Film' award in the Third Sector Awards 2024



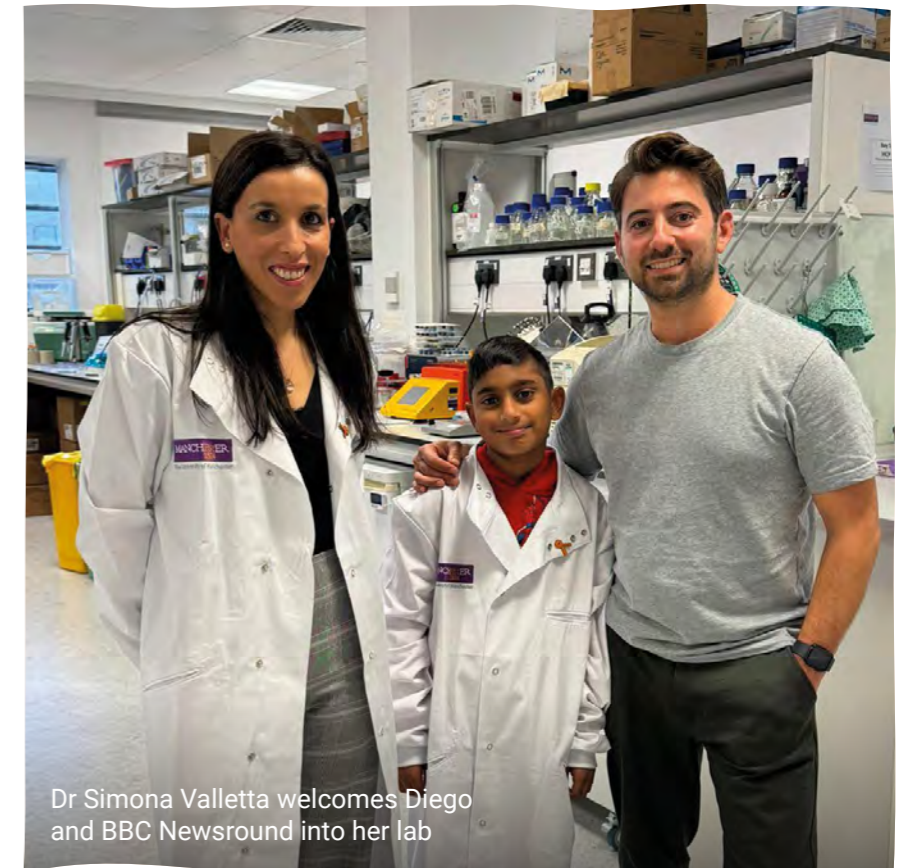
December

Responded to the government's 10-Year Health Plan consultation and secured 63 submissions from supporters

Awarded one John Goldman Fellowship Follow-up Fund to Dr Samanta Mariani from the University of Edinburgh

Awarded our £250k Project Grant to Professor Brian Huntly from the University of Cambridge

BBC Newsround filmed a feature explaining blood cancer to children in Dr Simona Valletta's laboratory

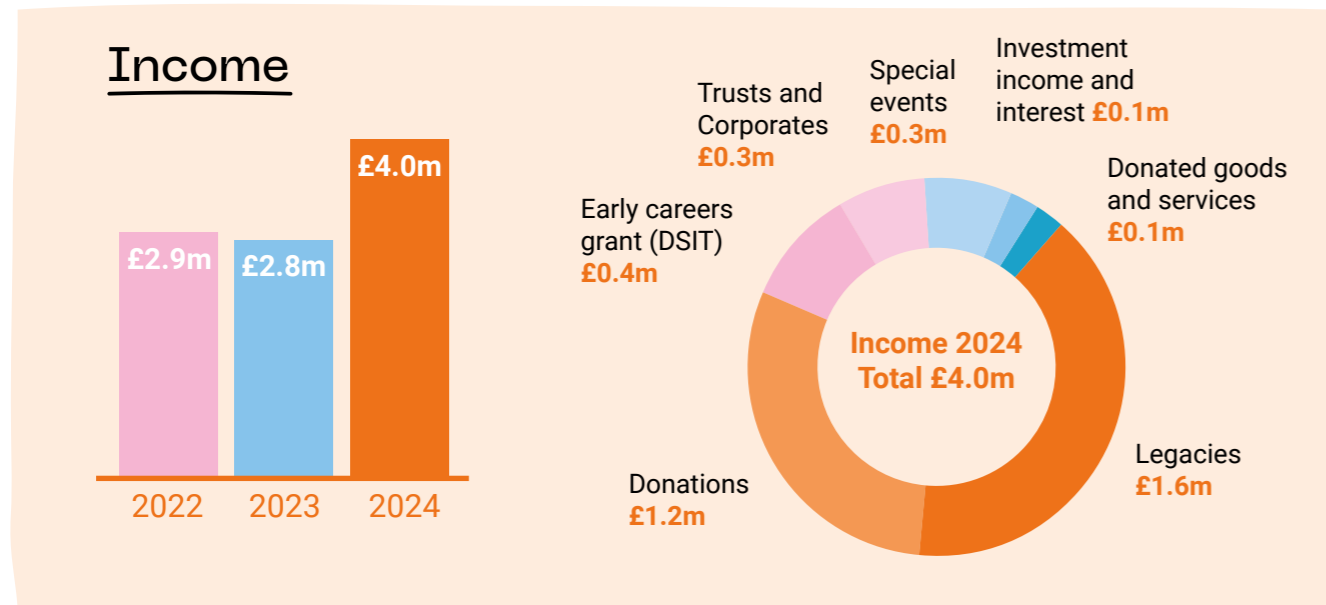


Dr Simona Valletta welcomes Diego and BBC Newsround into her lab



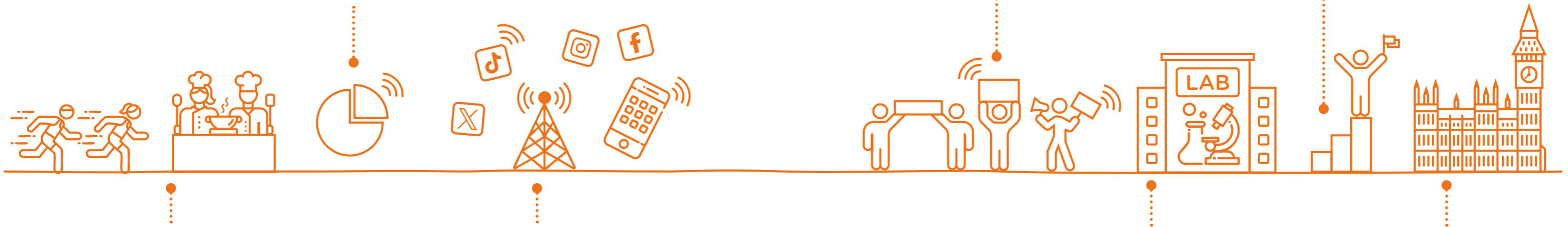
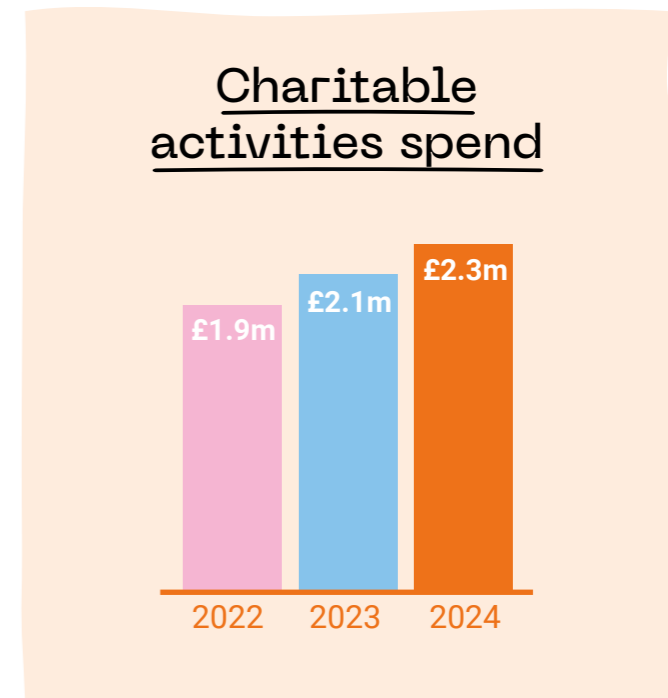
Our achievements

in 2024



Community

14 new
Community Champions



Fundraising

150 people
ran the Hackney Half Marathon in May, our biggest ever team

25 years
of Who's Cooking Dinner? which this year raised £300k

£3.49m
raised through fundraising - our highest-ever amount

Awareness

22% Brand awareness
of Leukaemia UK - up from 19%

3,000% increase
in social media engagements

Research

1 brand new
Patient Care Pioneer Award to boost advancements in care

18 published papers
advancing our knowledge of leukaemia

7 new funding awards
totalling £1,113,125

Campaigning

11,400 actions
taken by our supporters around the general election

90 parliamentarians
across the UK stepping up for Leukaemia UK



Our strategy



Vision:

To stop leukaemia devastating lives

Mission:

To accelerate progress through the life-changing research that matters most to people affected by leukaemia

Values:

We are curious, bold and collaborative

Goal 1: Save more lives

- Harness the power of science to gain a better knowledge and understanding of leukaemia
- Drive progress in awareness and diagnosis of leukaemia to improve survival
- Fund innovative research to discover new, more effective life-saving treatments for leukaemia
- Advocate that every leukaemia patient has access to the best available therapies

Goal 2: Improve more lives

- Accelerate the development of smarter, kinder therapies for leukaemia
- Champion advancement in better treatment and care for all
- Transform standards of care and support by establishing 'whole person' care into mainstream practice
- Fund patient-focused applied research to improve access to the best possible care and support those affected

Enabler 1:

Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress

Enabler 2:

Invest in research to accelerate progress in diagnosis, treatments and care

Enabler 3:

Build our profile, engagement and influence to grow our support and impact

Enabler 4:

Invest strategically to grow sustainable net income

Enabler 5:

Make Leukaemia UK a great charity to work for and with



Vogue model and **Leukaemia UK ambassador** **Saffron Vadher** lab tour See page 35

Put the needs of everyone with leukaemia at the heart of what we do and advocate for progress



Staff and supporters hand in our open letter to party leaders

At a Glance

14 new **Community Champions** signed up to ensure a strong patient voice across all we do

11,400 actions taken by our supporters including:

- Nearly 7,000 signing our open letter to political party leaders ahead of the general election
- Writing to 1,583 parliamentary candidates in their constituencies, asking for a commitment to improving leukaemia diagnosis, treatment and care if they were elected
- 2,937 supporters writing to their elected MPs inviting them to come on board with Leukaemia UK's work

90 parliamentarians across the UK have stepped up for Leukaemia UK this year

1 vitally important **National Cancer Plan for England** (due to be published in 2025) promised by the Government, after a passionate campaign by our supporters and the wider cancer community

704 people helped by the **Cost of Living with Leukaemia Fund** in partnership with Leukaemia Care

Action ahead of the 2024 general election

This year's general election provided a dynamic focus for our advocacy work. Our small policy and advocacy team achieved big results in putting leukaemia on the agenda for the incoming government and giving a voice to those affected.

We delivered a hugely successful political engagement programme and mobilised our supporters to take a total of 11,400 actions. We learnt how powerful hearing from a constituent with lived experience of leukaemia directly can be in gaining support or interest from a policy maker. Our patient survey yielded 300 responses which shaped our campaign, and we tried new tactics to influence at a range of levels - from supporters sending email letters to political candidates, to direct meetings with the NHS and England's Department of Health and Social Care (DHSC).

In response to the general election, we put together our **Demanding Better for Those Affected by Leukaemia manifesto**. This later became our **Take Action Save Lives** policy report which outlined our priorities for the new government. We identified five key areas for change:

- To find kinder, more effective treatments
- Improvements in early diagnosis

- Access to the best treatments for all patients
- All leukaemia patients having a full holistic needs assessment from diagnosis, throughout treatment and into recovery
- Publication of better, more consistent health data and clinical audits to improve the quality of diagnosis, treatment, and care for leukaemia patients.

We launched the campaign on 15th March with an open letter to the leaders of each political party asking them to prioritise saving and improving more lives affected by leukaemia in the new Parliament and, if elected, in government. It was eventually signed by nearly 7,000 of our supporters.

On 4th June we delivered the letter to the headquarters of the three major political parties - Conservatives, Liberal Democrats, and Labour - and posted it to others. Five committed Leukaemia UK supporters, including three Community Champions, made the journey to London to help us.

We sent out a call for our supporters to email individual letters to the parliamentary candidates standing in their constituency on 7th June, again highlighting the work of Leukaemia UK and the importance of supporting the creation of a new Cancer Plan by the next government, which recognises the unique needs of blood cancers. Over 1,580 letters were sent.



Post-election successes

Once the results were known and the new MPs were in place, we drove forward our next wave of activity with the aim of making ourselves and our mission known to the new Government.

On 9th July 2,937 our supporters wrote to their newly elected representative asking them to help Leukaemia UK save and improve more lives affected by leukaemia. **We reached an incredible 625 MPs out of the 650 sitting in Parliament** with an average of 4.7 emails per MP. We were thrilled when this resulted in 60 MPs expressing their interest in being involved in Leukaemia UK's work.

Combined with talking directly to MPs, MSs and MSPs, that means an extraordinary total of 90 parliamentarians across the UK have stepped up for Leukaemia UK this year.

- **18 MPs supported an Early Day Motion highlighting our Spot Leukaemia campaign** and the importance of earlier diagnosis of leukaemia. It drew attention to the findings of a survey we carried out as part of the campaign which revealed 30% of GPs would be deterred from referring patients with symptoms for a full blood count because of limits in blood testing capacity. Early

Day Motions usually attract only a couple of signatures, so this was a significant result.

- **15 written questions pointing to the need for improvements in leukaemia care and treatment were submitted across both the House of Commons and House of Lords** including asking the Government what proportion of leukaemia patients received their diagnosis within the 28 day standard, and how many have been offered a holistic needs assessment in the last 12 months.
- **We met directly with six MPs** as Leukaemia UK and four more as part of the Blood Cancer Alliance, including Clive Jones MP who went on to table the Westminster Hall debate on the merits of a cancer strategy in England, Justin Madders MP, and The Rt Hon Penny Mordaunt MP. They listened carefully when we told them about the issues people with leukaemia and other blood cancers face, and what we want the Government to do.
- **42 MSPs attended our Spot Leukaemia photocall** at the Scottish Parliament (see picture above) with 14 more coming to our drop-in session which were both focused on the importance of early diagnosis.

From all this activity we are delighted to say we have secured three policy commitments:

- **More detailed data for leukaemia from the National Disease Registration Service in England (NDRS).** This will help us understand survival rates by leukaemia type and other important information that will inform our future research and campaign work.
- **NDRS has invited us to join their haematology data improvement working group** which is developing the availability of data showing incidence, routes to diagnosis, and survival rates.
- And best of all, off the back of our call for a national cancer strategy, the **Government has confirmed it will create a National Cancer Plan** (to be launched in 2025).

Community Champions spread the word



We were excited to welcome 14 new Community Champions - a group of highly engaged individuals with lived experience of leukaemia who we support to help drive our mission for change.

The Community Champions put their experience into everything from raising awareness in their local networks and talking to decision-makers, to fundraising and doing media interviews. We're so grateful for their energetic support. We're looking forward to expanding the number of Community Champions next year and seeing an even greater impact from their work.

Our voice at national level

Shortly after the election, the new Government announced its intention to develop a Ten Year Health Plan which would include an overhaul of the NHS. This plan poses a once-in-a-decade opportunity for us to secure commitments for leukaemia. To be published in summer 2025, it will see three major healthcare shifts: hospital to community, analogue to digital, and sickness to prevention. During the consultation we called for:

- **A National Cancer Plan with a focus on blood cancers**
- **Improvements to the early diagnosis of leukaemia**
- **Commitment to doubling the five-year survival rate for AML from 22% to 44%**
- **More and better data and improvements in clinical practice for leukaemia.**

We collaborated with our charity partners and coalitions to ensure leukaemia was explicitly included in the responses submitted by Cancer52, Blood

Cancer Alliance, and the Charity Medicine Access Coalition. Leukaemia featured in 63 submissions to the 'Ideas for Change' section of the consultation, more than other responses relating to the most common cancers.

This year we also secured meetings with key decision makers such as the National Cancer Programme Director in NHS England, the National Cancer Policy and Elective Care Director in Northern Ireland as well as the Director of the National Disease Registration Service in NHS England. At all of them we discussed priorities for improvements, and ways we can collaborate with them to drive change. We will continue these conversations in 2025.

We have also been working with the NHS Health Economics Unit on a research project which uses data from anonymised GP patient records and admissions to hospital to provide a detailed picture of leukaemia diagnosis. This will help us to understand the impact of late versus early diagnosis and help point to some possible solutions. This project will conclude in 2025.

Working with GPs for quicker diagnosis

Our work with GPs strengthened this year with a new alliance with the Royal College of GPs, in partnership with Leukaemia Care. We commissioned market researchers Savanta to survey 1,000 GPs across the UK to help us understand the level of awareness of leukaemia symptoms including fatigue, bruising, bleeding and repeated infections. We also wanted to know if they follow clinical guidelines to ensure patients presenting with certain symptoms are referred for a full blood count test in 48 hours – the frontline test which will show anomalies and point to leukaemia.

The survey revealed that levels of symptom awareness are high, but 30% of GPs would not refer for full blood counts. They said this was due to capacity issues in blood testing services or because the clinical guidelines are not clear. Our findings were published at Pulse Today, a popular journal among GPs. The Royal College of GPs then agreed to work together with us to call on the Government to invest more in blood testing services and to increase the GP workforce. We also met with NICE, the national body that develops clinical guidelines, who are willing to work with us to improve the clarity of the referral guidelines for leukaemia.



Spotlight on...

Community Champion Darren Poinasamy

Losing his mum Jeya to leukaemia has spurred Darren Poinasamy to truly live up to his title of Community Champion at Leukaemia UK during 2024 with his dedicated and passionate support.



Jeya passed away in 2020 from acute myeloid leukaemia (AML). She had never before been hospitalised for an illness when in November 2019 she developed a cold that wouldn't go away.

"She was always full of life and just kept on going, but she became really ill and tired," says Darren, 46, who lives in Fleet, Hampshire, and is now CEO of Phoenix Asset Group after a previous career as a Director in the medical communications industry. **"As well as the cold she had pains in her legs. But repeated trips to the GP failed to diagnose her. They said the cold would just go away, and that she might have varicose veins."**

In January 2020, Jeya collapsed at home in Egham, Surrey and was rushed to hospital where she received her devastating leukaemia diagnosis. The 67-year-old was moved to a specialist treatment centre at Hammersmith Hospital in London. Because of her age and, by that time, the severity of her cancer, it was decided she wasn't strong enough for a stem cell transplant. She began chemotherapy but passed away during an operation for an internal infection in August.

"She had worked as an accounts manager for the same company for 40 years and was very dedicated to her job, but I found out afterwards that she had been sleeping at her desk every lunchtime at work. It was very extreme and unlike her to be so tired."



"I wish there was better awareness and education amongst primary care physicians so that adding up two or three symptoms would automatically trigger a blood test or take the conversation further. And an emphasis on the care of the patient and understanding how they are feeling emotionally."

Darren's commitment to a future where leukaemia diagnosis is quicker and care for patients is improved has driven his Community Champion work. He wrote to his MP Alex Brewer to invite her to our drop-in event in February 2025, and a second time asking her to take part in the second reading of Rare Cancers Bill in the House of Commons. Thanks to his diligence, Alex is meeting Darren in person next year. As well as featuring in our Spot Leukaemia campaign press release and carrying out media interviews. He also took part in our Annual Science Seminar's Patient Engagement Session to share his experience.

And Darren isn't the only one in the family who's been actively representing Leukaemia UK. His son Diego, who was nine years old at the time, appeared on a BBC Newsround special in December. Diego was filmed with John Goldman Fellow Dr Simona Valletta in her research laboratory in Manchester, where he was given a tour and an explanation of her work, and a chance to ask questions. The programme was aimed at helping children understand what blood cancer is and what a research scientist does.

"Diego was five years old when he lost his grandmother and at the time I don't think I appreciated how badly he took it, I was so caught up in my own feelings. Being a Leukaemia UK Community Champion helps me support an amazing charity in as many ways as possible. Not only through fundraising events but activities that can make a real difference to how leukaemia is perceived, diagnosed and treated in the UK. I lost my mother to leukaemia over four years ago and working with people affected by the cancer either as a patient or having lost someone special in their life just keeps me connected to a difficult time that I never want to forget. And if anything I can do helps someone else not lose someone special or enables a better care service, then I hope my mum is looking down and feeling proud."

Spotlight on...

John Goldman Fellow, Dr Simona Valletta

Dr Simona Valletta leads a research team at Manchester University who are looking into acute myeloid leukaemia (AML), the most common leukaemia in adults. The Valletta team is looking at the microenvironment which causes cancer cells to thrive in the hopes of identifying new targets and improving the survival of AML patients.

AML is characterised by the accumulation of immature malignant myeloid cells in haematopoietic tissues. Although new

therapies are providing hope for improved survival, chemotherapy remains the backbone of treatment and haematopoietic stem cell transplantation is still the best hope for many AML patients. The majority of patients achieve complete remission but a significant proportion of them relapse. Relapse is in part due to the leukaemic cells that hijack the tumour microenvironment (TME) creating a more favourable environment and facilitating immune evasion, supporting survival of AML cells.



Darren's son Diego took part in a BBC Newsround Special alongside Dr Simona Valletta

Invest in research to accelerate progress in diagnostics, treatment and care

Researchers gather at our annual science seminar

At a Glance

- 7** new funding awards totalling £1,113,125
- 4** 4 John Goldman Fellowships, 1 John Goldman Fellowship Follow-up Fund and 1 Project Grant
- 2** three-year projects and 2 John Goldman Fellowships on AML, recognising the progress that needs to be made with the most common form of acute leukaemia
- 1** Patient Care Pioneer Award – our first, aiming to boost advancements in care
- 18** published papers, all advancing our knowledge of leukaemia and potential new treatments
- 20** research awards worth a total of £3,114,993 that were active in all or part of 2024.

Leukaemia UK continues to invest in the research that matters most. This year we were able to continue to support both established and early career researchers in their pioneering work. With a new Patient Care Pioneer Award, we've also expanded our ability to champion vital research in how people with leukaemia are supported and treated.

Bringing the scientific community, patients and leukaemia advocates together

Over 80 delegates enjoyed our 2024 Annual Science Seminar at Wellcome Collection in London on 24th September 2024.

Amongst them were past and present Leukaemia UK-funded researchers along with Scientific and Medical Advisory Group members, Patient Experience Advisory Panel representatives, Community Champions, Trustees, donors and many other friends of Leukaemia UK.

The Seminar has been held every year since 2017. The event looks back at how far leukaemia research has already come, as well as breakthroughs that could be made in the future.

We also provided £5,000 for International Scholarships that enabled nine early career

researchers to attend the 26th Annual John Goldman Conference on Chronic Myeloid Leukaemia: Biology and Therapy. Held in Prague, Czech Republic in September, the event is organised every year by the European School of Haematology and presents cutting edge talks on current research in chronic myeloid leukaemia (CML).

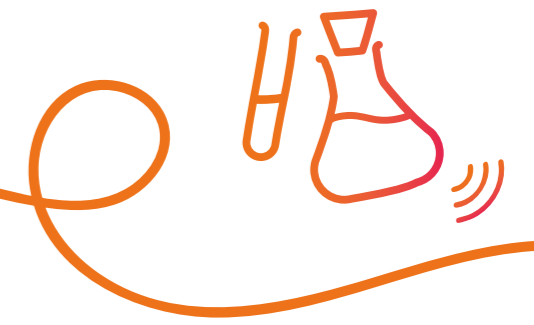
£4,000 from our Conference Support Fund went to four events in the UK of relevance to the leukaemia research community. These were the Cambridge Lymphoma Biology International Symposium, the Childhood Leukaemia Research UK (CLR-UK) 21st Annual Meeting in Cambridge, the Paul O'Gorman Leukaemia Research Centre CML workshop in Glasgow, and the Fourth Scientific Workshop on Haematological Tumour Microenvironment and its therapeutic targeting in London.

Patients, supporters and Leukaemia UK staff were treated to tours around research laboratories funded by our John Goldman Fellowships this year. While we've done tours in the past, 2024 was the year we committed to doing more, with the aim of showing what the day-to-day work of our Fellows is like to more people.

In July there was a visit to the Francis Crick Institute in London, hosted by previous member of our Scientific and Medical Advisory Group Professor Dominique Bonnet, and Dr Noelia Che welcomed a group to University College London. And in November Dr Victor Lombart and Dr Yang Li hosted a tour of University College London (UCL).



This year's prestigious John Goldman Fellowships saw £563,327 invested in four groundbreaking research projects aimed at developing kinder, more effective treatments for aggressive blood cancers. Each year we award new Fellowships to talented researchers in the early stages of their careers. Each of this year's Fellowships will run for a minimum of 18 months.



Dr Yang Li
University College London

Dr Yang Li will focus on T-cell acute lymphoblastic leukaemia (T-ALL), a serious blood cancer that primarily affects children and young adults, and in particular the TAL1 gene, which is elevated in about half of T-ALL cases and contributes to cancer growth. By studying how TAL1 interacts with other proteins, Dr. Li aims to develop targeted therapies to disrupt this cancer-promoting process.

Dr Yang Li said: *"It is an honour to be awarded this Fellowship and for my career to get this kind of recognition. Leukaemia UK's support provides me with the opportunity to really focus on the pathway I wish to develop for my own career in the hope of opening more treatment options for people diagnosed with this type of leukaemia."*



Dr Cecile Lopez
University of Cambridge

Dr Lopez's research aims to uncover how the protein ERG influences gene expression and genome organization within leukaemia cells. Excessive ERG production is linked to AML progression, allowing cancer cells to thrive by activating growth-promoting genes while suppressing those that encourage healthy cells to develop and mature.

Dr Cecile Lopez said: *"This Fellowship is incredibly important to me as it provides me with a wonderful opportunity to carry out vital research for people affected by AML, which is one of the most common types of leukaemia. I hope to play a part in ensuring that people diagnosed with AML have the best chance of benefiting from the most effective treatments."*

Dr Cecile Lopez (University of Cambridge), and Dr Eliza Yankova (University of Cambridge) are both working on acute myeloid leukaemia (AML). AML progresses rapidly and is challenging to treat.

Dr Giorgia Chiodin
University of Southampton

Dr Giorgia Chiodin will study Burkitt lymphoma (BL), a fast-growing and aggressive type of non-Hodgkin lymphoma that targets B cells in our immune system and which has a poor prognosis. In BL, the sugar modifications found on immunoglobulin proteins, known as N-glycosylation sites, might influence how the tumour behaves. While previous studies on similar cancers suggest these sugar changes could play a significant role in tumour growth, their exact impact on BL is still a mystery. Dr Chiodin is diving into research involving data from a large cohort of BL patients to explore where these sugar modifications are located and how they relate to patient outcomes, aiming to uncover vital patterns that could inform future treatment strategies.



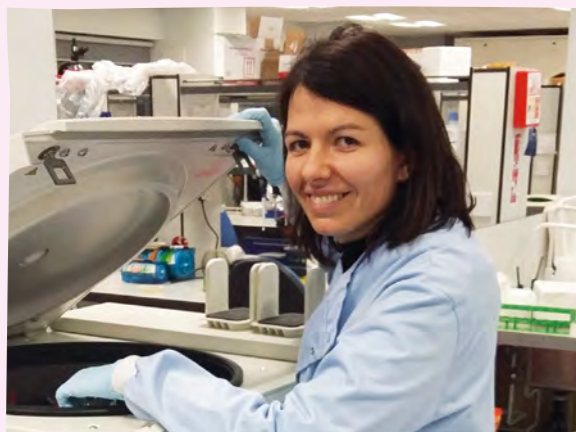
Dr Eliza Yankova
University of Cambridge

Dr Eliza Yankova wants to develop innovative treatments for AML by targeting the enzyme METTL1. This enzyme has been found to play a significant role in the development of AML by creating a chemical marker on tRNA molecules, which help cancer cells survive and proliferate. Dr Yankova and her collaborators aim to create a small-molecule inhibitor that blocks METTL1's activity, potentially slowing down leukaemia growth while sparing healthy cells.

AML affects approximately 3,100 people in the UK annually, with 2,600 dying from the disease each year. Survival for AML is amongst the worst of any cancer, and our current AML-focused funding highlights the needs for more research into this highly complex disease.



John Goldman Follow-up Fund



This year's John Goldman Follow-up Fund recipient was Dr Samanta Mariani from the University of Edinburgh. Dr Mariani was awarded her John Goldman Fellowship in 2021 to delve deeper into one form of infant leukaemia; overall, leukaemia is the most common type of cancer in children. This project was also chosen to receive the Olive Boles award for innovation. She and her team explored how leukaemia-associated macrophages – a type of white blood cell - contribute to the development of blood cancer.

Dr Mariani and her team found that macrophages, which are normally involved in defending the body, may actually be helping leukaemia cells to grow in cases of infant

leukaemia. The team was able to identify how these macrophages are altered by leukaemia, opening the door to developing treatments that could reprogram them to return to their original, disease-fighting state.

Dr Mariani's Follow-Up Fund, which totals nearly £250,000, will shift her focus to acute myeloid leukaemia (AML).

The research is centred on two key proteins, GPR56 and GPR97, which are overexpressed in difficult-to-treat AML cases. GPR56 is linked to poor outcomes in AML patients, and recent discoveries suggest that GPR97 may provide a 'back-up' function when GPR56 is depleted, potentially contributing to treatment resistance. Using human AML cells, Dr Mariani's work will aim to understand how these proteins interact and influence the progression of AML. By identifying the signalling pathways they control, her team hopes to repurpose existing drugs or develop new treatments to target these pathways, paving the way for more effective therapies.

Their ultimate goal is to find treatments that can overcome resistance in AML patients. This could lead to safer, more effective therapies, helping to improve survival rates and quality of life for patients with aggressive AML. Her work could also benefit other areas of cancer research.

Project Grant

Each year we award a single Project Grant. They are open to all applicants but usually support the work of well-established researchers.



Professor Brian Huntly is a clinical research scientist who combines running a laboratory group with his practice as a Consultant Haematologist in Addenbrooke's Hospital. He is also Head of the Department of Haematology at the University of Cambridge, a member of the European Haematology Association Executive Board and Research Committee and Chair of their Fellowships and Grants Committee. This year he was awarded nearly £249,854 to investigate the role of HOXA9 in acute myeloid leukaemia (AML).

Higher than normal levels of HOXA9 are found in the leukaemic cells of about 70% of AML cases and are associated with worse outcomes. However, while HOXA9 is central to AML development and progression, we know little about how it is regulated or how it controls other genes. Understanding these mechanisms is critical for developing new therapies to improve survival rates.

This project focuses on uncovering how the protein HOXA9 operates in AML including which genes HOXA9 directly regulates across different AML subtypes, how HOXA9 drives cancer growth, and how

HOXA9 itself is controlled at the genetic and protein levels. This should identify potential weak points that could lead to more effective treatments for AML turning it from being a life-threatening disease to one that is curable or can be well-managed.

"I am delighted that Leukaemia UK is supporting our lab's research on the role of the protein HOXA9 in AML," said Professor Huntly. "We have some exceptionally talented scientists working with us and have built up very strong expertise in the study of HOXA9. We think the project has great potential to help patients. As well as a scientist, I am a haematology consultant who has treated leukaemia patients for thirty years. There have been great improvements to the treatment we can offer patients but there is so much more progress we could make in developing kinder and more effective treatments, and AML is perhaps the area that we need further progress the most."

Our new Patient Care Pioneer Award

At Leukaemia UK we recognised there was a need for funding for projects that focused on the patient care side of the leukaemia experience as well as supporting vitally important lab-based research projects. So this year we're delighted to have allocated £50,000 to our very first Patient Care Pioneer Award (PCPA).



Professor Francesco Forconi from University Hospital Southampton is the recipient of the award. His research will develop a cutting-edge risk assessment tool for chronic lymphocytic leukaemia (CLL), aiming to better predict the patients in which the disease is unlikely to progress and who could remain on low or no treatment. This project has the potential to significantly improve quality of life for CLL patients and reduce the strain on the NHS.

CLL is often managed with a 'watch and wait' approach, which some patients call 'watch and worry' as it involves frequent blood tests and specialist monitoring. Only around 25% of CLL patients ever require any actual treatment. Professor Forconi's work wants to predict early on which patients fall into the remaining 75% of patients in the lower-risk category.

Professor Forconi said: *"I am honoured to receive the inaugural Patient Care Pioneer Award from Leukaemia UK. This innovative funding initiative supports our cutting-edge research at University Hospital Southampton, where we are developing an advanced computer-based risk assessment tool for chronic lymphocytic leukaemia (CLL). By precisely characterizing the B-cell receptor, the fundamental driver of the tumour, we aim to identify CLL patients at low risk of disease progression. This will significantly reduce unnecessary clinical interventions, enhance the quality of life for CLL patients, and alleviate strain on healthcare resources. Our work promises to revolutionise the 'watch and wait' approach, providing a more personalized and efficient care pathway that prioritizes patient well-being and optimizes medical resource allocation."*

We are excited to be able to continue to offer our PCPA funding into 2025.

Published work

This year saw a total of 18 papers and three reviews written by our researchers published, ensuring the scientific community remained aware and up to date with the latest impactful work funded by Leukaemia UK. We were also proud to share these breakthroughs with our supporters, highlighting the discoveries our funding has helped create and offering hope for better treatment options in the future.

Dr Sunniyat Rahman's work on 'Focal deletions of a promoter tether activate the IRX3 oncogene in T cell acute lymphoblastic leukaemia' featured in the well-known journal Blood. The paper was co-authored by Professor Marc Mansour who was also the keynote speaker at our Science Seminar. It focused on the discovery of a new way that cancer genes (oncogenes) can become active, and therefore potential ways to stop them. Dr Sunniyat, from University College London, is a 2019 John Goldman Fellow.

Dr Daniel Coleman wrote about 'Pharmacological inhibition of RAS overcomes FLT3 inhibitor resistance in FLT3-ITD+ AML through AP-1 and RUNX1'. The paper was featured in iScience. The work focused on relapse in acute myeloid leukaemia (AML) which often involves mutations in the FLT3 gene. Dr Coleman wrote about how this resistance can be overcome using pan-RAS inhibitors, offering a potential new treatment strategy. Dr Coleman was a Fellow in 2021 when he worked at the University of Birmingham, and now works for a company researching cancer drugs.

DIDACT

The DIDACT Foundation is dedicated to advancing the understanding and treatment of blood cancers such as leukaemia through the education, training, and support of healthcare professionals to develop and deliver clinical trials. These vitally important members of the research and clinical community are working hard to bring about breakthroughs in the fight against blood cancers. DIDACT Foundation Academy puts particular emphasis on empowering the next generation of researchers with the knowledge, skills, and confidence needed to carry out impactful clinical trials.

DIDACT training days gather all these researchers together to connect eager clinical minds and offer tools and insights to enable them to conduct trials safely and ethically.

In 2024 we were the inaugural funder for DIDACT Foundation Academy, providing £50,000 to support their workshops. The two Clinical Trials Training Days also saw a mentorship programme being established for young researchers to benefit from the knowledge and methods of more experienced colleagues.

"A wonderful experience of working together with enthusiastic peers, colleagues, and leaders in the field. The interaction with the network has been invaluable for thinking widely about research proposals, potential future trials, and career planning. It has been helpful to develop alongside a supportive network. The faculty are all approachable, bring a great range of experience, and foster a welcoming environment." Dr. Jahanzaib Khwaja (UCLH)



Spotlight on...

The legacy of Eli Simpson



While based in the UK and funding UK researchers, Leukaemia UK's work has worldwide impact for the treatment of blood cancers. Dr Giulia Orlando's research project was supported in 2024 by a family from Australia whose little boy died from the rare form of leukaemia that she is studying. Jodie and Pete Simpson, from near Bairnsdale, Victoria, generously gave funding towards her work in the hopes that one day other families won't have to go through the devastating loss they have experienced.

Little Eli Simpson was just 15 weeks old when he began to show symptoms that would quickly become fatally aggressive leukaemia. He was a typical, bouncing healthy baby. But in January 2008, Jodie and Pete spotted bruising and tiny red dots on his legs.

"He also had blood in his poo and high temperatures," said Jodie. ***"We immediately went to our doctor, who initially thought he might have a bowel obstruction. He referred us to a paediatrician, who requested a blood test."***

The test showed abnormalities and Eli was sent to hospital in Melbourne, four hours away, where he was eventually diagnosed with juvenile myelomonocytic leukaemia (JMML).

"Eli was given two rounds of intensive chemotherapy each lasting five days, and then three weeks recovery. He had to get his spleen removed and was then given a bone marrow transplant."

"The treatment plan for the transplant was terrible. Ten days of strong chemotherapy killing his 'bone marrow factory', so he could take on his donor's. At one stage, he had a medicine so toxic he had to have a bath every six hours for 24 hours."

Eli was eventually allowed home but tragically became sick again four weeks later and on 16th November 2008 died of a pulmonary haemorrhage - a complication of his transplant. He was just a year old.



"To have found a researcher looking into JMML is incredible. Since we lost Eli we have gone on to have two more boys. Eli's memory is still with us every day and he would have been 18 this year. We know a cure is in the future but, in the meantime, we feel this is something we can do to help in the present. While it has been nearly 16 years since we lost him, we still hold hope that his legacy helps others."

Spotlight on...

Researcher Dr Giulia Orlando



Dr Giulia Orlando from the University of Oxford received her John Goldman Fellowship in 2021 to study a rare form of chronic blood cancer that affects just 1.2 children in every million - juvenile myelomonocytic leukaemia (JMML).

"This dataset will pave the way to identify novel vulnerabilities that will hopefully translate into clinical avenues," said Dr Orlando. ***"Being a mom of two young children I cannot even imagine the courage and strength Eli's parents had in confronting with Eli's diagnosis. Studying JMML can help other malignancies and I am hoping to raise awareness on how this research can have broader reach."***

Build our profile, engagement and influence to grow our support and impact



Billie the Brave
See page 36

At a Glance

22% Brand awareness – up from 19%

658 separate pieces of media coverage across national and regional media

3000% increase in engagements and a 234% increase in impressions month-on-month on social media during Blood Cancer Awareness month in September

49% increase in LinkedIn followers and a 29% increase in Instagram followers

30 new case studies shared their leukaemia stories across our content

It was a year of firsts in our communications, including setting up our first TikTok account, welcoming our first Patron Chris Corbin, and spearheading new digital and social media collaborations with our Ambassadors and celebrity supporters.

We worked closely with our advocacy team's first-ever major campaign around the general election, supporting them with digital marketing to boost numbers of signatures on petitions and emails to prospective and newly elected MPs, MSs and MSPs. The campaign saw strong engagement from our supporters.

We also welcomed on board more storytellers and shared their experiences in new and increasingly engaging ways. Putting people affected by leukaemia at the heart of all our communications has this year enabled us to reach more people than ever before with our messages.

Helping people understand the impact of our research

A new monthly research blog and a regular science-focused social media series were just two of the ways that we've explained the vital but complex research we carry out to a wider non-scientific audience in 2024. This not only helps people

understand why it's important but increases the number of people who have heard of Leukaemia UK and our ability to raise money to fund more projects.

Our work in highlighting individual researchers has expanded over 2024, including video content for social media, print and broadcast press appearances and lab tours. We're grateful to all our researchers who've this year co-written blogs with us on subjects including infant leukaemia and cord blood stem cell donation and have provided quotes and input into coverage in national and regional media.

Meet our first Patron Chris Corbin OBE



The renowned restaurateur Chris Corbin was announced in 2024 as Leukaemia UK's first-ever Patron. Chris has been involved with the charity for many years, including driving our successful Who's Cooking Dinner? annual fundraiser.

Chris's passionate involvement comes from his own life-changing leukaemia diagnosis back in 1990 when he was at the peak of his career running restaurants such as The Ivy and was just 38.

What started out as a skin rash ended with the devastating news he had chronic myeloid leukaemia (CML).

"It was like a thunderbolt. I had a life-threatening disease. I didn't break down on the spot but you always remember those words."

Chris was treated at Hammersmith Hospital under the expert care of the renowned haematologist Professor John Goldman. Professor Goldman established Leukaemia UK – the charity that became Leukaemia UK.

It took four years to find a suitable stem cell donor, and Chris went into full remission after his transplant. But the donation also changed his life in another unexpected way. He started exchanging letters with his donor and finally met him. Chris and Leicestershire businessman Stewart North went on to become such good friends their families continue to holiday together to this day and Chris and wife Francine are godparents to Stewart's children.



After years of volunteering as the Chair of the Board of Trustees at Leukaemia UK, Chris's new role as Patron came, poignantly, in the 30th anniversary year of his stem cell donation.

"Leukaemia of course changes everyone's life but it was profound for me, and in so many positive ways. I've raised lots of money, I've met some wonderful people, and I feel like I've given back because I was so very lucky to receive so much."

Getting creative with social media



As social media platforms continually throw out new ways to utilise them, we continue to experiment with how best to reach the people who need to hear about our work. This year we saw some fantastic results, and we will continue to take this creative approach into 2025.

We tried a series of collaborations with our Ambassadors, celebrities and Who's Cooking Dinner? chefs which helped us to reach new audiences far beyond our owned platforms. We also regularly boosted organic posts, again with success in amplifying our brand to new audiences.

Another new and exciting initiative was **the launch of our TikTok channel**, opening up a whole new group of generally younger people to Leukaemia UK. **Our highest performing video had over 3k views** and more than 200 likes.

A focus not just on new initiatives but on quality content saw **18% more people engage with our posts this year, with 24% of those who saw our posts actually engaging with them.** Total engagements were 317,732.

We're delighted to say that **over 1.3m (1,316,481) people saw our content in 2024. Our Instagram followers grew by 31% and our LinkedIn followers were up by an impactful 52%.** In September alone, which is Blood Cancer Awareness Month, 234% more people saw our content on social media, compared to the previous month – a total of 294k impressions.

Encouraging people to Spot Leukaemia



Our annual Spot Leukaemia campaign, run in September in partnership with Leukaemia Care, saw us highlight the often-confusing symptoms of leukaemia so that patients, relatives and even doctors are more aware of the significance of bruising, bleeding, fatigue and repeated infections.

This year, we rolled out a new strategy for content delivery which allowed us to reach 1.2m people. **We saw a 4,000% increase in engagements across the hashtag Spot Leukaemia in September, compared to the previous month.** And we featured 47 times in national, regional, health and broadcast outlets across September and October. We also ran a successful campaign on Boom radio, specifically targeting our 65+ demographic, which reached more than 900,000 listeners over the six-week campaign period. A survey to 2000 listeners following the campaign found that 73% of people were more likely to visit their GP and ask for a blood test, should they experience any leukaemia symptoms, after hearing the ads.

This year over 16,000 people visited the Spot Leukaemia website in September – a 45% increase on 2023. Encouragingly, 66% of people who answered our survey on the website said they would visit their GP with symptoms. We also worked with medical influencers and media GPs, which was a great way to ensure the credibility of our messaging and to reach more people.

Reaching our audiences

This year we achieved **658 pieces of coverage across national and regional**, with a focus on quality and impact, targeting outlets with high audience figures in specific groups. Of the **26 broadcast pieces** we achieved with the help of interviews by our spokespeople, **11 of them were on TV including BBC and ITV.** With online news consumption increasing we were also pleased to achieve an impressive 544 online pieces of coverage. Much of this was made possible with the help of the **30 new storytellers we welcomed to Leukaemia UK in 2024**, enabling us to consistently underpin our messages with the real experiences of patients and their families, putting them at the heart of everything we do.

Our website still remains a lynchpin of our communications suite, where people go to look up symptoms, find out about our vital research projects and read the stories of patients and their families. **We were delighted that the numbers of people who searched for us through regular search engines rather than clicking on paid search nearly doubled - 62,010 users, representing an increase of 93%, and 68% above target for the year.** Our referral traffic increased 66% with new links driving traffic from other websites such as hackneymoves.com, the website for the Hackney Half which was our largest third-party challenge event.

Despite the success of our general election campaign in rallying support through emails, we continue to see lower than targeted open and click through rates. We'll be taking a close look at this in 2025 with the aim of improving these figures through activities such as data cleaning and segmentation, improving integration across platforms and developing our supporter journeys and stewardship programmes.

Celebrity support from our Ambassadors

Our celebrity Ambassadors offered their energetic support to us throughout this year, helping us drive forward our mission to improve treatment and care for people with leukaemia.

As well as our new Patron Chris Corbin, **we announced TV baker Juliet Sear as our Ambassador.** Oscar, the son of her childhood friend, was diagnosed with acute lymphoblastic leukaemia (ALL) at just three years old. After gruelling treatment and

one relapse, Oscar was fortunately saved by groundbreaking medical research. He's now become a professional chef himself.

"As a mother of three myself, it was heart-breaking to see what Oscar and his family had to go through. Oscar and my children are very close in age, so we were all shocked by his leukaemia diagnosis and how it affected his family," Juliet remembers.

Juliet was a guest at Who's Cooking Dinner? where we also welcomed our Ambassadors Dougray Scott, Hannah Peckham, and Francesco Mazzei (who cooked on the night), as well as reality TV star Georgia Harrison, actor George Sear and podcast host Lennie Ware. Hannah and her son Bodhi, who has leukaemia, were shown in a film on the night and Hannah delivered a powerful speech to the 200 guests.

Hannah, along with ambassador Saffron Vagher, also took up the invitation to attend a laboratory tour with one of our John Goldman Fellows to learn more about Leukaemia UK's life-saving research. Both gave interviews about their leukaemia experiences and our work to national media outlets.

Our Christmas Campaign featured Ambassadors and Who's Cooking Dinner? alumni sharing their 'Recipes for Research', giving users a way to download new delicious recipes, give us a donation and sign up for email communication from us. We used the initiative to explore new technical, data and supporter journey learnings.

We're also enormously grateful to Dougray Scott who revived his Mini Masters golf tournament this year ready for launch in 2025 – more about that on our Fundraising page.



New Leukaemia UK ambassador TV baker Juliet Sear

Spotlight on...



Billie the Brave

Little Billie Turner's story touched everyone when we shared it across the media in 2024, with coverage by ITV News in London and Yorkshire, The Star and The Metro.

Billie had spent nearly a third of her life in hospital undergoing gruelling treatments for leukaemia. At one point the little girl was in intensive care for a week after the chemotherapy drugs that were killing her cancer left her vocal cords paralysed and in need of a tracheostomy. Her incredible strength has given her the nickname, and the Instagram account, @billiethebrave_.

Billie was just 21 months old at the start of November 2022 when she came down with what appeared to be a sickness bug. After trips to her GP and A&E in Sheffield, where Billie lives with mum Freyja, dad Zac and sister Ada, she was eventually transferred to the Oncology Ward at the Sheffield Children's Hospital. On 29th November 2022 her family was told she had acute lymphoblastic leukaemia (ALL)

"I felt like the world was about to end. I knew deep down something was wrong with her but we never expected that," said Freyja.

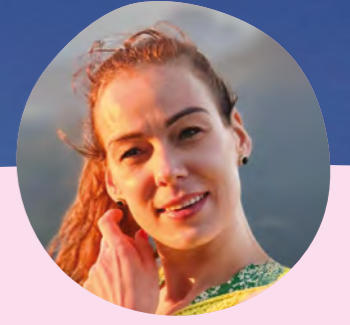
Billie had five rounds of chemotherapy and six weeks of a trial immunotherapy drug, and the family have spent the best part of two years going in and out of hospital with her. Freyja and Zac had to cancel their wedding, which was scheduled for September 2023, as Billie was so poorly, but hope to have a combined wedding and celebration for the end of Billie's treatment in 2025.

"The chemotherapy they use is so harsh on little kids' bodies," said Freyja. *"It would be nice to have a future where there are kinder treatments."*

Freyja's childhood friend Hannah Smith was a rock to the family during Billie's treatment, looking after her sister Ada and making sure Ada's routine remained normal. Hannah, who works as a canine physiotherapist, also ran the London Marathon in 2024 and raised £4,000 for Leukaemia UK in honour of Billie. Inspired by Hannah, Zac and Freyja have signed up to run the 2025 event for Leukaemia UK.



Spotlight on...



Edita Jucaite

The extraordinary story of how having lip fillers led to Edita Jucaite's leukaemia diagnosis, spread the message about the importance of spotting symptoms across 155 media including BBC South TV, BBC Online, The Mirror, The Sun online, and OK! Magazine online as well as international online outlets.

Edita works as a dental nurse in Banbury, Oxfordshire. At the end of April 2023 she was acting as a model for her dentist colleague who was learning how to do aesthetics injections under highly experienced trainer dentist Dr Brian Franks.

Edita had successfully had both botulinum toxin and dermal fillers before.

"When the dermal filler went into my lip it immediately swelled up," said Edita, 36. *"Dr Franks and his colleague were concerned and said they wanted me to see my doctor. What I hadn't mentioned before we started was that I had bruises elsewhere on my body, which hadn't been caused by me knocking into something."*

"This swelling and bruising as a consequence of treatment was something I had personally not encountered before," said Dr Franks. *"We ended the treatment session at that point. On further questioning Edita then disclosed that she did bruise rather easily and revealed some previous bruising on other parts of her body. I advised her that she should seek a medical opinion."*

"I said yeah yeah with no intention of going but the next day a large bruise had spread outside my lip and on the inside of my mouth," said Edita. *"I was at work as normal and another colleague, who'd lost her sister to cancer, insisted that I ring my GP. She said she'd also noticed I was losing weight, which I hadn't been trying to, and she was worried."*

"The blood test was done in the morning and by 3pm they called me. The doctor told me they thought I might have leukaemia and needed to go straight to hospital. It was awful, such a shock, I burst into tears. I couldn't hear or think of anything else apart from the fact I might die."

Edita went straight to Churchill Hospital in Oxford where on 18th May 2023 she was diagnosed with chronic myeloid leukaemia (CML). She was started immediately on chemotherapy tablets and regular blood tests in hospital. Once her white blood cell count had normalised she was put on the drug Imatinib which she will take for the rest of her life.

"Not many people can say having lip fillers saved their life, but I can," said Edita. *"If Dr Franks and my colleague hadn't seen the swelling on my lip for themselves and pushed me to go to the doctor, I would have put it off and put it off, and the consultant said that would have meant it would have been so much harder to treat."*



Invest strategically to grow sustainable net income



Hackney Half Marathon

At a Glance

£3.49m	raised from all our fundraising sources - the highest ever amount for the charity
£692k	raised by a new record of 588 individual fundraisers to support our work
25	years of Who's Cooking Dinner? which this year raised £300k
150	people ran the Hackney Half Marathon in May - our biggest ever turnout
£717k	raised through Philanthropic giving - 65% more than last year

2024 was an incredible year for our fundraising. We grew our income to the highest it's ever been, a fantastic £3.49m, which will allow us to invest in even more life-changing research projects and impactful advocacy. This was a particularly remarkable achievement amidst economic turbulence and what remains a challenging environment for all charities trying to meet their targets and fund their work.

Our goal was £3.2m, which we beat thanks to an incredible effort by our small but mighty team and with the compassionate dedication and generous giving of a huge variety of people and organisations.

We had 588 individuals fundraised for us in 2024, more than double the 258 in 2023, raising a magnificent £692k. We are grateful to each and every one of them.

Elsewhere £717k was raised through philanthropic giving with impactful donations from corporate partners, trusts, foundations and individuals, representing a 65% year on year growth from 2023. This is the highest amount we've ever achieved and is the result of our new Philanthropic Giving and Corporate Partnerships Programmes being rolled out.

25 years of Who's Cooking Dinner?

Our flagship fundraising event, Who's Cooking Dinner? celebrated its 25th year in 2024 not only with a truly spectacular evening but with a bigger-than-ever fundraising total of £300k. Our overall fundraising through Special Events reached £320k thanks to Who's Cooking Dinner? spin-off and other beneficiary events and donations. This money will help us move forward next year with even more vitally important research projects which aim to develop kinder and more effective treatment for leukaemia.

A combination of fundraising on the night, corporate sponsorship and partnerships contributed to this amazing total, which was over £80k more than we raised last year.



The stunning evening at the Dorchester brought back founders Chris Corbin, who was also announced as Leukaemia UK's new Patron this year, and Peter Gordon. Both have a personal connection to leukaemia.

Chris celebrated the 30th anniversary of his stem cell transplant and recovery from chronic myeloid leukaemia (CML) in 2024, and Peter donated the bone marrow which saved his sister Tracey's life when she was diagnosed with the blood cancer.

This year we used new social media collaborations to highlight the profile of chefs including Tom Kerridge and Claude Bosi. **We reached 175,000 people with our social media content** around the event, and our collaboration reels with chefs and Ambassadors on Instagram received over 162,000 views. **We also achieved 24 pieces of media coverage** across food, London, and lifestyle outlets both before and after the event.

On the evening we showcased a film featuring young Bodhi Peckham, who is currently undergoing leukaemia treatment, making pancakes with Elliot Grover, Executive Chef from 45 Park Lane. The delicious results were enjoyed by one of our John Goldman Fellows, Dr Giulia Orlando. Bodhi's mum Hannah, one of our Leukaemia UK Ambassadors, also delivered a passionate speech reflecting on the impact of her son's diagnosis and how important it is to find kinder and more effective treatments so that children like Bodhi can enjoy their childhood to the fullest.

The evening ended with a set from legendary bass guitarist and leukaemia survivor John Illsley. John was one of the founding members of Dire Straits and has won multiple BRIT and Grammy Awards. He was diagnosed with chronic lymphocytic leukaemia (CLL) in 1999. He received chemotherapy and a successful stem cell transplant.

Since its inception in 1999, Who's Cooking Dinner? has raised an astonishing £8m towards leukaemia

research. It's also spread the word to a vast audience about the devastation the disease causes, and the importance of our mission at Leukaemia UK.



20 tables of 10 guests were treated to incredible dishes including lobster from Francesco Mazzei, steak from Elliot Grover of 45 Park Lane, which is listed in the world's best steak restaurants, and Clare Smyth's famous 'Core-teser' dessert. The Grand Auction, following the dinner, gave the winners a money-can't-buy experience where our celebrity and world-class chefs committed to preparing dinner for them in the winner's home or at an exclusive venue.

Previous Who's Cooking Dinner? alumni have included Rick Stein, Giorgio Locatelli, Brett Graham, Jean-Philippe Blondet, Mark Hix, Jose Pizarro, Gordon Ramsay, Angela Hartnett and Marcus Wareing.

This year it was the turn of **Francesco Mazzei from Villa Corinthia, Tim Hughes from Scott's, Sam White from 45 Jermyn Street @ Fortnum & Mason, Romy Gill MBE, Elliott Grover from CUT @ 45 Park Lane, Claude Bosi from Bidendum, Tom Kerridge from The Hand and Flowers, Ravinder Bhogal from Jikoni, Soon Li Ong from Kyubi at The Arts Club, Michael Caines from Lympstone Manor and Clare Smyth from Core, Mario Perera of The Dorchester, Tom Booton from The Grill at The Dorchester, Ashley Palmer Watts of The Devonshire, and Benjamin Ferray Castell of Pavillon amongst others.**

We're incredibly grateful to all our chefs and also to The Dorchester for allowing us to take over their kitchens and for hosting this fabulous evening of food and fundraising.



Spotlight on...



Malcolm and Ruth Knight

Malcolm Knight channeled his grief at losing his beloved wife Ruth to a rare leukaemia with a fitting memorial fundraising event in 2024 which raised an incredible £15,000 for Leukaemia UK.

Malcolm, 70, met Ruth at a rowing club in Thames Ditton, Surrey and after their wedding in 1988 they embarked on a life of adventure, activity and community, much of it focused on rowing, boats and their love of being on the water.

Ruth was first diagnosed with myelodysplastic syndrome (known as MDS, a blood cancer which can occur as a precursor to leukaemia) in 2019 through a routine blood donation. She was put on a 'watch and wait' protocol and continued with her rowing, fitness and community activities despite her tiredness. But in spring 2023 her blood tests showed her condition was deteriorating. She was put on an immunosuppressant drug but eventually in November her condition changed to full-blown acute myeloid leukaemia (AML). She started

chemotherapy but then doctors discovered she had the rare Type TP53. This type of AML is so aggressive that there was no form of treatment. Palliative care was organised at home, and Ruth passed away in the early hours of the 29th December 2023.

On Saturday 11th May 2024 – the weekend before what would have been Ruth's 70th birthday - Malcolm completed seven rows of 7km along the Thames near their home. Friends and fellow rowers joined him not just on the water but to hold other events to contribute to the magnificent total. Malcolm has also since been a guest at our Trustee and staff meetings, sharing his experience and emphasising the importance of research particularly into rare types of leukaemia.

"For us it was seven weeks from the diagnosis to the sad conclusion – incredibly fast which shocked everyone. We MUST do all we can to find a treatment for this form of AML," said Malcolm.





Running for fundraising success

We celebrated yet another milestone this year with our biggest ever team running the Hackney Half Marathon in May. **150 runners raised over £70,000** for us and following this success we'll be buying 200 places in 2025 to raise even more.



In total, **more than 588 people took part in challenge events in 2024 raising a total of £542k.** Our other running events in 2024 were:

- The London Marathon where 49 runners raised £132k
- The London Landmarks Half Marathon where 31 runners raised £22k
- The Great North Run where 10 runners raised £10k

Eleven brave and dedicated fundraisers also opted to jump out of planes this year, sending our fundraising total from skydiving sky-high to £18k!

The popularity of the Hackney Half and the growth across our Challenge Events portfolio meant that the team were exceptionally busy this year. To help with this we appointed a new Challenge Events Officer so that more dedicated support could be given to our enthusiastic runners, continuing to grow this side of our income in the future.

More ways to support Leukaemia UK

In 2024 we took important strides in making it a smoother process for our incredible supporters to keep in touch with us and vice versa. In April we welcomed our first ever CRM Manager, to oversee the migration of key supporter data onto our Salesforce database across the charity, which will lead to less staff time spent on admin, and more on engaging with our supporters.

A total of 64 people fundraised for us in the community, up from 23 in 2023. Between them, they raised a fantastic £147k. From singing in choirs to collections at market stalls and in schools, people mobilised their local communities to stop leukaemia devastating lives. We are very grateful to all of them.

In 2024 we also tested a number of new community fundraising initiatives including Give50 and Cooking Up Change.

Give50 was created to mark the upsetting statistic that only 50% of people diagnosed with leukaemia survive for five years. Supporters were encouraged to use their imaginations and set about raising money with everything from 50 bounces on a trampoline every day for a month to a 50 mile walk and asking 50 friends and family to give £50 each. We were blown away by their creativity and passion.

Cooking Up Change was a local fundraiser, where restaurants competed to raise the most money for Leukaemia UK. The winner was Abby Khalique and her restaurant Purbani in Southampton, who raised an incredible £7,030. We were delighted to welcome them to Who's Cooking Dinner? as their prize and present them with a special trophy to display at the restaurant.

In 2025 we will be looking at creating a mass participation event to add to our community fundraising portfolio and engage even more supporters.

Generous support from Trusts and Foundations

In 2024, our Trust income grew by an impressive 30%, raising £178k thanks to the incredible generosity of more than 40 charitable trusts and foundations. Their support drives groundbreaking research and accelerates progress in our mission to stop leukaemia devastating lives, and with more investment in the team in 2025 we hope to further expand our portfolio of partnerships with strategic grant makers.

Rosetrees: A thriving partnership for Research Innovation

2024 marked the fourth year of Leukaemia UK's partnership with Rosetrees, enabling the joint funding of another John Goldman Fellow, Dr Eliza Yankova, for two years. Since 2021, this collaboration with Rosetrees - an expert and ambitious funder - has channelled £500,000 into early-career research projects. These projects address critical areas, including:

- Understanding stem-cell relapse
- Developing new treatment pathways for B-cell acute lymphoblastic leukaemia (B-ALL)
- Reshaping the acute myeloid leukaemia (AML) microenvironment to improve survival rates
- Exploring innovative approaches to slowing AML growth.

"Enabling out-of-the-box thinking is key to our funding philosophy, and we are delighted to continue working with Leukaemia UK to support cutting-edge medical research. This partnership is leading to better understanding and improved treatments for leukaemia."
- Dr Vin Rajkumar, Head of Research, Rosetrees

Rosetrees was set up in 1987 by Nat and Teresa Rosenbaum to celebrate their golden wedding

anniversary and is now headed by their son, Richard Ross CBE. Rosetrees makes grants to cutting-edge medical research with the aim of improving the health and wellbeing of society. They currently support around 300 projects, and we are deeply grateful for their ongoing recognition of our vital work.

Robert Luff Foundation

We welcomed renewed support from the Robert Luff Foundation Ltd. Their generous contribution helps our 2023 Project Grant, led by Professor Terry Rabbitts. His research focuses on a pioneering approach to targeting fusion proteins, using antibodies to penetrate cancer cells - an innovation that could enhance AML treatment while reducing side effects.

Growing our giving from corporate partners and philanthropists



In yet another record for 2024, we celebrated the highest ever amount raised in support of our work from both corporate partners and philanthropists; the extraordinary overall total of £717k. Their incredible generosity will enable us to speed up funding of research projects and push ahead with our impactful campaigning in the future.

We raised £116k through our Corporate Partnerships Programme which was driven by our new strategy securing grants from the pharmaceutical sector. This alone achieved £65k. We also benefitted from £51k from corporate donations.

An incredible £100k came from just three major donors. One of them was a multi-year grant from Hannah and David Lewis, in support of Dr Matthew Blunt's John Goldman Fellowship Follow-up Fund. Hannah and David were instrumental in the founding of the charity Leuka, after they sadly lost their daughter Catherine Lewis to chronic myeloid leukaemia (CML) in 1991 when she was aged just 27. Along with Professor John Goldman, Hannah and David raised £10 million for the Catherine Lewis Centre at the Hammersmith Hospital which opened in 2002. We're so grateful to receive this long-term commitment from supporters who have done so much in support of leukaemia research and Leukaemia UK today.

Elsewhere, **£717k was raised through our Philanthropy Programme, an incredible 65% increase on last year and the highest amount we've ever achieved.** We also launched a new Philanthropy Strategy which saw some wonderful partnerships begin to develop. We will drive the expansion of our Philanthropy Programme in the coming year, strengthening existing partnerships and developing new ones. We want to create sustainable income sources so we can plan to invest in more lifesaving research.

Our award-winning DRTV ad



Our first-ever DRTV (Direct Response Television) advert was launched on Boxing Day 2023. Actor Richard Tate, himself a leukaemia survivor and former patient of Professor John Goldman, played a grieving father who leaves a gift in his Will to help fund leukaemia research, following the loss of his young daughter to the disease.

The advert enabled us to bring Leukaemia UK's message to a mass TV audience for the first time. In 2024 it was shown again across ITV2, ITV3 and ITV4 as well as smaller channels such as Eden, reaching over ten million adults with an average of four views per person. We chose channels that are popular with older audiences, and approximately one in five adults in our target age range saw the advert.

In September we were thrilled to discover **the advert had won the 'Best Medium Charity Film' award in the Third Sector Awards 2024**. Our thanks to the teams at 11 London and MADAM films for helping us create such an inspiring piece. At the time of writing, the film has been shortlisted for the Chartered Institute of Fundraising and the Smee and Ford legacy film awards in similar categories for 2025.

Leukaemia UK saw its biggest ever donation this

year, with an extremely generous £800,000 received from the estate of Lili Preston, with the remainder of the bequest still to come. This money will be transformative to our work, and we are so grateful to Lili and all our other supporters who so generously left us gifts in their wills this year, who are included on pages 90-91.

An extra course is served for Who's Cooking Dinner?

This year we continued to develop ideas for new events that will build relationships with people who have lived experience of leukaemia and want to give back, alongside businesses who want to offer ongoing support at events.

We were delighted when two of our Who's Cooking Dinner? Committee members, Hala Sayess, Founder and CEO of innovative high end hospitality platform Cheffie, and Francesco Mazzei, the renowned Italian-born chef currently in residency at Villa Corinthia in London, came together to host a Supper Club at The Pavilion Club in Knightsbridge in aid of Leukaemia UK in October. Around 50 guests enjoyed an evening of exceptional food and drink while listening to powerful speeches outlining why their support is so needed. This has helped us bring the excitement and flavour of Who's Cooking Dinner? to an even greater number of people.

A still from our award-winning TV ad



Spotlight on...

Simon Chin

Simon Chin enjoyed 18 months of extra life thanks to the power of research into leukaemia treatments. He chose to give a generous donation in his Will to Leukaemia UK to push this work forward even more, so that it will benefit others.

Simon, who was 65 at the time, and enjoying life in Stamford, Lincolnshire after retiring from a varied business career, was diagnosed with acute lymphoblastic leukaemia (ALL) in October 2020. After a course of chemotherapy, Simon received a stem cell transplant using donor bone marrow cells from his son Michael.

"It ended up giving us a year and a half more with him, which was amazing," said son Phil, 38, who lives in Wheathampstead in Hertfordshire with wife Amy and their three children.

"We had a big family gathering for his next birthday in October 2021 which was also nice as it was the first time we'd all been together since COVID. Family was the most important thing for him. My son Milo was born in January 2021 so he got to meet him and get to know him, which was precious time."

Sadly, Simon's leukaemia relapsed, and he passed away in January 2022 at the age of 67.

"Charity and giving back to society were always a huge part of Dad's life," added Phil. **"After developing leukaemia, he changed his Will to include Leukaemia UK."**



Phil also set up a donation page for Simon's funeral which raised £2,000 for us. And he has decided to do even more fundraising – securing a place in the 2025 London Marathon which he will run to support our work.



"Leukaemia doesn't just affect the patients - it affects the family, the nurses and doctors looking after the person, everyone. Dad wanted to leave something meaningful in the hope that, at some point, there will be a cure for leukaemia and other people won't have to go through everything he did. You never know which donation will lead to the tipping point."



Make Leukaemia UK a great charity to work for and with



At a Glance

11 new or updated policies

3 new roles created, and 4 existing roles reshaped

25% staff turnover, a significant improvement on last year and well below the Chartered Institute of Personnel and Development benchmark

77% engagement in our second staff survey, an increase of 4%

Leukaemia UK is growing to help meet the needs of our strategy. In 2024 our team worked hard to attract the best talent, increase our diversity, and support everyone to ensure that Leukaemia UK remains a great place to work.

Two major pieces of work that our HR and finance team leadership also carried out this year were a substantial overhaul of all our policies and the development of four new ones including our Equality, Diversity, Inclusion and Belonging (EDIB) policy. The good news is that staff turnover is decreasing, and more people than ever engaged with our second staff survey which also showed a 4% uplift in how positively people felt about working at Leukaemia UK. The results of the survey will inform how we operate during 2025.

Our commitment to Equality, Diversity, Inclusion and Belonging (EDIB)



Our new EDIB policy aims to position Leukaemia UK as a leading charity in living these values. Not just in our employment practices but in everything we do. 2024 was the year we completed drawing up the policy and rolled it out across all our functions.

We used a new documentation system to ensure all of our policy and advocacy work is informed by a variety of patient voices and experiences. And we now collect diversity monitoring information for every researcher who registers for an account with our Funding Management System, so that we can monitor EDIB data on potential, successful and unsuccessful applicants.

The drive for improved EDIB also informed our communications. We added alternative text/image descriptions to our images on social media, emails and the website to make our content more accessible for people with sight loss. Captions and subtitles were included in our video content on social media to make it more accessible for people with hearing loss. We also carefully considered the emojis, text and hashtags we used on social media copy so that it was more easily translated by screen-reader devices for our blind or partially-sighted supporters. We began the process of diversifying our pool of storytellers and strove for representation across our photography and film resources.

We've increased the number of location-specific fundraising activities so that more people can easily take part. Photographers at our key events have captured the diversity of our participants and we ensure these pictures are used across our marketing materials so everyone can 'see themselves' as a part of our community.

We want to recruit the widest possible range of people at Leukaemia UK so we can truly represent the patient community across all aspects of our mission. This year we introduced an anonymous recruitment process to reduce unconscious bias and gave a preview of the types of interview questions in advance so candidates can give their best. We also removed our mandatory Christmas closure period, allowing colleagues to use that leave at other times of year if they wished.

Finally, at this year's Who's cooking Dinner? we focused on securing a more diverse range of chefs and were thrilled when the wonderful Romy Gill, Clare Smyth and Ravinder Bhogal joined us. This will continue to be a big focus for the event going forwards and we hope to make more headway in this area in 2025.

Attracting new recruits and looking after our staff



We work hard to attract the very best people – which we know then becomes a risk as they're so good, other charities want to recruit them! Making Leukaemia UK a great place to work in every way is the key to retaining staff, and in 2024 we're delighted to say our **staff turnover fell consistently over the year, down to 25% by the end of the year.**

By the end of 2024 we had 30 employees – they include a job-share and two maternity covers so that's 25 roles in total. Amongst these, three new positions were introduced this year – our Head of Policy & Advocacy who lead our general election campaign and will continue to drive our influence at the highest level, two new paid Policy Interns (who were both unfortunately snapped up for full-time roles elsewhere) to encourage and develop talented individuals who are just starting out on their careers, and a CRM Manager. We also re-shaped the roles of Director of Fundraising, Governance & Operations Manager, Head of Digital Engagement and our Corporate Partnerships Manager.

The good news is that next year will bring about further expansion as we get more of the right people in place to meet our goals.

This year we also launched our second Staff Survey which enjoyed increased engagement score in staff survey from 73% to 77%. We took more valuable information from this survey and will keep doing more.

A fresh chapter for our policies

A full overhaul of our policies kicked off in March this year to make sure they were fit for purpose and leading the way amongst charities. **Four completely new policies were created covering EDIB, carers leave, stress management and whistleblowing.**

Elsewhere, we fully updated our policies on flexible working, sickness absence (including enhancements to paid sick leave), maternity, paternity (which now includes enhanced paternity pay which is above the statutory level, in line with other family-friendly policies), shared parental leave, adoption and surrogacy, and parental leave.

We're proud that these robust, thoughtful and best practice policies make Leukaemia UK a great place to work.

In-housing and new systems move us ahead

We're delighted to say that this year all our financial management has been brought completely in-house. This will make us more responsive and reactive with improved insights for our management team. And we're very pleased we achieved another clean financial audit. We also introduced and embedded a new digital system for running our Human Resources function.

New management software has been brought in this year to help save time and paper for Board and Committee meetings. And we carried out an audit of the wide range of skills amongst our much-valued Trustees, meaning we can target our recruitment of future Trustees for an excellent fit.

We also comprehensively updated our risk register and began initial stage thinking on the development of our new strategy. To help inform this, and our wider charitable activities, this year we undertook a 'Theory of Change' process. This is a method used by many charities and other organisations to guide their strategies by defining the pathways and steps to the change they want to make – in our case, stopping leukaemia devastating lives. Our Theory of Change was developed with input from patients, clinicians and researchers, and it is going to provide a strong underpinning for the development of our next organisational strategy which will launch in 2027.

Spotlight on...



Dr Georgia Papacleovoulou

Leukaemia UK's Head of Policy & Advocacy

A strong dedication to health improvement for everyone has driven Dr Georgia Papacleovoulou throughout her career.

"Since I was a child, I have been passionate about health and social justice and always wanted to advocate for those in need and improve lives. I was President at the student union at high school and was part of the student association at my university in Greece."

Born in Athens, Greece, Georgia completed her degree in Molecular Biology and Genetics in Democritus University of Thrace, Alexandroupolis, Greece before moving to Edinburgh in Scotland in 2004. There she did her Masters in Reproductive Biology and a PhD focusing on how natural biological events during a woman's reproductive life can lead to ovarian cancer. Her PhD work was awarded with the prestigious Young Endocrinologist Lecture Prize awarded by the Society for Endocrinology.

She then moved to London to take up a role at Imperial College London and Kings College London as a Biomedical Scientist, looking at a rare complication of pregnancy.

"During my time in academia, I worked closely with health charities that supported my research. Through this I started developing a strong interest in health policy and advocacy. Research is a missed opportunity if it cannot be brought to the clinic so it can reach the patients when they need it. This is when I decided to change career path and move to the charity sector where I could make a broader impact on improving healthcare systems and outcomes for patients with less common and rare disease."

Georgia spent seven years at Pancreatic Cancer UK, developing and leading its policy and health improvement programme and securing a number of national policy commitments and in some cases working directly with health policy makers.

"I was excited when I saw Leukaemia UK's Head of Policy and Advocacy position. Throughout my

career, I have dedicated myself to improvements for less common and rare diseases, believing that meaningful societal progress can only be achieved when the needs of these populations are recognised and addressed. Leukaemia remains a relentless killer that doesn't discriminate. I was inspired by the organisation's vision to stop leukaemia devastating lives. It's a small but mighty team and I've thoroughly enjoyed playing my part to drive change during 2024 which has been a pivotal year."

"I'm so proud of the impact we've had through our first ever public-facing manifesto campaign that called political leaders to commit to a cancer strategy after the general election and to ensure they champion leukaemia within this. Our manifesto was informed by those affected and we campaigned with our supporters and the wider cancer community; and now the Government has committed to a dedicated national cancer plan due to be published in 2025."

"We also pushed ahead with our Spot Leukaemia campaign, co-run with Leukaemia Care, to ensure people with symptoms of leukaemia have timely access to full blood counts - an easy and inexpensive test to diagnose or rule out leukaemia."

Georgia was given the position of Blood Cancer Alliance's Policy Co-Chair role with Myeloma UK this year, an opportunity for her to collaborate with several other blood cancer charities to drive policy change.

"Looking ahead, I want to continue to work with all those with the power to drive change. That includes people with lived experience, researchers, healthcare professionals and policy makers within NHS, government and industry. Leukaemia UK will continue building on the momentum and successes of this year and I will work on new projects that will further improve patient outcomes and ensure that those affected by leukaemia have the best diagnosis, treatment and care they deserve to live long and well."



Spotlight on...



Trustee Caroline Evans

One of Leukaemia UK's longest-serving Trustees, Caroline Evans looks back with pride at the journey the charity has been on over the past nine years. She joined ELF (the Elimination of Leukaemia Fund) just before the charity rebranded to become Leukaemia UK and then merged with Leuka.

Caroline, 62, who lives in Greenwich, London, describes the thread that runs through her varied career and her work with Leukaemia UK as a combination of strategy and project work. She studied Natural Sciences at Cambridge and then worked as an editor of science, engineering and maths textbooks at Hodder & Stoughton and MacMillan. She left publishing to become a founding director of EdComs, a communications agency working with schools, brands, government and charities. After a stint as CEO of the Pearson Teaching Awards, Caroline joined the Royal Academy of Engineering to set up and run the Queen Elizabeth Prize for Engineering – a global prize which celebrates engineering innovations and promotes the sector as a career. Since 2015 Caroline has run her own consultancy, working mainly with charities and charitable foundations.

Before being invited to join Leukaemia UK Caroline had been on the Board of other charities. Leukaemia had also affected people close to her. **"My step-brother died of leukaemia when he was nine. After another close family friend was diagnosed and treated at King's College Hospital in London, my dad became a**

founding Trustee of ELF and did an incredible amount of fundraising and awareness raising to support the work at King's."

When Caroline's father eventually stepped down, she was asked if she would like to take on the role to continue the family link. **"I joined ELF at a time of major change. It was an enormous privilege to be a Trustee as we set a new path for the organisation. Rebranding to become Leukaemia UK raised our profile and brought opportunities – including the merger with Leuka."**

After nine years in the role, Caroline is stepping away, believing that every charity needs a regular turnover of Trustees to bring fresh energy and perspectives to the board.

"Much of my working life has been about developing a vision, setting a strategy and managing delivery to achieve a specific goal. I've tried to bring those skills and expertise to my role as a Trustee at Leukaemia UK. It's also been a great pleasure to work with an inspiring team of colleagues – on the Trustee board and within the executive team. I'm proud of all that we've achieved together. As we come to the end of our first five-year strategic plan, it's clear that Leukaemia UK has achieved extraordinary growth and impact and established its place in the sector. On a personal level it's been a rich and fulfilling experience, but it's time for others to take over now. I'm looking forward to seeing where Leukaemia UK goes next."



Our plans for 2025 – the year we will...



Our plans for 2025

Enabler 1

Advocacy

- Continue to build upon the impact seen in our policy and advocacy work during 2024, with the Government's commitment to a 10 Year Health Plan and a National Cancer Plan as our focus
- Build and strengthen relationships with policymakers around the UK
- Hold our first parliamentary event to launch our policy report, and deepen engagement with MPs and policy makers
- Increase our work with the leukaemia community to make sure that the changes we call for are evidence based and reflect their specific needs
- Expand the number of Community Champions and see an even greater impact in their work.

Enabler 2

Research

- Offer the full suite of John Goldman Fellowships, Follow Up Fund, Project Grant and Patient Care Pioneer awards
- Continue to provide valuable funding to support the DIDACT Foundation Academy and other events in the UK of relevance to the leukaemia research community
- Offer a new funding scheme to enable young researchers to attend events that will support their career development
- Connect researchers with their interests outside of the science, whether this is patient input into research, policy and advocacy work or public awareness of leukaemia
- Continue to build our relationship with our fundraising team so that people wanting to give to Leukaemia UK understand the detail and importance of the research their money funds
- Plan two more laboratory tours with our researchers
- Expand the factual and scientific information available across all our platforms.

Enabler 3

Communications

- Build our brand among key audiences, increasing understanding of our work, growing our community of supporters and improving the experience for them in being part of LUK
- Make Leukaemia UK the go-to charity on leukaemia through strategic PR planning, with an emphasis on thought leadership and promoting our policy and advocacy priorities
- Develop our real-life stories, looking at how we can increase the diversity of those we work with and exploring different ways to tell their stories
- Grow a network of Ambassadors and Patrons, exploring opportunities for the appointment of a new ambassador in 2025
- Continue to grow our online reach and engagement through our website, social activity and wider digital work
- Maximise the role of research and advocacy within our comms content and activities
- Continue to improve the accessibility of our channels and content
- Grow the team by appointing a dedicated PR and Communications Officer with a focus on events and fundraising to bolster our expertise and improve capacity in the team to take up new projects.

Enabler 4

Fundraising

- Test our first ever Facebook Fundraising Challenge in the early summer
- Introduce the Mini Masters Event with 'Golf's Greatest Garden Party' at Sunningdale Heath in the summer (4th July)
- Build on our new Philanthropy Programme, strengthening existing partnerships and developing new ones to create sustainable income sources
- Raise more money by having a diverse portfolio of events and initiatives that appeal to a variety of people so we can invest in more life-changing research and impactful campaigning
- Broaden our supporter network to across more differing groups of people
- Ensure people affected by leukaemia see themselves represented throughout fundraising, and understand the impact of our work across UK communities
- Grow the number of challenge events participants, with 200 places in the Hackney Half and more in other events across the UK.

Enabler 5

Great place to work

- Aim to increase the engagement score in our third staff survey
- Investigate how AI can make a difference to the way we work
- Transition to a new IT Support Provider
- Continue to develop and take forward our Equality, Diversity, Inclusion and Belonging approach
- Commence development of our new Leukaemia UK strategy
- Work towards registration with the Officer of the Scottish Charity Regulator (OSCR)
- Undertake a carbon footprint audit and develop our environmental approach
- Introduce enhanced cyber-security assessment and training.

Structure and Governance



Our passionate team

Senior Leadership Team

The Trustees delegate day-to-day management of the charity to the Chief Executive, who works with a Senior Leadership Team (SLT). The SLT is made up of the Chief Executive and Directors of Income, Communications, Research and Advocacy, and Finance & Resources.

Staff

Over the course of 2024 our staff numbers increased to 30, with a FTE of 26.

Alongside our central London premises, new for us in 2023, we have continued to support staff through our hybrid working, wellbeing and family-friendly policies, which have been reviewed according to staff feedback.

Volunteers

We are nothing without our volunteers who generously give their time and expertise to support us, and this year we have reviewed our volunteering policies and processes to make sure that we can use this valuable resource as effectively as possible.

We are incredibly grateful to the 44 individuals who have given up their time for us this year. This includes the 28 experts that make up our Scientific and Medical Advisory Group, the 11 members of our Patient Experience Advisory Panel and the five people who provided volunteer support around events and community fundraising. We are incredibly grateful to all our volunteers for everything they do to help the charity, people with a diagnosis of blood cancer, and their friends and families.

Status

Leukaemia UK operates as a Charitable Incorporated Organisation (CIO) and is governed in line with its constitution dated 3 December 2013. Our objectives are to relieve sickness and preserve and protect health, in particular by:

- Promoting research into leukaemia and/or related disorders
- Providing support directly or indirectly to people affected by leukaemia and/or related disorders, including the maintenance of specialist treatment units.

Public benefit

Trustees can confirm that they are informed by the Charity Commission's guidance on public benefit and that they have complied with Section 17 of the Charities Act 2011 to have due regard to this area. Any research that we fund must be available to everyone regardless of race, religion, gender, sexual orientation, or age, amongst other factors.

Board of Trustees

Trustees contribute their services to the Board on a voluntary basis and are responsible for the governance of the charity, ensuring it meets its statutory responsibilities, as well as determining overall strategy, policies, and direction, with the expert guidance of the Senior Leadership Team. We aim to appoint Trustees with a diverse range of skillsets and backgrounds, which includes those with lived experience of blood cancer, in line with our aim to put those affected at the heart of all we do.

The constitution states there must be a minimum of three and a maximum of 15 Trustees. All Trustees have a term length of three years and are eligible to serve three consecutive terms. A Trustee who has served for three consecutive terms may not be appointed for a fourth consecutive term save with the approval of two-thirds of the Board of Trustees.

Any new Trustees are invited by agreement of the existing Trustees, having due regard to the skills, knowledge and experience required for the effective administration of the charity.

The full Board usually meets four times a year. In January 2024 there was an additional Board away day with a focus on reviewing progress against the strategic plan.

The Leukaemia UK Board of Trustees consists of:

- Alastair Adam
- Amanda Stewart (Vice-Chair)
- Professor Alejandro Madrigal
- Caroline Evans
- Chris Corbin OBE (resigned July 2024)
- Ellen Broomé

- Emma McKinley
- Ian McCafferty CBE (Chair)
- James Barlow
- James Fairclough
- Dr Jo Reynolds
- Karen Cracknell
- Luke Cripps
- Miriam Jordan Keane



We would like to extend our heartfelt thanks to Chris Corbin OBE for his outstanding contribution to Leukaemia UK, including his impactful tenure as Chair. His leadership and dedication have helped shape the charity we are today, and we look forward to continuing to work with him in his new role as Patron.



Scientific and Medical Panel

Independent expert review is an integral part of the decision-making process when awarding funding. Leukaemia UK is a member of the Association of Medical Research Charities (AMRC), the UK membership organisation of leading medical and health research charities. Our funding review process complies with the AMRC's principles of expert review, which ensure that member charities support high quality research, maximise the impact of their funding, and deliver changes that really matter to their communities.

All funding applications are reviewed by at least five members of our Scientific and Medical Advisory Group (SAMAG) and at least two independent external expert reviewers, as well as representatives from our Patient Experience Advisory Panel. SAMAG is the collective name for the Leukaemia UK Expert Review Panels (ERPs) that review all applications to

Leukaemia UK for funding. In 2024, Leukaemia UK had three ERPs: the John Goldman Fellowship (JGF) ERP; the Project Grant and JGF Follow-up Fund ERP; and the Patient Care Pioneer Award ERP.

Leukaemia UK implements a policy on Conflicts of Interest, whereby all ERP members and independent external expert reviewers are asked to declare any conflicts they may have with the application or applicant/s, in order that these are properly managed, in line with the AMRC's principle of impartiality. The reviewers assess applications for their relevance, quality and feasibility, to make recommendations for funding.

Leukaemia UK's ERPs make their recommendations for funding to Leukaemia UK's Board of Trustees, who make the final decisions on which applications will be approved for funding.

In the year under review, SAMAG membership consisted of:

- Ms Surabhi Chaturvedi, King's College Hospital
- Ms Ruth Clout, Christie NHS Foundation Trust
- Prof. Mark Cragg, University of Southampton
- Prof. Nick Cross, University of Southampton
- Dr Amir Enshaei, Newcastle University
- Prof. Francesco Forconi, University of Southampton
- Prof. Olaf Heidenreich, Newcastle University
- Prof. Vignir Helgason, University of Glasgow
- Prof. Ian Hitchcock, University of York
- Dr Karen Keeshan, University of Glasgow
- Ms Michelle Kenyon, King's College Hospital
- Prof. Ulf Klein, University of Leeds
- Prof. Cristina Lo Celso, Imperial College London
- Dr Orla McCourt, University College London Hospital
- Dr Sharon McKenna, University College Cork, Ireland
- Prof. Alison Michie, University of Glasgow
- Dr Kim Orchard, University Hospital Southampton NHS Foundation Trust
- Dr Elspeth (Beth) Payne, University College London
- Prof. Chris Pepper, University of Sussex
- Dr Cristina Pina, Brunel University
- Dr Lisa Russell, Newcastle University
- Ms Nicola Scott, Leeds Teaching Hospital
- Dr Claire Seedhouse, University of Nottingham
- Prof. John Snowden, Sheffield Teaching Hospitals NHS Foundation Trust
- Prof. Alex Tonks, Cardiff University
- Dr Roochi Trikha, King's College Hospital
- Prof. Helen Wheadon, University of Glasgow
- Prof. Owen Williams, University College London, Great Ormond Street Institute of Child Health

Finance Sub-Committee

The Committee meets four times a year and in the year under review its members were: Alastair Adam, Emma McKinley and James Barlow (Chair). Ian McCafferty also attends as an observer. The committee is responsible for advising the Board on operational and strategic financial planning, including reviewing plans, budgets, management accounts and reforecasts. It reviews matters of financial governance including financial policies, processes and controls, and advises on the appointment of external auditors. The committee also sets and recommends the Investment Strategy to the Board for approval and oversees the management and performance of investments.

People & Culture Sub-Committee

This committee provides assurance to the Board on the charity's culture, workforce planning and development, HR policies and procedures, and other matters related to organisational development. The Committee meets three times a year and its members during the year under review were Amanda Stewart, Caroline Evans, Ellen Broomé and Karen Cracknell (Chair).

Remuneration Sub-Committee

The Committee meets at least once a year and in the year under review was made up of Amanda Stewart, Caroline Evans, Ellen Broomé, Ian McCafferty (Chair) and Karen Cracknell. It sets and reviews the pay and benefits policies and processes for the charity, using sector benchmarking. The Committee reviews pay on an annual basis. Each year a pay award is considered but not guaranteed, with any agreed uplift applicable from April.

Development Sub-Committee

This committee provides assurance to the Board on the charity's strategic investment in growing sustainable net income, profile, engagement and influence, in support of the five year strategy to save and improve more lives. It also assists the Board in establishing ambitious but realistic goals and targets in relation to this, provides a forum for discussion of best practice and reviews risks and mitigations related to the charity's income, marketing and communications. The committee met three times in the year under review and is made up of Board members Alejandro Madrigal, Chris Corbin, Jo Reynolds, Luke Cripps, and Miriam Jordan Keane (Chair), as well as external expert Antony Newman (Global Brand Director at Merlin Entertainments).



Our finances

This report covers the period from 1st January 2024 to 31st December 2024.

Income

Total income for 2024 came to £3,967,327 including £104,422 of investment income. The main sources of income came from grants, legacies and donations, including donated goods and services, totalling £3,632,742.

Fundraising expenditure

Fundraised income during 2024 was achieved with an increase in expenditure from £1,415,067 in 2023 to £1,547,592. The increased expenditure was largely due to consolidating the growth of the staff team to promote growth in income post-merger. This is leading to successful income generation which can sustain and grow our world-class research programme to deliver long-term progress in leukaemia treatment, diagnosis and care.

Charitable expenditure

Expenditure on charitable activities during 2024 was £2,271,173 - increased from £2,074,677 in 2023.

Grants

A total of £1,200,712 was committed as new grants in the year.

Surplus

We ended the year with a surplus after net gains on investments of £260,709 compared to a deficit of £549,681 in the prior year.

Reserves

The charity holds free reserves to:

- Provide a financial buffer to manage short to medium term income risks and/or unexpected costs
- Provide a buffer in the event of a significant decline in the value of the charity's investment portfolio.
- Invest in strategic opportunities that further the charity's aims
- Maintain stakeholder and donor confidence and meet legal obligations.

The Trustees consider it prudent to maintain free reserves (i.e. unrestricted, undesignated funds) equivalent to six to nine months of expenditure excluding grant funding. This would allow for a managed wind-down of the charity, including paying staff notice periods, statutory redundancy pay and lease liabilities.

Based on the current budget, a full year's expenditure excluding grant funding rounds to £3 million. This equates to a target range of £1.5 million to £2.25 million.

The charity has set up two designated funds in 2024:

- 1) AML Fund - £300,000 of reserves have been designated to support current and future research into Acute Myeloid Leukaemia (AML). The trustees have set this sum aside to reflect their strategic commitment to investing in this area.
- 2) Fixed Asset Fund - a designated fixed asset fund has been created to mirror the net book value of fixed assets, to reflect the fact that they are illiquid, and therefore not part of free reserves.

Reserves at 31 December 2024

At the end of 2024, the total funds of the charity were £2,667,149 up from £2,406,440 at the end of 2023, made up as follows:

	2024	2023
Restricted reserves	£110,719	£96,902
Designated AML fund	£300,000	-
Designated Fixed Asset fund	£15,613	-
Unrestricted reserves remaining	£2,240,817	£2,309,538
Total reserves	£2,667,149	£2,406,440

The current level of free reserves of £2,240,817 is towards the upper end of the target range of £1.5m to £2.25m, however, our strategy and funding model developed in 2022 sets out a plan to spend some of these funds to accelerate progress towards our vision and mission over the remainder of the strategy period. The expectation is that free reserves will be well within the target range by the end of 2025.

The reserves policy will be reviewed annually, or sooner if there is a significant change in the charity's financial situation or risk profile.

Financial statements

The charity's financial statements are set out on pages 73 to 89.



Going concern

Like many charities, Leukaemia UK is planning for the continued impact of the cost-of-living crisis, aware that as donors feel the squeeze, charitable donations are an area that may have to be cut from people's spending. However so far, thanks to the incredible generosity of our supporters and the hard work and dedication of our team, the impact of this has not yet been significantly felt.

Our plan and budget for 2025 will see us drawing on our reserves to invest in growing the charity post-merger as we deliver our strategy and continuing to diversify our income streams to improve our financial resilience, focusing particularly on growing our supporter base. We have reviewed our Reserves Policy so we can invest in our charitable work to deliver greater impact for those affected by leukaemia. It is therefore reasonable to expect that the charity has adequate resources to continue in operation for the foreseeable future, representing a period of at least 12 months from authorisation of the financial statements. Given this, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis as outlined in the Statement of Trustees' Responsibilities.

Investments

The Trustees take a cautious and prudent approach to investment of the charity's funds. To ensure that investments are appropriately diversified, they have agreed for funds to be split between:

- Short and medium-term bank money market deposits
- A portfolio of investments managed by the firm of stockbrokers, Investec.

This split of resources is designed to balance potential returns with appropriate risk, as well as ensuring enough liquidity to meet cash flow requirements. The long-term investment portfolio is managed by investment managers to ensure a cash income source through dividends and interest which is withdrawn from the portfolio on a quarterly basis, and to achieve capital growth by reinvesting funds from disposed of investments.

The only restriction placed on the investment portfolio is an instruction that the firms must not invest charity funds in tobacco companies. All long-term investments are managed by Investec, which provides regular updates to Board meetings throughout the year. Investec is invited annually to present to the Finance & Audit Sub-Committee.



Ethics

Equality, Diversity, Inclusion & Belonging

Leukaemia UK recognises the critical importance of working with individuals from all backgrounds and community groups affected by and interested in leukaemia. This helps build a charity that values knowledge, understanding, innovation, and difference in others.

We are committed to ensuring all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status, maternity status, marital status, race, religion, social status or economic status.

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard. By focusing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last. We aim to listen, learn and collaborate with others to increase equality, diversity and accessibility across all we do.

We have developed an Equality, Diversity, Inclusion & Belonging Policy, and introduced it to staff and Trustees in learning and development workshops. We have begun to improve our offer to employees and introduced new recruitment processes to enhance and broaden our appeal and reach to potential candidates and limit bias. We have recruited a job-share partnership to our Director of Communications role. Given our small workforce this highlights our commitment to flexible working and was covered in the charity sector media. We also have a Patient Experience Advisory Panel to help us better represent and reflect the diverse experiences of those affected by leukaemia and renewed the membership of our Board of Trustees and Scientific Panel.

Use of animals in research

Animal research has played a vital part in many medical discoveries. Some of the biggest breakthroughs in our understanding of blood cancers and the development of new treatments would not have been possible without the use of animals. Most biomedical research is carried out using non-animal methods, but sometimes these methods simply cannot replace the use of animals.

Leukaemia UK supports the view, together with the majority of academics and every major UK charity that conducts medical research, that using animals in research is sometimes necessary to develop new treatments for human diseases.

Leukaemia UK will fund proposals that include research with animals only where there is no alternative, and where the proposals fully comply with the Animals (Scientific Procedures) Act 1986. All animal research carried out in the UK must be

approved and licensed by the Home Office.

Leukaemia UK is a member of the Association of Medical Research Charities (AMRC). All AMRC members support the AMRC position statement on the use of animals in research.

We support the guiding principles of the 3Rs (replace, refine and reduce) that underpin the humane use of animals in scientific research. Any proposed research using animals is therefore required to consider how to:

1. 'Replace' animals with alternatives wherever possible
2. 'Refine' experimental techniques, to ensure best practices for animal welfare
3. 'Reduce' the number of animals used to a minimum, to obtain information from fewer animals or more information from the same number of animals.

Working with life science and the healthcare industries

Leukaemia UK understands the importance of working in partnership with all stakeholders with an interest in leukaemia and other blood cancers, including industry, to achieve common goals and to ultimately improve the lives of people affected by leukaemia.

Leukaemia UK welcomes funding from a wide range of companies from life science and healthcare industries and has no preference for working with any one company. Such partnerships should enable us to achieve the charity's mission to stop leukaemia devastating lives, without compromising our independence and integrity, and we will only work with pharmaceutical and biotechnology companies where we can ensure compliance with the most recent ABPI Code of Practice. In 2024 income from life science and the healthcare industries accounted for 1.6% of our income.

We acknowledge that both collaborative working and financial support from life science and health care industries are important, but at the same time we recognise the need for partnerships to be transparent. We operate any such partnerships according to a series of rules and guidelines, underpinned by agreed governance principles.

Fundraising ethics

Leukaemia UK voluntarily subscribes to the Fundraising Regulator and its Code of Fundraising Practice. The Fundraising Regulator investigates and takes appropriate action on cases of public concern. We are also signed up to the Fundraising Preference Service which enables individuals to opt out from receiving fundraising communications from us. We continue to work closely with the Fundraising Regulator and with the Institute of Fundraising to

help improve standards and ways of working across the charity sector.

Complaints handling

Complaints and supporter feedback provide important sources of information about the impact that our work has on our supporters and members of the public, giving us insights and lessons for future fundraising activities. We are committed to delivering the highest possible standard of service and supporter care.

As part of our complaints policy, we promise:

- To provide a fair complaints procedure that is clear and easy to use
- To publicise our complaints procedure so that people know how to make a complaint
- To make sure that all complaints are investigated in a timely way
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired
- To gather information that helps us to improve what we do.

During 2024 we received two complaints from supporters regarding a campaign which they found upsetting. Our fundraising team worked quickly to discuss and explain the issues raised with the supporters concerned.

Our risks

We have a stringent approach to risk management, with the risk register and processes reviewed quarterly by the Finance Committee and by the full Board of Trustees. The Trustees actively review the major strategic, business and operational risks that the charity faces and confirm that they have established systems to manage significant risks.

The risk management process takes account of several factors when identifying risks, including internal factors such as staff expertise, cash and donation levels, and current commitments, as well as external factors including reputational risk, trends within the sector and changes in legislation. Each risk is then given a rating based on the level of impact it might have on the operations of the charity against the likelihood of any negative impact occurring.

The top three risks identified by the management team at the end of the reporting period are outlined below:

Risk	Mitigating activities
Income fails to grow in line with plans and strategy, or declines	<ul style="list-style-type: none"> • Investment in fundraising team to grow sustainable income streams • Investment in communications team to grow brand awareness and underpin successful fundraising • Investment in legacy marketing to grow this income stream • Income growth trends monitored at SLT and Board • Reserves can cover some short-term shortfalls
Cost-of-living crisis exerts critical squeeze on charity finances, with increased costs and reduced income	<ul style="list-style-type: none"> • Investment has been made in fundraising team aiming to shore up and increase income • Diversification of fundraising efforts into corporate, pharma, trusts, and increased legacy marketing • Regular monitoring and forecasting to provide early warning of pinch points • Reserves can be used to plug short-term gaps
Failure to attract and retain suitable talent	<ul style="list-style-type: none"> • Benefits package improved in 2023 • Salaries kept under review and pay increase process in place • Development plans (training/qualifications) in place and reviewed • Exit interviews undertaken to capture feedback and learnings • Annual staff survey to gather feedback and benchmark against other charities

Statement of Trustees' Responsibilities



The Board of Trustees presents its Annual Report and Accounts for the year ended 31 December 2024. The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. Charity law requires the Trustees to prepare financial statements for each financial year. Under that law, they are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. Under charity law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and any excess of expenditure over income for that year.

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

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

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

In addition, the Trustees confirm that they are happy that the content of the annual review in pages 3 to 65 of this document meet the requirements of the Trustees' Annual Report under charity law. They also confirm that the financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Each person who is a Trustee at the date of approval of this report confirms that:

- So far as the Trustee is aware, there is no relevant audit information of which the charity's auditors are unaware
- The Trustee has taken all the steps they ought to have taken as a Trustee to make themselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

This report was approved and authorised for issue by the Board of Trustees on 17th July 2025 and signed on its behalf.

A handwritten signature in black ink, reading "I.A. McCafferty".

Ian McCafferty CBE, Chair



Accounts 2024



Independent auditor's report to the Trustees of Leukaemia UK

Opinion

We have audited the financial statements of Leukaemia UK (the 'charity') for the year ended 31 December 2024, which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cashflows and the related 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 Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2024, 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; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

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 responsibilities for the audit of the financial statements section of our report. We are independent of the charity 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 the charity'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. Our opinion on the financial statements does not cover the other information and 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the Trustees' report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement, the Trustees 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 charity'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 charity or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 is detailed below:

Our assessment focused on key laws and regulations the charitable company has to comply with and areas of the financial statements we assessed as being more susceptible to misstatement. These key laws and regulations included but were not limited to compliance with the Charities Act 2011, taxation legislation, data protection, anti-bribery and employment legislation.

We are not responsible for preventing irregularities, including fraud. Our approach to detecting irregularities, including fraud, included, but was not limited to, the following:

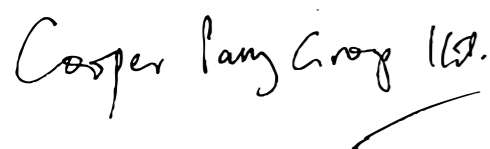
- obtaining an understanding of the legal and regulatory framework applicable to the Charity and how the Charity is complying with that framework, including agreement of financial statement disclosures to underlying documentation and other evidence;
- obtaining an understanding of the Charity's control environment and how the Charity has applied relevant control procedures, through discussions with management and by performing walkthrough testing over key areas;
- obtaining an understanding of the Charity's risk assessment process, including the risk of fraud;
- reviewing meeting minutes of those charged with governance throughout the year; and
- performing audit testing to address the risk of management override of controls, including testing journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

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 FRC'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 charity's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Glen Bott (Senior Statutory Auditor)
for and on behalf of

Cooper Parry Group Limited
Cubo Birmingham
4th Floor
Two Chamberlain Square
Birmingham
B3 3AX

18th July 2025.

Cooper Parry Group Limited are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.

Statement of financial activities

For the year ended 31 December 2024

	Notes	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £	Total Funds 2023 £
Income from					
Donations and legacies	3	2,973,286	659,456	3,632,742	2,543,866
Other trading activities	4	230,163	-	230,163	173,408
Investments	5	104,422	-	104,422	91,012
Total income		3,307,871	659,456	3,967,327	2,808,286
Expenditure on					
Raising funds	6 & 7	1,547,592	-	1,547,592	1,415,067
Charitable activities	6 & 8	2,220,722	50,451	2,271,173	2,074,677
Total expenditure		3,768,314	50,451	3,818,765	3,489,744
Net gains/(losses) on investments	12	112,147	-	112,147	131,777
Net income/(expenditure)		(348,296)	609,005	260,709	(549,681)
Transfer between funds	16	595,188	(595,188)	-	-
Net movement in funds		246,892	13,817	260,709	(549,681)
Reconciliation of funds					
Total funds brought forward	16 & 17	2,309,538	96,902	2,406,440	2,956,121
Total Funds carried forward	16 & 17	2,556,430	110,719	2,667,149	2,406,440

The notes on pages 76 to 89 form part of the financial statements.

All the above results arise from continuing activities.

There were no other recognised gains or losses other than those stated above.

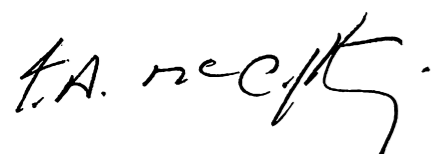
Balance sheet

As of 31 December 2024

	Notes	Total Funds 2024 £	Total Funds 2023 £
Fixed assets			
Tangible assets	11	15,613	26,865
Investments	12	3,561,192	2,971,915
Total fixed assets		3,576,805	2,998,780
Current assets			
Debtors and prepayments	13	562,929	1,111,499
Investments		169,244	215,653
Cash at bank and in hand		1,431,983	745,138
Total current assets		2,164,156	2,072,290
Creditors - amounts falling due within one year	14	(2,117,990)	(1,590,452)
Net current assets		46,166	481,838
Grants awarded - due in more than one year	15	(955,822)	(1,074,178)
Total net assets		2,667,149	2,406,440
Funds of the charity			
Restricted			
	16 & 17	110,719	96,902
Unrestricted			
Designated	16 & 17	315,613	-
General	16 & 17	2,240,817	2,309,538
Total unrestricted		2,556,430	2,309,538
Total Funds		2,667,149	2,406,440

The notes on pages 76 to 89 form part of the financial statements.

These financial statements were approved and authorised for issue by the Board of Trustees on 17th July 2025 and signed on their behalf by:



Ian McCafferty CBE
Chair

Statement of cash flows

For the year ended 31 December 2024

	Total Funds 2024 £	Total Funds 2023 £
Cash flows from operating activities		
Net income/(expenditure) for period (as per SOFA)	260,709	(549,681)
Adjustments for:		
Depreciation charges	11,252	10,034
(Profit)/loss on disposal of tangible asset	-	-
Investment income received	(104,422)	(91,012)
Net gains/(losses) on investments	(112,147)	(131,777)
(Increase)/decrease in debtors	548,570	(550,046)
Increase/(decrease) in creditors due in less than one year	527,538	(97,530)
Increase/(decrease) in grants payable - due in more than a year	(118,356)	367,442
	752,435	(492,889)
Net cash flows from operating activities	1,013,144	(1,042,570)
Cash flows from investing activities		
Investment income received	104,422	91,012
Purchase of tangible fixed assets	-	(12,613)
Proceeds from sale of investments	2,852,731	701,717
Purchase of investments	(3,332,798)	(742,014)
(Increase)/decrease in short term investments	46,409	(8,212)
Decrease/(increase) in cash held in portfolio	2,937	60,797
	(326,299)	90,687
Net cash flows from investing activities	(326,299)	90,687
Change in cash and cash equivalents in period	686,845	(951,883)
Cash at bank and in hand brought forward	745,138	1,697,021
Cash at bank and in hand carried forward	1,431,983	745,138

The notes on pages 76 to 89 form part of the financial statements.

Notes to the financial statements

1. Accounting policies

Basis of preparation of the financial statements

The financial statements have been prepared in accordance with 'Charities SORP (FRS 102) - 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) second edition (effective 1 January 2019)', the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), including Update Bulletin 2, and relevant charities law.

The effect of any event relating to the year ended 31 December 2024, which occurred before the date of approval of the financial statements by the Board of Trustees has been included in the financial statements to the extent required to show a true and fair view of the state of affairs at 31 December 2024 and the results for the year ended on that date.

The functional currency of the Charity is sterling and amounts in the financial statements are rounded to the nearest pound.

Legal status

Leukaemia UK is a charitable incorporated organisation registered in England & Wales, and meets the definition of a public benefit entity. The registered office is 26 Great Queen Street, London, WC2B 5BL.

Going concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the Charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The Trustees have considered the Charity's forecasts and projections and have taken account of pressures on donation, fundraising and investment income. After making enquiries, the Trustees confirm that the Charity has adequate resources to continue in operational existence for the foreseeable future and that there are no material uncertainties that would impact this assessment. The ongoing global economic uncertainty has had no material impact on this assessment. The Charity therefore continues to adopt the going concern basis in preparing its financial statements.

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.

Designated Funds are unrestricted funds which have been designated for a specific purpose by the Trustees. The aim and use of each designated fund is set out in note 16 of the financial statements.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by donors or that 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 note 16 of the financial statements.

Income

All income is included in the Statement of Financial Activities when the Charity has entitlement, there is probability of receipt and the amount is measurable.

For donations and gifts this is when they are received. Gift Aid is recognised on a receivable basis as part of the income to which it relates.

Grants are recognised in full in the year in which they are receivable except in situations where they are related to performance in which case they are accrued as the Charity earns the right through performance.

Fundraising income is accounted for gross, with any associated costs presented as expenditure.

Interest is recorded when it is receivable.

Dividends are accounted for when due, and tax recoverable on such income is accounted for based on the repayment due in the fiscal year ending in that accounting year.

Realised gains or losses are recognised when investments are sold. Unrealised gains or losses are accounted for on revaluation of investments at the period end.

Expenditure and irrecoverable VAT

Expenditure is accounted for on an accruals basis and liabilities are recognised as expenditure when there is a legal obligation committing the Charity to the expenditure, it is probable that settlement will be made, and the obligation can be measured.

Non-recoverable VAT is included against the expenditure heading to which it relates.

Indirect costs, including governance costs, which cannot be directly attributed to activities, are

allocated between activities proportionate to the direct costs incurred in those activities.

Grants payable are payments made to third parties in furtherance of the Charity's objectives.

Unconditional grant offers are accrued in full once the recipient has been advised of the grant award and the payment is probable. Where grant awards are subject to performance conditions that are outside of the control of the Charity these are accrued when the recipients have been notified of the grant award.

Multi-year grants are recognised at their historic cost and thereafter at the best estimate of the amount required to settle the obligation at the reporting date. Where payments are due over more than one year from the date of the award and there are no unfulfilled conditions which are within the control of the Charity and the effect of discounting is immaterial, no adjustment is made to discount the liability to its present value at the reporting date.

Taxation

As a registered charity income and gains are exempt from Corporation Tax to the extent that they are applied to the charitable objectives.

Donated goods and services

Where goods are provided to the Charity as a donation that would normally be purchased from suppliers this contribution is included in the financial statements as an estimate based on the value of the contribution to the Charity.

Investments

Investments are initially measured at their cost and subsequently measured at their fair value at each reporting date, which gives rise to unrealised gains/losses at the end of the financial period which is reflected in the SOFA. Realised gains/losses are calculated as the difference between the sales proceeds and the opening carrying value or the purchase price if acquired during the financial period. Partial disposals are accounted for using the average value. Fair value is based on the quoted price at the balance sheet date without deduction of estimated future selling costs.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses, with individual assets over £1,500 being capitalised.

Depreciation is provided at rates calculated to write off the cost of each asset, less its estimated residual value, over the useful economic life of that asset as follows:

- Computers – straight line over 4 years
- Fixtures and fittings – straight line over 5 years

Cash at bank and in hand

Cash at bank and in hand includes cash in hand, deposits with banks and funds that are readily convertible into cash at, or close to, their carrying values, but are not held for investment purposes.

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount is applied.

Creditors

Creditors 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.

Financial instruments

Basic financial instruments are measured at amortised cost other than investments which are measured at fair value.

Critical estimates and judgements

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The treatment of tangible fixed assets is sensitive to changes in useful economic lives and residual values of assets. These are reassessed annually.

The charity recognises residuary legacies once probate has been granted, which therefore requires an estimation of the amount receivable. This calculation is based on the estate accounts provided by the executor and allows for a proportion of costs incurred in finalising the estate, as well as any uncertainties around valuation of physical assets.

Donated goods and services are based on an estimate of the value of the contribution to the Charity as per the accounting policy above.

In the view of the Trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

Pensions

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

Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

Operating leases

Rentals payable under operating leases are charged against income on a straight-line basis over the lease term.

2. Comparative statement of financial activities

	Notes	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Income from				
Donations and legacies	3	2,027,544	516,322	2,543,866
Other trading activities	4	173,408	-	173,408
Investments	5	91,012	-	91,012
Total income		2,291,964	516,322	2,808,286
Expenditure on				
Raising funds	6 & 7	1,415,067	-	1,415,067
Charitable activities	6 & 8	2,028,955	45,722	2,074,677
Total expenditure		3,444,022	45,722	3,489,744
Net gains/(losses) on investments	12	131,777	-	131,777
Net income/(expenditure)		(1,020,281)	470,600	(549,681)
Transfer between funds	16	543,852	(543,852)	-
Net movement in funds		(476,429)	(73,252)	(549,681)
Reconciliation of funds				
Total funds brought forward	16 & 17	2,785,967	170,154	2,956,121
Total Funds carried forward	16 & 17	2,309,538	96,902	2,406,440

3. Income from donations & legacies

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Donations	1,310,843	141,400	1,452,243
Grants	35,234	518,056	553,290
Legacies and in memorium	1,565,518	-	1,565,518
Donated goods and services	61,691	-	61,691
Total income from donations & legacies	2,973,286	659,456	3,632,742
<hr/>			
	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Donations	852,978	-	852,978
Grants	58,900	499,600	558,500
Legacies and in memorium	1,002,385	16,722	1,019,107
Donated goods and services	113,281	-	113,281
Total income from donations & legacies	2,027,544	516,322	2,543,866
<hr/>			
		Total Funds 2024 £	Total Funds 2023 £
Office accommodation and related costs		-	33,682
Who's Cooking Dinner support		35,321	69,399
Other		26,370	10,200
Total donated goods and services		61,691	113,281

4. Income from other trading activities

	Unrestricted Fund 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Ticket sales	123,718	-	123,718
Auctions and raffles	93,500	-	93,500
Other	12,945	-	12,945
Total income from other trading activities	230,163	-	230,163

	Unrestricted Fund 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Ticket sales	90,625	-	90,625
Auctions and raffles	82,321	-	82,321
Other	462	-	462
Total income from other trading activities	173,408	-	173,408

5. Income from investments

	Unrestricted Fund 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Dividends and interest on fixed asset investments	86,185	-	86,185
Interest on short term cash deposits	18,237	-	18,237
Total income from investments	104,422	-	104,422

	Unrestricted Fund 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Dividends and interest on fixed asset investments	71,406	-	71,406
Interest on short term cash deposits	19,606	-	19,606
Total income from investments	91,012	-	91,012

6. Total expenditure

	Grants to institutions 2024 £	Direct staff 2024 £	Direct other 2024 £	Indirect 2024 £	Total costs 2024 £
Expenditure on					
Raising funds	-	706,968	657,351	183,273	1,547,592
Charitable activities	1,200,712	537,780	263,718	268,963	2,271,173
Total expenditure	1,200,712	1,244,748	921,069	452,236	3,818,765

	Grants to institutions 2023 £	Direct staff 2023 £	Direct other 2023 £	Indirect 2023 £	Total costs 2023 £
Expenditure on					
Raising funds	-	543,585	641,409	230,073	1,415,067
Charitable activities	1,197,425	353,924	186,011	337,317	2,074,677
Total expenditure	1,197,425	897,509	827,420	567,390	3,489,744

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

A breakdown of expenditure on raising funds between restricted and unrestricted funds can be found in note 7.

Indirect costs includes the following items:

	Total costs 2024 £	Total costs 2023 £
Management & operational staff	146,892	170,785
Premises	32,234	78,976
HR, IT, finance & other professional services	243,079	286,388
Governance	30,031	31,241
Total indirect costs	452,236	567,390

Governance costs includes the following items:

	Total costs 2024 £	Total costs 2023 £
Audit and independent examination costs	19,574	17,054
Legal costs	3,930	7,766
Insurance costs	5,192	3,324
Other costs including trustee recruitment	1,335	3,097
Total governance costs	30,031	31,241

A breakdown of charitable expenditure between restricted and unrestricted funds can be found in note 8.

An analysis of staff costs can be found in note 10.

7. Expenditure on raising funds

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Direct staff costs	706,968	-	706,968
Other direct costs	657,351	-	657,351
Indirect costs	183,273	-	183,273
Total expenditure on raising funds	1,547,592	-	1,547,592
	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Direct staff costs	543,585	-	543,585
Other direct costs	641,409	-	641,409
Indirect costs	230,073	-	230,073
Total expenditure on raising funds	1,415,067	-	1,415,067

Included within other direct costs are investment management costs of £22,871 (2023 - £20,500).

8. Expenditure on charitable activities

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Grants to institutions	1,200,712	-	1,200,712
Direct staff costs	487,329	50,451	537,780
Other direct costs	263,718	-	263,718
Indirect costs	268,963	-	268,963
Total expenditure on charitable activities	2,220,722	50,451	2,271,173
	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Grants to institutions	1,151,703	45,722	1,197,425
Direct staff costs	353,924	-	353,924
Other direct costs	186,011	-	186,011
Indirect costs	337,317	-	337,317
Total expenditure on raising funds	2,028,955	45,722	2,074,677

9. Analysis of grants awarded in period

	Total Funds 2024 £	Total Funds 2023 £
Institute of Cancer Research	-	245,051
Medical Research Council	-	100,000
University College London	150,000	149,609
University Hospital Southampton	50,000	-
University of Birmingham	-	15,051
University of Cambridge	523,108	-
University of Edinburgh	249,944	-
University of Glasgow	-	149,510
University of Manchester	-	150,000
University of Nottingham	-	147,481
University of Southampton	140,073	243,066
Small project/support grants*	83,358	115,000
Release of prior year provision	(9,169)	(38,093)
Movement in discounting of commitments due in more than one year	13,398	(79,250)
Total grants awarded	1,200,712	1,197,425

*Small project grants consist of a number of small awards which are not listed in their entirety here as they are not individually material to the accounts.

10. Staff numbers and costs

	Total costs 2024 £	Total costs 2023 £
Gross salaries	1,184,813	924,022
Employer's NIC	130,944	94,005
Employer's pension	64,070	50,267
Termination payments	11,813	-
Total staff costs	1,391,640	1,068,294

The average headcount during the year was 26 persons (2023 - 23).

One employee received employee benefits including termination payments of between £100,000 - £109,999, two employees between £70,000 - £79,999 and three employees between £60,000 - £69,999 (2023 - one employee between £100,000 - £109,999, one employee between £70,000 - £79,999 and one employee between £60,000 - £69,999).

Total remuneration to key management personnel in the year was £451,450 (2023 - £365,647).

During the period total termination/redundancy payments of £11,813 were made. This included ex-gratia payments above standard redundancy payments (2023: £0).

11. Tangible fixed assets

	Computer equipment £	Fixtures & fittings £	Total tangible fixed assets £
Cost			
Brought forward on 1 January 2024	51,367	606	51,973
Additions in year	-	-	-
Cost carried forward on 31 December 2024	51,367	606	51,973
Accumulated depreciation			
Brought forward on 1 January 2024	24,502	606	25,108
Charge in year	11,252	-	11,252
Accumulated depreciation carried forward on 31 December 2024	35,754	606	36,360
Net book value			
Brought forward on 1 January 2024	26,865	-	26,865
Net book value carried forward on 31 December 2024	15,613	-	15,613

12. Fixed asset investments

	Total Funds 2024 £	Total Funds 2023 £
Market value brought forward	2,954,260	2,782,186
Additions at cost	3,332,798	742,014
Proceeds on disposal	(2,852,731)	(701,717)
Net gains/(losses) in period	112,147	131,777
Market value carried forward	3,546,474	2,954,260
Cash held as part of the investment portfolio	14,718	17,655
Total market value of investment portfolio carried forward	3,561,192	2,971,915
	Total Funds 2024 £	Total Funds 2023 £
UK fixed interest bonds	540,836	338,579
Non UK fixed interest bonds	213,978	221,107
UK equities and funds	183,269	539,631
Non UK equities and funds	1,517,004	1,344,807
Other funds including cash	1,106,105	527,791
Total market value of investment portfolio carried forward	3,561,192	2,971,915

13. Debtors and prepayments

	Total 2024 £	Total 2023 £
Trade debtors	1,000	35,900
Accrued gift aid	72,715	127,320
Accrued legacy income	311,668	659,706
Other accrued income	23,975	25,098
Rent deposit	4,388	4,388
Cycle to work loans	118	-
Prepayments	149,065	259,087
Total debtors and prepayments	562,929	1,111,499

14. Creditors: amounts falling due within one year

	Total 2024 £	Total 2023 £
Trade creditors	107,364	73,455
Payroll liabilities	49,006	39,408
Grants awarded - due in less than a year	1,801,350	1,457,463
Accruals	95,688	20,126
Deferred income	64,582	-
Total creditors - amounts falling due within one year	2,117,990	1,590,452

15. Grants payable

	Total Funds 2024 £	Total Funds 2024 £	Total Funds 2023 £	Total Funds 2023 £
Brought forward on 1 January 2024		2,531,641		2,232,644
Grants awarded (see note 9)	1,196,483		1,314,768	
Release of prior year provision (see note 9)	(9,169)		(38,093)	
Movement on discounting of commitments due in more than one year (see note 9)	13,398		(79,250)	
		1,200,712		1,197,425
Grants paid in year		(975,181)		(898,428)
Total grants payable on 31 December 2024		2,757,172		2,531,641
		Total Funds 2024 £		Total Funds 2023 £
Payable within one year		1,801,350		1,457,463
Payable within two to five years		955,822		1,074,178
Total grants payable on 31 December 2024		2,757,172		2,531,641

16. Analysis of charity funds

	Funds brought forward 2024 £	Income in year 2024 £	Expenditure in year 2024 £	Net gains/(losses) on revaluation 2024 £	Transfers between funds 2024 £	Funds carried forward 2024 £
Restricted funds						
BEIS funding 2023	81,902	-	-	-	(81,902)	-
DSIT funding 2024	-	375,215	-	-	(354,196)	21,019
Project grants	-	22,500	-	-	-	22,500
University of Cambridge	-	1,000	-	-	(1,000)	-
John Goldman Fellowships 2021	-	7,616	-	-	(7,616)	-
John Goldman Fellowships 2022	15,000	46,375	-	-	(59,697)	1,678
John Goldman Fellowships 2023	-	50,800	-	-	(39,866)	10,934
JGF Follow-up-Fund	-	88,833	-	-	(34,245)	54,588
MRC joint project	-	16,666	-	-	(16,666)	-
Community Champions	-	10,451	(10,451)	-	-	-
Data analysis project	-	30,000	(30,000)	-	-	-
Spot Leukaemia	-	10,000	(10,000)	-	-	-
Total restricted funds	96,902	659,456	(50,451)	-	(595,188)	110,719
Designated funds						
AML	-	-	-	-	300,000	300,000
Fixed asset fund	-	-	-	-	15,613	15,613
Total designated funds	-	-	-	-	315,613	315,613
General funds	2,309,538	3,307,871	(3,768,314)	112,147	279,575	2,240,817
Total Funds	2,406,440	3,967,327	(3,818,765)	112,147	-	2,667,149

Restricted funds – BEIS funding

The Charity received funds from BEIS (2023) and DSIT (2024) to support John Goldman Fellowships awarded in previous years, and where grant drawdown continued in 2024. As the grant commitments were recognised in full in previous years, the grant funding has been offset against this commitment and shown as a transfer to unrestricted funds in the current year.

Restricted funds – University of Cambridge

The Charity received funds to support its grant awards to researchers based at the University of Cambridge. As the relevant grant commitments were recognised in full in previous years, the grant funding has been offset against this commitment and shown as a transfer to unrestricted funds in the current year.

Restricted funds – John Goldman Fellowships 2021

The Charity received funds to support the annual John Goldman Fellowships awarded in 2021, where grant

drawdown continued in 2024. As the grant commitments were recognised in full in 2021, the grant funding has been offset against this commitment and shown as a transfer to unrestricted funds in the current year.

Restricted funds – John Goldman Fellowships 2022

The Charity received funds from a variety of sources to support the annual John Goldman Fellowships awarded in 2022, where grant drawdown continued in 2024. As the grant commitments were recognised in full in 2022, the grant funding has been offset against this commitment and shown as a transfer to unrestricted funds in the current year.

Restricted funds – John Goldman Fellowships 2023

The Charity received funds from a variety of sources to support the annual John Goldman Fellowships in awarded in 2023, where grant drawdown continued in 2024. As the grant commitments were recognised

in full in 2023, the grant funding has been offset against this commitment and shown as a transfer to unrestricted funds in the current year.

Restricted funds – Project grants, JGF Follow-Up-Fund, MRC Joint Project

The Charity received funds from a variety of sources to support research grants awarded in previous years, where drawdown continued in 2024. As the grant commitments were recognised in full in previous years, the grant funding has been offset against this commitment and shown as a transfer to unrestricted funds in the current year.

Restricted funds – Community Champions

The charity received funds to support the Community Champions project- a community-based network who help support the work of the charity through advocacy and awareness-raising.

Restricted funds – Data Analysis Project

The charity received funds to support the analysis of large-scale health data on Leukaemia in the UK.

Restricted funds – Spot Leukaemia

The charity received funds to support its campaign to raise awareness of Leukaemia signs and symptoms.

Designated funds – AML

Trustees have designated £300,000 to support current and future research into Acute Myeloid Leukaemia (AML), reflecting the charity's strategic commitment to investing in this area.

Designated funds – Fixed Asset Fund

This fund mirrors the net book value of tangible fixed assets, to reflect the fact that the assets are not liquid, and therefore do not form part of the charity's free reserves.

Comparative year only:

Restricted funds – Project support grants

The Charity received funds from a variety of sources to support small project support grants.

Restricted funds – North of England

The Charity received funds from a legacy to support its work in the north of England.

Restricted funds – Research Grants

The Charity received funds from a variety of sources to support research grants awarded in previous years, where drawdown continued in 2023. As the grant commitments were recognised in full in previous years, the grant funding has been offset against this commitment and shown as a transfer to unrestricted funds in the current year.

Designated funds – IMPACT

The IMPACT designated fund is to fund the IMPACT clinical trial, a collaborative project with Anthony Nolan, NHSBT, and the University of Birmingham. The agreement was signed early 2017, with funding split over several years originally to 31st December 2021 but was extended and has now been completed with the balance transferred back to general funds.

	Funds brought forward 2023 £	Income in year 2023 £	Expenditure in year 2023 £	Net gains/(losses) on revaluation 2023 £	Transfers between funds 2023 £	Funds carried forward 2023 £
Restricted funds						
BEIS funding 2022	170,154	-	-	-	(170,154)	-
BEIS funding 2023	-	421,218	-	-	(339,316)	81,902
Project/support grants	-	1,000	(1,000)	-	-	-
North of England	-	9,000	(9,000)	-	-	-
John Goldman Fellowships 2021	-	13,882	-	-	(13,882)	-
John Goldman Fellowships 2022	-	35,500	-	-	(20,500)	15,000
Research grants	-	35,722	(35,722)	-	-	-
Total restricted funds	170,154	516,322	(45,722)	-	(543,852)	96,902
Designated funds						
IMPACT	27,201	-	(15,051)	-	(12,150)	-
Total designated funds	27,201	-	(15,051)	-	(12,150)	-
General funds	2,758,766	2,291,964	(3,428,971)	131,777	556,002	2,309,538
Total Funds	2,956,121	2,808,286	(3,489,744)	131,777	-	2,406,440

17. Analysis of net assets between funds

	Unrestricted funds 2024 £	Restricted funds 2024 £	Total Funds 2024 £
Fixed assets	3,576,805	-	3,576,805
Current assets	2,053,437	110,719	2,164,156
Current liabilities	(2,117,990)	-	(2,117,990)
Non-current liabilities	(955,822)	-	(955,822)
Total net assets	2,556,430	110,719	2,667,149

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total Funds 2023 £
Fixed assets	2,998,780	-	2,998,780
Current assets	1,975,388	96,902	2,072,290
Current liabilities	(1,590,452)	-	(1,590,452)
Non-current liabilities	(1,074,178)	-	(1,074,178)
Total net assets	2,309,538	96,902	2,406,440

18. Analysis of net debt

	As at 1 Jan 2024 £	Cash flows £	Other movements £	As at 31 Dec 2024 £
Cash and cash equivalents				
Cash at bank	745,138	686,845	-	1,431,983
	745,138	686,845	-	1,431,983

	As at 1 Jan 2023 £	Cash flows £	Other movements £	As at 31 Dec 2023 £
Cash and cash equivalents				
Cash at bank	1,697,021	(951,883)	-	745,138
	1,697,021	(951,883)	-	745,138

19. Lease commitments

As at 31 December 2024, the charity has the future minimum commitments under operating leases as follows (all for land and buildings):

	Total Funds 2024 £	Total Funds 2023 £
Within one year	8,775	13,163
	8,775	13,163

20. Trustee remuneration and donations

During the year, four Trustees received reimbursement of £699 expenses (2023 - £NIL). No Trustees received any remuneration (2023 - £NIL).

The Charity received no unrestricted donations from trustees during 2024 (2023 - £63).

21. Related party transactions

During the current year, there were no related party transactions (2023 - £Nil) other than the unrestricted donations noted in note 20 above.

22. Guarantees and secured charges

As of 31 December 2024 the Charity did not have any outstanding guarantees to third partners nor any debts secured against assets of the Charity (2023 - £NIL).

23. Legacy income

Leukaemia UK is aware of legacies of which the charity's share is estimated at £250,000 (2023: £1,000,000). This has not been included in these financial statements as it does not reach the necessary recognition criteria as laid out by the charity's accounting policy.

Legal and administrative details

Auditors:

Cooper Parry Group Limited, Cubo Birmingham,
4th Floor, Two Chamberlain Square, Birmingham B3 3AX

Banks:

Santander, 100 Ludgate Hill, 1st Floor,
London, EC4M 7RE

CAF Bank Ltd, 25 Kings Hill Avenue,
Kings Hill, West Malling, Kent, ME19 4JQ

Barclays, 1 Churchill Place, London, E14 5HP

Investment Managers

Rathbones, 30 Gresham Street, London, EC2V 7QN

Solicitors

CMS Cameron McKenna Nabarro Olswang LLP,
Cannon Place, 78 Cannon Street, London, EC4N 6AF

A heartfelt thank you

None of Leukaemia UK's work would be possible without our amazing community of supporters, funders, researchers, colleagues and partners. Thank you for your unwavering support and continued enthusiasm throughout 2024. Your commitment to stop leukaemia devastating lives means that together we can continue to accelerate progress in leukaemia diagnosis, treatment and care.



A special thanks to our supporters who so generously left us gifts in their wills this year:

- Michael George French
- Carol Ann Iles
- Jean Adams
- Eric Wilson
- Molly Parker
- Sandra May Galloway
- Alison Rachel Norman
- Gisela Corera
- June Elizabeth Mary Kilpin
- Janet Clare Drewitt
- Violet Clark
- Susan Linda Hart
- Margaret Jane Thomas
- Mavis Fisher
- Barbara Greenough
- Elizabeth Winifred Gardner
- Gina Vigar
- Eugene Duffin
- Rodney Howard Spendlove
- Janet Selina Cowles
- Lili Preston
- Simon Chin
- Margaret Warren
- Roy Edward Hunt
- Ivy Rose Burnham
- Primrose May Leigh Chenhalls Licourinos
- Vincent Hill
- Stanley Mitchell
- Judith Mary White
- Sarah Hilda Davies
- Doreem Whitaker
- David Rhys Evans
- Barbara Bradley
- Sheila Renner
- Robert John Young
- Caroline Helen Fleming
- Brian Rex Williams
- Winifred Mary McIntyre
- Vera Anderton
- Arnold Holding
- Martin Brian Vandervelde
- John Eric George
- Mabel Ann Maud Cobb
- Stanley George May

With thanks to all the photographers whose work is featured throughout this report, and specifically Leukaemia UK's regular photographers Jake Darling and Ian Harding.

Leukaemia^{UK}

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Charity Number: 1154856

Leukaemia UK

England & Wales - Charity number 1154856

Accounts

Leukaemia^{UK}

Annual Report 2023



Our vision:

To stop leukaemia devastating lives

Our values:

We are curious

We explore new possibilities,
restless for progress

We are bold

We push boundaries and
go further than ever before

We are collaborative

We bring people together, galvanising and
inspiring them to change the future



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Fiona Hazell,
Chief Executive



A Year of Impact

In 2022 we put our bold new strategy in place, and in 2023 we spectacularly delivered, with a year of expansion, exploration and above all excitement at the impact of Leukaemia UK's work. From introducing our Community Champions pilot to our biggest ever London Marathon, it's been an exciting year. I'm humbled by just how dedicated our staff, Trustees, volunteers and supporters are, and it is only through their brilliance and collaboration that we have the greatest possible impact and can transform lives.

This year we were delighted to fund seven new research projects. This included four new John Goldman Fellows, with each project focused on finding better, kinder treatments for AML, the second most common leukaemia type in adults and one of the deadliest cancers. This was alongside one new Follow Up Fund and one new Project Grant. In total we funded 18 innovative blood cancer researchers across the UK during the year, representing £2.7m of funding. The 19 peer-reviewed research articles published this year by our funded researchers all had a direct impact on our knowledge of leukaemia and other blood cancers. From the protein that could be blocked to stop aggressive leukaemia in its tracks, to how computer modelling can be used to predict an individual's response to specific treatments, every discovery takes us a step closer to better, kinder, more personalised treatments for those diagnosed with this devastating disease. Our Annual Science Seminar welcomed over 70 dedicated, world-class researchers, Scientific and Medical Panel members, Patient Experience Advisory Panel members, Trustees and donors, and I am so proud that we are able to create such a strong and collaborative leukaemia community, focused with such energy and dedication on research.

This year as always we continued to put people with leukaemia at the heart of what we do, and I was excited to see the pilot launch of our UK-wide Community Champions. These 12 important people will help us shape our work and be given training and support to go out and advocate for us. We also played an active role in presenting the One Cancer Voice petition to the

Prime Minister, together with 50 other cancer charities. This petition contained 76,000 signatures asking for urgent action on the 'Cancer Emergency'.

Raising money to fund our work remains a constant challenge during the cost-of-living crisis. But our fundraising team have excelled themselves with creative new initiatives which should yield benefits well into the future. Our magnificent total of £2.296m raised throughout the year was boosted by our most successful London Marathon ever. It was such a pleasure to stand and cheer our 63 runners on their way.

Spreading awareness and engagement about our work and the importance of research was a key focus for us this year. To support us in doing this, we welcomed 59 new storytellers to the charity to share their stories about their leukaemia experience and help encourage more action to tackle the disease. We also grew our Ambassador programme, and were delighted to be joined by children's author Hannah Peckham as well as TV Baker Juliet Sear. Reality TV star Georgia Harrison, whose best friend sadly died of leukaemia in 2021, led our Christmas appeal.

Making Leukaemia UK a great place to work is one of the critical foundations on which our strategy rests. Without a dedicated, expert and passionate team we cannot achieve our goals. So this year has seen the set up of our staff forum, as well as our move to a new London office which is the perfect home for our growing team.

I am delighted with all that we have achieved this year and the continued progress in research, but for those affected by leukaemia we are facing very challenging times. While we celebrate our impact and successes, we also look to the challenges ahead and to continuing to do all that we can to help transform the lives of those affected by this terrible disease.

A handwritten signature in black ink, which appears to read 'Fiona Hazell'. The signature is fluid and cursive.

Ian McCafferty
CBE, Chair



The Power to Change

It has been a great pleasure in 2023 watching our 'small but mighty' charity grow across our research, awareness and advocacy, putting those affected by leukaemia at the heart of everything we do.

Every day 27 people are diagnosed with leukaemia. Blood cancer as a whole is the fifth most common cancer but the third biggest cancer killer, showing the scale of the task at hand to stop leukaemia devastating lives. Leukaemia can be a very difficult disease to treat – despite progress through research survival rates remain low, with acute myeloid leukaemia (AML) ranking among the least survivable cancers. And for those that do survive harsh treatments can often mean lifelong impacts. That's why research into kinder and better treatments for this terrible disease is so badly needed, and why we are delighted this year to have been able to award over £1 million of funding into new research projects, from our John Goldman Fellowships, awarded to early careers researchers, to our project grant, given to leaders in the field. We were also very pleased this year to launch our new mentorship scheme, which will enable support and wisdom to be passed down to the next generation of researchers, as John Goldman was so notable in doing himself.

When we speak to people affected by leukaemia about their experience, one thing we often hear is how little awareness there is of it. Many people who are diagnosed with leukaemia know hardly anything about the disease or its signs and symptoms before their diagnosis. Leukaemia is incredibly complex, and the symptoms can be varied and like those of a wide range of other conditions. These factors, among others, have contributed to it having a low profile compared to many other types of cancer. This in turn leads to later diagnosis, and as a result poorer prognosis, so raising awareness of leukaemia and its

signs and symptoms continues to grow as a key area of work for Leukaemia UK. This year's Spot Leukaemia campaign, run jointly with Leukaemia Care, was our biggest yet, and focused on highlighting leukaemia signs and symptoms to those most at risk.

Listening to patients past and present, as well as those that have lost loved ones, is fundamental in shaping our work. Over the course of this year our advocacy work has continued to expand, with our priorities driven by what matters most to the leukaemia community. Our policy team has been meeting with MPs, MSs and other key opinion formers to make sure they think of us as a go-to authority on leukaemia. The external environment continues to bring additional challenges for those in the already incredibly difficult position of receiving a leukaemia diagnosis. Following on from Covid, the cost-of-living crisis has hit the leukaemia community particularly hard. Our Cost of Living with Leukaemia Fund, run jointly with Leukaemia Care, supported over 600 people with grants which will help pay for some of the additional costs, that every person who has been in treatment for cancer, knows can mount up.

Through the consistent and ambitious work of our staff, volunteers, supporters, researchers and all those affected by leukaemia, we have proved that we can make a difference, make progress, and move forward. Leukaemia continues to devastate lives, and too many people are still being diagnosed late. But this year we have shown that however big the challenge, we're up to it, and we can and will continue to make an impact.

A handwritten signature in black ink, appearing to read 'I.A. McCafferty'.



A year of **impact**



2023 – our busiest year yet!



January

The **#PantstoLeukaemia** campaign was launched by children's author Hannah Peckham whose five-year-old son Bodhi is being treated for leukaemia



February

We launched our first ever staff survey, which saw a **100% response rate**

Added our signature to the **One Cancer Voice petition** calling for a dedicated, long-term plan for cancer



March

Our first **#PantstoLeukaemia** clothing collaboration

with independent brand Percy & Nell was featured in Mail Online and Hello, and all profits went to Leukaemia UK



April

Our work on **World AML Day** was retweeted by the Chair of the Health and Social Care Select Committee, Steve Brine MP, and others

Coverage for our multi-channel campaign around World AML Day included BBC News, The Daily Mail, Mirror Online, The Independent, and a 375% increase in engagement on Facebook

The London Marathon was our most successful ever, with 63 runners taking part and **raising over £120k for Leukaemia UK**





May

Our team flexed their biceps to pack up, move across London and unpack in our **new home!** The new location in Great Queen Street offers more room for our growing staff

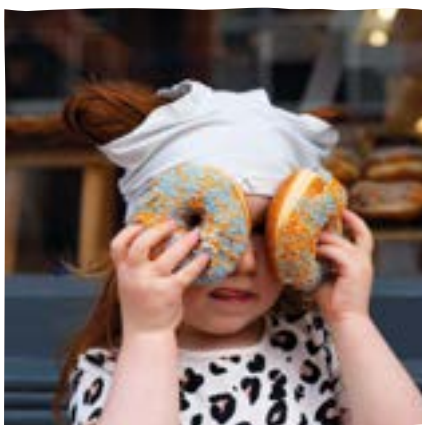
June

Funding was approved for four new John Goldman Fellows, all investigating new treatment options for AML

Thanking Day gave us the opportunity to personally call and thank our wonderful supporters

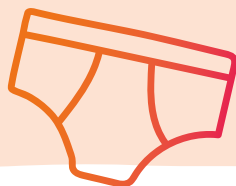
John Goldman Fellow Dr Simon Mitchell published important findings

showcasing the power of simulations – a sophisticated computer modelling technique used to mimic the behaviour of disease, with the aim of finding better ways to treat it



July

Ambassador Hannah Peckham hosted the **Big Pants Party for Leukaemia UK**, raising £12k



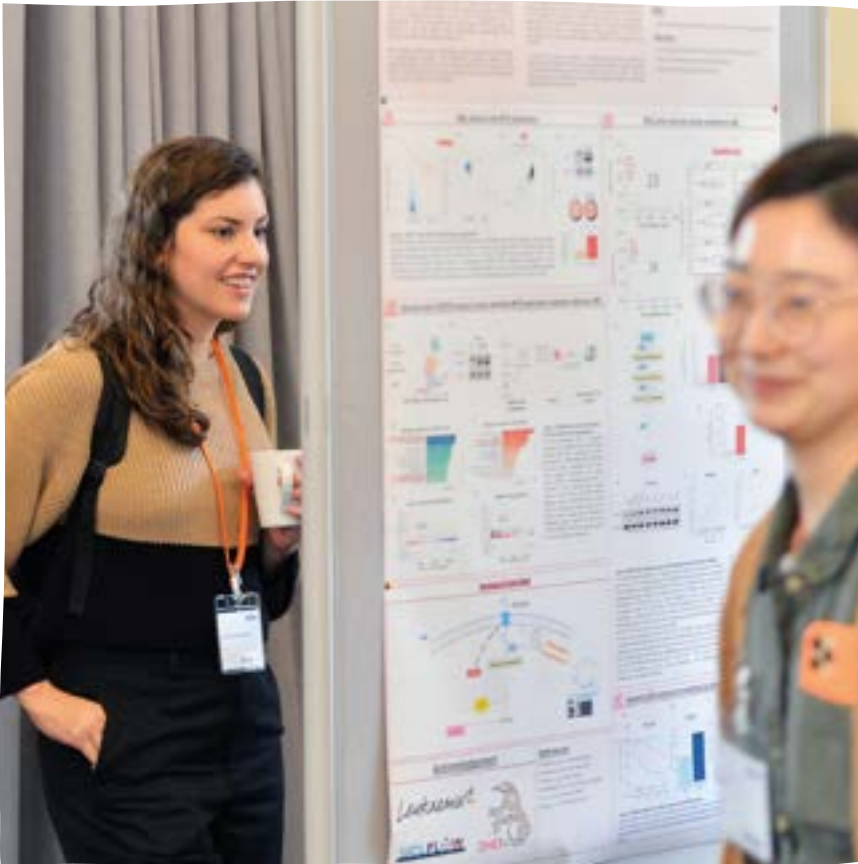
August

We highlighted our first funding **collaboration with Worldwide Cancer Research of Professor Katrin Ottersbach**, who is working to identify new treatments for infant leukaemia. Callan Brett, whose son Henry sadly passed away from leukaemia, met Katrin to hear about her work

Working with Leukaemia Care, our **annual Spot Leukaemia campaign** aims to increase awareness of the signs and symptoms of the disease amongst the general public - this year in particular targeting the over 65s. Our campaign film won a Bronze Smiley Film Award and over six weeks achieved 1.6m video views



September: Blood Cancer Awareness Month



Our **Annual Science Seminar** welcomed over 70 attendees including past and present researchers, Scientific and Medical Panel members, Patient Experience Advisory Panel members, Trustees and donors

Over 360 pieces of coverage were secured during Blood Cancer Awareness Month, including 17 national pieces on the likes of BBC and ITV, the Mail, the Mirror, the Independent and the Sun, as well as widespread regional media

Social media activity saw a 3000% increase in total engagements month on month, with our Blood Cancer Awareness Month post achieving 3.3k likes, 114 comments and 334 shares

Twenty of the most accomplished and innovative chefs from the UK food scene delighted 200 guests at the Dorchester for **Who's Cooking Dinner?**





October

Party Conference season saw our policy team meet MPs and key opinion makers at the Labour party conference and the Senedd

We awarded scholarships to seven early careers researchers in collaboration with the European School of Haematology (ESH) to enable them to attend the 25th Annual John Goldman Conference in France. They came from all over the world, including Argentina, Italy, the UK, and China

Our four new John Goldman Fellows were announced. Their research includes a possible new treatment for AML, and the role of a protein called MYB to find ways to disrupt AML cells

The we3can collaboration with Sarcoma UK and Brain Tumour Research was launched, with the aim of funding and promoting research into the most common childhood cancers



November

With funding from Leukaemia UK, the first **DIDACT Foundation Academy event** took place, providing training and mentorship for future leaders in blood cancer clinical trials

Website traffic increased by 700% month on month with the launch of our first digital brand campaign

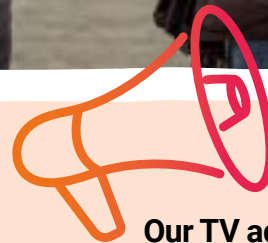
We welcomed Hannah Peckham and Juliet Sear as new Leukaemia UK Ambassadors

Our new Staff Forum got underway, with representatives from each team getting together to discuss ideas for making Leukaemia UK a great place to work



December

Reality star Georgia Harrison, whose best friend Cenk sadly died of leukaemia in 2021, fronted our Christmas appeal, resulting in one of our best ever Instagram posts



Our TV ad was launched, with the lead role played by actor and leukaemia survivor Richard Tate who was a patient of Professor John Goldman

Our achievements

18

Leukaemia UK-funded active research awards were ongoing during 2023, representing **£2.7m of research funded by the charity**

19

peer-reviewed research articles with acknowledged funding from Leukaemia UK

641

people helped with the Cost of Living with Leukaemia Fund, run collaboratively with Leukaemia Care

12

new Community Champions from the leukaemia community welcomed on to a pilot project to help us support our campaign work

59

new storytellers chose to share their stories across our platforms

£2.296m

raised throughout the year from fundraising





10+

new training courses launched
for colleagues and three
new staff benefits
introduced

Read pages
18 to 43 to see how these
achievements are enabling
our vision to stop leukaemia
devastating lives



Our strategy



Vision:

To stop leukaemia devastating lives

Mission:

To accelerate progress through the life-changing research that matters most to people affected by leukaemia

Values:

We are curious, bold and collaborative

Goal 1: Save more lives

- Harness the power of science to gain a better knowledge and understanding of leukaemia
- Drive progress in awareness and diagnosis of leukaemia to improve survival
- Fund innovative research to discover new, more effective life-saving treatments for leukaemia
- Advocate that every leukaemia patient has access to the best available therapies

Goal 2: Improve more lives

- Accelerate the development of smarter, kinder therapies for leukaemia
- Champion advancement in better treatment and care for all
- Transform standards of care and support by establishing 'whole person' care into mainstream practice
- Fund patient-focused applied research to improve access to the best possible care and support those affected

Enabler 1:

Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress

Enabler 2:

Invest in research to accelerate progress in diagnosis, treatments and care

Enabler 3:

Build our profile, engagement and influence to grow our support and impact

Enabler 4:

Invest strategically to grow sustainable net income

Enabler 5:

Make Leukaemia UK a great charity to work for and with



Callan Brett
(left) with
Professor
Katrin Ottersbach
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Put the needs of everyone with leukaemia at the heart of what we do and advocate for progress



One of our 12 new Community Champions - Tammy Guide.

At a Glance

17 Members of the Welsh Parliament came to our stand at the Senedd to find out more about Leukaemia UK

50 personalised letters sent to politicians by our policy team

76,000 signatures on the One Cancer Voice petition led by CRUK, and handed in by Leukaemia UK and 50 other cancer charities to the Prime Minister asking for urgent action on the 'Cancer Emergency'

Meet our Community Champion Tammy Guide

Tammy lost count of the number of times she visited her GP in 2020 with symptoms ranging from lumps on her body and weakness, to high temperatures and sweating. She also went to A&E six times. By the time she was diagnosed with acute myeloid leukaemia (AML) through another routine blood test for a separate condition, she was so weak she could hardly walk.

Tammy, 52, who lives in Sowerby Bridge, Yorkshire, has received several rounds of chemotherapy and has had a stem cell transplant. She cannot have any more chemotherapy as she has reached the maximum she can have. She is now on a newly researched drug for life and has had to give up her office job.

"I knew my body was failing me but no one would listen. I want to support Leukaemia UK as a Community Champion to spread awareness of the symptoms so that no one else has to go through what I did."

Welcome to the new Leukaemia UK Community Champions

2023 saw us welcome 12 new Community Champions on to a pilot project to help us support our campaign work. They are all leukaemia patients or relatives of those affected by the blood cancer.

This group received training from us and will get ongoing support in their activity. They can choose how they would like to support us, and it can include everything from sharing social media posts in their networks or distributing leaflets in doctors' surgeries, to speaking at community events, volunteering to help raise funds or writing to their MP.

Welcome to:

- Rosalyn Anderson
- Julia Swift Bamber
- Sonia Beldom
- Tammy Guide
- Nicky Jones
- Tracey Palmer-Hole
- Sian Parker
- Hugh Pender
- Darren Poinasamy
- Alice Scanlon
- Rebecca Snellink
- Jonathan Taylor

Thank you for so generously giving your time to support Leukaemia UK.

Our advocacy work throughout 2023 has not only yielded exciting results but is paving the way for our campaign work in 2024.

MPs tweet and support World AML Day

The Chair of the Health and Social Care Select Committee Steve Brine MP supported our campaign work around World AML Day in April. He shared details on Twitter from both his and the committee's accounts. Other MPs who tweeted on the day, raising awareness and sharing their support for Leukaemia UK, were Marion Fellow (SNP, Motherwell and Wishaw), Andrew Gwynne (Labour, Denton and Reddish), and Henry Smith (Conservative, Crawley).

Campaign for the 'cancer emergency in England'

Leukaemia UK is a member of One Cancer Voice (OCV). This coalition of over 50 cancer charities aims to improve the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support. This year Leukaemia UK staff joined OCV at Westminster for the Cancer Emergency campaign. This was aimed at getting the Prime Minister to improve outcomes for those affected by cancer in England. We joined in with handing in a petition with 76,000 signatures and were part of the photocall outside the House of Commons. This raised awareness for the need for a bold strategy for cancer that is inclusive of the evidence from the cancer community.

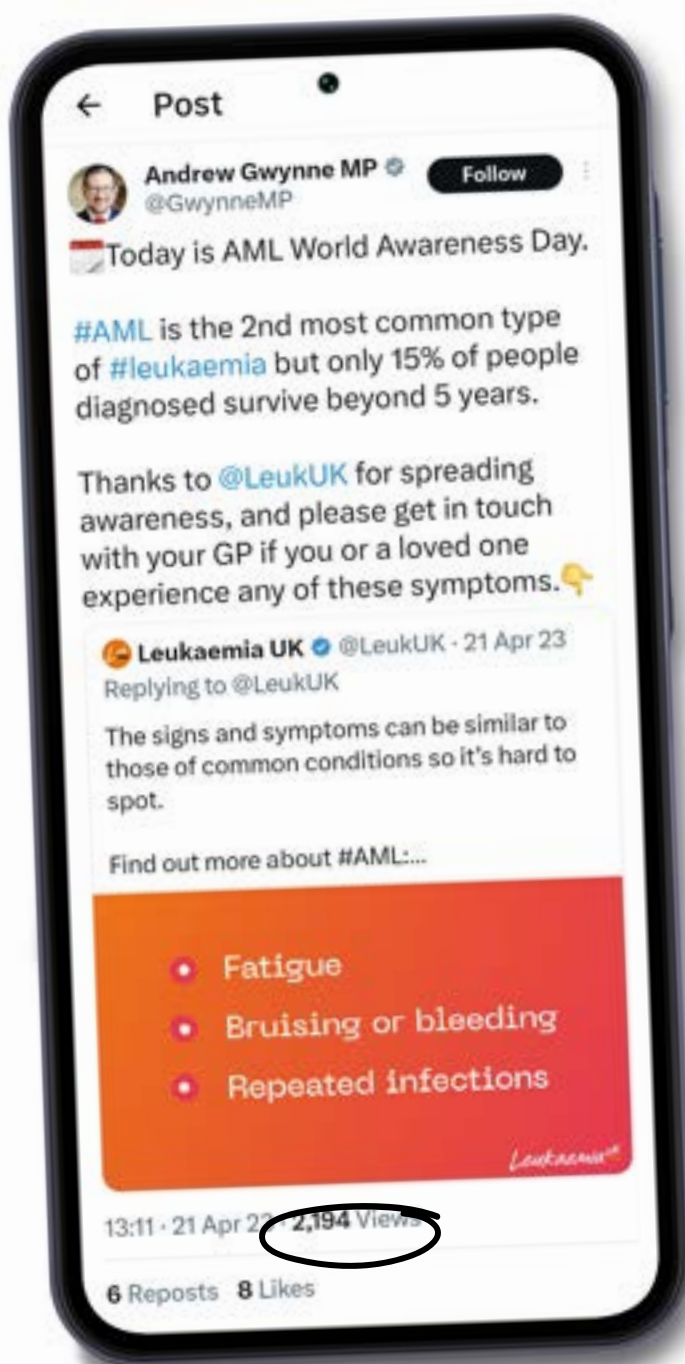


Cancer52 working group

Cancer52 is an alliance of over 100 organisations, including Leukaemia UK. Together we work to provide a common voice to address inequality and improve outcomes for patients with rare or less common cancers. We joined in 2022, and in 2023 became part of Cancer52's working group to develop an alternative early diagnosis target for non-stageable cancers, made up of representatives from blood and brain cancer charities. There is a tendency for national targets to focus on stageable rather than non-stageable cancers. As blood cancers including leukaemia are non-stageable, there is concern that they may be neglected by efforts to try and reach the current target of 75% of people with cancer being diagnosed at an early stage (stage one or two).

Blood Cancer Alliance

Leukaemia UK is a member of the Blood Cancer Alliance (BCA), which comprises 14 UK blood cancer charities. The BCA's activities are funded by donations from pharmaceutical companies, but it is fully independent of their influence. In 2023 the Alliance became a Charitable Incorporated Organisation (CIO) and there was a focus on the development of a new strategy which is due for launch in 2024, alongside work advocating for better experiences and outcomes for all of those living with blood cancer in the UK. 2023 saw Leukaemia UK's Chief Executive Fiona Hazell serve a term as co-Chair of the Alliance alongside Sophie Castell, Chief Executive of Myeloma UK.



Spot Leukaemia 2023 – pushing for political engagement

This year's Spot Leukaemia campaign, in partnership with Leukaemia Care, saw Leukaemia UK's policy team travel to the three-day Labour Party Conference in Liverpool in October. We created an exhibition to promote our work and help MPs and party members understand the issues faced by those affected by leukaemia.

Our aim was also to establish relationships with key political stakeholders. We were invited, along with other health exhibitors, to a breakfast briefing with the Shadow Secretary for Health and Social Care, Wes Streeting. This session was extremely valuable in helping us understand Labour priorities and how our work can fit into them.

On October 17th the team was then invited to the Senedd Cymru in Cardiff by Shadow Health Minister Russell George. We were given an opportunity to speak both to Mr George and to former Health Minister and First Minister Vaughan Gethin. We also put up a stand, staged a drop-in event, and welcomed 17 MSs for conversations and a photocall. We followed up with all the MSs, asking for their further support for our campaign through written questions, statements, or debates. This resulted in us getting two written questions asked by Russell George, the Shadow Health Minister.

Overall we learned the value of establishing new relationships with key policymakers and in raising awareness of the issues faced by those affected by leukaemia and will continue to expand on this work during 2024.

New data from NHS England Health Economics Unit

In 2022 we were approached by Julia Wilkins, the Chief of Data & Digital in the NHS Health Economics Unit, whose team offered to undertake pro-bono research to map current NHS England diagnosis pathways.

The Health Economics Unit has provided us with a feasibility report entitled 'Predictors and impact of an emergency diagnosis of leukaemia' in June 2023. It contains data from 46,644 patients diagnosed with leukaemia between 2009 and 2018. The data includes patients who were diagnosed with leukaemia in A&E, those referred for outpatient appointments by their GPs, and other data showing which patients lived in areas of multiple deprivation. We are building on this pilot research towards a more comprehensive study which will increase the evidence base behind our work to highlight areas and opportunities to improve for patient diagnosis and treatment.

641 people helped by Cost of Living with Leukaemia Fund

Leukaemia UK and Leukaemia Care jointly run this fund to help people affected by leukaemia, Myelodysplastic Syndrome (MDS) and Myeloproliferative Neoplasms (MPN). Our contribution of a total of £60,000 to the fund this year helped more than 640 people with £100 or £200 grants to assist with increased costs due to their illnesses, which can be anything from hospital car parking to extra childcare. We will be running the fund again throughout 2024.

Leukaemia UK storytellers feature in national NHS cancer campaign

Our work with the NHS Cancer Program campaigns team saw Leukaemia UK case studies feature in advertorials running in 11 national broadsheet and tabloid newspapers.

The NHS Cancer Program 'help us to help you' campaign team produced the material to encourage people to remain vigilant with body awareness and seek medical opinion about symptoms that are different to their normal.

The NHS Cancer Programme is in charge of cancer policy and services in England. This is their first blood cancer-specific symptom awareness campaign. It was developed from a working group of blood cancer charities, including Leukaemia UK. Two of our storytellers



Gill Winsor

– Gill Winsor and Mary Forester – were highlighted as examples of symptom-spotting and action that it's hoped would encourage others to increase body awareness. The advertorials featured in outlets including the Daily Mail, The Telegraph, The Independent, The Metro, The Evening Standard, The Mirror, The i, and the Sun.

Invest in research to accelerate progress in diagnostics, treatment and care

Dr Simon Mitchell
one of our Leukaemia
UK funded John
Goldman Fellows.
See page 29



At a Glance

7 innovative new **research grants funded**, totalling over **£1m**

7 **early career researchers awarded scholarships** (in collaboration with the European School of Haematology (ESH)) to attend the annual John Goldman Conference on chronic myeloid leukaemia in France

24 **delegates attended DIDACT Academy training**, equipping them with the skills to run new transformative blood cancer clinical trials

Leukaemia UK continues to drive forward research into kinder, more effective treatments with a successful year of research projects and global recognition for our work.

A total of 19 peer-reviewed research articles were published this year acknowledging Leukaemia UK funding. That's 19 discoveries taking us a step closer to finding better, kinder treatments for leukaemia, including:

Paving the way for personalised lymphoma treatment

In June 2023, Leukaemia UK John Goldman Fellow Dr Simon Mitchell from the University of Sussex published important findings in two top scientific journals – Frontiers in Oncology and Systems Biology and Applications. Both publications showcased the power of simulations – a sophisticated computer modelling technique used to mimic the behaviour of disease, with the aim of finding better ways to treat it.

The work lays strong foundations for using virtual patients and moving towards a future where simulations of each patient could be created at diagnosis and used to find the best treatment option.

Three current and former funded researchers join together to release ground-breaking new findings

Leukaemia UK's commitment to collaboration has this year been demonstrated through the collective efforts of three researchers - Professor Vignir Helgason, Dr Konstantinos Tzelepis and Dr Kevin M. Rattigan, all of whom are former or current recipients of the Leukaemia UK John Goldman Fellowship. Their collaborative effort resulted in a paper published in April 2023 in the multidisciplinary journal Nature Communications. This exciting new research has discovered a new way to increase the efficacy of AML treatments. By focusing on a sugar called mannose, the researchers can trigger a special kind of cell death that destroys cancer cells. This method could be part of the solution to overcoming resistance in leukaemia treatments.



In 2023, we continued our investment and funding for early career researchers seeking to advance our understanding and ability to treat blood cancer. We awarded prestigious John Goldman Fellowships to four outstanding researchers each seeking kinder, more effective treatments for acute myeloid leukaemia (AML).



Dr Kevin Rattigan,
University of Glasgow

Testing a potential new treatment for AML

Dr Kevin Rattigan is using his John Goldman Fellowship to test a possible new treatment for AML. Having previously identified a 'checklist' of nutrients that AML needs to survive, he has now developed a protein which can lower the levels of one of those nutrients. His research will test if this protein could be a potential new treatment option to slow or stop leukaemia and if so, whether it could be combined with existing AML treatments to make them more effective.

Dr Rattigan said: *"I want to test if this protein works in experiments that are more representative of what happens in patients. In these experiments, I will aim to test if my protein reduces AML disease burden. This could open up a new treatment option for AML patients and potentially patients with other types of blood cancer."*

Dr Sophie Kellaway,
University of Nottingham

The RUNX1 effect – the impact of different mutations on AML

Dr Sophie Kellaway is investigating how different types of RUNX1 mutation drive AML and how this could better inform treatment decisions. Dr Kellaway will investigate how RUNX1 mutations cause the instructions for making blood cells go wrong and how this leads to AML. It's hoped this will ultimately help doctors decide which of the currently available treatments will work best for each patient, as well as laying the groundwork for new personalised medicine.

Dr Kellaway said: *"By understanding precisely how the mutations cause leukaemia we will be able to better inform treatment decisions by doctors when they are trialling new drugs and lay the groundwork for developing personalised medicine for this specific type of blood cancer so more patients will survive longer."*





Dr Noelia Che,
University College London

Disrupting AML's energy source to find better treatments

Dr Noelia Che is investigating the role of a protein called MYB to find ways to disrupt AML cells' ability to use glucose, its primary source of energy. Dr Che and her team have already discovered that MYB relies on a specific enzyme that plays a key role in glucose breakdown and could be important for survival. Dr Che wants to know if targeting this enzyme could be a way of stopping AML in its tracks and opening routes to more effective treatments.

Dr Che said: *"I have discovered that MYB acts as a 'boss', regulating how leukaemic cells utilise glucose, their primary source of energy. By studying the role of the MYB protein and its influence on the metabolism of leukaemic cells, my research aims to uncover potential targets for more effective and targeted treatments. If successful, it could lead to the development of novel therapies specifically designed to disrupt the metabolism of AML cells, potentially improving treatment outcomes for patients."*



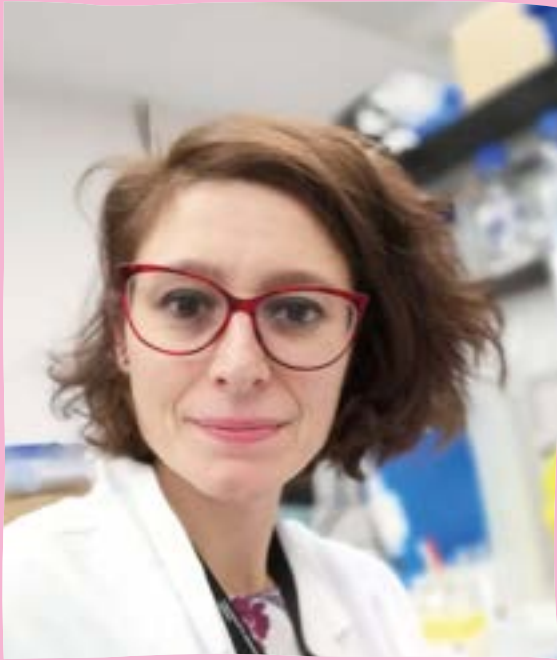
Dr Simona Valletta,
University of Manchester

Can we reshape AML's microenvironment to save lives?

Dr Simona Valletta is investigating the role of a protein called CCR1 to discover whether blocking it could improve AML survival. Dr Valletta is interested in the environment that surrounds leukaemia cells – the microenvironment. The team wants to understand how the microenvironment acts to protect AML cells, by supporting cell growth and resistance to therapy. Targeting CCR1 has the potential to significantly improve AML treatment in the future.

Dr Valletta said: *"Leukaemic cells live in a particular environment that changes substantially during leukaemia progression. Relapse is in part due to this environment that supports the re-emergence of therapy-resistant clones after initial induction therapy. Investigation of leukaemia must take into consideration the role played from the environment, in order to identify targets useful for developing new therapies."*





Could blocking SET provide a new way to combat aggressive leukaemia type?

In October 2023, Dr Maria Teresa Esposito, a former recipient of the Leukaemia UK John Godman Fellowship at the University of Roehampton, achieved a significant milestone by publishing important new findings in the esteemed cancer journal, *Oncogene*. Her research delved into the role of SET protein in KMT2A-rearranged leukaemia, revealing that its heightened activity is associated with a poorer prognosis. Dr Esposito's work demonstrated that inhibiting SET could impede leukaemia cell proliferation, modulate gene expression, and enhance the effectiveness of chemotherapy, suggesting a promising avenue for novel treatment approaches. This publication underscores the pivotal role of Leukaemia UK funding in nurturing early-career researchers toward impactful discoveries.

Scholarships bring early career researchers to conference

Leukaemia UK continued to offer international scholarships – this year a total of £5000 - to enable early career researchers to attend the annual John Goldman Conference on chronic myeloid leukaemia (CML). In 2023, scholarships were awarded to seven early careers researchers in collaboration with the European School of Haematology (ESH). Researchers came from all over the world, including Argentina, Italy, the UK, and China to attend the 25th Conference which was held in France in October.

Xiaoshuai Zhang Peking University People's Hospital, Beijing, China

"By attending the conference, I learned about the current hot topics in the field of chronic myeloid leukaemia, such as TKI-dose optimization, mechanisms and overcoming strategies of TKI-resistance, exploration and application of biological markers or clinical models, treatment-free remission, new drugs and so on. One of the clinical topics that impressed me most was that Nilotinib +/- PGE-IFN induction and nilotinib or PGE-IFN maintenance therapy for newly diagnosed CML-CP patients (TIGER study). The design of the study is perfect and rigorous, and the results are very reliable. What I learned from that is how to better design and conduct a clinical trial like this. All in all, it was a wonderful and perfect conference on the biology and clinical CML."

María Belén Sanchez PhD student from Argentina

"This was my first time at an ESH conference and being able to attend was a truly mind-blowing experience. To begin with, it is amazing to be listening to lectures but also sharing moments of leisure with researchers whose inspiring work I have been reading. Treatment-free remission is my main research topic, but I must say that I found all lectures very interesting and enriching. I learnt a lot about new technologies and ideas that I am already thinking about how to merge with my research so far. I want to thank again the awesome opportunity that I had since perhaps if I had not obtained the scholarship, it would have been very difficult or impossible for me to attend. It was a great experience for my career and indeed a beautiful memory for the rest of my life."

Three-year joint-funded project into pre-cancerous smouldering myeloma

Leukaemia UK remains committed to investing in the next generation of scientific and clinical researchers. Over the past few years, we have collaborated with the Medical Research Council (MRC) to offer jointly funded Clinical Research Training Fellowships (CRTFs). In 2023, the MRC awarded a jointly funded Fellowship to Dr Louise Ainley, University College London. The three-year project is investigating which patients with smouldering myeloma – a pre-cancerous condition – will progress to myeloma, a type of blood cancer affecting almost 6000 people each year in the UK.

Project Grant raises hope for cancer treatments with minimal side effects

Each year, Leukaemia UK awards a single Project Grant for innovative research with the potential for high impact. Applications are open to anyone and are specifically aimed at research group leaders, senior clinician scientists, and/or senior research scientists with an outstanding track record.

Professor Terry Rabbitts and his research team at the Institute of Cancer Research in London received a Leukaemia UK Project Grant this year for exciting work which could impact not only the treatment of blood cancers but of solid tumours as well.

Leukaemia is caused by mutations in the DNA of normal cells, causing them to become cancerous.

Sometimes these mutations lead to different chromosomes breaking and being joined to others.

If this happens it can result in 'fusion proteins' – these only occur in cancer cells, so are a good target for treatment. However, fusion proteins are difficult to drug because treatments need to avoid affecting the non-fused proteins in normal cells.

Professor Rabbitts and his team want to explore a new approach to targeting these fusion proteins – channelling antibodies inside cancer cells. The researchers have already developed a new technology that will allow them to put this into practice.

If successful, this research could lead to the development of new leukaemia treatment that binds specifically to cancer-specific fusion proteins with minimal side effects.

John Goldman Follow-up Fund goes to Dr Matthew Blunt, University of Southampton



During his prestigious John Goldman Fellowship, Dr Matthew Blunt discovered that lymph nodes can act as a protective shield for cancer cells, helping them to survive and thrive. Dr Blunt has now been awarded a John Goldman Fellowship Follow-up Fund to investigate if these lymph nodes can be targeted to improve the treatment of chronic lymphocytic leukaemia (CLL).

Only one Follow-Up Fund is awarded every year, to previous Fellows. It enables Leukaemia UK to provide a clear pathway by which early-career researchers in leukaemia and related diseases can progress all the way from being post-doctoral researchers to senior group leaders and then full professors.

Having studied for a PhD in Immunology and Pharmacology at the University of Bath, graduating in 2013, Dr Blunt was motivated to

work in the field of cancer research after losing all his grandparents to the disease.

"I think it is critical that any new treatments are not only more effective but are also safe and kind for patients. I have been studying chronic lymphocytic leukaemia for over 10 years now and the treatment landscape during this time has changed dramatically. Patients are now able to receive targeted therapies which disrupt critical vulnerabilities within the cancer cells. This success is all based on scientific research and this is only going to keep improving with further research."

Dr Blunt is currently researching the potential of harnessing a type of immune cell called 'natural killer cells'. His research team has already discovered that signals in lymph nodes could block the activity of natural killer (NK) cell therapy, affecting how well treatment works. Dr Blunt will now uncover how cancer cells within lymph nodes become resistant to NK cell therapy and will then find the best way to overcome this. Using the immune system to fight cancer has the potential to eradicate CLL cells whilst sparing healthy cells, offering a kinder, safer treatment approach compared to chemotherapy.

"The award of a John Goldman Fellowship was transformational for my career and also provided crucial job security for me at a time when I had two young children and a (very!) short contract term remaining," said Dr Blunt, who lives in Hampshire with his wife and children. ***"I am extremely grateful for the support that Leukaemia UK has given me, and I am delighted to be able to continue our research with the John Goldman Follow-up Award."***

Investing in the next generation of blood cancer trial leaders

In November 2023, aspiring chief investigators of future cutting-edge blood cancer trials gathered in Birmingham for the DIDACT Foundation Academy's inaugural Clinical Trials Workshop – an event funded by Leukaemia UK.



Clinical trials have a vital role in improving survival rates of those diagnosed with blood cancer, by providing the crucial evidence base for new treatment approaches and giving patients access to innovative novel therapies they otherwise would not get on the NHS. However, there is currently an unmet need for clinical trials training within the blood cancer community.

The DIDACT Foundation Academy workshops are designed to equip early career researchers, specialist trainees, research nurses and other healthcare professionals with the knowledge and skills necessary to excel in the world of clinical trials development and management.

Mentors pass on their experience

Our new John Goldman Fellows Mentoring Scheme was launched in 2023, enabling the wisdom of senior researchers in leukaemia and related diseases to be

passed down to eight new researchers. The scheme has been welcomed by everyone and will continue for all current and new John Goldman Fellows.

Emerging leaders accolade for former Leukaemia UK John Goldman Fellows

In October 2023, Leukaemia UK-funded researchers, Dr Matthew Blunt, University of Southampton, and Dr Konstantinos Tzelepis, University of Cambridge, were recognised as 'Emerging Leaders in Leukaemia' by the major scientific journal, *Leukemia*. The Nature Publishing Group journal's Emerging Leaders collection recognises new, ground-breaking researchers in the haematology field. Both researchers had previously been awarded Leukaemia UK John Goldman Fellowships, aimed at early career researchers with a passion for science and a desire to develop new ideas and translate scientific advances into clinical practice. Both have also received JGF Follow-up Fund awards of around £250,000 to continue their important research.

Leukaemia UK Science Seminar 2023

Over 70 past and present John Goldman Fellows, Trustees, donors, and members of the Leukaemia UK Scientific and Patient Experience Advisory Panels gathered for our annual Scientific Seminar in September. The event was an opportunity to celebrate how far leukaemia research has already come, whilst also looking to the future and how we can continue to accelerate much-needed progress in diagnosis, treatment and care.

As well as presentations and displays from our Leukaemia UK funded researchers, our patients were front and centre of the event in an engaging and insightful question and answer session bringing together both John Goldman Fellows and LUK Patient Experience Advisory Panel representatives.



Meet the researcher



Dr Simon Mitchell is one of our Leukaemia UK funded John Goldman Fellows, based at the University of Sussex in Brighton.

Originally a graduate in computer science and maths, he took his PhD in systems biology which enables computers to be programmed to simulate health and disease.

"After that I worked at the University of California, Los Angeles developing programmes that simulated the immune system. It was during this work when I noticed that, with a few tweaks, my simulations looked a lot like blood cancer. Once I realised that I had a chance to have an impact on blood cancer I established my own lab at Brighton and Sussex Medical School. Now we research blood cancer using a combination of computing work and lab work. It's incredibly exciting and rewarding."

Using computing to simulate biology is a relatively new approach. His John Goldman Fellowship enabled him to move from ideas and preliminary data to hiring global talent for his research group.

"We showed that using a computer we can predict how lymphoma cells will respond to drugs that try and kill cancer cells. This is important because currently only some patients respond to this class of drugs. Our simulations predicted that two drugs would work really well in combination, even though they were not particularly effective on their own. At one point in the project we didn't really know if our simulations were accurate, but when we showed these results to our experimental collaborators they looked around the room excitedly. It turned out they had recently tested this drug combination in the lab, and they had seen the same surprising result! Then we knew our simulations were accurate, and we could use this technique to find new treatment approaches that hadn't yet been discovered in the lab."

Outside work, Dr Mitchell enjoys trying to keep up with his rescue former street dog Pepper! He also likes cycling in the Sussex countryside around Brighton where he lives and enjoys the thriving arts and music scene. Going ahead, his aim is to make his virtual blood cancer simulations available online with an easy-to-use interface then it can help everyone and speed up research progress.

"I am working towards a future where we know which drugs will work best for which patients, and therefore patients with the same diagnosis get different drugs. This is often called 'personalised medicine'. We set up a computer simulation that represents that patient. Then, using that virtual patient, we test all the drugs that we have available in a virtual drug trial. This will predict which drug will work best, and doctors can use this information to get the right drugs into the right patients. It's ambitious, but I think our work has shown that it's possible."

Build our profile, engagement and influence to grow our support and impact

Influencer and children's author
Hannah Peckham

At a Glance

178% year on year increase in social media engagement

700% increase in web traffic month on month and organic engagement increase of 339% after delivery of a successful digital brand campaign

1.6m video views for the **Spot Leukaemia signs and symptoms** film, which won Bronze at the Smiley Film Awards

Nearly
1000 pieces of coverage, across broadcast, print and online

Raising Leukaemia UK's profile by shouting about our funded research and speaking up for those affected by the disease is critical to our overarching mission. Through a series of integrated communications campaigns, our brand was seen by more people than ever throughout 2023. The resulting increase in engagement was particularly welcome as the market remains crowded, and there are fewer opportunities for traditional PR. But we moved our focus to growing our visibility on digital outlets with great success.

Celebrities support Leukaemia UK

The year was marked by a significant number of celebrities wanting to support our work.

Influencer and children's author Hannah Peckham launched the #PantstoLeukaemia campaign in honour of her son Bodhi, three, who is fighting acute lymphoblastic leukaemia (ALL). The initiative saw a host of celebrities including Holly Willoughby, Jessie J, Zoe Ball, Edith Bowman, Rochelle Humes and Gok Wan wearing pants on their head in support. Hannah has since become a LUK ambassador and remains passionate about the cause and organisation.

Off the back of this we launched our first clothing collaboration with independent brand Percy & Nell. The range was featured in Stylist online, Mail Online, Hello and OK! and shared by a range of celebs and influencers, directly driving sales for which all profits went to Leukaemia UK.

Reality TV star Georgia Harrison, who lost her best friend Cenk to leukaemia in 2021, also supported our Christmas appeal (see page 32).

This work has been driven by the production of a Talent Strategy to formalise our plans for increasing engagement with celebrities and influencers. We now have five Leukaemia UK Ambassadors – as well as Hannah Peckham we have the support of model Saffron Vadhvani, chef Francesco Mazzei, baker Juliet Sear and actor Dougray Scott.

Digital direction

While numbers of traditional media outlets shrink, digital opportunities continue to open up for us. This year we pushed hard to increase digital engagement on LUK owned channels with strong results.

- **Social media engagement increased by nearly 178% year on year**
- **Social media impressions increased by 124% year on year**

As part of this we experimented successfully with social media marketing, paid ads and boosted posts. An increase in posting frequency and more focused, tailored content on LinkedIn led to a 67% growth in followers on the platform.

During our successful digital brand campaign, web traffic increased by 700% month on month and organic engagement increase by 339%.

To support our work, we commissioned an agency to carry out a Search Engine Optimisation audit. Adapting our keyword strategy and some technical aspects of the website led to website traffic increasing by 70% year on year.

We also developed our email strategy, moving to more regular supporter emails with more focused 'asks' and away from a monthly newsletter approach.

September – a month of record-breaking impact

This year's Spot Leukaemia campaign, in partnership with Leukaemia Care, again set out to increase awareness of the signs and symptoms of the disease amongst the public, in particular over 65s.

The campaign film, created with agencies Jack & Grace and Faltrego, featured young children asking their grandparents funny awkward questions before switching tone to ask about their leukaemia symptoms. It won Bronze at the Smiley Film Awards and over six weeks the campaign achieved a 650% uplift in Google searches for relevant terms, a 154% uplift in web traffic to the Spot Leukaemia site and an increase in 'conversations' around leukaemia of 3120%.



September is also Blood Cancer Awareness Month. In these four weeks alone, 360 pieces of coverage were secured, with 17 national pieces including BBC and ITV, The Mail, The Mirror, The Independent, The Express and The Sun, as well as widespread regional media. We were also able to secure spokesperson appearances on London Live and BBC London. Social media activity in September saw a 3000% increase in total engagements month on month - up from 2,226 in August to 74,763 in September. Our Blood Cancer Awareness launch post on Facebook alone saw 3.3k likes, 114 comments and 334 shares.

Reality TV star Georgia Harrison supports our Christmas Appeal

TV personality Georgia Harrison supported Leukaemia UK's 2023 Christmas Appeal after losing her childhood best friend to leukaemia in December 2021.



Georgia, 28, appeared in *The Only Way is Essex* and the third series of *Love Island*, as well as other reality TV shows. She first met Cenk Fahri as a teenager at high school in Essex. He was diagnosed with acute lymphoblastic leukaemia (ALL) at the age of 17. **"At age 17, you don't expect to be told that your best friend has cancer. Being so young, I didn't know anything about leukaemia or its treatment - I just assumed he would die."**

After chemotherapy treatment Cenk was given a bone marrow transplant from his brother Cengiz.

"The transplant was amazing," said Georgia. "It bought us so much time. We went to Ibiza, we went to Bali. He travelled the world. They were the most incredible years."

Unfortunately, Cenk fell ill once again and sadly died on the 21st December 2021. He was just 26 years old.

Georgia took time to visit Leukaemia UK's offices to find out more about our work and make a short film which resulted in one of our best ever performing Instagram posts.

Bereaved mother Callan Brett meets a researcher offering hope to other parents

This year we launched a funding collaboration with Worldwide Cancer Research. Together we made a powerful film showing Callan Brett, whose son Henry sadly passed away from leukaemia at just 14 months old, meeting with researcher Katrin Ottersbach, a Professor of Developmental Haematology at the Centre for Regenerative Medicine at the University of Edinburgh.



Callan travelled from her home in Ipswich to Scotland to meet Katrin and find out more about her pioneering new research project into infant leukaemia. ***"The treatment of infant leukaemia has not improved for decades,"*** said Professor Ottersbach. ***"Our research is investigating what makes blood cancer in infants unique, and how we can treat it more efficiently."***

Henry died of rare infant acute myeloid leukaemia (AML) in May 2021, after he was diagnosed at just five months old.

"I was shellshocked when we were told that Henry had infant leukaemia," said Callan. ***"His brain was full of abscesses at the end, and he was in a lot of pain. He developed a rash that eventually joined up all over his body and his skin began to peel. Towards the end, he had diarrhoea and started vomiting blood. It was brutal."***

Katrin's project, which runs until October 2025, will specifically investigate two genes that are involved in the most common type of infant leukaemia.

"Two genes - SGMS1 and ELOVL1 - are involved in regulating the fat content of cells, suggesting that infant leukaemia cells have specific fat requirements that are important to keep them alive," said Katrin. ***"Maybe if you can stop the cancer cells getting the fat they need, you can potentially stop the cancer from growing. We have an exciting new technique to study several biological pathways at the same time and work out which are involved. We then plan to test any potential cures that take advantage of these pathways, so that we can hopefully begin to find the treatments most likely to work best for infant leukaemia."***

Callan said: ***"My baby cannot have died for no reason. His death has to mean something. It means so much to be here, and to meet the amazing, dedicated people who are working on defeating this disease. It just means the world."***

World AML Day

We ran a multi-channel campaign around World AML Day, featuring our World AML Day Storytellers and a call for more awareness and research funding. This saw widespread media coverage including appearances on BBC News, The Daily Mail, Mirror Online, The Independent, and a 375% increase in engagement on Facebook.

New collaboration to help children with cancer

In October we launched a new collaboration with two other leading cancer charities with the aim of making real progress in the treatment and care of childhood cancer. We3can, which is made up of Brain Tumour Research, Leukaemia UK, and Sarcoma UK, was launched at the end of Childhood Cancer Awareness Month in September. The three cancers covered by the charities make up 78% of all cancers in children.

We3can is inviting companies, individuals, and organisations to support this vital work, and plans to raise funds through donations, events, and sponsorship, including opportunities to partner with the collaboration.

Storytelling stars

Our sourcing and development of case studies has in 2023 accelerated our ability to tell powerful stories. This year we gathered 59 stories, nearly treble the number in the previous year. We used them to leverage our key messages in all our campaign work and to underpin science announcements with a human face.

Invest strategically to grow sustainable net income

Actor and
leukaemia survivor
Richard Tate



At a Glance

A further **£421k** received in funding from the Department for Business, Energy & Industrial Strategy

£120k raised from our most successful London Marathon

Over **300%** growth in supporter base

14% increase in legacy income and development of our first DRTV ad

£236k raised at Who's Cooking Dinner?

Taking a test and learn approach was the hallmark of our work in 2023. While established events such as Who's Cooking Dinner? and the London Marathon continue to underpin our yearly fundraising, we successfully branched out into new partnerships and methods of reaching our donors.

New Direct Response TV Campaign features actor and leukaemia survivor Richard Tate

An incredible act of serendipity happened when 83-year-old actor Richard Tate was cast for our first ever DRTV advert. Richard was cast as the lead role in the ad which was launched on Boxing Day. He played a bereaved father who decided to help others after he had gone by leaving a gift in his Will to Leukaemia UK, featured alongside a young mother who had benefitted from treatment and was also choosing to give back.

It was only after Richard's part was confirmed that it was revealed he had been successfully treated for leukaemia. And not only that, but that he was a patient of Professor John Goldman who Richard credits with saving his life by putting him on a clinical trial.

Richard, whose TV credits include Doctor Who, Dad's Army, Nowhere Boy and Coronation Street started to feel unwell in June 2000 when he was starring in an adaption of popular children's book The Lighthouse Keepers Lunch at the Oxford Playhouse. **"I started getting night sweats, and feeling incredibly tired,"**

remembers Richard. **"At the end of every performance I'd just go back home and get straight into bed – I didn't want to eat or do anything. By July, I went to my GP for a blood test, to see what was going on."**

Richard was given the devastating diagnosis of chronic myeloid leukaemia (CML) with three years life expectancy. However, his daughter spotted clinical trials in Newcastle and London for the drug that would become the now-standard treatment Imatinib – under Professor Goldman. Richard managed to get himself referred onto the programme, the pioneering treatment was successful and in August 2014 he was told he was officially in remission.

"When my agent asked if I'd be interested in appearing in an advert for Leukaemia UK, I said of course!" said Richard. **"It was a great experience."**

The advert enabled us to bring Leukaemia UK's message to a mass TV audience for the first time. It was shown nearly 650 times throughout the first part of January on stations including ITV2, ITVBe, ALIBI and EDEN. We estimate that 8.1m adults had the opportunity to see the advert at least three times (15% of the population). Website visits increased by a third during this time.



Fundraising never tasted so good!

Twenty of the most accomplished and innovative chefs from the UK food scene gathered at the Dorchester in September for our annual 'Who's Cooking Dinner?' event.



Established in 1999 by Chris Corbin OBE, 'Who's Cooking Dinner?' has raised over £7 million for Leukaemia UK and become London's first and foremost culinary charity event. This year, the chefs had a whopping 20 Michelin stars between them and served up a spectacular dining experience for 200 guests. The line-up included household names including Tom Kerridge, up-and-coming stars like Imogen Davis and Ivan Tisdall-Downes of Native, and chefs at thrice-Michelin-starred establishments such as Ed Cooke of The Fat Duck.

Elliott Grover, Executive Chef at 45 Park Lane, where this year's event was held, said: ***"It's so much more than just a dinner. It's a truly bespoke, unique, intimate event with an exclusively tailored menu – and the best steak ever."***

The Grand Auction was hosted by Sotheby's Chairman Harry Primrose, Lord Dalmeny, and the prizes on offer included personal dining experiences with some of the evening's chefs.

The event raised a magnificent total of £236k.

New donors through new outreach

The year was marked by our teams branching out into new ways to reach new donors and supporters. One of them was the Visifund Christmas Tree, a virtual online tree where anyone could place a decorative Christmas ribbon in memory of a loved one, with the choice of also making a donation. Recognising that many people are struggling with the cost of living, we have made a conscious decision this year to limit our donation asks – this method was a successful way of simply reaching people and encouraging participation.

We also changed our email programme from a monthly e-newsletter to more frequent, focused emails asking supporters to take a specific action.

We tested different email approaches, subject lines and calls to action. The process helped us learn a great deal about what supporters respond to. Despite the increase in the volume of people emailed and frequency of emails, we are pleased that we have maintained strong open rates of around 30%.

We were also able to try new ways of engaging and stewarding our donors and partners, taking funders to visit Leukaemia UK funded scientists, and inviting them to our annual science seminar.

we3can targets corporate donors



Our new we3can partnership saw its first successful donation after launching a programme of targeting corporates. The finance company Invesco donated £10k. The partnership of Leukaemia UK, Brain

Tumour Research and Sarcoma UK is working to pioneer research into the most common types of childhood cancer.

Trusts and Foundations continue their generosity

2023 was the third year the Rosetrees Trust gave us a generous grant to fund individual John Goldman Fellowship early career researchers. This year's donation, £75,000, is funding Dr Simona Valletta from the University of Manchester who is investigating the role of a protein called CCR1 and whether blocking it could improve AML survival.

Set up in 1987 by Nat and Teresa Rosenbaum to celebrate their golden wedding anniversary, Rosetrees donates to cutting edge medical research with the aim of improving the health and wellbeing of society. It currently supports around 300 projects with a focus on testing new ideas across the spectrum of medical research. Now headed by Nat and Teresa's son, Richard Ross, who was awarded the Spear's Philanthropist of the Year Award in 2011 and a CBE in the 2021 Queen's New Year's Honours List, Rosetrees has donated a total of £177,467 to Leukaemia UK.

We also welcomed a generous £20,000 grant from the Robert Luff Foundation which will continue to support our John Goldman Fellowships for early careers researchers.

Cycling siblings raise £20,000

Three brothers, one of whom was only diagnosed with chronic myeloid leukaemia (CML) in January 2022, took to their bikes to perform an inspiring fundraising effort for Leukaemia UK.

Jacques Isabelle was joined by his brothers Marc and Gerard for the 1000-mile ride from Land's End to John O'Groats, which they completed in ten days. They undertook the challenge with five other cyclists and two support staff.

In memory of Liz Taylor

Liz Taylor's tragic death in July 2022 was behind an extraordinary fundraising effort from her husband Jonathan, friends and family.



Liz, 51, who lived in Leicestershire, died from rare and aggressive acute promyelocytic leukaemia (APML) the day after she was diagnosed. She had suffered over six months of distressing symptoms including fatigue, pains in her sternum and leg, migraines, problems with her vision and eventually heavy bleeding.

Only 160 people in the UK are diagnosed with APML each year. Although patient symptoms are often similar as other leukaemias, its appearance isn't easily detected in blood samples. APML is a very aggressive, rapidly developing cancer which can normally only be conclusively diagnosed with a bone marrow biopsy.

"If only I and the medical teams caring for Liz had the knowledge and foresight to identify the signs earlier, Liz could have been diagnosed sooner," said Jonathan.

Jonathan and Liz's family and friends launched a huge fundraising effort throughout 2023 to raise money for Leukaemia UK's research work. Their efforts included a luncheon at the local Rugby Club in Hinckley on 1st April, staging a Summer Solstice Walk on June 21st (the longest day), and arranging a Golf Day and various 5k and 10k runs throughout the year. They succeed in raising over £20,000, and their efforts are continuing in 2024.

"Our focus now is on leaving a positive legacy in Liz's name, through charity events and raising awareness on the early signs of Leukaemia, in particular APML," said Jonathan.

A mum on a mission

Leukaemia UK was proud to welcome children's author Hannah Peckham as our new Ambassador for 2023.

Hannah's five-year-old son Bodhi is currently undergoing treatment for leukaemia, and the devastating diagnosis spurred them to raise money for Leukaemia UK and a future of kinder, more effective treatments for children.

The 'Great Big Pants Party' in July attempted to set the world record for the most people wearing pants on their head at one time! The #pantstoleukaemia campaign event at Danny House, an Elizabethan mansion near Hurstpierpoint in East Sussex was attended by hundreds of people and celebrities including Zoe Ball. The day raised £12k for Leukaemia UK.

"Friends, family and total strangers volunteered their support and love," said Hannah. ***"They stood in the pouring rain with pants on their heads howling at the sky trying to break a bonkers world record. But most importantly, my little boy adored seeing people coming together and standing in solidarity with him."***

"When you hear a child has cancer you just want to help. But unless you are a doctor, or scientist there is little you can do to help the diagnosis. The feeling of helplessness is one that is tricky to come to terms with and that is where the power of fundraising is

born. It gives the gift of 'doing something'. It helps to eradicate helplessness and allows families, friends and communities to come together and make a change."

Marathon fundraising efforts

This year saw our most successful London Marathon event ever, with 63 runners taking part raising over £120k for Leukaemia UK. Ellen Verrier ran in memory of her father who passed away from acute myeloid leukaemia (AML) in 2000 when she was just four years old and her brother just 11 months. Ellen's amazing effort raised £5,204. ***"We lost our dad and at the age of 38, my mum was widowed, and it changed all our lives forever. We miss him very much. This marathon was for my brave and wonderful dad who successfully completed the London Marathon in 1992, I'm so proud of him."***



One race wasn't enough for Tom Eason who ran five half marathons across the year! His inspiration was his grandma Gill who has been living with leukaemia for 15 years. ***"She is an incredible woman who has fought this disease with courage and determination and has made us all so proud."*** Tom's fantastic efforts made £1859 for Leukaemia UK, and he is continuing to support us in 2024 by running the London Landmarks half marathon.

Make Leukaemia UK a great charity to work for and with



At a Glance

Two new board sub-committees established

100% response rate to the staff survey

Dozens of boxes packed and unpacked in our office move!

As Leukaemia UK continues to grow, 2023 saw new staff in key roles, new fundraisers and patients joining our leukaemia community, and a welcome move to our new office space.

Moving on up!

After a significant amount of hard work and planning, our big office move took place in May. Our old space was too small to accommodate our growing team. Now we're enjoying a fit-for-purpose space in the conversion of a beautiful historic central London townhouse building on Great Queen Street, Holborn. We are grateful for a generous £11,500 worth of donated furniture and technology from other charities, and we were able to secure a competitive rent.

The move itself was a testimony to great hands-on teamwork! Everyone mucked in to pack and hump boxes around, and then unpack and set up workstations at the new location. The project team encompassed representatives from across the charity to ensure everyone's needs were being met in the new layout. Our light, bright and well-located space now gives us more room, with a good meeting space and excellent video conferencing facilities to accommodate flexible working.

Building and looking after our team

2023 saw our workforce expand by two roles, and the recruitment of two new members of the Senior Leadership Team. We welcomed Dr Simon Ridley as Director of Research & Advocacy, and Chris Dew as Director of Finance & Resources.

We also strengthened our governance including establishing the People & Culture and Development Committee (sub-committees of our Board) and recruiting two new Trustees with finance skills and experience – welcome to James Barlow and Emma Mckinley.

Against a backdrop of the rising cost of living, colleagues benefited from a pay increase and a benefits review – there is now critical illness cover, life insurance and a cashback health plan in place to ensure we remain an employer of choice in a crowded marketplace.

We reviewed key policies including hybrid working which is a benefit available to all colleagues, further supplemented with the option to apply for flexible working arrangements.

A comprehensive training programme was introduced covering mandatory areas such as GDPR and health & safety, as well as leadership development training on a wide range of topics.

Bringing functions in-house

We commenced the process of bringing our finance, HR and operations in-house this year. This is expected to generate benefits including cost savings and a more responsive service within the organisation. This process will continue during 2024.

Staff survey

Our first ever staff survey received a 100% response rate from our teams, with an overall engagement score of 73%. A staff consultation followed the survey, and further discussions were held on our staff away day culminating in the creation of a 27-point action plan, which is over 90% complete with the remaining actions underway. Examples of improved ways of working coming out of the survey include the creation of a staff forum, improved onboarding processes and increased visibility of trustees. The process gave us useful benchmarks from which we will carry out an organisational risk management review, develop our Equality, Diversity, Inclusion & Belonging (EDIB) framework and continue building on people and culture to make Leukaemia UK a great place to work.

Researcher Dr Eman Khatib-Massalha

The focus of Leukaemia UK John Goldman Fellow Dr Eman Khatib-Massalha's work is Myeloproliferative neoplasms (MPNs), a rare type of blood cancer which can develop into leukaemia.



Dr Khatib-Massalha and her team at the University of Cambridge are testing a promising new immunotherapy target that aims to treat MPNs and prevent the development of acute myeloid leukaemia (AML).

Dr Khatib-Massalha's preliminary research suggested the build-up of blood cells, typically seen in MPNs, could be the result of cells giving off abnormal "don't eat me" signals on their surfaces. Through these

signals, mutant cells can effectively escape from the immune system, meaning dysfunctional cells, that would normally be cleared by the body on a daily basis, are left to build up.

Abnormal behaviour and interactions of mutant cells in the bone marrow can trigger bone marrow scarring (known as fibrosis), which disrupts normal blood production and increases the risk of leukaemia.

This research will test a promising target for MPN immunotherapy that aims to block the abnormal signals on mutant cells, restoring normal clearance of these cells, preventing bone marrow fibrosis and reducing the risk of AML.

Dr Khatib-Massalha said: ***"The only curative treatment currently available for MPNs and leukaemia development is blood stem cell transplantation, which can only be performed in a few patients due to its toxicity. Therefore, alternative therapies are needed to help people with leukaemia."***

"My work provides new insights into the role of bone marrow innate immune cells in MPN development and transformation to acute myeloid leukaemia. If successful, my work will foster the development of novel immunotherapies in MPN and decrease the risk of acute myeloid leukaemia."

Fundraiser Nicola Gray

Nicola Gray channelled her sorrow over the loss of her friend Carol Stevens into an ambitious creative fundraising effort for Leukaemia UK. Carol lived near Seattle and Nicola lives in Gloucestershire. They met on holiday through mutual friends, and their long-distance connection was forged over a shared love of sewing and quilting.

Tragically Carol died in April 2022 from an aggressive form of acute myeloid leukaemia (AML), nine days short of her 79th birthday.

"About two or three weeks before she passed, I had an email from her saying she was leaving me some fabric and wanted me to 'keep busy';" said Nicola. "In September 2022 our mutual friends Aileen and Rom came to stay from Canada, with a huge suitcase in tow. There was so much fabric in there, including a couple of blocks – pieces sewn together to create a design to be repeated – in a pattern called 'churn dash'. I looked at it and I thought I know what you're telling me. Everything was there to do more blocks and make an entire quilt."



Nicola completed the project with the help of her Newent Quilters group and Ali Shayle of Orchard Quilts. The beautiful piece took pride of place at the Newent Quilters exhibition at the town's Memorial Hall on Saturday 4th November 2023 and was then raffled, with the resulting £1,300 split between Leukaemia UK and Maggie's, a Cheltenham-based cancer support and care charity. When the winning ticket was drawn, Nicola couldn't believe it. The quilt was destined to go back to the US to take pride of place in the home of Carol's son and daughter-in-law Deana who live in Washington State.

Trustee Karen Cracknell

Karen Cracknell had a personal reason for joining Leukaemia UK's Board of Trustees. She has experienced the devastating impact of both her mother and father being diagnosed with blood cancer.



After a successful 30-year corporate career, Karen used the opportunity of redundancy to put her skills and experience to making a difference in the voluntary sector. She is now chair of Leukaemia UK's People and Culture Committee.

In 2001, Karen's mum Patricia was diagnosed with Myelodysplastic syndrome (MDS) after a long period of fatigue and unexplained bruising. After gruelling treatment including a bone marrow transplant, she is now on a regime of medication and has happily reached the age of 81 in good health. But tragically in March 2021 Karen's beloved dad John died from rare chronic

myelomonocytic leukaemia (CMML). He passed away just five days after he was diagnosed.

"Sometimes things happen in life for a reason," said Karen. ***"I was so thrilled when I got the role. For me part of the attraction is that it's a research charity. The treatments have come on so much in the last 20 years. Having seen what my mum went through I know leukaemia treatment is incredibly gruelling, which is why it's so important to find kinder as well as more effective treatments."***

"Looking at the statistics the survival rates are still too low, particularly in children. There's a huge amount still to be done to stop leukaemia devastating lives, as it did for both my parents."

And Karen isn't the only family member who wants to do her bit to give back to those going through what her parents endured. Her sons Alex, 24, and George, 21, have raised over £1,200 for Leukaemia UK through running half marathons.

"Raising money for Leukaemia UK was an easy choice for George and me," said Alex. ***"We hope that the money we raise will further vital research, improve future lives and help someone else's grandparents."***

Patient Ricky Lee-Kennedy

As one of our storytellers during 2023, Ricky Lee-Kennedy took time out to help us get the message across during September's Spot Leukaemia campaign. Not only that, but he also put on a spectacular fundraising football match which raised an incredible £2,300 for Leukaemia UK. His efforts are all the more remarkable as Ricky is still undergoing treatment for his leukaemia.

Ricky and wife Sam had just moved into their new home in Kent in August 2022 when the 31-year-old construction worker started suffering from crippling fatigue. He eventually called 111 after almost passing out and was sent straight to A&E. Ricky was given the shock diagnosis for chronic myeloid leukaemia (CML) and sent immediately to the specialist blood cancer unit at King's College hospital in London to start treatment.

"I was given a 50/50 chance of the chemo working and had to face the fact that there was a very real chance I could die."

Ricky spent three months in hospital receiving at total of three rounds of chemotherapy and then a



stem cell transplant. He is now fully in remission although continuing with chemotherapy and bone marrow biopsies.

"So many of our family, friends and colleagues helped us out so much on this journey, we never once felt alone. Having a deep-rooted faith as a Christian that I also share with my wife was a huge encouragement to us both too."

To mark the one-year anniversary of his diagnosis, Ricky held a fundraiser at his local football club which was attended by 300 people.

"It was a fantastic event and we really hope we got the message across about Leukaemia UK and the importance of research into leukaemia. I also wanted to raise awareness about the symptoms of the disease. Like so many patients, I didn't seek treatment for my symptoms until I was really ill, and being diagnosed with leukaemia was a complete shock."

Member of Scientific and Medical Panel Olaf Heidenreich

Leukaemia UK's Scientific Medical Panel is the powerhouse behind all the grants that the charity gives to researchers and projects. All funding applications are reviewed by at least five members of our Scientific and Medical Panel as well as at least two external expert reviewers. Following Association of Medical Research Charities (AMRC) principles, this ensures that we support high quality research, maximise the impact of our funding, and deliver changes that really matter to our community.

Professor Olaf Heidenreich has been on our panels since 2017 and is based at the Princess Maxima Centre for Paediatric Oncology in Amsterdam, and at Newcastle University.

Professor Heidenreich heads up research teams at the two centres with a focus on leukaemic fusion genes. He also makes time during his busy schedule for his Panel work, which he sees as an important future-looking role.

"The most important aspect when looking at a funding application is novelty and creativity." said Professor Heidenreich. ***"I really like that the***



John Goldman Fellowships have now also been amended to include follow-up grant opportunities. This combination is an excellent tool to encourage scientific talent to work on blood cancers."

Professor Heidenreich is also mentoring two new John Goldman Fellows as part of our newly launched mentorship scheme. He hopes to help them in finding follow-up funding and considering their next career moves. ***"The current funding situation in the UK is still very challenging at this early career stage. The increased engagement of Leukaemia UK together with having to gain access to European funding will provide badly needed new opportunities here."***



Ambassador Saffron Vadher

Leukaemia UK Ambassador Saffron Vadher was diagnosed with acute lymphoblastic leukaemia (ALL) just before her fourth birthday in 2000. She endured three years of chemotherapy which disrupted her schooling and family life, and left her with painful memories of losing her hair along with a phobia of needles.

“When I went to school, I was the only one in my class to have a hat on. On a few occasions, some of my classmates would rip my hat off and question if I was a boy or a girl. My mum, nan and my grandma always had big curly or long hair that I was jealous of.”

When she was seven, Saffron at last went into remission. Her leukaemia has never returned. She is now a successful model, signed to Viva London and DNA Models, and has the long thick hair she has always wished for. She’s appeared on the cover of British Vogue, Vogue India and has been photographed by Steven Meisel, Peter Lindbergh and Annie Leibovitz. She’s also featured in Vanity Fair France and Allure.

Saffron is now keen to share her experience to help others who are going through cancer at an early age, or who are parents and carers for someone who is.



“Without research, I would simply not be here today. It’s only through generous donations to Leukaemia UK that we can continue to fund research into treatments that are more effective, and kinder on children.”

Leukaemia UK Director of Finance & Resources Chris Dew

Our new Director of Finance & Resources Chris Dew has worked in small to medium sized charities for 15 years, driven by a passion for the third sector.



This new role within Leukaemia UK gives Chris a busy remit overseeing finance, IT, people & culture, and facilities.

“Before following my heart into the charity sector, I worked in financial services, project management and audit & assurance in

companies like JPMorgan Chase and NS&I. But then I became Director of Finance & Resources for the National Aids Trust, followed by ten years at Nordoff Robbins, the UK’s largest music therapy charity. Now I’m a third sector person through and through.

I’ve been particularly pleased to take up my role with Leukaemia UK as I have a family connection with leukaemia – my grandmother passed away from acute myeloid leukaemia (AML). It’s exciting to be the first person in a new role, with the chance to create excellent practices and move the organisation ahead.”

Chris has already brought our financial systems in-house and introducing a new HR system.

“Moving ahead I plan to continue to improve systems, processes, and management information. It’s a great place to work. I love a new challenge and using my skills to make a difference to the whole organisation.”

Chris, who lives in South London, also has extensive volunteer experience supporting refugees with complex health needs, as well as recruiting, training, and matching other volunteers.

Our plans for 2024 – the year we will...





Enabler 1

- Continue to grow our policy and advocacy work to develop evidence-based solutions to drive progress in diagnosis, treatment and care.
- Launch a Manifesto ahead of the 2024 general election, with calls and recommendations for the next government to save and improve more lives for people affected by leukaemia
- Continue to involve the patient voice in everything we do by growing our Community Champions group and Patient Experience Advisory Panel
- Engage further with decision-makers across government, NHS and other stakeholders to influence policies to benefit people affected by leukaemia
- Continue our Spot Leukaemia campaign with Leukaemia Care to reduce delays in diagnosis

Enabler 2

- Sustain our research portfolio, featuring our John Goldman Fellowships, JGF Follow-up Funding and Project Grant funding
- Continue to nurture new research talent with our Mentoring Scheme for John Goldman Fellows, and International Scholarships to attend a key CML Conference
- Support the dissemination of new research findings and promote research collaborations through our own Annual Science Seminar, and through support for selected UK research conferences
- Further our work with the DIDACT Foundation and its Academy training to support the development and delivery of UK clinical trials in leukaemia and other blood cancers
- Launch an exciting new Patient Care Pioneer Award that will provide up to £50,000 for healthcare professionals to undertake innovative, patient-centred projects that will improve treatment, care, and quality of life for leukaemia patients





Enabler 3

- Continue to build our brand amongst key audiences through engaging campaigns and content, based on the insights from our 2023 benchmarking and using an ongoing 'test and learn' approach
- Amplify the voices of those affected by leukaemia, by telling a range of diverse stories in the media and digitally
- Continue to build our network of high-profile individuals, growing our number of supporters and ambassadors, and appointing our first Leukaemia UK Patron
- Grow online reach and engagement through our website, social activity and wider digital channels
- Grow our reach and influence through relevant collaborations and partnerships, such as Spot Leukaemia with Leukaemia Care and the we3can children's cancer collaboration

Enabler 4

- Aim to grow our fundraised income by at least a third
- Support our 150 runners in the Hackney Half Marathon, a new event for the Leukaemia UK portfolio
- Invest in Community Fundraising to enable the launch of new initiatives with schools and restaurants
- Celebrate the 25th anniversary of Who's Cooking Dinner? with our best event to date
- Develop our strategy to target donations from companies and businesses

Enabler 5

- Improve our awareness and action around Equality, Diversity, Inclusion & Belonging (EDIB)
- Run our second staff survey, and continue to identify and action learnings
- Carry out a thorough risk management framework
- Continue to embed in-house finance and HR functions including bringing in management accounting and reporting
- Run a relevant and engaging training programme for all colleagues, in addition to personalised training budgets, that enables colleagues to work effectively and safely

Structure and Governance





Our passionate team

Senior Leadership Team

The Trustees delegate day-to-day management of the charity to the Chief Executive, who works with a Senior Leadership Team. The Senior Leadership Team is made up of the Chief Executive and Directors of Income, Communications, Research & Advocacy, and Finance & Resources.

Staff

Over the course of 2023 our staff numbers increased to 25, with a FTE of 23.

Volunteers

We are nothing without our volunteers who generously give their time and expertise to support us, and this year we have reviewed our volunteering policies and processes to make sure that we can use this valuable resource as effectively as possible.

We are incredibly grateful to the 56 individuals who have given up their time for us this year. This includes the 40 experts that make up our Scientific Panel, the 11 members of our newly established Patient Experience Advisory Panel and the five people who supported us with events and community fundraising. We are incredibly grateful to all our volunteers for everything they do to help the charity, people with a diagnosis of blood cancer, and their friends and families.

Status

Leukaemia UK operates as a Charitable Incorporated Organisation (CIO) and is governed in line with its constitution dated 3 December 2013. Our objectives are to relieve sickness and preserve and protect health, in particular by:

- Promoting research into leukaemia and/or related disorders
- Providing support directly or indirectly to people affected by leukaemia and/or related disorders

Public benefit

Trustees can confirm that they are informed by the Charity Commission's guidance on public benefit and that they have complied with Section 17 of the Charities Act 2011 to have due regard to this area. Any research that we fund must be available to everyone regardless of race, religion, gender, sexual orientation, or age, amongst other factors.

Board of Trustees

Trustees contribute their services to the Board on a voluntary basis and are responsible for the governance of the charity, ensuring it meets its statutory responsibilities, as well as determining overall strategy, policies, and direction, with the expert guidance of the Senior Leadership Team.

We aim to appoint Trustees with a diverse range of skillsets and backgrounds, which includes those with lived experience of blood cancer, in line with our aim to put those affected at the heart of all we do.

The constitution states there must be a minimum of three and a maximum of fifteen Trustees. All Trustees have a term length of three years and are eligible to serve three consecutive terms. A Trustee who has served for three consecutive terms may not be appointed for a fourth consecutive term save with the approval of two-thirds of the Board of Trustees.

Any new Trustees are invited by agreement of the existing Trustees, having due regard to the skills, knowledge and experience required for the effective administration of the charity.



The full Board usually meets four times a year. In January 2023 there was an additional board away day with a focus on good governance.

During the year under review, Leukaemia UK welcomed two new trustees, James Barlow and Emma McKinley, both of whom have a specialism in finance.

The Leukaemia UK Board of Trustees consists of:

- Ian McCafferty CBE (Chair)
- Amanda Stewart (Deputy Chair)
- Chris Corbin OBE
- Caroline Evans
- Alastair Adam
- Luke Cripps
- James Fairclough



- Ellen Broomé
- Professor Alejandro Madrigal
- Dr Jo Reynolds
- Karen Cracknell
- Miriam Jordan Keane
- James Barlow (joined June 2023)
- Emma McKinley (joined June 2023)
- Professor Antonio Pagliuca (resigned August 2023)

We would like to extend our thanks to Professor Pagliuca for the many years of service he gave to the charity. His provision of excellent research and clinical advice during his tenure, helped fund over £7m of world-class blood cancer research, which will help save and improve the lives of patients now and in the future.



Scientific and Medical Panel

Independent expert review is an integral part of the decision-making process when awarding funding. Leukaemia UK is a member of the Association of Medical Research Charities (AMRC), the UK membership organisation of leading medical and health research charities. Our funding review process complies with the AMRC's principles and guidance on Expert Review, which ensure that member charities support high quality research, maximise the impact of their funding, and deliver changes that really matter to their communities.

All funding applications are reviewed by at least five members of our Scientific and Medical Panel and at least two external expert reviewers, as well as representatives from our Patient Experience Advisory Panel. Leukaemia UK implements a policy on Conflicts of Interest, whereby all panel members and external expert reviewers are asked to declare any conflicts they may have with the application or applicant/s, in order that these are properly managed, in line with impartiality standards. The reviewers assess applications for their relevance, quality and feasibility, to make recommendations for funding.

Leukaemia UK's Scientific and Medical Panel members make their recommendations for funding to Leukaemia UK's Board of Trustees, who make the final decisions on which applications will be approved for funding.

In the year under review, this panel consists of:

- Prof. Nick Cross, Faculty of Medicine, University of Southampton (Chair)
- Prof. Francesco Dazzi, King's College London (Vice Chair)
- Prof. Dominique Bonnet, Francis Crick Institute, London
- Prof. Jackie Boulton, University of Oxford
- Prof. Richard Clark, University of Liverpool
- Prof. Mark Cragg, University of Southampton
- Dr Steve Devine MD, CIBMTR, Minneapolis, USA
- Dr Amir Enshaei, Newcastle University
- Prof. Tariq Enver, Cancer Institute Director, University College London
- Prof. Maria Figueroa, University of Miami Miller School of Medicine, Miami, USA
- Prof. Francesco Forconi, University of Southampton
- Prof. John Gribben, Queen Mary University of London
- Prof. Olaf Heidenreich, Newcastle University



- Prof. Vignir Helgason, University of Glasgow
- Prof. Robert Hills, Cardiff University
- Prof. Anastasios Karadimitris, Imperial College London
- Dr Karen Keeshan, University of Glasgow
- Prof. Ulf Klein, University of Leeds
- Prof. Nicolaus Kröger, University Medical Centre, Hamburg, Germany
- Prof. Cristina Lo Celso, Imperial College London
- Prof. David Marin, MD Anderson Cancer Centre, Houston, USA
- Prof. Mary Francis McMullin, Queen’s University Belfast
- Dr Sharon McKenna, University College Cork, Ireland
- Prof. Alison Michie, University of Glasgow
- Prof. Ken Mills, Queen’s University Belfast
- Prof. Emma Morris, University College Hospital, London
- Prof. Katrin Ottersbach, University of Edinburgh
- Dr Kim Orchard, University Hospital Southampton NHS Foundation Trust
- Prof. Chris Pepper, University of Sussex, Brighton and Sussex Medical School
- Prof. Uwe Platzbecker, Technical University Dresden, Germany
- Prof. Katy Rezvani, MD Anderson Cancer Centre, Houston, USA
- Prof. Simon Rule, University of Plymouth
- Dr Lisa Russell, Newcastle University
- Dr Satyajit Sahu, University Hospital Lewisham, London
- Dr Bipin Savani MD, Vanderbilt University Medical Center, USA
- Dr Claire Seedhouse, University of Nottingham
- Dr Bronwen Shaw MD, Medical College of Wisconsin, USA
- Prof. John A Snowden, Sheffield Teaching Hospitals NHS Foundation Trust
- Prof. Alex Tonks, Cardiff University
- Prof. Owen Williams, University College London, Great Ormond Street Institute of Child Health

Finance Sub-Committee

The Committee meets four times a year and in the year under review its members were: Alastair Adam (Committee Chair), and Caroline Evans. Chris Corbin also sat on the Committee in interim, until James Barlow and Emma McKinley took up their places on the Committee in September. Ian McCafferty also attends as an observer. It is responsible for advising the Board on operational and strategic financial planning, including reviewing plans, budgets, management accounts and reforecasts. It reviews matters of financial governance including financial policies, processes and controls, and advises on the appointment of external auditors. The Committee also sets and recommends the Investment Strategy to the Board for approval and oversees the management and performance of investments.

People & Culture Sub-Committee

This new committee was set up during 2023 to provide assurance to the Board on the charity’s culture, workforce planning and development, HR policies and procedures, and other matters related to organisational development. The Committee meets three times a year and its members during the year under review were Karen Cracknell (Chair), Caroline Evans, and Amanda Stewart.

Remuneration Sub-Committee

The Committee meets at least once a year and in the year under review was made up of Ian McCafferty (Chair), Karen Cracknell, Caroline Evans and Amanda Stewart. It sets and reviews the pay and benefits policies and processes for the charity, using sector benchmarking. The Committee reviews pay on an annual basis. Each year a pay award is considered but not guaranteed, with any agreed uplift applicable from April.

Development Sub-Committee

In 2023 a new sub-committee was put in place, specifically to provide assurance to the Board on the charity’s strategic investment in growing sustainable net income, profile, engagement and influence, in support of the five year strategy to save and improve more lives. They will also assist the Board in establishing ambitious but realistic goals and targets in relation to this, provide a forum for discussion of best practice and review risks and mitigations related to the charity’s income, marketing and communications. The committee will meet three times a year and is made up of Board members Miriam Jordan Keane (chair), Jo Reynolds, Luke Cripps, Alejandro Madrigal and Chris Corbin, as well as external expert Anthony Newman (Brand and Marketing Director at Macmillan Cancer Support).

Our finances

This report covers the period 1st January 2023 to the 31st December 2023.

Income

Total income for 2023 came to £2,808,286 including £91,012 of investment income.

The main sources of income came from grants, legacies and donations, including donated goods and services, totalling £2,543,866.

Fundraising expenditure

Fundraised income during 2023 was achieved with an increase in expenditure from £1,183,250 in 2022 to £1,415,067. The increased expenditure was largely due to consolidating the growth of the staff team to promote growth in income post-merger and lead successful income generation which can sustain and grow our world-class research programme to deliver long-term progress in leukaemia treatment, diagnosis and care.

Charitable expenditure

Expenditure on charitable activities during 2023 was £2,074,677 - increased from £1,869,123 in 2022.

Grants

A total of £1,197,425 was committed as new grants in the year.

Surplus

We ended the year with a deficit after net gains on investments of £549,681 compared to a deficit of £557,771 in the prior year.

Reserves

This result reflects a recognition by the Trustees that some of the reserves built up over previous years should be released in a planned way over the next few years, but also reflects a desire to ensure that only research and care projects that meet the stringent requirements of the charity are funded. In addition, during this unparalleled time of global change and economic uncertainty, we must have enough reserves to ensure the charity is resilient and can sustain its commitments.

At the end of 2023, the total funds of the charity were £2,406,440 down from £2,956,121 at the end of 2022.

Funds held on 31 December 2023 were:

- Unrestricted £2,309,538, restricted £96,902, (2022 - unrestricted £2,785,766, restricted £170,154).
- As a result, free reserves totalled £2,309,538 (2022 - £2,758,766).

In conjunction with the development of our new strategy, the Trustees reviewed and agreed a new Reserves Policy at the end of 2022. The policy aims

to maximise funds to deliver our vision to stop leukaemia devastating lives by finding and funding life changing research, awareness and advocacy. It requires six months operating costs with a 25% uplift, plus close down liabilities.

The current level of free reserves of £2,309,538 is significantly above this. However, our strategy and funding model developed in 2022 sets out a plan to spend some of these funds to accelerate progress towards our vision and mission over the remainder of the strategy period.

The policy will be reviewed every two years, or sooner if required.

Financial statements

The charity's financial statements are set out on pages 65 to 81.

Going concern

Like many charities, Leukaemia UK is planning for the continued impact of the cost-of-living crisis on charitable donations, aware that as donors feel the squeeze, charitable donations are an area that may have to be cut from people's spending. However so far, thanks to the incredible generosity of our supporters and the hard work and dedication of our team, the impact of this has not yet been significantly felt, and we were able to raise a total of £2,543,866 in fundraised income in 2023.

Our plan and budget for 2024 see us continuing to draw on our reserves to invest in growing the charity post-merger as we deliver our strategy and continuing to diversify our income streams to improve our financial resilience, focusing particularly on investing in growing our legacy income and building our supporter base.

As part of our strategy development, and as mentioned above, we have reviewed our Reserves Policy so we can invest in our charitable work to deliver greater impact for those affected by leukaemia. It is therefore reasonable to expect that the charity has adequate resources to continue in operation for the foreseeable future, representing a period of at least 12 months from authorisation of the financial statements. Given this, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis as outlined in the Statement of Trustees' Responsibilities.



Investments

The Trustees take a cautious and prudent approach to investment of the charity's funds. To ensure that investments are appropriately diversified, they have agreed for funds to be split between:

- Short and medium-term bank money market deposits
- A portfolio of investments managed by the firm of stockbrokers, Investec.

This split of resources is designed to balance potential returns with appropriate risk, as well as ensuring enough liquidity to meet cash flow

requirements. The long-term investment portfolio is managed by investment managers to ensure a cash income source through dividends and interest which is withdrawn from the portfolio on a quarterly basis, and to achieve capital growth by reinvesting funds from disposed of investments.

The only restriction placed on the investment portfolio is an instruction that the firms must not invest charity funds in tobacco companies. All long-term investments are managed by Investec, which provides regular updates to Board meetings throughout the year. Investec is invited annually to present to the Finance & Audit Sub-Committee.



Our ethics

Equality, Diversity & Inclusion Policy

Leukaemia UK recognises the critical importance of working with individuals from all backgrounds and community groups affected by and interested in leukaemia, as this helps build a charity that values knowledge, understanding, innovation and difference in others.

We are committed to ensuring all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status, maternity status, marital status, race, religion, social status or economic status.

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard. By focusing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last. We aim to listen, learn and collaborate with others to increase equality, diversity and accessibility across all we do.

We have developed an Equality, Diversity & Inclusion Policy, and learning and development workshops for staff and Trustees take place. We have begun to improve our offer to employees and introduced new recruitment processes to improve and broaden our appeal and reach to potential candidates and limit bias. We have recruited a job-share partnership to our Director of Communications role, joining our Trusts and Foundations Manager job-share partnership. Given our small workforce this highlights our commitment to flexible working and was promoted in charity press. We also have a Patient Experience Advisory Panel to help us better represent and reflect the diverse experiences of those affected by leukaemia and renewed the membership of our Board of Trustees and Scientific Panel.

Use of animals in research

Animal research has played a vital part in many medical discoveries. Some of the biggest breakthroughs in our understanding of blood cancers and the development of new treatments would not have been possible without the use of animals. Most biomedical research is carried out using non-animal methods, but sometimes these methods simply cannot replace the use of animals.

Leukaemia UK supports the view, together with the majority of academics and every major UK charity that conducts medical research, that using animals in research is sometimes necessary to develop new treatments for human diseases.

Leukaemia UK will fund proposals that include research with animals only where there is no alternative, and where the proposals fully comply with the Animals

(Scientific Procedures) Act 1986. All animal research carried out in the UK must be approved and licensed by the Home Office.

Leukaemia UK is a member of the Association of Medical Research Charities (AMRC). All AMRC members support the AMRC position statement on the use of animals in research.

We support the guiding principles of the 3Rs (replace, refine and reduce) that underpin the humane use of animals in scientific research. Any proposed research using animals is therefore required to consider how to:

1. 'Replace' animals with alternatives wherever possible
2. 'Refine' experimental techniques, to ensure best practices for animal welfare
3. 'Reduce' the number of animals used to a minimum, to obtain information from fewer animals or more information from the same number of animals.

Fundraising ethics

Leukaemia UK voluntarily subscribes to the Fundraising Regulator and its Code of Fundraising Practice. The Fundraising Regulator investigates and takes appropriate action on cases of public concern. We are also signed up to the Fundraising Preference Service which enables individuals to opt out from receiving fundraising communications from us. We continue to work closely with the Fundraising Regulator and with the Institute of Fundraising to help improve standards and ways of working across the charity sector.

Complaints handling

Complaints and supporter feedback provide important sources of information about the impact that our work has on our supporters and members of the public, giving us insights and lessons for future fundraising activities. We are committed to delivering the highest possible standard of service and supporter care.

As part of our complaints policy, we promise:

- To provide a fair complaints procedure that is clear and easy to use
- To publicise our complaints procedure so that people know how to make a complaint
- To make sure that all complaints are investigated in a timely way
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired
- To gather information that helps us to improve what we do.

During 2023 we received two complaints from supporters. Our fundraising team worked quickly to resolve the issues to the supporters' satisfaction.

Our risks

We have a stringent approach to risk management, with the risk register and processes reviewed on a regular basis by the Finance & Audit Sub Committee and by the full Board of Trustees. The Trustees actively review the major strategic, business and operational risks that the charity faces and confirm that they have established systems to manage significant risks.

The risk management process takes account of several factors when identifying risks, including internal factors such as staff expertise, cash and donation levels, and current commitments, as well as external factors including reputational risk, trends within the sector and changes in legislation. Each risk is then given a rating based on the level of impact it might have on the operations of the charity against the likelihood of any negative impact occurring. The top three risks identified by the management team at the end of the reporting period are outlined here:

Risk	Mitigating activities
<p>Income doesn't meet targets due to the external environment we are currently operating in</p>	<ul style="list-style-type: none"> • Finance & Risk Committee will be meeting quarterly to review and discuss financial performance • New Development Committee being set up to oversee fundraising and comms activity specifically • At least two budget reforecasts take place throughout the year to manage income and expenditure in line with actual performance • Focus on growing and diversifying our income streams
<p>Fundraising investment doesn't perform to time or budget</p>	<ul style="list-style-type: none"> • A range of options for fundraising investment have been developed to manage risk – three distinct areas with different targets and approaches • Regular monitoring of progress through Finance & Audit Committee and the establishment of a Development Committee to support strategy and plans. • Agreement at Board level of an element of having freedom to fail – if we want to grow we have to try new things and not all of these will succeed
<p>Struggle to retain team/key individuals as pay levels fail to compete with increasing needs due to cost of living</p>	<ul style="list-style-type: none"> • Additional cost of living payments have been made to all staff • Annual pay review process taking cost of living increases into account • Pay and benefits review carried out to ensure we are competitive • Focus on staff retention through other means e.g. training and development, hybrid and flexible working options

Statement of Trustees' Responsibilities



The Board of Trustees presents its Annual Report and Accounts for the year ended 31 December 2023. The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. Charity law requires the Trustees to prepare financial statements for each financial year. Under that law, they are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. Under charity law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and any excess of expenditure over income for that year.

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

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

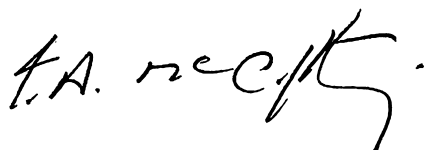
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In addition, the Trustees confirm that they are happy that the content of the annual review in pages 3 to 57 of this document meet the requirements of the Trustees' Annual Report under charity law. They also confirm that the financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Each person who is a Trustee at the date of approval of this report confirms that:

- So far as the Trustee is aware, there is no relevant audit information of which the charity's auditors are unaware
- The Trustee has taken all the steps he/ she ought to have taken as a Trustee to make himself/herself aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

This report was approved and authorised for issue by the Board of Trustees on 25 July 2024 and signed on its behalf.



Ian McCafferty CBE, Chair



Accounts 2023



Independent auditor's report to the trustees of Leukaemia UK

Opinion

We have audited the financial statements of Leukaemia UK for the year ended 31 December 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the 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 charity's affairs as at 31 December 2023, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

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 charity 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 the charity'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 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 there is 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of the Trustees

As explained more fully in the trustees' responsibilities statement set out on page 59, the trustees 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 determines 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 charity'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 charity 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 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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 is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.



Luke Holt (Senior Statutory Auditor)
For and on behalf of Moore Kingston Smith LLP,
Statutory auditor

26th July 2024

9 Appold Street
London
EC2A 2AP

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Statement of financial activities

For the year ended 31 December 2023

	Notes	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £	Total Funds 2022 £
Income from					
Donations and legacies	3	2,027,544	516,322	2,543,866	2,618,936
Other trading activities	4	173,408	-	173,408	244,070
Investments	5	91,012	-	91,012	79,211
Total income		<u>2,291,964</u>	<u>516,322</u>	2,808,286	<u>2,942,217</u>
Expenditure on					
Raising funds	6 & 7	1,415,067	-	1,415,067	1,183,250
Charitable activities	6 & 8	2,028,955	45,722	2,074,677	1,869,123
Total expenditure		<u>3,444,022</u>	<u>45,722</u>	3,489,744	<u>3,052,373</u>
Net gains/(losses) on investments	12	131,777	-	131,777	(447,615)
Net income/(expenditure)		(1,020,281)	470,600	(549,681)	(557,771)
Transfer between funds		543,852	(543,852)	-	-
Net movement in funds		<u>(476,429)</u>	<u>(73,252)</u>	(549,681)	<u>(557,771)</u>
Reconciliation of funds					
Total funds brought forward	16 & 17	2,785,967	170,154	2,956,121	3,513,892
Total Funds carried forward	16 & 17	<u>2,309,538</u>	<u>96,902</u>	2,406,440	<u>2,956,121</u>

The notes on pages 68 to 81 form part of the financial statements.

All the above results arise from continuing activities.

There were no other recognised gains or losses other than those stated above.

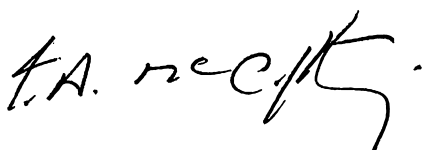
Balance sheet

As of 31 December 2023

	Notes	Total Funds 2023 £	Total Funds 2022 £
Fixed assets			
Tangible assets	11	26,865	24,286
Investments	12	2,971,915	2,860,638
Total fixed assets		2,998,780	2,884,924
Current assets			
Debtors and prepayments	13	1,111,499	561,453
Investments		215,653	207,441
Cash at bank and in hand		745,138	1,697,021
Total current assets		2,072,290	2,465,915
Creditors - amounts falling due within one year	14	(1,590,452)	(1,687,982)
Net current assets		481,838	777,933
Grants awarded - due in more than one year	15	(1,074,178)	(706,736)
Total net assets		2,406,440	2,956,121
Funds of the charity			
Restricted	16 & 17	96,902	170,154
Unrestricted			
Designated	16 & 17	-	27,201
General	16 & 17	2,309,538	2,758,766
Total unrestricted		2,309,538	2,785,967
Total Funds		2,406,440	2,956,121

The notes on pages 68 to 81 form part of the financial statements.

These financial statements were approved and authorised for issue by the Board of Trustees on 25 July 2024 and signed on their behalf by:



Ian McCafferty CBE
Chair

Statement of cash flows

For the year ended 31 December 2023

	Total Funds 2023 £	Total Funds 2022 £
Cash flows from operating activities		
Net income/(expenditure) for period (as per SOFA)	(549,681)	(557,771)
Adjustments for:		
Depreciation charges	10,034	7,014
(Profit)/loss on disposal of tangible asset	-	-
Investment income received	(91,012)	(79,211)
Net gains/(losses) on investments	(131,777)	447,615
(Increase)/decrease in trade debtors	(11,400)	(24,500)
(Increase)/decrease in accrued gift aid	(22,713)	(31,543)
(Increase)/decrease in other accrued income	17,738	(17,045)
(Increase)/decrease in rent deposit	(4,388)	-
(Increase)/decrease in prepayments	(192,617)	(3,751)
(Increase)/decrease in other debtors	(336,666)	(323,040)
Increase/(decrease) in trade creditors	5,190	5,635
Increase/(decrease) in payroll liabilities	2,352	21,159
Increase/(decrease) in grants payable - due in less than a year	(68,445)	(259,316)
Increase/(decrease) in accruals	(36,627)	36,728
Increase/(decrease) in grants payable - due in more than a year	367,442	506,184
	<u>(492,889)</u>	<u>285,929</u>
Net cash flows from operating activities	(1,042,570)	(271,842)
Cash flows from investing activities		
Investment income received	91,012	79,211
Purchase of tangible fixed assets	(12,613)	(14,857)
Proceeds from sale of investments	701,717	1,038,610
Purchase of investments	(742,014)	(1,039,686)
(Increase)/decrease in short term investments	(8,212)	(2,144)
Decrease/(increase) in cash held in portfolio	60,797	24,301
	<u>90,687</u>	<u>85,435</u>
Net cash flows from investing activities	90,687	85,435
Change in cash and cash equivalents in period	(951,883)	(186,407)
Cash at bank and in hand brought forward	1,697,021	1,883,428
Cash at bank and in hand carried forward	745,138	1,697,021

The notes on pages 68 to 81 form part of the financial statements.

An analysis of changes in net debt can be found in note 18.

Notes to the financial statements

1. Accounting policies

Basis of preparation of the financial statements

The financial statements have been prepared in accordance with 'Charities SORP (FRS 102) - 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) second edition (effective 1 January 2019)', the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), including Update Bulletin 2, and relevant charities law.

The effect of any event relating to the year ended 31 December 2023, which occurred before the date of approval of the financial statements by the Board of Trustees has been included in the financial statements to the extent required to show a true and fair view of the state of affairs at 31 December 2023 and the results for the year ended on that date.

The functional currency of the Charity is sterling and amounts in the financial statements are rounded to the nearest pound.

Legal status

Leukaemia UK is a charitable incorporated organisation registered in England & Wales, and meets the definition of a public benefit entity. The registered office is 26 Great Queen Street, London, WC2B 5BL.

Going concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the Charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The Trustees have considered the Charity's forecasts and projections and have taken account of pressures on donation, fundraising and investment income. After making enquiries, the Trustees confirm that the Charity has adequate resources to continue in operational existence for the foreseeable future and that there are no material uncertainties that would impact this assessment. The ongoing global economic uncertainty has had no material impact on this assessment. The Charity therefore continues to adopt the going concern basis in preparing its financial statements.

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.

Designated Funds are unrestricted funds which have been designated for a specific purpose by the Trustees. The aim and use of each designated fund is set out in note 16 of the financial statements.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by donors or that 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 note 16 of the financial statements.

Income

All income is included in the Statement of Financial Activities when the Charity has entitlement, there is probability of receipt and the amount is measurable.

For donations and gifts this is when they are received. Gift Aid is recognised on a receivable basis as part of the income to which it relates.

Grants are recognised in full in the year in which they are receivable except in situations where they are related to performance in which case they are accrued as the Charity earns the right through performance.

Fundraising income is accounted for gross, with any associated costs presented as expenditure.

Interest is recorded when it is receivable.

Dividends are accounted for when due, and tax recoverable on such income is accounted for based on the repayment due in the fiscal year ending in that accounting year.

Realised gains or losses are recognised when investments are sold. Unrealised gains or losses are accounted for on revaluation of investments at the period end.

Expenditure and irrecoverable VAT

Expenditure is accounted for on an accruals basis and liabilities are recognised as expenditure when there is a legal obligation committing the Charity to the expenditure, it is probable that settlement will be made, and the obligation can be measured.

Non-recoverable VAT is included against the expenditure heading to which it relates.

Indirect costs, including governance costs, which cannot be directly attributed to activities, are

allocated between activities proportionate to the direct costs incurred in those activities.

Grants payable are payments made to third parties in furtherance of the Charity's objectives.

Unconditional grant offers are accrued in full once the recipient has been advised of the grant award and the payment is probable. Where grant awards are subject to performance conditions that are outside of the control of the Charity these are accrued when the recipients have been notified of the grant award.

Multi-year grants are recognised at their historic cost and thereafter at the best estimate of the amount required to settle the obligation at the reporting date. Where payments are due over more than one year from the date of the award and there are no unfulfilled conditions which are within the control of the Charity and the effect of discounting is immaterial, no adjustment is made to discount the liability to its present value at the reporting date.

Taxation

As a registered charity income and gains are exempt from Corporation Tax to the extent that they are applied to the charitable objectives.

Donated goods and services

Where goods are provided to the Charity as a donation that would normally be purchased from suppliers this contribution is included in the financial statements as an estimated based on the value of the contribution to the Charity.

Investments

Investments are initially measured at their cost and subsequently measured at their fair value at each reporting date, which gives rise to unrealised gains/losses at the end of the financial period which is reflected in the SOFA. Realised gains/losses are calculated as the difference between the sales proceeds and the opening carrying value or the purchase price if acquired during the financial period. Partial disposals are accounted for using the average value. Fair value is based on the quoted price at the balance sheet date without deduction of estimated future selling costs.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses, with individual assets over £1,500 being capitalised. This limit has been increased from £500 in the current financial period. As it is a change in accounting estimate this amendment has not been applied retrospectively to prior periods.

Depreciation is provided at rates calculated to write off the cost of each asset, less its estimated residual value, over the useful economic life of that asset as follows:

- Computers – straight line over 4 years
- Fixtures and fittings – straight line over 5 years

Cash at bank and in hand

Cash at bank and in hand includes cash in hand, deposits with banks and funds that are readily convertible into cash at, or close to, their carrying values, but are not held for investment purposes.

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount is applied.

Creditors

Creditors 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.

Financial instruments

Basic financial instruments are measured at amortised cost other than investments which are measured at fair value.

Critical estimates and judgements

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The treatment of tangible fixed assets is sensitive to changes in useful economic lives and residual values of assets. These are reassessed annually.

The charity recognises residuary legacies once probate has been granted, which therefore requires an estimation of the amount receivable. This calculation is based on the estate accounts provided by the executor and allows for a proportion of costs incurred in finalising the estate, as well as any uncertainties around valuation of physical assets.

Donated foods and services are based on an estimate of the value of the contribution to the Charity as per the accounting policy above.

In the view of the Trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

Pensions

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

Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

Operating leases

Rentals payable under operating leases are charged against income on a straight-line basis over the lease term.

2. Comparative statement of financial activities

	Notes	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Income from				
Donations and legacies	3	1,905,001	713,935	2,618,936
Other trading activities	4	244,070	-	244,070
Investments	5	79,211	-	79,211
Total income		<u>2,228,282</u>	<u>713,935</u>	<u>2,942,217</u>
Expenditure on				
Raising funds	6 & 7	1,183,250	-	1,183,250
Charitable activities	6 & 8	1,827,123	42,000	1,869,123
Total expenditure		<u>3,010,373</u>	<u>42,000</u>	<u>3,052,373</u>
Net gains/(losses) on investments	12	(447,615)	-	(447,615)
Net income/(expenditure)		(1,229,706)	671,935	(557,771)
Transfer between funds		501,781	(107,500)	394,281
Net movement in funds		(727,925)	564,435	(163,490)
Reconciliation of funds				
Total funds brought forward	16 & 17	3,513,892	-	3,513,892
Total Funds carried forward	16 & 17	<u>2,785,967</u>	<u>564,435</u>	<u>3,350,402</u>

3. Income from donations & legacies

	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Donations	852,978	-	852,978
Grants	58,900	499,600	558,500
Legacies and in memorium	1,002,385	16,722	1,019,107
Donated goods and services	113,281	-	113,281
Total income from donations & legacies	2,027,544	516,322	2,543,866

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Donations	776,717	-	776,717
Grants	52,256	713,935	766,191
Legacies and in memorium	904,160	-	904,160
Donated goods and services	171,868	-	171,868
Total income from donations & legacies	1,905,001	124,941	2,618,936

	Total Funds 2023 £	Total Funds 2022 £
Office accommodation and related costs	33,682	64,014
Who's Cooking Dinner support	69,399	107,854
Other	10,200	-
Total donated goods and services	113,281	62,759

4. Income from other trading activities

	Unrestricted Fund 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Ticket sales	90,625	-	90,625
Auctions and raffles	82,321	-	82,321
Other	462	-	462
Total income from other trading activities	173,408	-	173,408

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Ticket sales	126,950	-	126,950
Auctions and raffles	116,546	-	116,546
Other	574	-	574
Total income from other trading activities	244,070	-	244,070

5. Income from investments

	Unrestricted Fund 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Dividends and interest on fixed asset investments	71,406	-	71,406
Interest on short term cash deposits	19,606	-	19,606
Total income from investments	91,012	-	91,012

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Dividends and interest on fixed asset investments	75,327	-	75,327
Interest on short term cash deposits	3,884	-	3,884
Total income from investments	79,211	-	79,211

6. Total expenditure

	Grants to institutions 2023 £	Direct staff 2023 £	Direct other 2023 £	Indirect 2023 £	Total costs 2023 £
Expenditure on					
Raising funds	-	543,585	641,409	230,073	1,415,067
Charitable activities	1,197,425	353,924	186,011	337,317	2,074,677
Total expenditure	1,197,425	897,509	827,420	567,390	3,489,744

	Grants to institutions 2022 £	Direct staff 2022 £	Direct other 2022 £	Indirect 2022 £	Total costs 2022 £
Expenditure on					
Raising funds	-	468,473	502,359	212,418	1,183,250
Charitable activities	1,214,054	244,704	74,819	335,546	1,869,123
Total expenditure	1,214,054	713,177	577,178	547,964	3,052,373

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

A breakdown of expenditure on raising funds between restricted and unrestricted funds can be found in note 7.

A breakdown of charitable expenditure between restricted and unrestricted funds can be found in note 8.

An analysis of staff costs can be found in note 10.

	Total costs 2023 £	Total costs 2022 £
Management & operational staff	170,785	121,617
Premises	78,976	65,333
HR, IT, finance & other professional services	236,520	178,191
Redesign of website and branding	-	74,363
General admin	49,868	57,582
Governance	31,241	50,878
Total indirect costs	567,390	547,964

	Total costs 2023 £	Total costs 2022 £
Audit and independent examination costs	17,054	16,242
Legal costs	7,766	8,818
Insurance costs	3,324	1,731
Other costs including trustee recruitment	3,097	24,087
Total governance costs	31,241	50,878

7. Expenditure on raising funds

	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Direct staff costs	543,585	-	543,585
Other direct costs	641,409	-	641,409
Indirect costs	230,073	-	230,073
Total expenditure on raising funds	1,415,067	-	1,415,067

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Direct staff costs	468,473	-	468,473
Other direct costs	502,359	-	502,359
Indirect costs	212,418	-	212,418
Total expenditure on raising funds	1,183,250	-	1,183,250

Included within other direct costs are investment management costs of £20,500 (2022 - £23,225).

8. Expenditure on charitable activities

	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Grants to institutions	1,151,703	45,722	1,197,425
Direct staff costs	353,924	-	353,924
Other direct costs	186,011	-	186,011
Indirect costs	337,317	-	337,317
Total expenditure on charitable activities	2,028,955	45,722	2,074,677

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Grants to institutions	1,172,054	42,000	1,214,054
Direct staff costs	244,704	-	244,704
Other direct costs	74,819	-	74,819
Indirect costs	335,546	-	335,546
Total expenditure on raising funds	1,827,123	42,000	1,869,123

9. Analysis of grants awarded in period

	Total Funds 2023 £	<i>Total Funds 2022 £</i>
Institute of Cancer Research	245,051	-
Medical Research Council	100,000	-
Queen Mary University of London	-	149,415
University College London	149,609	150,000
University of Birmingham	15,051	56,291
University of Cambridge	-	544,879
University of Edinburgh	-	98,096
University of Glasgow	149,510	248,211
University of Manchester	150,000	-
University of Nottingham	147,481	-
University of Southampton	243,066	-
Small project/support grants*	115,000	54,000
Release of prior year provision	(38,093)	54,000
Discounting of commitments due in more than one year	(79,250)	-
Total grants awarded	1,197,425	1,354,892

*Small project grants consist of a number of small awards which are not listed in their entirety here as they are not individually material to the accounts.

10. Staff numbers and costs

	Total costs 2023 £	<i>Total costs 2022 £</i>
Gross salaries	924,022	708,168
Employer's NIC	94,005	75,431
Employer's pension	50,267	39,700
Termination payments	-	11,495
Total staff costs	1,068,294	834,794

The average headcount during the year was 23 persons (2022 – 18).

One employee received employee benefits including termination payments of between £100,000 - £109,999, one employee between £70,000 - £79,999 and one employee between £60,000 - £69,999 (2022 – one employee between £90,000 - £99,999 and one employee between £60,000 - £69,999).

Total remuneration to key management personnel in the year was £365,647 (2022 - £253,293).

During the prior period total termination/redundancy payments of £11,495 were made as a result of a restructuring of the fundraising and communication teams. This included ex-gratia payments above standard redundancy payments.

11. Tangible fixed assets

	Computer equipment £	Fixtures & fittings £	Total tangible fixed assets £
Cost			
Brought forward on 1 January 2023	38,754	606	39,360
Additions in year	12,613	-	12,613
Cost carried forward on 31 December 2023	51,367	606	51,973
Accumulated depreciation			
Brought forward on 1 January 2023	14,468	606	15,074
Charge in year	10,034	-	10,034
Accumulated depreciation carried forward on 31 December 2023	24,502	606	25,108
Net book value			
Brought forward on 1 January 2023	24,286	-	24,286
Net book value carried forward on 31 December 2023	26,865	-	26,865

12. Fixed asset investments

	Total Funds 2023 £	Total Funds 2022 £
Market value brought forward	2,782,186	3,228,725
Additions at cost	742,014	1,039,686
Proceeds on disposal	(701,717)	(1,038,610)
Net gains/(losses) in period	131,777	(447,615)
Market value carried forward	2,954,260	2,782,186
Cash held as part of the investment portfolio	17,655	78,452
Total market value of investment portfolio carried forward	2,971,915	2,860,638
Analysis of market value of investments by investment type:	Total Funds 2023 £	Total Funds 2022 £
UK fixed interest bonds	338,579	162,332
Non UK fixed interest bonds	221,107	343,946
UK equities and funds	539,631	663,374
Non UK equities and funds	1,344,807	1,075,550
Other funds including cash	527,791	615,436
Total market value of investment portfolio carried forward	2,971,915	2,860,638

13. Debtors and prepayments

	Total 2023 £	Total 2022 £
Trade debtors	35,900	24,500
Accrued gift aid	127,320	104,607
Accrued legacy income	659,706	323,040
Other accrued income	25,098	42,836
Rent deposit	4,388	-
Prepayments	259,087	66,470
Total debtors and prepayments	1,111,499	561,453

14. Creditors: amounts falling due within one year

	Total 2023 £	Total 2022 £
Trade creditors	73,455	68,265
Payroll liabilities	39,408	37,056
Grants awarded - due in less than a year	1,457,463	1,525,908
Accruals	20,126	56,753
Total creditors - amounts falling due within one year	1,590,452	1,687,982

15. Grants payable

	Total Funds 2023 £	Total Funds 2023 £	Total Funds 2022 £	Total Funds 2022 £
Brought forward on 1 January 2023		2,232,644		1,985,776
Grants awarded (see note 9)	1,314,768		1,300,892	
Release of prior year provision (see note 9)	(38,093)		54,000	
Discounting of commitments due in more than one year (see note 9)	(79,250)		-	
		1,197,425		1,354,892
Grants paid in year		(898,428)		(967,186)
Total grants payable on 31 December 2023		2,531,641		2,373,482
		Total Funds 2023 £		Total Funds 2022 £
Payable within one year		1,457,463		1,525,908
Payable within two to five years		1,074,178		706,736
Total grants payable on 31 December 2022		2,531,641		2,232,644

16. Analysis of charity funds

	Funds brought forward 2023 £	Income in year 2023 £	Expenditure in year 2023 £	Net gains/ (losses) on revaluation 2023 £	Transfers between funds 2023 £	Funds carried forward 2023 £
Restricted funds						
BEIS funding 2022	170,154	-	-	-	(170,154)	-
BEIS funding 2023		421,218	-	-	(339,316)	81,902
Project/support grants	-	1,000	(1,000)	-	-	-
North of England	-	9,000	(9,000)	-	-	-
John Goldman Fellowships 2021	-	13,882	-	-	(13,882)	-
John Goldman Fellowships 2022	-	35,500	-	-	(20,500)	15,000
Research grants	-	35,722	(35,722)	-	-	-
Total restricted funds	170,154	516,322	(45,722)	-	(543,852)	96,902
Designated funds						
IMPACT	27,201	-	(15,051)	-	(12,150)	-
Total designated funds	27,201	-	(15,051)	-	(12,150)	-
General funds	2,758,766	2,291,964	(3,428,971)	131,777	556,002	2,309,538
Total Funds	2,956,121	2,808,286	(3,489,744)	131,777	-	2,406,440

Restricted funds – BEIS funding

The Charity received funds from BEIS to support the current John Goldman Fellowships which are paid out in 2022-2024. As the grant commitments were recognised in full in previous years, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – Project/support grants

The Charity received funds from a variety of sources to support small project/support grants.

Restricted funds – North of England

The Charity received funds from a legacy to support its work in the north of England.

Restricted funds – John Goldman Fellowships 2021

The Charity received funds from a variety of sources to support the annual John Goldman Fellowships in 2021 which are paid out in 2021-2023. As the grant commitments were recognised in full in 2020, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – John Goldman Fellowships 2022

The Charity received funds from a variety of sources to support the annual John Goldman Fellowships in 2022. As the grant commitments were recognised in full in 2022, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – Research grants

The Charity received funds from a variety of source to support the Charity's research grants.

Designated funds – IMPACT

The IMPACT designated fund is to fund the IMPACT clinical trial, a collaborative project with Anthony Nolan, NHSBT, and the University of Birmingham. The agreement was signed early 2017, with funding split over several years originally to 31st December 2021 but was extended and has now been completed with the balance transferred back to general funds.

	Funds brought forward 2022 £	Income in year 2022 £	Expenditure in year 2022 £	Net gains/ (losses) on revaluation 2022 £	Transfers between funds 2022 £	Funds carried forward 2022 £
Restricted funds						
BEIS funding	-	629,290	-	-	(459,136)	170,154
Project/support grants	-	5,000	(5,000)	-	-	-
Mind & body	-	-	-	-	-	-
John Goldman Fellowships 2021	-	42,645	-	-	(42,645)	-
John Goldman Fellowships 2022	-	17,000	(17,000)	-	-	-
Research grants	-	20,000	(20,000)	-	-	-
Total restricted funds	-	713,935	(42,000)	-	(501,781)	170,154
Designated funds						
IMPACT	83,492	-	(56,291)	-	-	27,201
Total designated funds	83,492	-	(56,291)	-	-	27,201
General funds	3,430,400	2,228,282	(2,954,082)	(447,615)	501,781	2,758,766
Total Funds	3,513,892	2,942,217	(3,052,373)	(447,615)	-	2,956,121

17. Analysis of net assets between funds

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total Funds 2023 £
Fixed assets	2,998,780	-	2,998,780
Current assets	1,975,388	96,902	2,072,290
Current liabilities	(1,590,452)	-	(1,590,452)
Non-current liabilities	(1,074,178)	-	(1,074,178)
Total net assets	2,309,538	170,154	2,406,440

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total Funds 2022 £
Fixed assets	2,884,924	-	2,884,924
Current assets	2,295,761	170,154	2,465,915
Current liabilities	(1,687,982)	-	(1,687,982)
Non-current liabilities	(706,736)	-	(706,736)
Total net assets	2,785,967	170,154	2,956,121

18. Analysis of net debt

	As at 1 Jan 2023 £	Cash flows £	Other movements £	As at 31 Dec 2023 £
Cash and cash equivalents				
Cash at bank	1,697,021	(951,883)	-	745,138
	<u>1,697,021</u>	<u>(951,883)</u>	<u>-</u>	<u>745,138</u>

	As at 1 Jan 2022 £	Cash flows £	Other movements £	As at 31 Dec 2022 £
Cash and cash equivalents				
Cash at bank	1,883,428	(186,407)	-	1,697,021
	<u>1,883,428</u>	<u>(186,407)</u>	<u>-</u>	<u>1,697,021</u>

19. Lease commitments

	Total Funds 2023 £	Total Funds 2022 £
Within one year	13,163	-
	13,163	-

20. Trustee remuneration and donations

During the year, no Trustees received reimbursement of expenses or remuneration (2022 - £NIL).

During the year, the Charity received unrestricted donations totalling £63 (2022 - £360) from trustees.

21. Related party transactions

During the current year, there were no related party transactions (2022 – £Nil) other than the unrestricted donations noted in note 20 above.

22. Guarantees and secured charges

As of 31 December 2023 the Charity did not have any outstanding guarantees to third partners nor any debts secured against assets of the Charity (2022 - £NIL).

23. Legacy income

Leukaemia UK is aware of legacies of which the charity's share is estimated at £1,000,000 (2022 - £NIL). This has not been included in these financial statements as it does not reach the necessary recognition criteria as laid out by the charity's accounting policy.

Legal and administrative details

Auditors:

Moore Kingston Smith, 9 Appold Street,
London, EC2A 2AP

Banks:

Santander, 100 Ludgate Hill, 1st Floor,
London, EC4M 7RE

CAF Bank Ltd, 25 Kings Hill Avenue,
Kings Hill, West Malling, Kent, ME19 4JQ

Barclays, 1 Churchill Place, London, E14 5HP

Investment Managers

Investec, 30 Gresham Street, London, EC2V 7QN

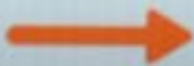
Solicitors

CMS Cameron McKenna Nabarro Olswang LLP,
Cannon Place, 78 Cannon Street, London, EC4N 6AF

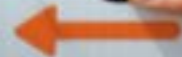
LeukaemiaUK



You are amazing!



Team Leukaemia UK



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A heartfelt thank you

None of Leukaemia UK's work would be possible without our amazing community of supporters, funders, researchers, colleagues and partners. Thank you for your unwavering support and continued enthusiasm throughout 2023. Your commitment to stop leukaemia devastating lives means that together we can continue to accelerate progress in leukaemia diagnosis, treatment and care.



With thanks to all the photographers whose work is featured throughout this report, and specifically Leukaemia UK's regular photographers Jake Darling and Ian Harding.

Leukaemia^{UK}

26 Great Queen Street, London, WC2B 5BL

Web: www.leukaemiauk.org.uk


Email: info@leukaemiauk.org.uk

Charity Number: 1154856

Leukaemia UK

England & Wales - Charity number 1154856

Accounts



Research has
the power to
change lives

Our vision:

To stop leukaemia devastating lives

Our values:

We are curious

We explore new possibilities, restless for progress.



We are collaborative

We bring people together, galvanising and inspiring them to change the future.



We are bold

We push boundaries and go further than ever before



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A landmark year for leukaemia research

Foreword from Fiona Hazell, Chief Executive

2022 was a landmark year for Leukaemia UK, with the launch of our ambitious new strategy, a bold new brand and a number of key breakthroughs that will help stop leukaemia devastating lives.



Thanks to previous investment in world-class research, last year saw 30 new research publications – each one building our understanding of blood cancer and taking us a step closer towards saving and improving more lives.

Thanks to our incredible supporters we have been able to increase our funding of research, advocacy and awareness in 2022 to £1.9m, our highest charitable spend to date. This includes awarding four new John Goldman Fellowships and our first John Goldman Follow-up Fund Award. As part of our aim to invest in the future leaders in leukaemia research and specifically aimed at previous John Goldman Fellows, this award enables a recipient to take their research ideas another step further, advancing both their careers as well as vital progress in leukaemia diagnosis, treatment and care.

This year research funded by Leukaemia UK provided the Proof of Principle evidence for a new clinical trial. Discoveries made by Dr Kostas Tzelepis, a 2020 John Goldman Fellow, into potential leukaemia treatments formed the basis for the development of a clinical trial in the USA. With the first patient recruited in November 2022, it seeks to recruit 40-60 patients with solid tumours throughout 2023 and has the potential to unlock new treatment options for AML. With just 15% of those diagnosed surviving longer than five years, this cannot come soon enough, and we will be keeping close tabs on the trial as it progresses. At a time of unprecedented financial hardship for some leukaemia patients, we are also proud to have been able to put £47,000 into a 'cost-of-living with leukaemia fund', offering support for families in financial hardship following a diagnosis.

With the effects of the pandemic still keenly felt and the emergence of a cost-of-living crisis, 2022 was another challenging year economically. Despite this, thanks to our bold and dedicated supporters, we were able to grow our fundraised income by an impressive 40%. In addition, we were fortunate to receive a grant for our early careers research from BEIS, boosting our total income to £2.9m. This enabled us to invest more than ever before into our research, awareness and advocacy.

From running to baking, Zumba to skydiving, our fundraisers continue to amaze us, and we are so grateful for all they have raised this year. After being cancelled by lockdowns in 2020 and 2021, our flagship Who's Cooking Dinner event wasn't without a hiccup this year, with Her Majesty Queen Elizabeth's funeral forcing a last-minute date change. The team and our supporters were undeterred and managed to make the event happen just a few weeks later, quickly securing a host of new chefs and raising over £260,000.

It is only through investment in world-class research, increasing awareness of leukaemia, and advocating on behalf of those affected that we will be able to accelerate the progress needed to save and improve more lives. And this is only possible with the help of our supporters, whose generosity and belief in our cause mean that we can find better ways to diagnose, treat and care for those affected by leukaemia.

From all the team at Leukaemia UK, thank you!

A handwritten signature in black ink, appearing to read 'Fiona Hazell'.

Fiona Hazell, Chief Executive

Foreword

A bold new direction to accelerate progress in diagnosis, treatment and care

Foreword from Ian McCafferty CBE, Chair

As I take over as Chair of Leukaemia UK in January 2023, I couldn't be prouder of our achievements over the past year and beyond.



Through the efforts of our staff, volunteers, supporters, researchers and the leukaemia community as a whole, the difference our 'small and mighty' charity has made in accelerating progress through research into this devastating disease will be life-changing for so many people.

As I take up this role, I would like to extend my heartfelt thanks to everyone who has enabled us to get to where we are today, including the three trustees who have stepped down this year – Jonathan Neal, Professor David Lynch and Oliver Sparks. We thank you for your time, expertise, hard work and passion for the cause. In particular I would like to thank Chris Corbin OBE, who as Chair since 2013 has helped steer the organisation through a period of change which has seen it go from strength to strength, and who has been fundamental in shaping the incredibly impressive Leukaemia UK I take over from him in 2023.

Finally, as a Board, we have sought to evaluate and evolve our skills and experiences to ensure we can support the charity under its new strategy. As a result, I have had the pleasure of welcoming five new Trustees to the Board at the end of 2022 – Ellen Broomé, Professor Alejandro Madrigal, Jo Reynolds, Karen Cracknell and Miriam Jordan Keane. All bring a diverse set of skills and connection to the cause as we continue to put all those affected at the heart of all we do.

Leukaemia affects 10,000 families every year. That's families up and down the country having their lives turned upside down because of a diagnosis. Yet

despite this, awareness of the disease and its signs and symptoms remains low, and survival rates lag behind many common cancers – blood cancer is the fifth most common cancer, but the third biggest killer.

As someone whose life has been personally touched by blood cancer, I was motivated to join Leukaemia UK to change this by supporting the charity's vital work investing in pioneering research, advocating for progress and improving awareness of the disease. In particular I am looking forward to continuing the progress made over 2022 in awareness and advocacy. In 2023 we will be building on the success of our 2022 Spot Leukaemia campaign, co-run with Leukaemia Care and with a little help from Henry the parrot, to help raise awareness of the signs and symptoms of the disease. We will also be continuing to build our Patient Experience Advisory Panel, to bring the voices of those who have experienced leukaemia to UK decision-makers, and to inform our insight into what matters most to those affected.

We must never lose sight of who we are here for – the thousands of people every year newly diagnosed, living with leukaemia, or who have lost their own life or that of a loved one. We are determined to focus on the research that will make the biggest difference to those affected by the disease, and raise as much money as we can to accelerate progress.

Together we can stop leukaemia devastating lives.

A handwritten signature in black ink, which appears to read 'I.A. McCafferty'.

Ian McCafferty CBE, Chair



About Leukaemia UK

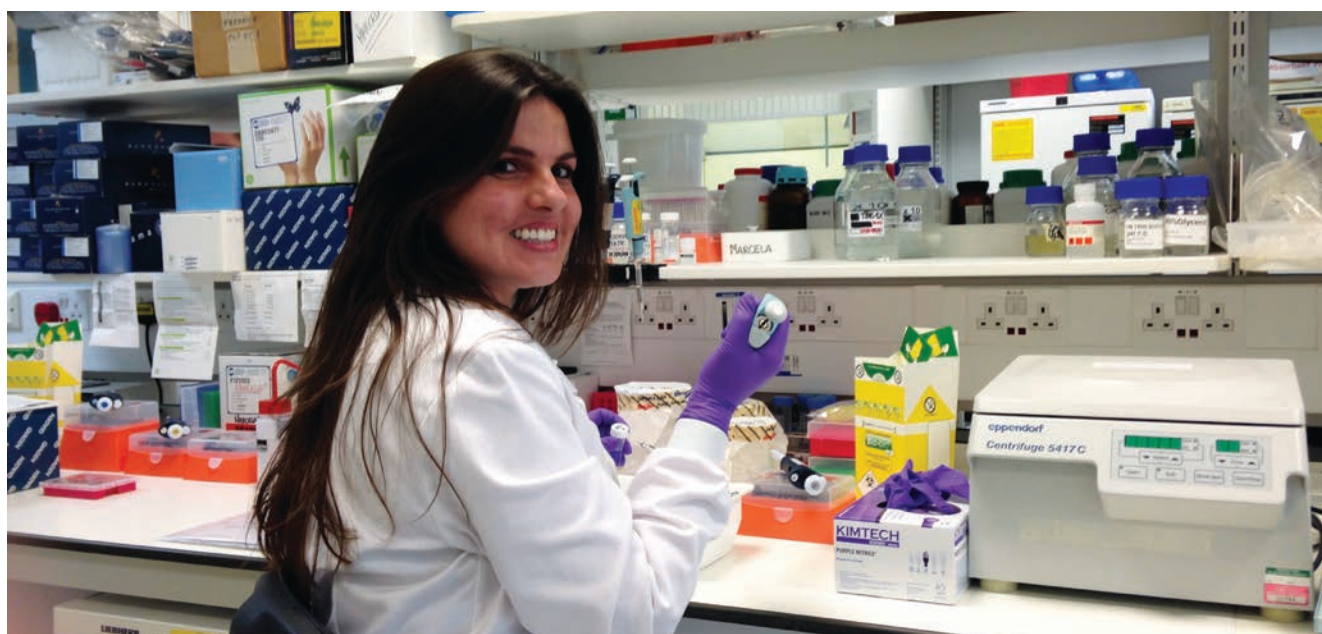


The life-changing power of research

We are Leukaemia UK. We believe research has the power to stop leukaemia devastating lives.

Despite decades of progress, only half of leukaemia patients live longer than five years after their diagnosis. We won't stop until we change this.

By understanding what matters most to people affected by leukaemia, we will accelerate progress by funding ground-breaking research that has the potential to revolutionise the diagnosis, treatment and care of this devastating disease.



Leukaemia – a forgotten cancer

Blood cancer is the fifth most common type of cancer in the UK and the third biggest cause of cancer deaths. Leukaemia is a type of blood cancer.

Because of its wide-ranging symptoms, leukaemia is one of the hardest cancers to spot, and is often discovered too late. It has one of the lowest survival rates of blood cancers, and sadly almost 5,000 lives are lost to leukaemia each year in the UK.

Devastatingly, it is the most common type of childhood cancer, accounting for around a third of all cancers in the under 15s.

For those who receive a leukaemia diagnosis, the often-gruelling treatment takes over not only their lives, but also the lives of those closest to them, and has a profound impact on anyone going through it.

In memory of Ash Firth



Rebecca and her Mum, Jo, have been raising money for Leukaemia UK since Rebecca's father passed away four years ago. Amazingly, they have now raised over £12,000 to help accelerate progress in diagnosis, treatment and care for those with leukaemia. It is their hope that through their efforts, they can help raise awareness of leukaemia and its symptoms and prevent other families from suffering the loss that they have.

When Ash Firth collapsed at home on the morning of January 26th 2018, he had no idea he was suffering from leukaemia. Tragically it was too late to give him any treatment and Ash, who was 72, died later that day in hospital. He had suffered a massive bleed on the brain as a result of undiagnosed acute myeloid leukaemia (AML).

"We had never really heard of or thought much about leukaemia before," said daughter Rebecca, age 48, from Pudsey near Leeds. *"We had no idea it was AML until the A&E doctors told us. It was quite advanced. The doctors said his blood results were off the chart, and he must've been very strong."*

"Looking back over Christmas, Dad had been very tired and he'd looked grey. We had a lovely Christmas together but he was sleeping a lot. We put it down to him being worn out from work. He and my Mum ran a lacemaking and needlecraft supply business and they'd gone flat out before Christmas doing lots of shows and events. Their aim was to give it one last big push then retire the following year. Then two weeks before he died he got a really sore throat. The doctor didn't like the look of it and referred him to a consultant but he died before the appointment."

Since his death, Ash's family have set about dedicating themselves to fundraising for Leukaemia UK, in the hopes the charity will fund research that will discover more effective and kind treatments that will stop other families being devastated in the same way. They set up an 'in memory' page on Leukaemia UK's website for Ash's funeral. Since then their endeavours have included appealing for second hand lacemaking equipment and selling it to raise money for Leukaemia UK, raffles, and even a sponsored head shave by Ash's sister Auntie Deb. So far the family have raised over £12,000.



"We also want to support Leukaemia UK's campaigning work – particularly in terms of raising awareness about leukaemia symptoms," said Rebecca. *"I think my Dad felt ill for a while and he was stubborn and wouldn't go to the doctor. I would urge people to just listen to your own body and you know if something isn't right and go get it checked out. Don't struggle through. Between us we lost our husband, soulmate, Dad, business partner and best friend. Life will never be the same again. You learn to live with the loss, you never get over it."*

Leukaemia in numbers

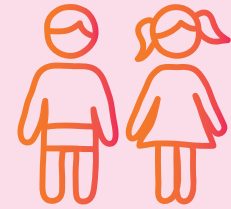
- 27 people diagnosed with leukaemia each day in the UK



(almost 10,000 every year)

- 50,000 people in the UK are currently living with leukaemia
- Nearly 5,000 lives are lost as a result of leukaemia in the UK every year

- Leukaemia accounts for 31% of all cancers in the under 15s



(the most common childhood cancer)

- Over 530 children are diagnosed with leukaemia every year in the UK

- 56% of British adults can't recognise the common signs of leukaemia



- 37% of all leukaemia cases are diagnosed in emergency settings

45% of people diagnosed in this way, live less than a year after diagnosis

- Highest emergency presentation rate for any cancer type is acute lymphoblastic leukaemia – 66%

- 38% of leukaemia cases occur in the over 75s



- Overall five year survival for leukaemia stands at just over 53%

Becoming Leukaemia UK

In 1977, after his wife Isobel was diagnosed with chronic myeloid leukaemia, charity pioneer Derek Mitchell founded the Elimination of Leukaemia Fund, later known as Leukaemia UK. It had one mission: to advance progress in leukaemia research and care for all who receive a leukaemia diagnosis.

Five years later, in 1982, the charity Leuka was founded by Lester Cazin, a leukaemia patient at Hammersmith Hospital, to raise funds to support research.

These two charities would grow and in 2019 combined to become a greater force for change for those whose lives are impacted by a leukaemia diagnosis – becoming the Leukaemia UK you know today.

In the UK, the survival rate for cancer overall has doubled over the last 40 years. This is testament

to the amazing work of researchers, patients and medical professionals up and down the country, with research breakthroughs bringing about advancements in diagnosis and treatment such as immunophenotype analysis, stem cell transplants and CAR T-cell therapy.

Along the way significant milestones have been reached in leukaemia research and care, but there is still a long way to go.

Brogan Hough

Running the London Marathon for Leukaemia UK was a fitting achievement for Brogan Hough – because she did it 20 years after she went into remission for leukaemia. Brogan, 28, who comes from South Yorkshire but now lives in London, was diagnosed with Acute Lymphoblastic Leukaemia (ALL) when she was five years old.

Brogan's Mum had spotted lots of bruises on her in unusual places and noticed she was getting tired more quickly than usual. She booked her in for a standard check-up with her local GP, assuming she had some sort of mild iron or vitamin deficiency.

"I remember everything about my cancer journey, from the way I felt emotionally and the tantrums I would have after bouts of chemo and steroids, to the pain in my back from weekly lumber punctures," said Brogan.

After agreeing to be part of a new treatment trial, Brogan was given two intense blocks of chemotherapy in hospital with longer term chemo across a two year period. There were daily hospital visits and she spent a lot of time in the hospital school room listening to stories.

"My mum and dad used to refer to our regular family hospital stays as our 'adventures' but I know not everyone is as lucky as me to have access to

the treatment and support I had, and that is why want Leukemia UK to continue their work," said Brogan.

Although she went into remission shortly after the two year chemo plan, her family didn't really feel the change until she had managed to maintain it for five years and was told she didn't need to visit the hospital again for 12 months. The moment they got to book their first family holiday abroad was the moment Brogan's parents really felt like they got their life back.

Brogan started running in 2018 and couldn't do more than 2km without having to catch her breath. She completed the London Marathon in 2022 in five hours, despite getting a stress fracture a few weeks before the big day, and has raised over £3,000 for Leukaemia UK.

"This disease devastates families as I know only too well, and the support and hope that Leukaemia UK's work gives is so important. I want more children and families to have the happy ending that I have had."



Our Strategy 2022-2027

Vision: To stop leukaemia devastating lives

Mission: To accelerate progress through the life-changing research that matters most to people affected by leukaemia

Values: Curious, collaborative, bold

Goal 1: Save more lives

- Harness the power of science to gain a better knowledge and understanding of leukaemia.
- Drive progress in awareness and diagnosis of leukaemia to improve survival.
- Fund innovative research to discover new, more effective life-saving treatments for leukaemia.
- Advocate that every leukaemia patient has access to the best available therapies.

Goal 2: Improve more lives

- Accelerate the development of smarter, kinder therapies for leukaemia.
- Champion advancement in better treatment and care for all.
- Transform standards of care and support by establishing 'whole person' care into mainstream practice.
- Fund patient-focused applied research to improve access to the best possible care and support those affected.

Enabler 1:

Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress

Enabler 2:

Invest in research to accelerate progress in diagnosis, treatments and care

Enabler 3:

Build our profile, engagement and influence to grow our support and impact

Enabler 4:

Invest strategically to grow sustainable net income

Enabler 5:

Make Leukaemia UK a great charity to work for and with

Following the merger of Leuka and Leukaemia UK in 2019, this strategy signalled a new dawn for Leukaemia UK and was accompanied by a bold new brand. Focussing on putting the needs of everyone affected by leukaemia at the heart of what we do, our five year strategy outlines Leukaemia UK's ruthless determination to improve more lives through research, awareness and advocacy.

With our supporters' help we want to double our investment in life-changing initiatives and research over the next five years.

Accelerating progress through pioneering research

What if we could accelerate the progress of research and transform the lives of people affected by leukaemia today and in the future?

During his Leukaemia UK John Goldman Fellowship, Dr Kostas Tzelepis discovered something amazing. Investigating the METTL3 protein, and its role in how AML cells develop, Dr Tzelepis identified a new targeted drug with the potential to treat AML.

Now, Dr Tzelepis and his colleagues at the Wellcome Sanger Institute and STORM Therapeutics, are continuing to develop the potential drug, STM2457, which can inhibit the action of METTL3.

In November 2022, the first patient was given STC-15 as part of the US-based trial. Between 40 and 60 patients with solid tumours are due to be enrolled into the trial, which will focus primarily on the drug's safety. Data from this study will inform future clinical trials which may include studies in AML.

Around 3,100 people each year are diagnosed with AML in the UK and current treatments continue to be incredibly harsh. Dr Tzelepis' research brings hope that patients diagnosed with AML, and other cancers, will have more treatment options in the future. It shows how a bold idea from a curious researcher in the early stages of their career can translate into scientific advances and ultimately clinical practice in the future.

We are building a research programme based on evidence, and our insight from patients and from the scientific and healthcare community. By uniting the experience and expertise of people who are living and working with leukaemia, we can focus on making changes to diagnosis, treatment and care that will bring about the biggest impact.

Putting people affected by leukaemia at the heart of all we do

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard elsewhere too. By focussing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last.

In 2022 we established a Patient Experience Advisory Panel, to bring the voices of those who have been through leukaemia to UK decision-makers and to strengthen our insight into what matters most to those affected.

We will work with the Government and other stakeholders to effect policies that directly impact the leukaemia community, making sure that the needs and concerns of blood cancer patients and their families are heard and prioritised. We will advocate that every leukaemia patient has access to the best available therapies.

Helped by those who have lived experience of leukaemia, we can directly influence the leukaemia research being funded and prioritised and transform the entire patient journey from diagnosis to treatment and care.

Increasing awareness to improve survival

By raising awareness, we will drive progress in early detection and diagnosis of leukaemia, a vital tool to improve survival rates.

We know that more needs to be done to improve early diagnosis of leukaemia, helping people to receive the treatment and care they need as soon as possible. That's why we are working with other blood cancer charities to raise awareness of the signs and symptoms of leukaemia.

This includes collaborative campaigns and support for Government initiatives to raise awareness, as well as exploring the best avenues to improve early diagnosis. This will include further policy research and informed campaigns so that, with research to guide us, we can transform the way we diagnose, treat and care for people affected by leukaemia across the UK.

In 2022 with our first major campaign, we joined forces with Leukaemia Care for Spot Leukaemia, to raise awareness of the signs and symptoms of the disease. This provided a strong foundation that we will continue to build upon, educating both members of the public and the medical community to lead to life-saving earlier diagnoses.



Dr Pramila Krishnamurthy, a Leukaemia UK John Goldman Fellow, speaking on the importance of increasing awareness of the signs and symptoms of leukaemia, says:

"When patients come to hospital with AML, they have often had subtle symptoms that they have put down to other things – for example tiredness from taking on too much at work, or shortness of breath that they thought could be due to a viral infection or just a lack of fitness. Late diagnosis can lead to much greater complications and a risk of death, so making sure the public is aware of this condition is really vital."



2022 in review



Our achievements



New discoveries led to
30 successful scientific publications
from Leukaemia UK funded researchers

Leukaemia^{UK}

We launched our new
strategy and brand
outlining our ambitious plans to accelerate progress in leukaemia research over the next five years



We increased our charitable funding to
£1.9m worth
of research, advocacy
and awareness initiatives,
including a total of 25 active research awards



We began the vital work to
raise awareness of the signs and symptoms of leukaemia
through our Spot Leukaemia campaign in partnership with Leukaemia Care



We established our inaugural
John Goldman Fellowship Follow-up Award
awarded to Dr Konstantinos Tzelepis from the University of Cambridge to investigate new and improved treatments for AML



We laid the foundations for our advocacy work
recruiting 11 people to our Patient Experience Advisory Panel
to bring the voices of those who have experienced leukaemia to UK decision-makers.

We funded
**four innovative new
research projects**

from exceptional early career scientists through
our flagship John Goldman Fellowships

Despite the emerging
cost of living crisis, we
**increased our
fundraised income
by 40%**

We awarded funding to Professor David
Vetrie at the University of Glasgow for a

**ground-breaking
research project**

looking at how to stop chronic myeloid
leukaemia (CML) coming back after treatment

We put

**£47,000 into the
Cost-of-Living with
leukaemia fund**

offering support for families in financial
hardship following a diagnosis



Spotlight on – the John Goldman Fellowship:

Investing in the future of leukaemia research

Leukaemia UK's John Goldman Fellowship programme is our flagship funding stream, created in honour of Professor John Goldman (1938 – 2013). Professor Goldman was a renowned haematologist and pioneer in the treatment of leukaemia. His joy in scientific discovery served as an inspiration to future generations and he mentored scores of scientists and clinicians during his distinguished career.



At Leukaemia UK we endorse **Professor Goldman's** ethos - that progress only comes through innovation and new ideas. So we have created a funding programme specifically aimed at supporting the very brightest junior researchers in the UK, giving them the space to think outside the box when it comes to developing new treatments for leukaemia.

Each year we award our prestigious fellowships to early career researchers working in UK universities, research

institutions and hospitals. All our Fellows have a desire to make advances in our knowledge of leukaemia and turn scientific advances into clinical practice. Each award is a maximum of £150,000 and all must demonstrate to a prestigious panel that they are the potential scientific or clinical leaders of the future.

To date we have funded 36 John Goldman Fellows across the UK, many of whom have gone on to become leaders in blood cancer research.

Detecting blood cancer at the earliest opportunity

Leukaemia UK John Goldman Fellow **Dr Kristina Kirschner**, and a team of researchers based at the University of Glasgow, University of Edinburgh and the Cancer Research UK Beatson Institute, identified a set of genetic mutations that could help detect leukaemia in older people.

The research, published in the prestigious medical journal *Nature Medicine* in July 2022, explored changes to blood stem cells over a 12 year period in a group of adults aged 70 and over. These cells can sometimes carry mutations that cause blood cancer. If lots of these cells with mutations develop, the risk of cancer grows. The chances of these groups of mutated cells developing into cancer increases with age.

Exploring the mutations in more detail meant the researchers could better identify gene changes that were likely to go on to cause diseases such as leukaemia. If we know people have these mutations, they can be more closely monitored to diagnose and treat disease earlier.



Dr Kristina Kirschner said:

“This method will help pave the way towards early detection of transformation to leukaemia in the elderly population, reducing treatment costs to the NHS and improving outcomes for patients.”



Dr William Grey said:

“We hope that this work will open new avenues of investigation into the protein dynamics of stem cells, and give us a better understanding of how stem cells work in our bodies and how they go wrong during disease. In doing so we hope that we can reveal new and more effective treatment targets that haven't yet been discovered during the genetic revolution that has been ongoing for the past two decades.”

A stepping stone to improving survival from AML

In June 2022, a scientific paper published in *Science Translational Medicine* announced a breakthrough by Leukaemia UK John Goldman Fellow, **Dr William Grey**, that could lead to a vital new treatment option for patients with acute myeloid leukaemia (AML).

Dr Grey, now based at the University of York, and his research team, discovered that they could target leukaemic stem cells over healthy stem cells by blocking the action of a protein called CKS1. This makes it an excellent treatment target.

The aim of Dr Grey's work was to find ways to treat AML patients with the worst overall prognosis. This is a patient group who would usually have less than a 1 in 5 chance of surviving up to five years from initial diagnosis. Interestingly, Dr Grey's findings suggest that by reducing the side effects of traditional chemotherapy, there may be an opportunity to bring back elderly and clinically unfit patients into a selection criteria for intensive therapy. The team are now exploring the possibility of initiating a clinical trial to progress the work further.

The year in detail



Putting everyone affected by leukaemia at the heart of what we do

Bringing the patient voice to decision makers

In 2022, we developed the Leukaemia UK Patient Experience Advisory Panel (PEAP), inviting people with lived experience of the impact of leukaemia and related disorders to engage with us and share their reality and learning. We currently have 11 members of our PEAP, who take part in six-monthly meetings, and we thank them for their contribution during 2022. We can now bring the patient voice to UK decision-makers and strengthen our insight into what matters most to those affected.

Advocating in collaboration to improve patients' experience

Leukaemia UK has an important policy and advocacy function, predominately to monitor the health policy environment and act as a patient advocate to ensure leukaemia and other blood cancer patients receive accurate and prompt diagnosis, followed by the best available treatments and care. Through our policy and advocacy work we are committed to demanding the very best for those affected by leukaemia and related conditions – no matter who or where they are in the UK. Our ultimate aim is to ensure that the next person diagnosed with leukaemia, or a related disorder, has a better experience than the last.

We are committed to placing the needs of everyone affected by leukaemia at the heart of everything we do. Patient experiences and opinions guide us in all our activities. Key to achieving our aims is listening to patients and their families, to identify and fully understand the needs and challenges of those who have received a leukaemia diagnosis and the journey thereafter. In 2022 our policy and advocacy work included collaborative campaigns and support for Government initiatives to raise awareness, as well as exploring what the best avenues can be to improve leukaemia awareness and early diagnosis.

Our relationship with NHS England (NHSE) and other charities continued to be strengthened in 2022. Following an alert from contacts at NHSE, we co-signed an NHSE public letter emphasising the importance of COVID-19 vaccination for people with a weakened immune system and encouraging anyone in this group due a vaccine to make an appointment to get vaccinated.

Earlier in 2022 we submitted responses to the Government's consultation on its 10-Year Cancer Plan. We were involved in three separate submissions through coalitions One Cancer Voice (OCV), Cancer 52 and the Blood Cancer Alliance (BCA). To further inform development of the plan, we attended meetings with officials in the Department of Health and Social Care along with a selection of like-minded charities. The meetings provided the opportunity to reinforce some of the main messages in our written responses.

2022 was a tumultuous year in politics, and the cost-of-living crisis also caused concerns for many. In collaboration with Leukaemia Care we wrote to the Chancellor, Jeremy Hunt, prior to his Autumn Statement, highlighting evidence on the hidden costs of leukaemia and the importance of using the budget to a) increase benefits in line with inflation and b) increase investment in health and care services alongside investment in and budgeting for a health and care workforce that is able to meet demand.

With over 100 other organisations we also co-signed and promoted a letter to the Chancellor calling for a timeline for a promised 'workforce strategy' to be published, including numbers of how many staff will be needed to keep pace with demand. The Chancellor committed to raising Benefits in line with inflation and publishing a comprehensive workforce plan in 2023, including independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in five, 10 and 15 years time.

Blood Cancer Alliance

Leukaemia UK is a member of the Blood Cancer Alliance (BCA), which comprises 15 UK blood cancer charities, whose activities and secretariat (Atticus Partners) are funded by donations from pharmaceutical companies. The remit of the Alliance is to come together to tackle the key issues faced by patients to improve the experience and outcomes of all those living with blood cancer in the UK.

COVID-19 continued to be a concern for blood cancer patients and the BCA published a consensus statement on the lifting of COVID-19 restrictions without a plan for the Clinically Extremely Vulnerable. Evidence gathering continued to highlight challenges with vulnerable people being able to access COVID-19 treatments, such as Evusheld. UK regulators approved the drug last year, but the Government appeared to be lagging behind other countries when it came to distributing the treatment effectively.

In February 2022, the Government launched a call for evidence to inform its 10-Year Cancer Plan in England. We worked in coalition on three different responses

to the call for evidence. We ensured Leukaemia UK policy priorities featured strongly in all three responses – particularly our key aims of improving awareness, early diagnosis, access to treatment, and research.

In April 2022, the Scottish Government opened a consultation to inform its Cancer Strategy. The consultation intended to highlight key areas for action related to cancer management, care, and prevention in Scotland. Leukaemia UK worked with the Blood Cancer Alliance and submitted a response.

One Cancer Voice

Leukaemia UK is a member of One Cancer Voice, a charity coalition of over 50 cancer charities which aims to improve the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support. The coalition acts through two groups, a Steering Group and an Action Group, to facilitate all collaborative activities, and we remain actively involved. During 2022 we contributed to the response for the Government's 10-Year Cancer Plan.

Cancer 52

Cancer 52 is an alliance of over 100 organisations working to provide a common voice to address inequality and improve outcomes for patients with rare or less common cancers. Leukaemia UK became a member of the alliance in 2022.

In memory of Henry Brett

"Henry went through so much in his short life, but he never acted like he was sick. He always had a cheeky look on his face. In hospital, he'd run up and down the ward in his little walker and give himself a little clap when he took his medication. He was just a 'loving life' kind of toddler."

In December 2020, Callan Brett was excited to bring her son Henry home from hospital for Christmas. At just 14 months old, Henry had already been battling acute myeloid leukaemia (AML) for almost half of his life, enduring numerous rounds of chemotherapy and spending many months in hospital. Henry was delighted to be home, running around and playing and being as cheeky as usual.

Tragically, Henry then went on to suffer infection after infection whilst in remission. In May 2021, whilst the country was in lockdown, Henry passed away.

"What my husband, James, and I want now is for children like Henry to not just survive their cancer treatment but to be less ill when in remission. And of course, for them to pull through so that their families can stay together. But this will not happen without the research breakthroughs that Leukaemia UK-funded scientists are striving for in labs up and down the country."

Spot Leukaemia

We continued our collaboration with Leukaemia Care on the Spot Leukaemia campaign which ran during Blood Cancer Awareness Month (September) to raise awareness of the signs and symptoms of leukaemia. Our approach was dual focussed, with both policy and public communications strands.

In 2022 the Spot campaign had a strong policy element predominately aimed at addressing the challenges surrounding diagnostic blood tests in primary care. As part of this work, we published two policy reports which were circulated to a wide range of stakeholders including MPs, Royal Colleges, and NHSE leaders. We also held a policy roundtable to discuss the evidence and recommendations covered in our reports. Attendees included a patient representative from Leukaemia UK's PEAP (who opened the roundtable with a presentation on her experience of diagnosis), relevant healthcare professionals, multiple MPs and devolved nations equivalents, high profile stakeholders from the NHS, and representatives from other charities, royal colleges, and societies.



"I firmly believe that something good must come from Henry's death. We cannot have lost him for no reason, and we cannot stand by knowing that more research and better care could spare another family from his type of heartbreak."

Investing in research to accelerate progress

Leukaemia UK's five-year strategy demonstrates our ambition to go further than ever before to stop leukaemia devastating lives. Bold, curious and collaborative are values exemplified by our commitment to funding only the very best innovative research projects and exceptional researchers. We know that research holds the key and will provide the best opportunity to accelerate the discovery of more effective and kinder treatments for leukaemia and related disorders. The research that Leukaemia UK funds can ultimately save and improve more lives.

Who and what we fund is the result of collaborative effort. We optimise the use of our limited funds, thanks to help from the dedicated members of our Scientific and Medical Panel who take part in assessing all funding applications through Leukaemia UK's transparent and robust peer review process. Curiosity and boldness are key factors when selecting what projects are approved for funding. Projects must demonstrate they have potential to uncover previously unknown facts, to expand our understanding of the disease, and to provide previously elusive answers. Whilst achievability is important, the bolder the ambition, the better!

In recent years Leukaemia UK has championed the importance of funding early careers researchers, with our flagship John Goldman Fellowships, MRC joint-funded Clinical Training Research Fellowships, and International Scholarships in collaboration with the European School of Haematology. Our rationale was twofold – the continuation of John Goldman's ethos that young minds frequently have the brightest innovative ideas, and the knowledge that investing in young talent today will safeguard the innovations of the future and the new professors that will discover them.

In 2022, we were delighted to expand our funding portfolio and offer our inaugural John Goldman Fellowship Follow-up Award, a project grant specifically for someone who has previously been awarded a Fellowship. The award enables a recipient to take their bold research ideas one step further to expand their curiosity, and to truly secure their future career.

Looking to the future: supporting early careers researchers

Leukaemia UK became a member of the Association of Medical Research Charities (AMRC) in March 2016. The AMRC is a UK membership organisation of leading medical and health research charities and offers input from the AMRC itself and the opportunity to offer help to and also be supported by other member charities. Leukaemia UK's membership of the AMRC is an endorsement of the quality of our research funding. Our membership gives reassurance to donors that all funding requests are subject to a stringent and transparent review process.

In 2021, the AMRC highlighted the availability of a £20 million fund offered by The Department of Business, Energy and Industrial Strategy (BEIS) to be delivered by UK Research and Innovation (UKRI). The fund was created in response to financial uncertainties due to the COVID-19 pandemic, and to support the lifesaving work of medical research charities by helping develop the skills and experience of early careers researchers (ECRs) working in health-related research.

We thank the AMRC for coordinating the application process and their support. Leukaemia UK applied for a share of the UKRI £20 million fund and were delighted to receive £629,290 in February 2022. At Leukaemia UK we remain committed to supporting ECRs and the funding has provided security and certainty for our existing John Goldman Fellowship programme and the confidence to provide a John Goldman Fellowship Follow-up Fund.

During 2022, Leukaemia UK funded 25 active research projects which comprised of 18 John Goldman Fellowships, four project grants and three Clinical Research Training Fellowships, jointly funded with the AMRC. In addition, we funded six International Scholarships in collaboration with the European School of Haematology.

Research impact and outputs

It is only through investment in world class research, increasing awareness of leukaemia, and advocating on behalf of those affected, that we will be able to accelerate the progress needed to move the dial on these numbers.

Leukaemia UK is very proud of its research funding portfolio and since 2015 has invested more than £7.6 million into research projects. Our portfolio is deliberately broad with regards blood cancer-related research topics, and whilst early career researchers are important, we also fund senior established scientists. The ultimate impact for all our funded projects is to be instrumental in bringing about improved survival, more effective treatments and better quality of life for all those affected by leukaemia and related disorders.

2022 was another successful year for Leukaemia UK's funded research as indicated by the data collected through an annual submission in Researchfish, an online reporting system used by funders to collect information on the outcomes and impact of the research they fund. Quantifying research outputs and impact can be difficult, but one measure is the successful publication of research findings. Publication is an important means to communicate research results to the wider scientific community. Publication of a paper in a scientific journal is validation of the successful advancement in scientific knowledge. Papers are generally subjected to scrutiny by experts (peer-reviewed) before successful publication.

Twenty-seven of our awardees, whose awards were made in 2017-2022, took part in the annual submission. The submission, which included several researchers whose funding has only recently started, reported 30 successful new publications in 2022. Combining the past two annual submissions, 75% of the researchers reported at least one publication, with a mean number of publications at almost four per researcher which could be attributed to their Leukaemia UK funding.

Each of these 30 publications represents a new discovery and progress in our understanding of blood cancer, ultimately bringing us closer to finding the better, kinder treatments needed to improve outcomes.

The journey to professorship

Professor Vignir Helgason was awarded a John Goldman Fellowship in 2015 for his research into chronic myeloid leukaemia (CML). Since then, he has shown continued contribution to the field of blood cancer research and in 2022, was awarded a professorship.

Professor Helgason's career progression showcases the significant impact a prestigious John Goldman Fellowship can have for an early career researcher, acting as a springboard to support the blood cancer research leaders of tomorrow.



Professor Vignir Helgason said:

"Over the years, I've made progress in my own academic career and my research team has also expanded. The John Goldman Fellowship, amongst other grants and awards, was an integral part of the journey to get to this point."

Stephen Young



"The diagnosis was traumatic not just for me but also for my wife and our children," said Stephen Young. "We have been on an emotional roller coaster ever since."

Stephen had been having unexplained symptoms for several weeks. These included nose bleeds, a rash on his face, mouth ulcers, shortness of breath and fatigue. After his symptoms worsened Stephen was taken to A&E and diagnosed with acute myeloid leukaemia.

"After the initial shock and trauma of the diagnosis it was crystal clear to my wife and I that I had been displaying classic leukaemia symptoms for several weeks, but these had not been linked as being symptomatic of a bigger health issue."

The disease was so advanced that he was told that he had just two weeks to live unless treatment started immediately. Within hours he was transferred to the Bexley Wing of St James Hospital, Leeds.

"The transfer took place at 2am in the morning on 2 July 2022. By 4 am the team had started my first round of chemo. It was touch and go whether I would pull through."

"Miraculously, I was discharged from hospital just five weeks later on 5 August in remission! I have now completed an additional three rounds of chemo as an outpatient – driving myself back and forth to hospital every day."

"I cannot speak highly enough about the care and treatment I received – professional, empathetic, gentle, encouraging. It's thanks to them that I am now in a position to be given a stem cell transplant and the hope of a cure."

"I want to share my story so that others might learn from my experience and secure an early diagnosis. I want to urge people not to be discouraged by those who do not know what you are experiencing or have the ability to delay you getting a prompt medical assessment – blood tests are the only sure way of identifying leukaemia - do whatever it takes to make them happen for you."

2022 John Goldman Fellowships

In 2022, we continued our investment and funding for early career scientists and clinicians seeking to advance our understanding of and ability to treat blood cancer. We awarded our prestigious John Goldman Fellowships to four outstanding researchers.



Dr Mirjana Efremova, Queen Mary University of London

Can we stop B-cell lymphoma cells evading treatment?

Dr Mirjana Efremova is using specialised genomic technology to investigate ways to prevent treatment resistance in B-cell lymphoma to help direct future treatment strategies. B-cell lymphoma affects around 11,000 people every year in the UK. Although treatment options are available, resistance to these treatments – when treatment stops working - is common.

Dr Mirjana Efremova said:

“In this project, I will investigate how cancer cells are reprogrammed into potentially reversible drug resistant states. A better understanding of the intrinsic and extrinsic signals driving resistant cell state transitions in progression and relapse in different B-cell lymphomas can guide novel therapeutic strategies to impair tumour progression and emergence of resistance.”

Dr Simon Richardson said:

“B-cell acute lymphoblastic leukaemia (B-ALL) is the commonest cancer in children, and treatment outcomes in adults remain very poor. During my John Goldman Fellowship, I will use recently developed functional genomics and computational techniques to identify novel treatment options for B-ALL patients and work out how best to combine these to reduce the incidence of relapse, improve survival, and minimise treatment-related toxicity.”



Dr Simon Richardson, University of Cambridge
In pursuit of new treatment combinations for B-ALL

B-cell acute lymphoblastic leukaemia (B-ALL) is one of the most common cancers in children, but the disease can affect people of any age. Dr Simon Richardson will use a genomic screening technique to identify promising new B-ALL drug combinations to take forward to pre-clinical testing. The most immediate benefit will be in patients at highest risk, such as infants and older people unfit for current treatment.



“ ”

Dr Victor Llombart, University College London
Let's find the off switch for leukaemia

T-cell acute lymphoblastic leukaemia (T-ALL) is a fast-growing type of leukaemia that can get worse quickly without treatment. It is the most common form of leukaemia in children. Dr Victor Llombart will focus his efforts on a key protein called MYC, a hot contender for cancer drug development research. The research hopes to lay the foundation for new T-ALL treatment. As MYC is involved in many different cancer types, the findings have potential to make ground-breaking steps forward for patients with blood cancer and beyond.

Dr Victor Llombart said:

“I hope that our results will provide the basis to develop new treatments for MYC-dependent leukaemias in the future and potentially for other cancers.”



Dr Eman Khatib-Massalha said:

“The type of blood cancer I will be researching during my John Goldman Fellowship currently has no consistently reliable curative treatment. During my Fellowship, I aim to develop and test a promising target for MPN immunotherapy that aims to block specific signals on mutant cells, restoring normal clearance of these cells, preventing MPN progression, and reducing the risk of AML. I hope that this could develop into a new treatment option for patients with this type of blood cancer in the future.”

Dr Eman Khatib-Massalha, University of Cambridge
The road to new immunotherapy for MPN patients. Defective clearance of innate immune neutrophils as a potential cause and therapeutic target in myeloproliferative neoplasms with high risk of leukaemic transformation

Myeloproliferative neoplasms (MPNs) are a rare type of blood cancer which can develop into leukaemia. Each year, over 4000 people in the UK are diagnosed with MPNs. Bone marrow transplant is the only curative treatment for MPNs, but it is only recommended for a small number of patients due to severe side effects. Dr Eman Khatib-Massalha is testing a promising new immunotherapy target that aims to treat MPNs and prevent the development of acute myeloid leukaemia (AML).

Olive Boles Award - Dr Khatib-Massalha was also chosen to receive the Olive Boles Innovation Award. This accolade combined with the John Goldman Fellowship is in recognition of an innovative higher-risk idea that could contribute significantly to our understanding of leukaemia and other blood cancers.

MRC joint-funded fellowships

Leukaemia UK is committed to investing in the next generation of scientific and clinical researchers to ensure they developed into future scientific leaders. Whilst our John Goldman Fellowships are available to clinicians, they often wish to combine research with clinical duties and therefore our Fellowships are not always ideal. Over the past few years, we have collaborated with the Medical Research Council (MRC) to offer jointly-funded Clinical Research Training Fellowship (CRTF) awards. These prestigious awards are available to clinically-active medical doctors within the UK to enable them to undertake a higher research degree.

In 2022, Leukaemia UK had three actively-funded MRC joint funded clinical fellows: Dr Asger Jakobsen (University of Oxford) - Molecular and cellular basis of clonal dominance in myeloid malignancy; Dr Sonia Wolf (Imperial College London) – Identification of early and later transformation events in adult T-cell leukaemia/lymphoma; and Dr Jennifer O’Sullivan (University of Oxford) – Unravelling signatures of clonal response, resistance and evolution of high-risk essential thrombocythemia at single-cell resolution.

Cost-of-Living with Leukaemia Fund

At Leukaemia UK we are committed to putting people at the heart of everything we do. We recognise that the effects of a blood cancer diagnosis will go beyond physical health problems. We understand that worrying about money is the last thing people need when dealing with a diagnosis and treatment, or supporting a loved one through leukaemia. A leukaemia diagnosis can have a devastating effect on someone’s financial situation, on top of the emotional and physical challenges.

In response to the cost-of-living crisis in the UK, Leukaemia UK is now collaborating with the charity Leukaemia Care to continue to offer financial support to leukaemia patients and their families. The Fund provides support for those living with leukaemia, myelodysplastic syndrome (MDS) or myeloproliferative neoplasms (MPNs) and their families. The aim of the Fund is to help make life more manageable. In 2022, Leukaemia UK provided £47,000 which would have supported more than 250 families.

European School of Haematology International Scholarships

We understand that conference attendance is an important part of a researcher’s career, providing the opportunity to keep up to date with the latest findings and to network in order to forge new collaborations. Attendance may also provide the opportunity to present one’s own research and discuss this with peers on a one-to-one basis.

In 2022, Leukaemia UK provided scholarships for six junior, early careers researchers in collaboration with the European School of Haematology (ESH). Researchers

came from all over the world to attend the 24th Annual John Goldman Conference on Chronic Myeloid Leukaemia in France, including from Malaysia, Germany, the UK, The Netherlands, Brazil and Canada.

Project grant

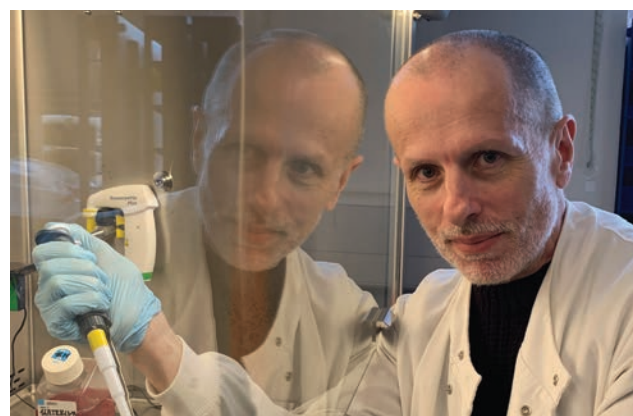
Professor David Vetrie

Institution: University of Glasgow

Redefining what we know about leukaemic stem cells in chronic myeloid leukaemia (CML)

Project grants are the cornerstone of health research funding and have the potential to expand our understanding of leukaemia and related diseases and ultimately lead to the discovery and development of new treatments to improve outcomes for all those diagnosed. In 2022, Leukaemia UK was delighted to award a project grant to Professor David Vetrie at the University of Glasgow.

Professor Vetrie’s research focuses on chronic myeloid leukaemia (CML). Although there are now very effective treatments for this type of leukaemia, these drugs don’t kill the faulty stem cells that cause the disease to come back if treatment is stopped. This research will investigate the different types of faulty stem cells to understand their influence on how well a patient responds to treatment and which types of faulty cell can cause the disease to come back. It’s hoped that this will help the researchers to identify new CML treatments in the future.



Professor Vetrie said:

“Leukaemia stem cells trigger and sustain chronic myeloid leukaemia (CML). For many years, we believed these cells were all similar, but we now know they exist as a variety of types in the bone marrow of every CML patient. Our research will uncover which types are critical for maintaining the disease and determining how well a patient responds to tyrosine kinase inhibitors such as imatinib. This work could be a game-changer for optimising patient care.”

John Goldman Fellowship Follow-up Fund

Dr Konstantinos Tzelepis

Institution: University of Cambridge

Can exploiting AML's weaknesses lead to new treatment?

In 2022, Leukaemia UK awarded its first John Goldman Fellowship Follow-up Fund award. The grant was awarded to Dr Konstantinos Tzelepis from the University of Cambridge. The Follow-up Fund is a commitment to continue our investment in those researchers who have previously been awarded a prestigious John Goldman Fellowship, who we consider to be the UK's future research leaders in leukaemia and related disorders. We are delighted to offer Fellowship Follow-up Funding to enable our Fellows to develop their research groups and further establish their careers.



Dr Tzelepis will embark on an exploration of a potential vulnerability of acute myeloid leukaemia (AML) - a protein called CTU2, which is involved in making modifications to RNA (a vital molecule for many of the processes that happen inside cells).

It's predicted that CTU2 could play an important role in AML and this research aims to bring that to light. It's hoped the study will improve understanding of the role of CTU2 in AML and therefore ultimately help develop new and improved treatments for the disease in the future.

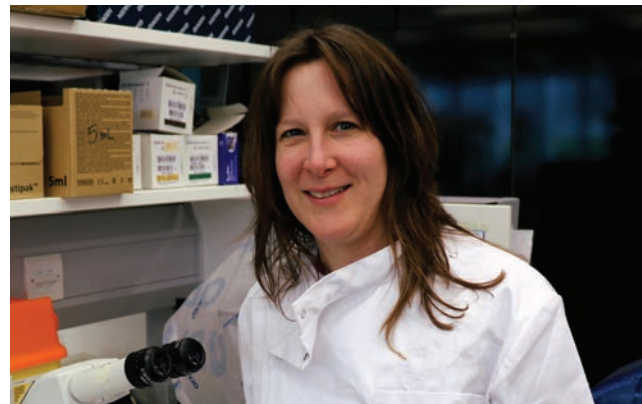
Dr Tzelepis' previous research has shown strong proof of concept that proteins responsible for making changes to RNA can make good targets for cancer treatment. In November 2022, a drug that was found to block another RNA-modifying protein called METTL3 entered clinical trials in the US. Data from this study will inform future trials, which may include patients with AML.

Worldwide Cancer Research collaboration

Professor Katrin Ottersbach

Institution: University of Edinburgh

Identifying new treatments for infant leukaemia



Leukaemia UK and Worldwide Cancer Research (a charity which funds pioneering discovery research around the world) are co-funding a research project investigating infant leukaemia, led by Professor Katrin Ottersbach at the University of Edinburgh. Leukaemia UK will contribute 50% of the total grant.

The research aims to better understand how two genes – SGMS1 and ELOVL1 – are involved in the development of acute lymphoblastic leukaemia (ALL), a type of leukaemia that affects around 800 people in the UK each year. These genes are involved in regulating the fat content of cells, suggesting that infant leukaemia cells have specific fat requirements that are important to keep them alive.

Professor Ottersbach and her research team want to understand how SGMS1 and ELOVL1 influence cancer development. They have an exciting new technique to study several biological pathways at the same time and work out which are involved. They then plan to test any potential drugs that take advantage of these pathways so that they can find the treatments most likely to work best for infant leukaemia.

Science Seminar 2022

In 2022, we invited our Research Fellows, Trustees and members of the Scientific and Patient Experience Advisory Panels to our annual Scientific Seminar, 'A Celebration of Life-Changing Research'. The event was an opportunity to celebrate how far leukaemia research has already come, whilst looking to the future and how we can continue to accelerate much-needed progress in diagnosis, treatment and care. The keynote speaker for the event was Professor John Gribben, Dr Konstantinos Tzelepis gave the Rowena Howse Lecture, and Leukaemia UK Patient Experience Advisory Panel Member, Tracey Palmer-Hole, talked about her own personal experience of leukaemia. Many of our amazing John Goldman Fellows also provided research updates via oral and poster presentations.

Building our profile, engagement and influence



2022 was a big year for Leukaemia UK with the launch of our new brand and strategy. Saturday May 28th marked World Blood Cancer Day, which saw the global blood cancer community come together to raise awareness of the disease and champion the need for greater progress for patients. We chose this day to unveil our new strategy, which was the culmination of a huge amount of work from the Leukaemia UK team, focusing our announcement on ensuring our stakeholders and existing supporters were well informed about and on board with our ambitious plans for the future. Working with video production company Dreaming Fish, we gathered researchers, patients and staff for a filming and photography day at The Crick Institute to produce a new Leukaemia UK video to bring our strategy to life.

Following on from the strategy launch, August saw the launch of our new brand, bringing together our vision, mission and values with a bold new visual identity to help us communicate our strategy in a compelling way for all those who work with us. As part of the rebrand we also launched a new website, and a fresh look and feel across all our digital channels. So far the brand has been very well received and gives us the cut-through we need to be able to deliver on our ambitious goals.



The new website has performed well since launch, maintaining consistent user numbers and driving online donations, particularly for the Christmas and Blood Cancer Awareness Month appeals. Optimising our paid search activity has helped more people to find relevant information about types of leukaemia, signs and symptoms, and our research on Leukaemia UK's website.

To support us to grow our brand awareness and digital presence, we carried out a SEO audit in 2022 with agency Search Seven. This provided insight into the search behaviour of our audiences, and recommendations for how to target keywords and tailor our content, as well as advising on technical SEO improvements. Work to optimise our website is ongoing as part of Leukaemia UK's wider digital strategy.

2022 saw us launch our most ambitious Spot Leukaemia campaign to date, delivered in partnership with Leukaemia Care. This centred around a video featuring a parrot called Henry, produced by agency Sanguine, who created an original rap to make the symptoms of leukaemia more memorable. Viewers were urged to vocalise their symptoms to their GP and ask for a blood test, and to visit the website to find out more. The campaign specifically targeted 65 to 75-year-olds as leukaemia incidence rates increase sharply at this age. To support the video we carried out a survey which showed that less than 1% of Britons know all the four symptoms featured in the film. The campaign was rolled out through a wide range of channels, generating extensive media coverage, and strong digital and social media reach and engagement.

We have had great success this year in building up our media profile across a whole different range of areas of the charity's work. We have been working to raise the visibility of our research programme, for example through ramping up our communications around our John Goldman Fellowship (JGF) programme and developing new video content to run alongside each of our JGFs.

We have been able to maximise opportunities around new discoveries, including from funded researchers Dr Bill Grey and Dr Kristina Kirschner, to generate media coverage of these successes and highlight our progress in blood cancer research. We have recruited a Research Communications Manager to continue to build this area in future. Similarly we have been pushing media activity around our policy work, for example through our rapid response to a report on UK cancer services from the Health and Social Care Committee which we used to put forward our position on the Government's 10-Year Cancer Plan consultation.

One of our main areas of focus has been in telling the stories of people affected by leukaemia. Through sharing their experiences, we are able to increase awareness of the disease and its impacts, signs and symptoms, and showcase the work we are doing to find kinder and more effective treatments to help people like them in the future. We have recruited a part-time freelancer to work with us to support people sharing their stories, which has had a big impact on our success in this area.

We have also been growing the profile of our key fundraising activities, such as Who's Cooking Dinner? and our winter appeal, as well as promoting the charity as a great place to work, to ensure that we are engaging supporters and staff, current and future, in the fantastic programme of work running across the organisation.

Investing strategically to grow sustainable income

We are extremely grateful to our incredibly generous and committed community of supporters up and down the UK who are united in our aim to find better, kinder treatments for leukaemia, and help the next person who receives a leukaemia diagnosis to have a better experience than the last.

Our fundraised income in 2022 grew to £2.1m thanks to our dedicated community of supporters. It is because of this that we can continue to fund the cutting-edge research that will stop leukaemia devastating lives.

Our dedicated supporters

Donations from individuals raised nearly £240,000 in 2022. Over £70,000 of this was from regular supporters, including Direct Debits, standing orders and payroll giving. This is an extremely important form of donating as it provides us with a predictable and sustainable income stream. We are very grateful to the approximately 500 people who support us in this way.

A further £168,043 was generously donated as one-off donations, either unsolicited or in response to our appeals including Blood Cancer Awareness Month and Christmas. Over 12,000 people also expressed support for our work through Facebook and registered to receive our email updates. We are delighted they are interested in our work to find kinder and more effective treatments for leukaemia, and look forward to engaging with them in a variety of ways in 2023 and beyond.

Trusts and Foundations

We would like to thank all the Trusts and Foundations who supported our work this year. It is a privilege to collaborate with such a wide range of funders who share our bold vision that research has the power to save lives.

In 2022, thanks to dedicated grants from 35 trusts, we doubled our income from the previous year, and this incredible funding is integral to the development of Leukaemia UK's work. Not only are Trusts and Foundations enabling our talented researchers to gain a better knowledge and understanding of leukaemia, but they have also been crucial in helping them to use this learning to leverage our next stage funding to begin to accelerate the development of smarter, kinder therapies for the disease.

This year saw the progression of our partnership with Rosetrees Trust, which enabled us to co-fund a John Goldman Fellowship for Dr Pramila Krishnamurthy of King's College Hospital and King's College London. Rosetrees Trust funding is also contributing towards a new John Goldman Fellowship for Dr Simon Richardson at the University of Cambridge. We are really thankful to be able to work with Rosetrees Trust in this collaborative way, and for their generous support.

We also want to say a thank you to the continued support of The Robert Luff Foundation Ltd. Their generous funding contributed to our John Goldman Fellowship Programme, ensuring that we were able to fund four novel research projects in 2022.

Our collaborations with Trusts and Foundations are an important part of our vision and journey. In 2023, we are again expanding our research programme including investing further in the leukaemia research leaders of today and tomorrow and applied research, to ensure breakthroughs reach patients sooner. We are actively looking to collaborate with other Trusts and Foundations to support research awards in 2023 and beyond.



“At Rosetrees Trust, we have been supporting cutting edge medical research for more than 30 years and have a mission to help brilliant minds discover healthcare solutions. With this in mind, we are delighted to be working in partnership with Leukaemia UK to co-fund Dr Krishnamurthy's John Goldman Fellowship and join her on her research journey whilst she uses the co-funded fellowship to better understand why some leukaemia patients relapse following a stem cell transplant, and how donor lymphocyte infusion can help prevent this. We are also delighted to be able to support the work of Dr Simon Richardson through the John Goldman Fellowship Programme as he progresses a genomic screening technique to identify promising new B-ALL drug combinations to take forward to pre-clinical testing.”

Dr Vineeth Rajkumar,
Head of Research at Rosetrees Trust

In memory of Carl Hewson

Keen sportsman, Carl Hewson, was 26 when he was diagnosed with acute myeloid leukaemia (AML) in the summer of 2015. A popular man, who made many friends while at school and at Oxford University, Carl worked for the structural engineering firm Arup.



As a teenager he ran cross-country for Kent and was a regular player for Coney Hall Churches United (CHCU) football team. He was also a talented artist, accomplished French horn player and, according to his friends, irritatingly good at board games. Most of all, he valued being a good friend – a quality driven by wanting to live out his strong Christian faith.

Carl's treatment for leukaemia took place at King's College Hospital in London where he received a bone marrow transplant from his sister Liana, who was a 100% match.

Unfortunately, a year later and more than 80 days after Carl's bone marrow transplant, his leukaemia cells increased and despite his medical team's best efforts, Carl died on November 15, 2016.

Since 2016, Carl's family and friends have raised over £35,000 in memory of Carl.

High Value

With the arrival of our High Value Fundraising Manager in September, we have ambitious plans to develop lasting relationships with our new and existing High Value Donors.

The Pittalis family have generously supported Leukaemia UK previously, in memory of a much-loved family member who sadly passed away from leukaemia. We are grateful for their continued support in 2022.

"Helping Leukaemia sufferers is close to our hearts. We appreciate all the support and developments Leukaemia UK continue to deliver."

Eleni Pittalis, the Pittalis family.

Corporate

March 2022 saw investment in corporate partnerships for Leukaemia UK through the recruitment of a full time Corporate Partnerships Manager. In just nine months, £107,844 worth of gifts in kind were secured for 2022's Who's Cooking Dinner?, which was an incredible achievement, as well as an income of £16,034.

In line with Leukaemia UK's overall five-year strategy, we are putting plans in place to continue to grow this newly established area.

Legacies

Leukaemia UK is grateful to report that we received a total of £673,333 from gifts in wills over the past year, this is thanks to the generosity of 15 legacy gifts. These donations will enable us to continue our vital work in supporting those affected by leukaemia and funding important research into the causes and treatment of the disease. We would like to extend our

heartfelt thanks to all those who have chosen to leave a gift in their will to our charity. Your legacy will live on through the positive change that we are able to bring about in research.

In memory

We received an incredible sum of £230,827 in donations in memory over the past year from individuals who chose to honour their loved ones who are no longer here.

This generosity and compassion will help us make a real difference in the lives of those affected by this devastating disease through our research.

Community and Challenge Events

We are extremely touched and humbled to have such a wonderful and committed community of fundraisers who continue to support us around the UK. Whether they have taken on a challenge event, or have chosen to do something more local, our supporters have the passion and drive to make a difference to those living with a leukaemia or blood cancer diagnosis.

Challenge Events

An incredible 318 supporters took part in a challenge event to fundraise for Leukaemia UK's ongoing work to accelerate progress in leukaemia research. Events included 5 and 10k runs, half and full marathons, cycle rides, long distance walking and skydives. Our biggest and most profitable event was the London Marathon, which raised over £120,000 and was our biggest team to date with an impressive 47 runners. The London Landmarks Half Marathon and the Royal Parks Half Marathon raised a staggering £48,500 collectively, with 35 runners choosing us as their charity to support.

Community Events

Our loyal and dedicated community fundraised for us, with an amazing 191 fundraisers in total in 2022. These fundraisers raised over £120,000 by organising tea and cake sales, charity football matches, golf (and other sports events), and lots of other exciting activities. We were pleased to be selected as one of the charities of the year for the Mentmore Arts Festival which raised £5,000 for us, as well as being the chosen charity for a local Zumba class who decided to do a Zumbathon.



Gill Winsor



Gill had always been exceptionally fit and being diagnosed with leukaemia came as a huge and unexpected shock to her. She regularly exercised but during lockdown in 2020 noticed something had changed.

"My daughter, who is a personal trainer, had set up a circuit in the garden. I noticed I was getting out of breath but put it down to my fitness waning a bit."

"Then a lump appeared in my groin. I contacted the doctor who gave me antibiotics but after a couple of weeks the lump was still there. A scan showed enlarged lymph nodes so I was sent for a blood test. The next day I was told to go straight to my nearest A&E as I was severely anaemic."

Gill was kept in hospital for two nights for tests and then sent home. The next day she received a call from the hospital to go in for results and they told her she had acute myeloid leukaemia (AML).

Gill was admitted into St Bartholomews Hospital for chemotherapy and stayed in hospital for a month so her reaction to the treatment could be monitored. After further rounds of chemotherapy she was able to have a stem cell transplant in February 2021.

Since then Gill has made a spectacular recovery, running the London Marathon in 2022 on the second anniversary of being told she was in remission and raising over £3,000 for Leukaemia UK.

"To anyone who has been recently diagnosed I would say keep positive. There are new treatments being found all the time. I am now thinking of taking part in the London Marathon again for my five year anniversary – I'll be 66 then! If I want to do something I do it now as you never know what is round the corner."

Who's Cooking Dinner? 2022

After a two-year hiatus, during which both charity and hospitality sectors were devastated by global events, we felt the time was right for Who's Cooking Dinner? to return.



Nokx Majozi of The Pie Room

In recognition of the role our friends within the hospitality industry have played in making Who's Cooking Dinner? the first and foremost culinary charity dinner, we approached Hospitality Action – a support charity for hospitality personnel – to collaborate with us, incorporating two causes very close to all our hearts. All funds raised on the night were split 80/20 between us and Hospitality Action.

Held once again at The Dorchester, the event saw an impressive list of chefs and both regular and new supporters buying tables. However, it wasn't all plain sailing. The original date was set for September 19th, but with Her Majesty the Queen sadly passing away on the 8th, as we got closer to the day, it became clear her funeral would be held on the same date as Who's Cooking Dinner? The decision to postpone was unanimous, and as The Dorchester had an opening only a few weeks later, we immediately started to communicate the new date of 10th of October to all those involved. Incredibly, many of our table hosts and their guests were still able to attend, but

the short notice for the chefs meant we had a 50% dropout rate. Despite the huge challenge that faced us and with such little time, we immediately pulled out the stops to secure new chefs. We had a hugely inspiring response, which led to some fantastic new restaurants and chefs taking part, including Nokx Majozi of The Pie Room, Patrick Powell of Allegra and Ivan Tisdall-Downes of Native, all of whom are making waves within the hospitality industry.

The change of date also meant our Grand Chef's Auction had fewer participants than usual, some of whom had put themselves up for auction for the original date but were unable to attend in person on the re-arranged day. Nevertheless, our guests, both in the room and those who got involved online via the silent auction/donations, raised over £260,000. The enthusiasm with which guests, chefs/restaurant teams, sponsors and suppliers greeted the comeback of the event, and the sheer grit and determination of our Philanthropy Team, ensured it was a massive success, and we are already in planning for 2023.

“Fabulous evening, I salute the hard work and dedication it has taken to pull this off. My guests enjoyed themselves hugely and we had lovely food and a great time! The BEST goody bag ever and ANOTHER Who’s Cooking Dinner? apron - what more could a girl ask? Well done and thank you for inviting me back.”

Table host, who was returning after a number of years away, pre-pandemic



Leukaemia UK
ambassador
Francesco Mazzei



Dr Kostas Tzelepis

“We were incredibly grateful to have had the opportunity to be included in the ‘Who’s Cooking Dinner?’ event in October 2022. It was astonishing to see so many of the hospitality industry’s big hitters under one roof, led by the magnanimous Chris Corbin himself, and all working side by side to provide what must have been an incredible experience for the guests. The Dorchester provided a fitting backdrop to a great evening, which was all coordinated under the diligent and watchful eye of the team at Leukaemia UK. From our perspective, the exposure we received as a brand was second to none. More importantly, however, the guests managed to raise an astonishing amount of money for what is an incredibly worthwhile and important cause – a great effort from all involved. I told the team in Germany I think it was the best event we sponsored this year and we certainly hope to be included again next year.”

Partnerships Manager, Noam Beer



Who's Cooking Dinner 2022 chefs

All photos by: Anna Horne

Making Leukaemia UK a great charity to work for and with

Our passionate team

Leukaemia UK has a small but dedicated team who are determined to be a positive force for change for all those affected by leukaemia. During the course of 2022 our numbers grew in order to give us the right level of resource to manage our existing operation and deliver our ambitious new strategy.

As the team has expanded, we have been focused on making sure we have the right policies, processes, training and support in place so that staff feel valued and clear on their roles in enabling our strategy. We have carried out a pay and benefits review to attract and retain the talent we need, which has led to a more attractive benefits offering and the establishment of job families and a pay review framework to deliver transparency, fairness and progression. In addition, this year we provided an extra cost-of-living allowance payment to all staff in recognition of the impact of the tough economic climate on the team. Wider policies such as maternity leave have also been reviewed, and our staff handbook updated.

This year has seen a big focus on training and development, with the rollout of an internal training programme to support good leadership and management, project management and Equality, Diversity and Inclusion. We also established a new appraisal and performance management system, aimed at creating quality, ongoing, and supportive performance conversations, which was rolled out to all staff via training workshops. We have run wellbeing sessions with specialist providers Calm in a Box, and have had two all-staff away days, bringing people together for social wellbeing and inclusivity, as well as for team effectiveness and alignment to strategic aims. Getting together socially has been encouraged throughout the year to support staff wellbeing.

With big hearts, expertise, passion and drive, our team works throughout the year to fund and deliver world-class research, advocacy and awareness to advance progress in diagnosis, treatment and care.

Senior Leadership Team

The Trustees delegate day-to-day management of the charity to the Chief Executive, who works with a Senior Leadership Team. This Senior Leadership Team has undergone a restructure and expansion during 2022 to lead the delivery of the new strategy, with the establishment of Director-level roles and the appointment of two new job-share Directors of Communications. The Senior Leadership Team is now made up of the Chief Executive and Directors of Income, Communications, Research & Advocacy, and Finance (currently outsourced).

Staff

Over the course of 2022 our staff numbers increased significantly, with the recruitment of around 10 roles taking our total number of permanent staff to 21 by the end of 2022, with a FTE of 19.9. The restructuring of the Senior Leadership Team was mirrored in changes across the departments, for example through the establishment of manager roles, to support future growth and clear accountability.

During 2022 we found a new home for Leukaemia UK to provide a positive and welcoming office environment for staff in which we can embed our culture and focus on our strategic delivery. Alongside our new premises, we have continued to support staff through our hybrid working policies, which have been reviewed according to staff feedback.



Volunteers

We are nothing without our volunteers who generously give their time and expertise to support us, and this year we have reviewed our volunteering policies and processes to make sure that we can use this valuable resource as effectively as possible.

We are incredibly grateful to the 56 individuals who have given up their time for us this year. This includes the 40 experts that make up our Scientific Panel, the 11 members of our newly established Patient Experience Advisory Panel and the five people who supported us with events and community fundraising. We are incredibly grateful to all our volunteers for everything they do to help the charity, people with a diagnosis of blood cancer, and their friends and families.

Status

Leukaemia UK operates as a Charitable Incorporated Organisation (CIO) and is governed in line with its

constitution dated 3 December 2013. Our objectives are to relieve sickness and preserve and protect health, in particular by:

- Promoting research into leukaemia and/or related disorders
- Providing support directly or indirectly to people affected by leukaemia and/or related disorders, including the maintenance of specialist treatment units.

Public benefit

Trustees can confirm that they are informed by the Charity Commission's guidance on public benefit and that they have complied with Section 17 of the Charities Act 2011 to have due regard to this area. Any research that we fund must be available to everyone regardless of race, religion, gender, sexual orientation or age, amongst other factors.



Board of Trustees

Following the merger we have focussed on diversifying our Board of Trustees, bringing in new skills and backgrounds to support the delivery of the new strategy. This includes appointing Trustees with lived experience of blood cancer, in line with our aim to put those affected at the heart of all we do. We would like to extend our thanks to the Trustees that have moved on in 2022 for their time and dedication to the cause, and welcome those new to the Board.

Trustees contribute their services to the Board on a voluntary basis and are responsible for the governance of the charity, ensuring it meets its statutory responsibilities, as well as determining overall strategy, policies and direction, with the expert guidance of the Senior Leadership Team.

During the year under review, Leukaemia UK welcomed a new Chair Elect, as well as five new Trustees, to oversee the delivery of our strategy. The full Board meets four times a year.

The Leukaemia UK Board of Trustees who served during the period and up to the date of this report consists of:

- Chris Corbin OBE (Chair)
- Ian McCafferty CBE (joined 21 July 2022 as Chair Elect – taking over as Chair 1 January 2023)
- Amanda Stewart (Vice-Chair)

- Alastair Adam
- Luke Cripps
- Caroline Evans
- James Fairclough
- Professor Antonio Pagliuca
- Ellen Broomé (joined 8 December 2022)
- Karen Cracknell (joined 27 October 2022)
- Miriam Jordan Keane (joined 27 October 2022)
- Professor Alejandro Madrigal (joined 8 December 2022)
- Jo Reynolds (joined 27 October 2022)
- Professor David Linch (resigned 8 December 2022)
- Jonathan Neal (resigned 8 December 2022)
- Oliver Sparks (resigned 21 July 2022)



The constitution states there must be a minimum of three Board members. All Trustees have a term length of three or four years but are eligible for one reappointment. Any new Trustees are invited by agreement of the existing Trustees, having due regard to the skills, knowledge and experience required for the effective administration of the charity.



Scientific and Medical Panel

Independent peer review is an integral part of the decision-making process when awarding funding. All grant applications are assessed by world-class researchers and experts, whose views and opinions inform our decision-making.

Grant applications are reviewed by at least three experts from our Independent Scientific Panel and two external reviewers, in accordance with our Peer Review Policy. The reviewers assess applications for their relevance, quality and feasibility to make recommendations for funding.

Leukaemia UK implements a policy on Conflicts of Interest, whereby all panel members and reviewers are asked to declare any conflicts they may have with the application or applicant/s, in order that these are properly managed, in line with impartiality standards.

Leukaemia UK's Scientific and Medical Panel members make their recommendations to Leukaemia UK's Board of Trustees who make the final decisions on which applications will be approved for funding.

In the year under review, this panel consists of:

- Prof. Nick Cross, Faculty of Medicine, University of Southampton (Chair)
- Prof. Francesco Dazzi, King's College London (Vice Chair)
- Prof. Dominique Bonnet, Francis Crick Institute, London
- Prof. Jackie Boulton, University of Oxford
- Prof. Richard Clark, University of Liverpool
- Prof. Mark Cragg, University of Southampton
- Dr Steve Devine MD, CIBMTR, Minneapolis, USA
- Dr Amir Enshaei, Newcastle University
- Prof. Tariq Enver, Cancer Institute Director, University College London
- Prof. Maria Figueroa, University of Miami Miller School of Medicine, Miami, USA
- Prof. Francesco Forconi, University of Southampton
- Prof. John Gribben, Queen Mary University of London
- Prof. Olaf Heidenreich, Newcastle University
- Prof. Vignir Helgason, University of Glasgow
- Prof. Robert Hills, Cardiff University
- Prof. Anastasios Karadimitris, Imperial College London
- Dr Karen Keeshan, University of Glasgow
- Prof. Ulf Klein, University of Leeds
- Prof. Nicolaus Kröger, University Medical Centre, Hamburg, Germany
- Prof. Cristina Lo Celso, Imperial College London
- Prof. David Marin, MD Anderson Cancer Centre, Houston, USA
- Prof. Mary Francis McMullin, Queen's University Belfast
- Dr Sharon McKenna, University College Cork, Ireland
- Prof. Alison Michie, University of Glasgow
- Prof. Ken Mills, Queen's University Belfast
- Prof. Emma Morris, University College Hospital, London
- Prof. Katrin Ottersbach, University of Edinburgh
- Dr Kim Orchard, University Hospital Southampton NHS Foundation Trust
- Prof. Chris Pepper, University of Sussex, Brighton and Sussex Medical School
- Prof. Uwe Platzbecker, Technical University Dresden, Germany
- Prof. Katy Rezvani, MD Anderson Cancer Centre, Houston, USA
- Prof. Simon Rule, University of Plymouth
- Dr Lisa Russell, Newcastle University
- Dr Satyajit Sahu, University Hospital Lewisham, London
- Dr Bipin Savani MD, Vanderbilt University Medical Center, USA
- Dr Claire Seedhouse, University of Nottingham
- Dr Bronwen Shaw MD, Medical College of Wisconsin, USA
- Prof. John A Snowden, Sheffield Teaching Hospitals NHS Foundation Trust
- Prof. Alex Tonks, Cardiff University
- Prof. Owen Williams, University College London, Great Ormond Street Institute of Child Health

Finance & Audit Sub-Committee

The Committee meets four times a year and in the year under review its members were: Oliver Spark, Jonathan Neal, and Alastair Adams. It is responsible for advising the Board on operational and strategic financial planning, including reviewing plans, budgets, management accounts and reforecasts. It reviews matters of financial governance including financial policies, processes and controls, and advises on the appointment of external auditors. The Committee also sets and recommends the Investment Strategy to the Board for approval and oversees the management and performance of investments.

Remuneration Sub-Committee

The Committee meets at least once a year and in the year under review was made up of two Trustees, Caroline Evans and Chris Corbin, along with Barrow & Parker HR Consultancy. It sets and reviews the pay and benefits policies and processes for the charity, using sector benchmarking. The Committee reviews pay on an annual basis. Each year a pay award is considered but not guaranteed, with any agreed uplift applicable from April.

Strategy Group

In the lead up to the launch of the new strategy and brand in Q3 2022, a Strategy Group consisting of Chris Corbin, Amanda Stewart, Caroline Evans, Antonio Pagliuca, Luke Cripps, and James Fairclough met regularly, working alongside members of the Leukaemia UK team.

Our finances

This report covers the period 1st January 2022 to the 31st December 2022.

Income

Total income for 2022 came to £2,942,217 including £79,211 of investment income.

The main sources of income came from grants, legacies and donations, including donated goods and services, totalling £2,618,936.

Fundraising expenditure

Fundraised income during 2022 was achieved with an increase in expenditure from £544,490 in 2021 to £1,183,250. The increased expenditure was largely due to growing the staff team to manage growth in income post-merger and build a successful income generation model which can sustain and grow our world-class research programme to deliver long-term progress in leukaemia treatment, diagnosis and care.

Charitable expenditure

Expenditure on charitable activities during 2022 was £1,869,123 - a significant increase from £1,174,912 in 2021.



Grants

A total of £1,214,054 was committed as new grants in the year.

Surplus

We ended the year with a deficit after net gains on investments of £557,771 compared to a surplus of £204,557 in the prior year.

Reserves

This result reflects a recognition by the Trustees that some of the reserves built up over the past few years should be released over the next few years, but also reflects a desire to ensure that only research and care projects that meet the stringent requirements of the charity are funded. In addition, during this unparalleled time of global change and economic uncertainty, we must have enough reserves to ensure the charity is resilient and can sustain its commitments.

At the end of 2022, the total funds of the charity were £2,956,121 down from £3,513,892 at the end of 2021.

Funds held on 31 December 2022 were:

- Unrestricted £2,785,967, restricted £170,154, (2021 - unrestricted £3,513,892, restricted £0).
- As a result, free reserves totalled £2,758,766 (2021 - £3,430,400).

In conjunction with the development of our new strategy, the Trustees reviewed and agreed a new Reserves Policy at the end of 2021. The policy aims to maximise funds to deliver our vision to stop leukaemia devastating lives by finding and funding life changing research, awareness and advocacy. It requires six months operating costs with a 25% uplift, plus close down liabilities.

The current level of free reserves of £2,758,766 is significantly above this. However, our strategy and funding model developed in 2021 sets out a plan to spend some of these funds to accelerate progress towards our vision and mission over the remainder of the strategy period.

The policy will be reviewed every two years, or sooner if required.

Financial statements

The charity's financial statements are set out on pages 50 to 66.

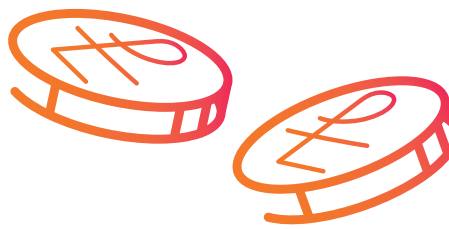
Going concern

Like many charities, Leukaemia UK is planning for the impact of the cost-of-living crisis on charitable donations, aware that as donors feel the squeeze, charitable donations are an area that may have to be cut from people's spending. However so far, thanks to the incredible generosity of our supporters and the hard work and dedication of our team, the impact of this has not yet been significantly felt, and we

were able to raise a total of £2,618,936 in fundraised income in 2022.

Our plan and budget for 2023 see us continuing to draw on our reserves to invest in growing the charity post-merger as we deliver our strategy and continuing to diversify our income streams to improve our financial resilience, focusing particularly on investing in growing our legacy income and building our supporter base.

As part of our strategy development, and as mentioned above, we have reviewed our Reserves Policy so we can invest in our charitable work to deliver greater impact for those affected by leukaemia. It is therefore reasonable to expect that the charity has adequate resources to continue in operation for the foreseeable future, representing a period of at least 12 months from authorisation of the financial statements. Given this, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis as outlined in the Statement of Trustees' Responsibilities.



Investments

The Trustees take a cautious and prudent approach to investment of the charity's funds. To ensure that investments are appropriately diversified, they have agreed for funds to be split between:

- Short and medium-term bank money market deposits
- A portfolio of investments managed by the firm of stockbrokers, Investec.

This split of resources is designed to balance potential returns with appropriate risk, as well as ensuring enough liquidity to meet cash flow requirements. The long-term investment portfolio is managed by investment managers to ensure a cash income source through dividends and interest which is withdrawn from the portfolio on a quarterly basis, and to achieve capital growth by reinvesting funds from disposed of investments.

The only restriction placed on the investment portfolio is an instruction that the firms must not invest charity funds in tobacco companies. All long-term investments are managed by Investec, which provides regular updates to Board meetings throughout the year. Investec is invited annually to present to the Finance & Audit Sub-Committee. Investec are committed to integrating environmental, social and governance considerations into their investment processes.

Ethics

Equality, Diversity & Inclusion Policy

Leukaemia UK recognises the critical importance of working with individuals from all backgrounds and community groups affected by and interested in leukaemia, as this helps build a charity that values knowledge, understanding, innovation and difference in others.

We are committed to ensuring all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status, maternity status, marital status, race, religion, social status or economic status.

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard. By focussing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last. We aim to listen, learn and collaborate with others to increase equality, diversity and accessibility across all we do.

In 2021 we developed an Equality, Diversity & Inclusion Policy, and planned learning and development workshops for staff and Trustees took place in 2022. We began to improve our offer to employees and introduced new recruitment processes to improve and broaden our appeal and reach to potential candidates and limit bias. We recruited a job-share partnership to our Director of Communications role in October 2022, joining our Trusts and Foundations Manager job-share partnership. Given our small workforce this highlights our commitment to flexible working and was promoted in charity press. In 2022 we also introduced the Patient Experience Advisory Panel to help us better represent and reflect the diverse experiences of those affected by leukaemia and renewed the membership of our Board of Trustees and Scientific Panel.

Use of animals in research

Animal research has played a vital part in many medical discoveries. Some of the biggest breakthroughs in our understanding of blood cancers and the development of new treatments would not have been possible without the use of animals. Most biomedical research is carried out using non-animal methods, but sometimes these methods simply cannot replace the use of animals.

Leukaemia UK supports the view, together with the majority of academics and every major UK charity that conducts medical research, that using animals in research is sometimes necessary to develop new treatments for human diseases.

Leukaemia UK will fund proposals that include research with animals only where there is no alternative, and where the proposals fully comply

with the Animals (Scientific Procedures) Act 1986. All animal research carried out in the UK must be approved and licensed by the Home Office.

Leukaemia UK is a member of the Association of Medical Research Charities (AMRC). All AMRC members support the AMRC position statement on the use of animals in research.

We support the guiding principles of the 3Rs (replace, refine and reduce) that underpin the humane use of animals in scientific research. Any proposed research using animals is therefore required to consider how to:

1. 'Replace' animals with alternatives wherever possible
2. 'Refine' experimental techniques, to ensure best practices for animal welfare
3. 'Reduce' the number of animals used to a minimum, to obtain information from fewer animals or more information from the same number of animals.

Fundraising ethics

Leukaemia UK voluntarily subscribes to the Fundraising Regulator and its Code of Fundraising Practice. The Fundraising Regulator investigates and takes appropriate action on cases of public concern. We are also signed up to the Fundraising Preference Service which enables individuals to opt out from receiving fundraising communications from us. We continue to work closely with the Fundraising Regulator and with the Institute of Fundraising to help improve standards and ways of working across the charity sector.

Complaints handling

Complaints and supporter feedback provide important sources of information about the impact that our work has on our supporters and members of the public, giving us insights and lessons for future fundraising activities. We are committed to delivering the highest possible standard of service and supporter care.

As part of our complaints policy, we promise:

- To provide a fair complaints procedure that is clear and easy to use
- To publicise our complaints procedure so that people know how to make a complaint
- To make sure that all complaints are investigated in a timely way
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired
- To gather information that helps us to improve what we do.

During 2022 we received two complaints from supporters. Our fundraising team worked quickly to resolve the issues to the supporters' satisfaction.

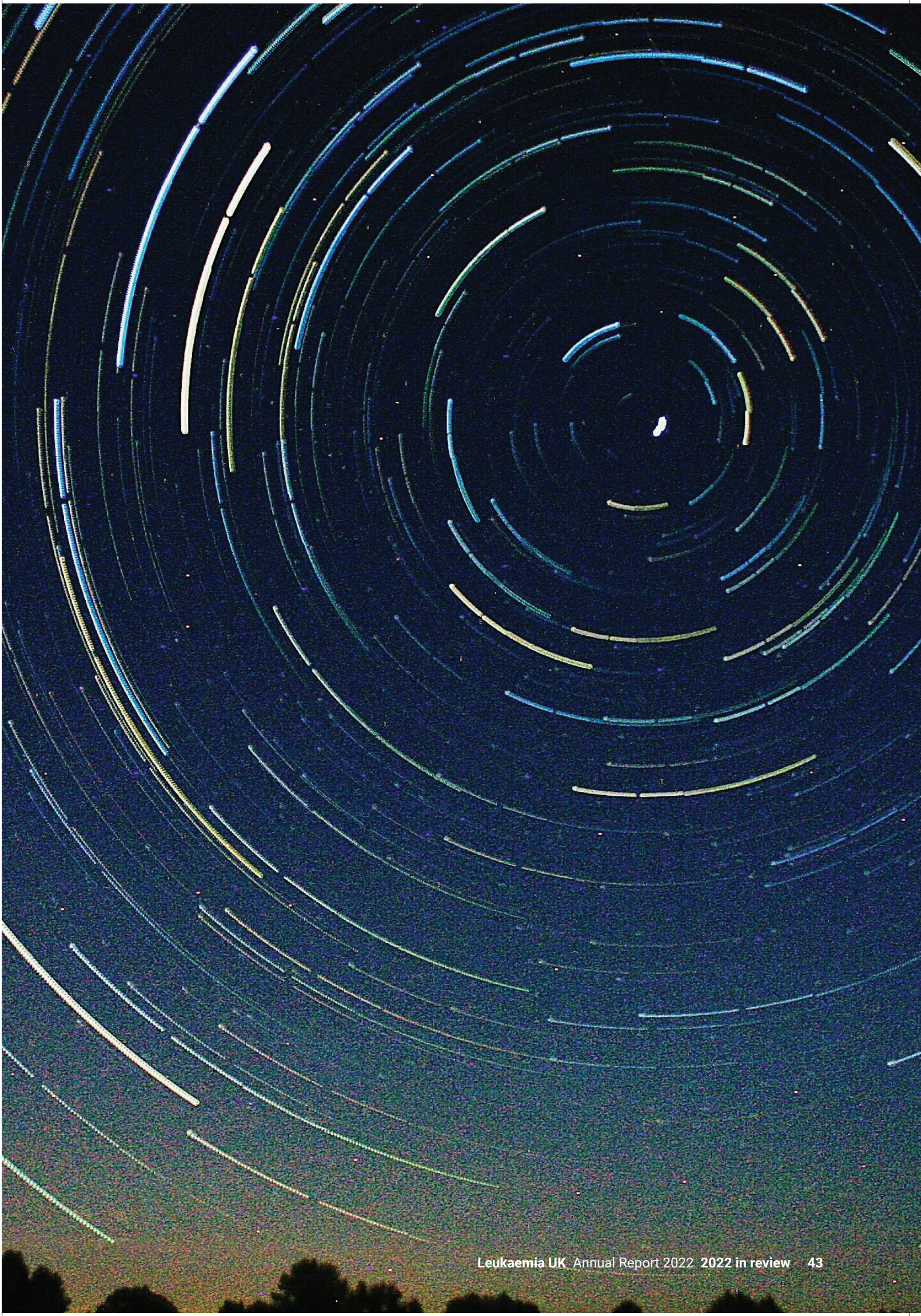


Our risks

We have a stringent approach to risk management, with the risk register and processes reviewed on a regular basis by the Finance & Audit Sub Committee and by the full Board of Trustees. The Trustees actively review the major strategic, business and operational risks that the charity faces and confirm that they have established systems to manage significant risks.

The risk management process takes account of several factors when identifying risks, including internal factors such as staff expertise, cash and donation levels, and current commitments, as well as external factors including reputational risk, trends within the sector and changes in legislation. Each risk is then given a rating based on the level of impact it might have on the operations of the charity against the likelihood of any negative impact occurring. The major risks identified by the management team at the end of the reporting period are outlined here:

Risk	Mitigating activities
<p>Income doesn't meet targets due to the external environment we are currently operating in</p>	<ul style="list-style-type: none"> • Finance & Risk Committee meets quarterly to review and discuss financial performance • New Development Committee being set up to oversee fundraising and comms activity specifically • At least two budget reforecasts take place throughout the year to manage income and expenditure in line with actual performance • Focus on growing and diversifying our income streams
<p>We over-commit expenditure too early in the year before income picture fully known</p>	<ul style="list-style-type: none"> • Developing management accounting processes to ensure more real-time information available on income and expenditure • Cash-flow decision making discussed and agreed at SLT so discretionary spend can be paused if income targets are not being reached • Committee oversight and reforecasts as above
<p>Fundraising investment doesn't perform to time or budget</p>	<ul style="list-style-type: none"> • A range of options for fundraising investment have been developed to manage risk – three distinct areas with different targets and approaches • Regular monitoring of progress through Finance & Audit Committee and the establishment of a Development Committee to support strategy and plans. • Agreement at Board level of an element of having freedom to fail – if we want to grow we have to try new things and not all of these will succeed
<p>Struggle to retain team/key individuals as pay levels fail to compete with increasing needs due to cost-of-living</p>	<ul style="list-style-type: none"> • Additional cost-of-living payments have been made to all staff • Annual pay review process taking cost-of-living increases into account • Pay and benefits review carried out to ensure we are competitive • Focus on staff retention through other means e.g. training and development, hybrid and flexible working options
<p>Key projects fail to deliver on time impacting over dependencies.</p>	<ul style="list-style-type: none"> • Regular scrutiny of key projects at fortnightly SLT meetings to ensure these are on track • Reporting to Board and relevant Committees at key project moments • Project management training and tools made available to all staff



Our plans for 2023





In 2022 we launched our new five-year strategy, setting out our ambitious plans to accelerate progress through research, awareness and advocacy in stopping leukaemia devastating lives. For 2023, our first full year of the new strategy, we plan to lay the strong foundations we will need to reach our goals for 2027.

In 2023, our five overarching objectives are to:

1. Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress, expanding the Patient Experience Advisory Panel (PEAP) and making sure all of our charitable activities are guided by the needs of patients and their families. We will also be developing our policy work, building our relationships with key stakeholders and collaborating with relevant coalitions including the Blood Cancer Alliance, Cancer 52 & One Cancer Voice to bring about real change for patients.
2. Maintain investment in research to accelerate progress in diagnosis, treatment, and care, continuing to focus on supporting early career researchers to ensure succession. Over the course of 2023 we aim to award 11 new grants to fund the best and most innovative in leukaemia research, alongside managing our existing research portfolio.
3. Build our profile, engagement, and influence to increase support and impact, building our brand and increasing engagement with our supporters. We will raise public awareness of the signs and symptoms of leukaemia, the impact of leukaemia, and the progress being made in research, both alone and through relevant collaborations and partnerships with the blood cancer community such as Spot Leukaemia with Leukaemia Care and the Blood Cancer Alliance.
4. Invest strategically to grow sustainable net income, developing our fundraising portfolio to deliver increased income. This will include developing a new strategy for our corporate partnerships, rolling out an acquisition campaign to bring new supporters into the charity, developing a legacy giving campaign and increasing the volume of our trust fundraising. We will also build on the success of our annual Who's Cooking Dinner? fundraising event, while rolling out new events for our supporters.
5. Make Leukaemia UK a great charity to work for and with, improving our employee engagement and continuing our focus on staff training, development and wellbeing. In 2023 we plan to focus particularly on our Equality, Diversity & Inclusion strategy, on ensuring we are supporting staff appropriately against the backdrop of the rising cost-of-living, and on improving our governance. We will also be moving Operations in-house and developing new ways of working under new leadership. Finally, next year will see Leukaemia UK move to a new home in Central London in which we can develop our culture.

Statement of Trustees' Responsibilities



The Board of Trustees presents its Annual Report and Accounts for the year ended 31 December 2022. The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. Charity law requires the Trustees to prepare financial statements for each financial year. Under that law, they are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. Under charity law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and any excess of expenditure over income for that year.

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

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

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

In addition, the Trustees confirm that they are happy that the content of the annual review in pages 3 to 47 of this document meet the requirements of the Trustees' Annual Report under charity law. They also confirm that the financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Each person who is a Trustee at the date of approval of this report confirms that:

- So far as the Trustee is aware, there is no relevant audit information of which the charity's auditors are unaware
- The Trustee has taken all the steps he/she ought to have taken as a Trustee to make himself/herself aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

This report was approved and authorised for issue by the Board of Trustees on 29 June 2023 and signed on its behalf.



Ian McCafferty CBE, Chair



Accounts 2022



Independent auditor's report to the trustees of Leukaemia UK

Opinion

We have audited the financial statements of Leukaemia UK for the year ended 31 December 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the 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 charity's affairs as at 31 December 2022, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

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 charity 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 the charity'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 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 there is 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of the Trustees

As explained more fully in the trustees' responsibilities statement set out on page 43, the trustees 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 determines 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 charity'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 charity 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 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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 is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.



Luke Holt (Senior Statutory Auditor)
For and on behalf of Moore Kingston Smith LLP,
Statutory auditor

3 July 2023

9 Appold Street
London
EC2A 2AP

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Statement of financial activities

For the year ended 31 December 2022

	Notes	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £	Total Funds 2021 £
Income from					
Donations and legacies	3	1,905,001	713,935	2,618,936	1,531,237
Other trading activities	4	244,070	-	244,070	2,708
Investments	5	79,211	-	79,211	83,642
Total income		2,228,282	713,935	2,942,217	1,617,587
Expenditure on					
Raising funds	6 & 7	1,183,250	-	1,183,250	544,490
Charitable activities	6 & 8	1,827,123	42,000	1,869,123	1,174,912
Total expenditure		3,010,373	42,000	3,052,373	1,719,402
Net gains/(losses) on investments	12	(447,615)	-	(447,615)	306,372
Net income/(expenditure)		(1,229,706)	671,935	(557,771)	204,557
Transfer between funds		501,781	(501,781)	-	-
Net movement in funds		(727,925)	170,154	(557,771)	204,557
Reconciliation of funds					
Total funds brought forward	16 & 17	3,513,892	-	3,513,892	3,309,335
Total funds carried forward	16 & 17	2,785,967	170,154	2,956,121	3,513,892

The notes on pages 56 to 69 form part of the financial statements.

All the above results arise from continuing activities.

There were no other recognised gains or losses other than those stated above.

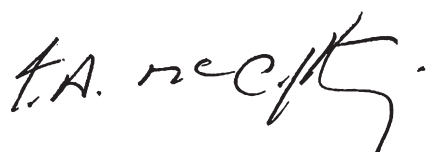
Balance sheet

As of 31 December 2022

	Notes	Total Funds 2022 £	Total Funds 2021 £
Fixed assets			
Tangible assets	11	24,286	16,443
Investments	12	2,860,638	3,331,478
Total fixed assets		2,884,924	3,347,921
Current assets			
Debtors and prepayments	13	561,453	161,574
Investments		207,441	205,297
Cash at bank and in hand		1,697,021	1,883,428
Total current assets		2,465,915	2,250,299
Creditors - amounts falling due within one year	14	(1,687,982)	(1,883,776)
Net current assets		777,933	366,523
Grants awarded - due in more than one year	15	(706,736)	(200,552)
Total net assets		2,956,121	3,513,892
Funds of the charity			
Restricted	16 & 17	170,154	-
Unrestricted			
Designated	16 & 17	27,201	83,492
General	16 & 17	2,758,766	3,430,400
Total unrestricted		2,785,967	3,513,892
Total funds		2,956,121	3,513,892

The notes on pages 56 to 69 form part of the financial statements.

These financial statements were approved and authorised for issue by the Board of Trustees on 29 June 2023 and signed on their behalf by:



Ian McCafferty CBE
Chair

Statement of cash flows

For the year ended 31 December 2022

	Total Funds 2022 £	Total Funds 2021 £
Cash flows from operating activities		
Net income/(expenditure) for period (as per SOFA)	(557,771)	204,557
Adjustments for:		
Depreciation charges	7,014	1,710
(Profit)/loss on disposal of tangible asset	-	1,002
Investment income received	(79,211)	(83,642)
Net gains/(losses) on investments	447,615	(306,372)
(Increase)/decrease in short term investments	(2,144)	(998)
(Increase)/decrease in trade debtors	(24,500)	34,000
(Increase)/decrease in accrued gift aid	(31,543)	(36,033)
(Increase)/decrease in other accrued income	(17,045)	(6,120)
(Increase)/decrease in prepayments	(3,751)	(44,025)
(Increase)/decrease in other debtors	(323,040)	-
Increase/(decrease) in trade creditors	5,635	57,211
Increase/(decrease) in payroll liabilities	21,159	5,678
Increase/(decrease) in grants payable - due in less than a year	(259,316)	182,081
Increase/(decrease) in accruals	36,728	4,275
Increase/(decrease) in grants payable - due in more than a year	506,184	(343,426)
	283,785	(534,659)
Net cash flows from operating activities	(273,986)	(330,102)
Cash flows from investing activities		
Investment income received	79,211	83,642
Purchase of tangible fixed assets	(14,857)	(17,538)
Proceeds from sale of investments	1,038,610	672,420
Purchase of investments	(1,039,686)	(586,543)
Decrease/(increase) in cash held in portfolio	24,301	(61,847)
	87,579	90,134
Net cash flows from investing activities	(186,407)	(239,968)
Change in cash and cash equivalents in period	1,883,428	2,123,396
Cash at bank and in hand brought forward	1,697,021	1,883,428
Cash at bank and in hand carried forward	1,697,021	1,883,428

The notes on pages 56 to 69 form part of the financial statements.

An analysis of changes in net debt can be found in note 18.

Notes to the financial statements

1. Accounting policies

Basis of preparation of the financial statements

The financial statements have been prepared in accordance with 'Charities SORP (FRS 102) - 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) second edition (effective 1 January 2019)', the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), including Update Bulletin 2, and relevant charities law.

The effect of any event relating to the year ended 31 December 2022, which occurred before the date of approval of the financial statements by the Board of Trustees has been included in the financial statements to the extent required to show a true and fair view of the state of affairs at 31 December 2022 and the results for the year ended on that date.

The functional currency of the Charity is sterling and amounts in the financial statements are rounded to the nearest pound.

Legal status

Leukaemia UK is a charitable incorporated organisation registered in England & Wales, and meets the definition of a public benefit entity. The registered office is 52 Portland Place, London, W1B 1NH.

Going concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the Charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The Trustees have considered the Charity's forecasts and projections and have taken account of pressures on donation, fundraising and investment income. After making enquiries, the Trustees confirm that the Charity has adequate resources to continue in operational existence for the foreseeable future and that there are no material uncertainties that would impact this assessment. The ongoing COVID-19 pandemic has had no material impact on this assessment. The Charity therefore continues to adopt the going concern basis in preparing its financial statements.

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.

Designated Funds are unrestricted funds which have been designated for a specific purpose by the Trustees. The aim and use of each designated fund is set out in note 16 of the financial statements.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by donors or that 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 note 16 of the financial statements.

Income

All income is included in the Statement of Financial Activities when the Charity has entitlement, there is probability of receipt and the amount is measurable.

For donations and gifts this is when they are received. Gift Aid is recognised on a receivable basis as part of the income to which it relates.

Legacies are recognised in the statement of financial activities when there is entitlement, adequate probability and reliability of receipt and their value can be accurately measured. For both pecuniary and residuary legacies this is when probate has been granted and a reasonable estimate calculated for this income.

Grants are recognised in full in the year in which they are receivable except in situations where they are related to performance in which case they are accrued as the Charity earns the right through performance.

Fundraising income is accounted for gross, with any associated costs presented as expenditure.

Interest is recorded when it is receivable.

Dividends are accounted for when due, and tax recoverable on such income is accounted for based on the repayment due in the fiscal year ending in that accounting year.

Realised gains or losses are recognised when investments are sold. Unrealised gains or losses are accounted for on revaluation of investments at the period end.

Expenditure and irrecoverable VAT

Expenditure is accounted for on an accruals basis and liabilities are recognised as expenditure when there is a legal obligation committing the Charity to the expenditure, it is probable that settlement will be made, and the obligation can be measured.

Non-recoverable VAT is included against the expenditure heading to which it relates.

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

Grants payable are payments made to third parties in furtherance of the Charity's objectives.

Unconditional grant offers are accrued in full once the recipient has been advised of the grant award and the payment is probable. Where grant awards are subject to performance conditions that are outside of the control of the Charity these are accrued when the recipients have been notified of the grant award.

Multi-year grants are recognised at their historic cost and thereafter at the best estimate of the amount required to settle the obligation at the reporting date. Where payments are due over more than one year from the date of the award and there are no unfulfilled conditions which are within the control of the Charity and the effect of discounting is immaterial, no adjustment is made to discount the liability to its present value at the reporting date.

Taxation

As a registered charity income and gains are exempt from Corporation Tax to the extent that they are applied to the charitable objectives.

Donated goods and services

Where goods are provided to the Charity as a donation that would normally be purchased from suppliers this contribution is included in the financial statements as an estimated based on the value of the contribution to the Charity.

Investments

Investments are initially measured at their cost and subsequently measured at their fair value at each reporting date, which gives rise to unrealised gains/losses at the end of the financial period which is reflected in the SOFA. Realised gains/losses are calculated as the difference between the sales proceeds and the opening carrying value or the purchase price if acquired during the financial period. Partial disposals are accounted for using the average value. Fair value is based on the quoted price at the balance sheet date without deduction of estimated future selling costs.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses, with individual assets over £500 being capitalised. Depreciation is provided at rates calculated to write off the cost of each asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computers – straight line over 4 years

Fixtures and fittings – straight line over 5 years

Financial instruments

Basic financial instruments are measured at amortised cost other than investments which are measured at fair value.

Cash at bank and in hand

Cash at bank and in hand includes cash in hand, deposits with banks and funds that are readily convertible into cash at, or close to, their carrying values, but are not held for investment purposes.

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount is applied.

Creditors

Creditors 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.

Critical estimates and judgements

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The treatment of tangible fixed assets is sensitive to changes in useful economic lives and residual values of assets. These are reassessed annually.

The charity recognises residuary legacies once probate has been granted, which therefore requires an estimation of the amount receivable. This calculation is based on the estate accounts provided by the executor and allows for a proportion of costs incurred in finalising the estate.

Donated goods and services are based on estimate of the value of the contribution to the Charity as per the accounting policy above.

In the view of the Trustees in applying the accounting policies adopted, no other judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

Pensions

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

Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

2. Comparative statement of financial activities

	Notes	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Income from				
Donations and legacies	3	1,406,296	124,941	1,531,237
Other trading activities	4	2,708	-	2,708
Investments	5	83,642	-	83,642
Total income		<u>1,492,646</u>	<u>124,941</u>	<u>1,617,587</u>
Expenditure on				
Raising funds	6 & 7	544,490	-	544,490
Charitable activities	6 & 8	1,149,794	25,118	1,174,912
Total expenditure		<u>1,694,284</u>	<u>25,118</u>	<u>1,719,402</u>
Net gains/(losses) on investments	12	306,372	-	306,372
Net income/(expenditure)		104,734	99,823	204,557
Transfer between funds		107,500	(107,500)	-
Net movement in funds		<u>212,234</u>	<u>(7,677)</u>	<u>204,557</u>
Reconciliation of funds				
Total funds brought forward	16 & 17	3,301,658	7,677	3,309,335
Total funds carried forward	16 & 17	<u>3,513,892</u>	<u>-</u>	<u>3,513,892</u>

3. Income from donations & legacies

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Donations	776,717	-	776,717
Grants	52,256	713,935	766,191
Legacies and in memorium	904,160	-	904,160
Donated goods and services	171,868	-	171,868
Total income from donations & legacies	1,905,001	713,935	2,618,936

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Donations	841,525	50,000	891,525
Grants	46,873	24,941	71,814
Legacies and in memorium	455,139	50,000	505,139
Donated goods and services	62,759	-	62,759
Total income from donations & legacies	1,406,296	124,941	1,531,237

Donated goods and services consists of:

	Total Funds 2022 £	Total Funds 2021 £
Office accommodation and related costs	64,014	62,759
Who's Cooking Dinner support	107,844	-
Total donated goods and services	171,858	62,759

4. Income from other trading activities

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Ticket sales	126,950	-	126,950
Auctions and raffles	116,546	-	116,546
Other	574	-	574
Total income from other trading activities	244,070	-	244,070

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Sale of tables at Who's Cooking Dinner	1,342	-	1,342
Other	1,366	-	1,366
Total income from other trading activities	2,708	-	2,708

5. Income from investments

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Dividends and interest on fixed asset investments	75,327	-	75,327
Interest on short term cash deposits	3,884	-	3,884
Total income from investments	79,211	-	79,211

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Dividends and interest on fixed asset investments	82,533	-	82,533
Interest on short term cash deposits	1,109	-	1,109
Total income from investments	83,642	-	83,642

6. Total expenditure

	Grants to institutions 2022 £	Direct staff 2022 £	Direct other 2022 £	Indirect 2022 £	Total costs 2022 £
Expenditure on					
Raising funds	-	468,473	502,359	212,418	1,183,250
Charitable activities	1,214,054	244,704	74,819	335,546	1,869,123
Total expenditure	1,214,054	713,177	577,178	547,964	3,052,373

	Grants to institutions 2021 £	Direct staff 2021 £	Direct other 2021 £	Indirect 2021 £	Total costs 2021 £
Expenditure on					
Raising funds	-	241,167	198,902	104,421	544,490
Charitable activities	898,184	49,450	1,957	225,321	1,174,912
Total expenditure	898,184	290,617	200,859	329,742	1,719,402

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

A breakdown of expenditure on raising funds between restricted and unrestricted funds can be found in note 7.

A breakdown of charitable expenditure between restricted and unrestricted funds can be found in note 8.

An analysis of staff costs can be found in note 10.

Indirect costs includes the following items:

	Total costs 2022 £	Total costs 2021 £
Management & operational staff	121,617	95,665
Premises	65,333	64,466
IT, finance & other professional services	178,191	106,904
Redesign of website and branding	74,363	-
General admin	57,582	38,893
Governance	50,878	23,814
Total indirect costs	547,964	329,742

Governance costs includes the following items:

	Total costs 2022 £	Total costs 2021 £
Audit and independent examination costs	16,242	13,242
Legal costs	8,818	9,000
Insurance costs	1,731	1,572
Other costs including trustee recruitment	24,087	-
Total governance costs	50,878	23,814

7. Expenditure on raising funds

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Direct staff costs	468,473	-	468,473
Other direct costs	502,359	-	502,359
Indirect costs	212,418	-	212,418
Total expenditure on raising funds	1,183,250	-	1,183,250

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Direct staff costs	241,167	-	241,167
Other direct costs	198,902	-	198,902
Indirect costs	104,421	-	104,421
Total expenditure on raising funds	544,490	-	544,490

Included within other direct costs are investment management costs of £23,225 (2021 - £24,030).

8. Expenditure on charitable activities

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Grants to institutions	1,172,054	42,000	1,214,054
Direct staff costs	244,704	-	244,704
Other direct costs	74,819	-	74,819
Indirect costs	335,546	-	335,546
Total expenditure on charitable activities	1,827,123	42,000	1,869,123

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Grants to institutions	873,066	25,118	898,184
Direct staff costs	49,450	-	49,450
Other direct costs	1,957	-	1,957
Indirect costs	225,321	-	225,321
Total expenditure on raising funds	1,149,794	25,118	1,174,912

9. Analysis of grants awarded in period

	Total funds 2022 £	<i>Total funds 2021 £</i>
Kings College London	-	124,935
Queen Mary University of London	149,415	-
University College London	150,000	-
University of Birmingham	56,291	375,482
University of Cambridge	544,879	-
University of Edinburgh	98,096	124,546
University of Glasgow	248,211	-
University of Oxford	-	122,310
University of York	-	117,911
Small project/support grants*	54,000	33,000
Release of prior year provision	(86,838)	-
Total grants awarded	1,214,054	898,184

*Small project grants consist of a number of small awards which are not listed in their entirety here as they are not individually material to the accounts.

10. Staff numbers and costs

	Total costs 2022 £	<i>Total costs 2021 £</i>
Gross salaries	708,168	333,222
Employer's NIC	75,431	32,690
Employer's pension	39,700	20,370
Termination payments	11,495	-
Total staff costs	834,794	386,282

The average headcount during the year was 18 persons (2021 – 9).

One employee received employee benefits including termination payments of between £90,000 - £99,999 and one employee between £60,000 - £69,999 (2021 – one employee between £80,000 - £89,999).

Total remuneration to key management personnel in the year was £253,293 (2021 - £99,665).

The increase in year is due to a restructure of the Charity due to the growth in year that saw new roles within the senior leadership team which are now included as part of key management personnel which previously only included the Chief Executive.

During the current period total termination/ redundancy payments of £11,495 were made as a result of a restructuring of the fundraising and communication teams. This included ex-gratia payments above standard redundancy payments.

11. Tangible fixed assets

	Computer equipment £	Fixtures & fittings £	Total tangible fixed assets £
Cost			
Brought forward on 1 January 2022	23,897	606	24,503
Additions in year	14,857	-	14,857
Cost carried forward on 31 December 2022	38,754	606	39,360
Accumulated depreciation			
Brought forward on 1 January 2022	7,454	606	8,060
Charge in year	7,014	-	7,014
Accumulated depreciation carried forward on 31 December 2022	14,468	606	15,074
Net book value			
Brought forward on 1 January 2022	16,443	-	16,443
Net book value carried forward on 31 December 2022	24,286	-	24,286

12. Fixed asset investments

	Total funds 2022 £	<i>Total funds 2021 £</i>
Market value brought forward	3,228,725	3,008,230
Additions at cost	1,039,686	586,543
Proceeds on disposal	(1,038,610)	(672,420)
Net gains/(losses) in period	(447,615)	306,372
Market value carried forward	2,782,186	3,228,725
Cash held as part of the investment portfolio	78,452	102,753
Total market value of investment portfolio carried forward	2,860,638	3,331,478
	Total funds 2022 £	<i>Total funds 2021 £</i>
Analysis of market value of investments by investment type:		
UK fixed interest bonds	162,332	354,944
Non UK fixed interest bonds	343,946	122,249
UK equities and funds	663,374	1,146,360
Non UK equities and funds	1,075,550	1,114,729
Other funds including cash	615,436	593,196
Total market value of investment portfolio carried forward	2,860,638	3,331,478

13. Debtors and prepayments

	Total funds 2022 £	<i>Total funds 2021 £</i>
Trade debtors	24,500	-
Accrued gift aid	104,607	73,064
Accrued legacy income	323,040	-
Other accrued income	42,836	25,791
Prepayments	66,470	62,719
Total debtors and prepayments	561,453	161,574

14. Creditors: amounts falling due within one year

	Total funds 2022 £	<i>Total funds 2021 £</i>
Trade creditors	68,265	62,630
Payroll liabilities	37,056	15,897
Grants awarded - due in less than a year	1,525,908	1,785,224
Accruals	56,753	20,025
Total creditors - amounts falling due within one year	1,687,982	1,883,776

15. Grants payable

	Total funds 2022 £	Total funds 2022 £	<i>Total funds 2021 £</i>	<i>Total funds 2021 £</i>
Brought forward on 1 January 2022		1,985,776		2,147,121
Grants awarded (see note 9)	1,300,892		898,184	
Release of prior year provision (see note 9)	(86,838)		-	
		1,214,054		898,184
Grants paid in year		(967,186)		(1,059,529)
Total grants payable on 31 December 2022		2,232,644		1,985,776
		Total funds 2022 £		<i>Total funds 2021 £</i>
Payable within one year		1,525,908		1,785,224
Payable within two to five years		706,736		200,552
Total grants payable on 31 December 2022		2,232,644		1,985,776

16. Analysis of charity funds

	Funds brought forward 2022 £	Income in year 2022 £	Expenditure in year 2022 £	Net gains/(losses) on revaluation 2022 £	Transfers between funds 2022 £	Funds carried forward 2022 £
Restricted funds						
BEIS funding	-	629,290	-	-	(459,136)	170,154
Project/support grants	-	5,000	(5,000)	-	-	-
Mind & body	-	-	-	-	-	-
John Goldman Fellowships 2021	-	42,645	-	-	(42,645)	-
John Goldman Fellowships 2022	-	17,000	(17,000)	-	-	-
Research grants	-	20,000	(20,000)	-	-	-
Total restricted funds	-	713,935	(42,000)	-	(501,781)	170,154
Designated funds						
IMPACT	83,492	-	(56,291)	-	-	27,201
Total designated funds	83,492	-	(56,291)	-	-	27,201
General funds	3,430,400	2,228,282	(2,954,082)	(447,615)	501,781	2,758,766
Total funds	3,513,892	2,942,217	(3,052,373)	(447,615)	-	2,956,121

Restricted funds – BEIS funding

The Charity received funds from BEIS to support the current John Goldman Fellowships which are paid out in 2022-2023. As the grant commitments were recognised in full in previous years, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – Project/support grants

The Charity received funds from a variety of sources to support small project/support grants.

Restricted funds – John Goldman Fellowships 2021

The Charity received funds from a variety of sources to support the annual John Goldman Fellowships in 2020 which are paid out in 2020-2022. As the grant commitments were recognised in full in 2020, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – John Goldman Fellowships 2022

The Charity received funds from a variety of sources to support the annual John Goldman Fellowships in 2021.

Restricted funds – Research grants

The Charity received funds from a variety of source to support the Charity's research grants.

Designated funds – IMPACT

The IMPACT designated fund is to fund the IMPACT clinical trial, a collaborative project with Anthony Nolan, NHSBT, and the University of Birmingham. The agreement was signed early 2017, with funding split over several years originally to 31st December 2021 but now extended. The amount set aside in designated funds is the maximum grant available over the grant term.

	Funds brought forward 2021 £	Income in year 2021 £	Expenditure in year 2021 £	Net gains/ (losses) on revaluation 2021 £	Transfers between funds 2021 £	<i>Funds carried forward 2021 £</i>
Restricted funds						
Project/support grants	7,677	1,500	(9,177)	-	-	-
John Goldman Fellowships 2020	-	107,500	-	-	(107,500)	-
John Goldman Fellowships 2021	-	8,941	(8,941)	-	-	-
Research grants	-	7,000	(7,000)	-	-	-
Total restricted funds	7,677	124,941	(25,118)	-	(107,500)	-
Designated funds						
IMPACT	333,974	-	(250,482)	-	-	83,492
Total designated funds	333,974	-	(250,482)	-	-	83,492
General funds	2,967,684	1,492,646	(1,443,802)	306,372	107,500	3,430,400
Total funds	3,309,335	1,617,587	(1,719,402)	306,372	-	3,513,892

17. Analysis of net assets between funds

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Fixed assets	2,884,924	-	2,884,924
Current assets	2,295,761	170,154	2,465,915
Current liabilities	(1,687,982)	-	(1,687,982)
Non-current liabilities	(706,736)	-	(706,736)
Total net assets	2,785,967	170,154	2,956,121

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Fixed assets	3,347,921	-	3,347,921
Current assets	2,250,299	-	2,250,299
Current liabilities	(1,883,776)	-	(1,883,776)
Non-current liabilities	(200,552)	-	(200,552)
Total net assets	3,513,892	-	3,513,892

18. Analysis of changes in net debt

	As at 1 Jan 2022 £	Cash flows £	Other movements £	As at 31 Dec 2022 £
Cash and cash equivalents				
Cash at bank	1,883,428	(186,407)	-	1,697,021
	<u>1,883,428</u>	<u>(186,407)</u>	<u>-</u>	<u>1,697,021</u>

	As at 1 Jan 2021 £	Cash flows £	Other movements £	As at 31 Dec 2021 £
Cash and cash equivalents				
Cash at bank	2,123,396	(239,968)	-	1,883,428
	<u>2,123,396</u>	<u>(239,968)</u>	<u>-</u>	<u>1,883,428</u>

19. Trustee remuneration and donations

During the year, no Trustees received reimbursement of expenses or remuneration (2021 - £NIL).

During the year, the Charity received unrestricted donations totalling £360 (2021 - £60) from Trustees.

20. Related party transactions

During the current year, there were no related party transactions (2021 – £Nil) other than the unrestricted donations noted in note 19 above.

21. Guarantees and secured charges

As of 31 December 2022 the Charity did not have any outstanding guarantees to third partners nor any debts secured against assets of the Charity (2021 - £NIL).

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Thank you

None of Leukaemia UK's work would be possible without our amazing community of supporters, funders, researchers, colleagues and partners. Thank you for your unwavering support and continued enthusiasm throughout 2022. Your commitment to stop leukaemia devastating lives means that together we can continue to accelerate progress in leukaemia diagnosis, treatment and care.

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Charity Number: 1154856

Leukaemia UK

England & Wales - Charity number 1154856

Accounts

Research has
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change lives



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Foreword

2021 – preparing a bold new chapter with breakthroughs along the way.

Foreword from Chris Corbin, Chair (pictured left), and Fiona Hazell, Chief Executive (pictured right).



2021 was an exciting year for Leukaemia UK, in which we laid the groundwork for a collaborative and ambitious new strategy for the charity. We are delighted to share it with you in this publication.

It was also a challenging year for the leukaemia community, and the country as a whole, as the impact of the Covid-19 pandemic continued to be felt. This impact has been experienced acutely by the blood cancer community, who make up a large proportion of the country's immunocompromised population. For the research community, the pandemic has in many cases resulted in a decline in opportunities and funding, not to mention project cancellations and postponements. Thanks to the support and commitment of our community, we were able to sustain our research funding at a time when it is more important than ever.

Whilst the pandemic meant that our largest fundraising event, Who's Cooking Dinner?, was unable to take place in 2021, thanks to the generosity of our supporters we managed to sustain our income levels and begin 2022 in a strong position. As such we have never been more thankful to our amazing supporters and fundraisers, who - despite the financial pressures

they themselves might have felt - have continued to show tremendous support and commitment over the last year, and who have enabled us to continue to fund the life-changing research that is at the heart of Leukaemia UK's work.

We saw the beginnings of some amazing breakthroughs for leukaemia research in 2021, and Leukaemia UK-funded scientists had their work published in no less than 47 successful scientific publications.

A particular highlight of 2021 was the development of a new class of cancer drug with the potential to treat acute myeloid leukaemia (AML) by John Goldman Fellow, **Dr Konstantinos Tzelepis**. Dr Tzelepis identified a new targeted treatment drug that can inhibit the impact of METTL3 enzymes in leukaemic cells. Acute leukaemias are particularly difficult to treat, so discoveries like Dr Tzelepis' are particularly important in order to find kinder and

more effective treatments for those who receive this diagnosis. Clinical trials are due to begin in 2022 and, if successful, Dr Tzelepis' breakthrough will go on to provide a vital new treatment option for AML patients.

We were able to award five new John Goldman Fellowships in 2021, each one with the potential to accelerate progress and stop leukaemia devastating lives. These range from exploring potential new targeted drugs to treat acute leukaemias, to looking at chemotherapy-resistant cells in cases of infant leukaemia to better understand how progress can be made towards improving the treatment outcomes.

A stem cell or bone marrow transplant (SCT) is a vital treatment for many leukaemia patients, yet the five-year success rate following transplant remains at less than 50%. Given the urgent need to improve this, Leukaemia UK continued to be a key-funding partner of IMPACT (the Partnership for Accelerated Clinical Trials) in 2021. Eight IMPACT trials have been successfully approved so far and by October 2021, over 700 patients had been recruited, providing crucial evidence for new approaches to treatments and ultimately helping improve outcomes for stem cell transplant patients.

The innovative Mind and Body Project at King's College Hospital ran as a successful pilot throughout 2021, improving access to specialist services and making a tangible and positive difference to the lives of the patients involved. It has positively influenced plans for the future, including in the planning for a state of the art new Haematology Outpatient Services Centre featuring dedicated mental health support facilities alongside physical treatment spaces.

We have expanded our policy and advocacy work over the last year, becoming a member of One Cancer Voice and continuing our involvement with the Blood

Cancer Alliance, with the aim of improving the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support. We also began to develop our own policy strategy to bring the voices of those who have experienced leukaemia and other blood cancers to decision-makers and help positively transform the entire patient journey from diagnosis to treatment and care.

As we look to the future, we should reflect on the significant, life-changing achievements that have already been made in leukaemia research – from clinical trials advancing progress in stem cell transplants, to the rollout of more targeted treatments such as CAR-T Cell Therapy and the development of cancer drugs such as Dr Tzelepis' METTL3 inhibitors - but also how much work is still urgently required to progress diagnosis, treatment and care for this devastating disease.

Every year, around 10,000 people are newly diagnosed with leukaemia in the UK and nearly 5000 lives continue to be lost each year as a result of leukaemia. We also know that incidence rates are predicted to rise by 5% by 2035.

Over the next decade, Leukaemia UK will accelerate progress through funding world-class research to drive advancements in diagnosis, treatment and care. It is because of the continued help of our amazing and committed supporters that we can continue to find and fund the research that matters most to people living with leukaemia.

Together we can help to stop leukaemia devastating lives.

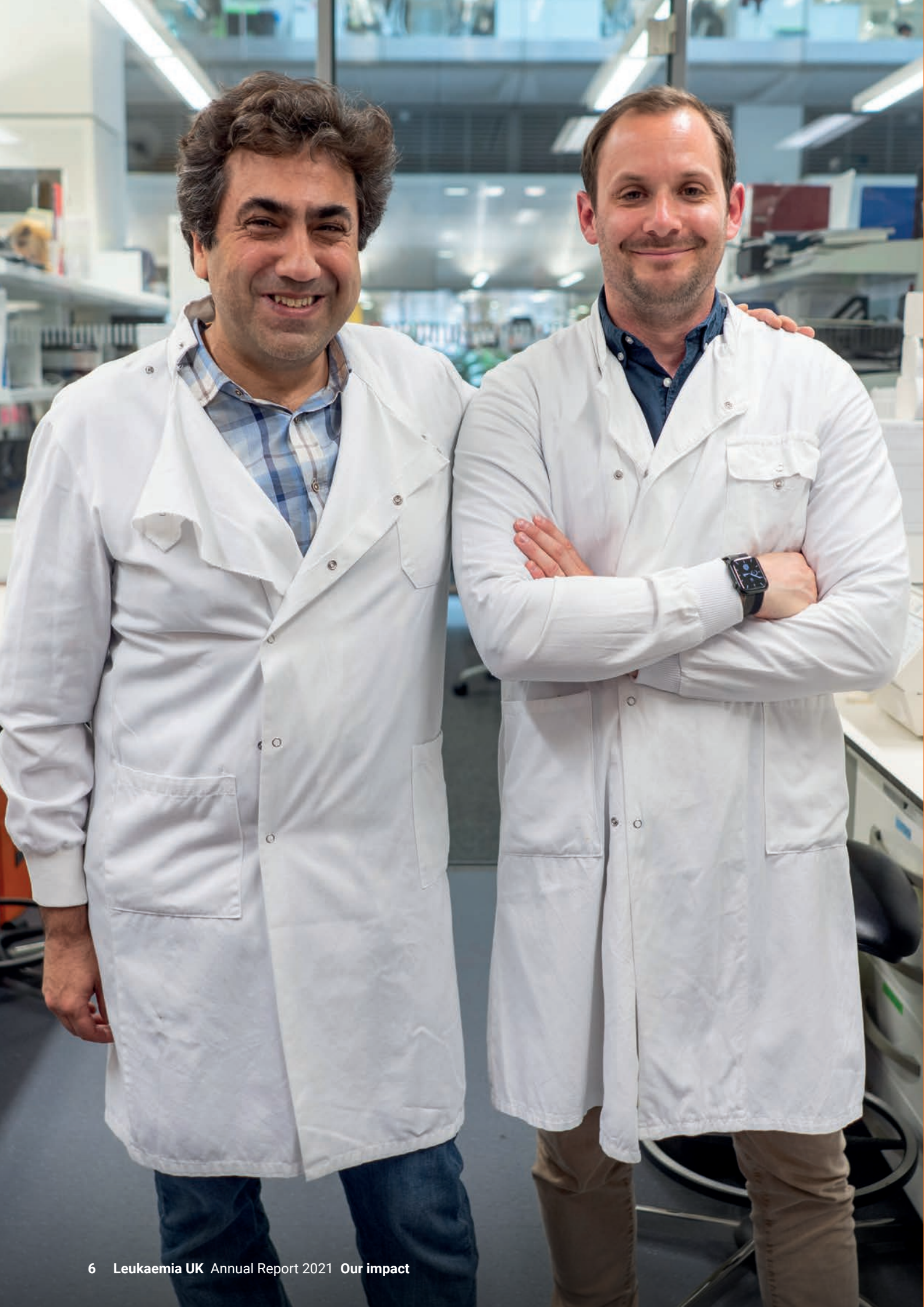
From all the team at Leukaemia UK, thank you!



Chris Corbin OBE, Chair



Fiona Hazell, Chief Executive



Our impact

Who we are

We are Leukaemia UK. We believe research has the power to stop leukaemia devastating lives.

Despite decades of incredible progress, only half of leukaemia patients live longer than five years after their diagnosis*. We won't stop until we change this.

Uniting the leukaemia community, we will accelerate progress in leukaemia research, doing everything we can to make sure that the next person with leukaemia has the best possible experience of diagnosis, treatment and care.

*(53.5% - 5 year survival rate across all leukaemia types and age groups, Office for National Statistics, Cancer survival by stage at diagnosis for England, 2019).

Leukaemia – the challenge

Leukaemia is a type of blood cancer and blood cancers are the fifth most common type of cancer and the third biggest cancer killer in the UK.

Unfortunately, because of its wide-ranging symptoms, leukaemia is one of the hardest cancers to spot, and is often discovered too late. Leukaemia has one of the lowest survival rates of blood cancers. Sadly almost 5000 lives are lost to leukaemia each year in the UK.

Distressingly, it is the most common type of childhood cancer, accounting for around a third of all cancers in under 14s.

For those who receive a leukaemia diagnosis, it has a devastating impact on their lives, and those around them.

At Leukaemia UK we believe that research has the power to change lives. Through accelerating progress in diagnosis, treatment and care we can help to bring about positive change, both for those living with leukaemia today and for those diagnosed tomorrow.



Joel and Amy

“Joel is an electrician and his symptoms such as back and joint pain were blamed on having a very active job. He grew very fatigued and that was put down to not being able to sleep from the pain. He was off his food and lost weight but there always appeared to be an answer for everything. After countless GP appointments, calls to 111, and multiple A&E visits, Joel was finally booked in for an MRI scan and blood tests.

On the day we were due to get the MRI results, I went into our bedroom to wake Joel, his lips were blue and he was in agony. We rushed to A&E. On route, his consultant rang us and told us “Joel has blood cancer”. I will never forget Joel's face when those words were said. In 24 hours our world had been turned upside down.

Whilst waiting in A&E Joel caught sepsis and was rushed to intensive care. He was diagnosed with acute lymphoblastic leukaemia (ALL) and we began our cancer journey.

It is so important for the symptoms of leukaemia to be promoted and become more widely known, and for research into better treatments, diagnosis and care to continue.

Joel has gone through his first round of chemotherapy and has been in and out of intensive care due to various complications. He is now in remission and facing challenges outside of his cancer. We are battling through the toughest of times as a family and Joel has been truly inspiring throughout, showing superhuman strength and amazing levels of bravery.”

The impact of leukaemia in the UK

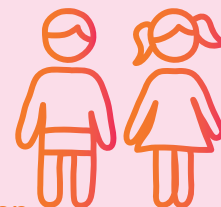
- Every day 28 people are diagnosed with leukaemia



More than 10,000 every year

- 50,000 people of all ages are currently living with leukaemia
- Over 4,700 people lose their lives every year because of leukaemia

- It accounts for 33% of all cancers in the under 14s



It is the most common childhood cancer

- Over 570 children are diagnosed with leukaemia every year

- 37% of leukaemia cases are diagnosed in emergency settings



45% of people diagnosed in this way, live less than a year after diagnosis

- The highest emergency presentation rate for any cancer type is acute lymphoblastic leukaemia – 66% of all cases
- 56% of British adults can't recognise the common signs of leukaemia or other blood cancers

- Over 50% of patients with acute leukaemia's relapse after a stem cell transplant



- 53.5% is the overall five-year survival rate for leukaemia
- 39% increase in survival rate since the 1970s



Over **£1.6m** income
has funded...

over £1.1m worth of
research and care
initiatives

2 active strategic
research programmes

165 Helping Hand Awards
equal to £33,000 worth of
financial support for families

26 active
research projects

16 John Goldman Fellowships
(including 5 new Fellows)

4 Project Grants

3 Leukaemia UK Early Career Awards

3 joint-funded MRC Clinical Research
Training Fellowships

11 IMPACT clinical
trial nurses

The highlights of 2021...



47 successful
scientific publications
from Leukaemia
UK-funded researchers



1 new class of
cancer drug
with potential to
treat AML developed



405 patients participated
in the Mind and Body
programme at King's
College Hospital



246 supporters took
part in challenge events
like the 28-day Lunge
Challenge



Over 12K
social media followers



Over 10K
readers of our newsletter

History of Leukaemia UK

In 1977, after his wife Isobel was diagnosed with chronic myeloid leukaemia, charity pioneer **Derek Mitchell** founded the Elimination of Leukaemia Fund. It had one mission: to advance progress in leukaemia research and care for all who receive a leukaemia diagnosis.

Five years later, in 1982, the charity Leuka was founded by **Lester Cazin**, a leukaemia patient at Hammersmith Hospital, to raise funds to support research.

These two charities would grow and in 2019 combined forces to be a greater force for change for those whose lives are impacted by a leukaemia diagnosis - becoming the Leukaemia UK you know today.

Along the way, significant milestones have been reached and there is huge reason to celebrate the major advancements that have been seen in leukaemia research and care – but there is still a long way to go.

In the UK, the survival rate for cancer overall has doubled over the last 40 years. This is testament to the amazing work of researchers, patients and medical professionals up and down the country.

Thanks to research breakthroughs bringing about advancements in diagnosis and treatment such as immunophenotype analysis, stem cell transplants and CAR T-cell therapy, the survival rate for leukaemia has also increased dramatically, with a 39% increase in survival since the 1970s.

Yet with almost 5,000 lives still lost to leukaemia each year, and overall five year survival standing at just over 53%, there is an urgent need for further progress – this is where our amazing researchers come in.

In 2022, Leukaemia UK will reveal a new strategy to go further than ever to stop leukaemia devastating lives.



Our impact to date

Our research

Since 2015, we have funded over £7 million worth of research and care up and down the UK, pushing boundaries to develop kinder and more effective treatments for leukaemia. This has resulted in important discoveries that lead to bold scientific advances, creating hope for newer and better treatments.

Stem cell transplant clinical trials

The sooner we can get new treatments to patients, the more lives we'll improve. So, together with Anthony Nolan and NHS Blood & Transplant, we became a key funding partner for IMPACT in 2017. It's an initiative focused on trialling advances in stem cell transplants, made happen by researchers, healthcare professionals, patients, and data analysts working together. These clinical trials play a crucial role in forming the evidence base for new approaches to treatment and are essential in increasing patient survival rates following a SCT.

Since 2018, eight IMPACT trials have been successfully approved and by October 2021 over 700 patients had been recruited, providing crucial evidence for new approaches to treatments and ultimately helping improve outcomes for stem cell transplant patients.

A new class of cancer drug

What if inhibiting the action of one protein could eliminate cancer – with minimal side effects? During his Leukaemia UK John Goldman Fellowship, Dr Kostas Tzelepis discovered something amazing. Investigating the METTL3 protein, and its role in how AML cells develop, Dr Tzelepis identified a new targeted treatment drug with the potential to treat AML.

Now, Dr Tzelepis and his colleagues at the Wellcome Sanger Institute and STORM Therapeutics, are continuing to develop the potential drug, STM2457, which can inhibit the action of METTL3. Clinical trials are due to begin in 2022. If successful, Dr Tzelepis' breakthrough will go on to provide a vital new treatment option for AML patients.

Around 3,100 people each year are diagnosed with AML in the UK and current treatments continue to be incredibly harsh on the human body. Dr Tzelepis' research brings hope that patients diagnosed with AML will have more treatment options in the future. It shows how a bold idea from a curious researcher in the early stages of their career, can translate into scientific advances and into clinical practice in the future.

Combination immune gene therapy

Research breakthroughs don't happen in isolation. It is the small milestones and developments, the lightbulb moments from one scientist that can spark a process that leads to further discoveries and eventually to new treatments that will save the lives of others. Back in 2010, Leukaemia UK funded a substantial research project at King's College Hospital which allowed researchers to carry out the world's first trial of combination immune gene therapy to treat leukaemia patients who had reached the end of conventional treatment options. The research projects that we fund now can lead to the significant breakthroughs that will have a life-changing impact to leukaemia patients in the future.

Our holistic support initiatives

Leukaemia UK's Helping Hand Fund

A leukaemia diagnosis already brings a heavy toll emotionally and physically. But what about the significant financial strain it puts on many UK families? Whether this is costs associated with travel for treatments or diagnosis, time off work and loss of household earnings, or the financial balancing-act of trying to support all family members whilst someone is receiving treatment and needs extra care during recovery. Leukaemia UK's Helping Hand Fund has provided financial support to families since 2018, to help in a small way as they work through these challenging times together. To date, Leukaemia UK has awarded 287 Helping Hand awards to families across the UK.

The Mind & Body Programme

Leukaemia UK funded an innovative pilot project at King's College Hospital to address the psychological impact of a blood cancer diagnosis and treatments – both for those living with blood cancer and their families. Designed to support people across their entire treatment journey, the pilot scheme provided holistic support from a team of counsellors, psychiatrists, clinical psychologists and social workers from diagnosis to remission. The project has had a far-reaching impact, improving access to specialist services and making a tangible and positive difference to the lives of patients involved in the pilot. It has positively influenced plans for the future, including plans for a state of the art new Haematology Outpatient Services Centre featuring dedicated mental health support facilities alongside physical treatment spaces. The ultimate aim is for a similar holistic approach to be introduced as the standard of care for all blood cancer patients across the UK.

Our centres for treatment

To date, thousands of leukaemia patients have been treated in centres funded by Leukaemia UK, enabling them to access the most cutting edge treatments and ground-breaking care available.

The ELF and LIBRA Ward

Since it opened in 2015, the ELF and LIBRA Ward at King's College Hospital has provided vital specialist treatment for blood cancer patients. Every year hundreds of patients pass through its doors, helping them on the road to recovery.

The Leukaemia UK Ambulatory Care Unit

What difference does keeping a hold on normal life make to your treatment journey? With the positive impact of this in mind, the Leukaemia UK Ambulatory Care Unit at King's College Hospital was set up in 2018 to enable people to stay in the comfort of their own homes whilst undergoing treatment. By offering stem cell transplants and chemotherapy in an outpatient setting, it empowers patients by helping them to retain a degree of normality and daily routine as they go through their treatment journey.

The unit is a pioneering approach to delivering stem cell transplants which, as an inpatient, has traditionally involved long stays in hospital with limited contact with the outside.

Leukaemia Treatment Suite at King's College Hospital

In addition, a brilliant Leukaemia Treatment Suite at King's College Hospital exists thanks to one of our founders, **Derek Mitchell**, which originally opened as the **Derek Mitchell** Transplant Unit in 1992 with a grant of £250,000. It is part of the network of centres that supporters have helped to fund, bringing life-saving treatments to those who receive a leukaemia diagnosis.

The Dacie Ward and The Catherine Lewis Centre

The Dacie Ward, at Hammersmith Hospital, is a dedicated haematology ward which has treated hundreds of patients with leukaemia and other cancers since the charity funded a major redevelopment in 1986. Later, a three-storey specialist leukaemia centre, The Catherine Lewis Centre, opened to patients in 2002 and is now managed by the Imperial Healthcare NHS Trust. It provides specialist treatment to leukaemia patients and includes a facility for processing blood and bone marrow stem cells for transplantation in addition to a dedicated Clinical Trials Unit to study new drugs and pioneer therapies for leukaemia patients worldwide.

Sinead

Sinead, 30, has undergone treatment for acute lymphoblastic leukaemia (ALL).

She said, "When I first got to hospital I felt nothing but fear: I was in a dark place. But since receiving my diagnosis and knowing my plan, I feel hope. Knowledge is power and without the amazing research from charities like Leukaemia UK, I would have no hope. The light at the end of my tunnel would not be so bright."



Since 2015 we have funded...

Over **£7 million** worth of research across the UK



32 John Goldman Fellowships

5 Project Grants

4 joint-funded Medical Research Council Clinical Training Fellowships

287 Helping Hand Awards



Over 400 patients participating in the Mind & Body Project at King's College Hospital

11 IMPACT clinical trial nurses



8 IMPACT clinical trials approved and over 700 blood cancer patients recruited since 2018

Our strategy 2022-2027

In 2019, Leuka and Leukaemia UK merged to create one charity which would be a greater force for change. Following this, we began work on a new strategy which, through uniting the leukaemia community, could accelerate progress in leukaemia research, and help to make sure that the next person diagnosed has the best possible experience of diagnosis, treatment and care.

We embarked on this new approach because we felt strongly that leukaemia is, still, affecting far too many people and greater progress is urgently needed.

Leukaemia doesn't discriminate. It affects people of all ages – from babies to grandparents. More people are living longer with leukaemia but, despite decades of progress only half of leukaemia patients live longer than five years after their diagnosis*. We believe research has the power to stop leukaemia devastating lives and we won't stop until we achieve this.

With our supporters' help we want to fund more work than ever before – trebling our investment in life-changing initiatives and research over the next five years. By accelerating the progress of our research, we can transform the lives of people affected by leukaemia today and in the future.

Our future work will be focused on saving and improving more lives, through research, awareness and advocacy.

Research

What if we could accelerate the progress of research and transform the lives of people affected by leukaemia today and in the future?

Dr Samanta Mariani, a Leukaemia UK John Goldman Fellow researching the role of macrophages in cases of infant leukaemia, said:

"Leukaemias, especially acute leukaemias, are difficult to treat. Leukaemias such as acute myeloid leukaemia and acute lymphoblastic leukaemia are the most common types in infants and children. Chemotherapy is only able to eradicate the disease in half of infant cases. There is a critical need for further research to understand what happens in the early stages of leukaemia's development and to develop treatments which target just the cancer cells and leave the healthy cells intact, improving survival rates as well as quality of life for those who receive this devastating diagnosis."

We are building a research programme based on evidence, our insight from patients and from the scientific and healthcare community. Our research work will tackle needs and fill gaps to ensure we meet what matters most to the leukaemia community.

By uniting the experience and expertise of people who are living and working with leukaemia, we can focus on making changes to diagnosis, treatment and care that will make the biggest difference.

Advocacy

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard elsewhere too. By focussing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last.

We are establishing a Patient Experience Advisory Panel, to bring the voices of those who have experienced leukaemia to UK decision-makers and to strengthen our insight into what matters most to those affected.

We will work with the Government and other stakeholders to effect policies that directly impact the leukaemia community, making sure that the needs and concerns of blood cancer patients and their families are heard and prioritised. We will advocate that every leukaemia patient has access to the best available therapies.

Helped by those who have lived experience of leukaemia, we can directly influence the leukaemia research being funded and prioritised and transform the entire patient journey from diagnosis to treatment and care.

Awareness

By raising awareness, we will drive progress in early detection and diagnosis of leukaemia, a vital tool to improve survival rates.

We know that more needs to be done to improve early diagnosis of leukaemia, helping people to receive the treatment and care they need as soon as possible. That’s why we are working with charities across the blood cancer space to raise awareness of the signs and symptoms of leukaemia.

This includes collaborative campaigns and support for government initiatives to raise awareness, as well as exploring what the best avenues can be to improve early diagnosis. This will include further

policy research and well-informed campaigns so that, with research to guide us, we can transform the way we diagnose, treat and care for people affected by leukaemia across the UK.

Dr Pramila Krishnamurthy, a Leukaemia UK John Goldman Fellow, on the importance of increasing awareness of the signs and symptoms of leukaemia:

“When patients come to hospital with AML, they have often had subtle symptoms that they have put down to other things – for example tiredness from taking on too much at work, or shortness of breath that they thought could be due to COVID or just a lack of fitness. Late diagnosis can lead to much greater complications and a risk of death, so making sure the public is aware of this condition is really vital.”

Vision: To stop leukaemia devastating lives

Mission: To accelerate progress through the life-changing research that matters most to people affected by leukaemia

Values: Curious, collaborative, bold

Goal 1: Save more lives

- Harness the power of science to gain a better knowledge and understanding of leukaemia.
- Drive progress in awareness and diagnosis of leukaemia to improve survival.
- Fund innovative research to discover new, more effective life-saving treatments for leukaemia.
- Advocate that every leukaemia patient has access to the best available therapies.

Goal 2: Improve more lives

- Accelerate the development of smarter, kinder therapies for leukaemia.
- Champion advancement in better treatment & care for all.
- Transform standards of care and support by establishing ‘whole person’ care into mainstream practice.
- Fund patient-focused applied research to improve access to the best possible care and support those affected.

Enabler 1:

Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress

Enabler 2:

Invest in research to accelerate progress in diagnosis, treatments and care

Enabler 3:

Build our profile, engagement and influence to grow our support and impact

Enabler 4:

Invest strategically to grow sustainable net income

Enabler 5:

Make Leukaemia UK a great charity to work for and with



Our review of 2021

Charitable activities

Life-changing research – our funding commitment

Leukaemia UK is committed to making a difference to all those affected by leukaemia and places patient benefit at the heart of all our charitable activities. We believe that funding the best research projects and exceptional researchers holds the key to improving the outcomes for those diagnosed with leukaemia and related disorders. We understand that the more we invest, the better our chances of success. However, the number of potentially impactful and investible research projects is almost limitless, and we know that the funding requests will always far outweigh our available funds.

We are only able to optimise our available funds with help from the dedicated members of our Peer Review Panels whose independent advice and guidance is invaluable. Our Panels enable us to select only the very best people and projects for our limited funds. We pride ourselves on our peer review process, ensuring that it is transparent, rigorous, and fair to all those applying for funding. In 2021 we were delighted to pass the AMRC peer review audit and receive the certificate for best practice.

Covid-19 continued to exert its presence throughout 2021. Many of our funded researchers continued to adapt and limit disruptions to their projects. Covid-19 safe working conditions remained a consideration but by mid-2021 our researchers reported that whilst some had to amend their project aims, successful progress had been made. In total we provided eighteen no-cost extensions which would enable timely project completion.

During 2021, Leukaemia UK funded two active strategic research programmes and 26 active research projects, including sixteen John Goldman Fellowships, four Project Grants, three Leukaemia UK Early Career awards and three Clinical Research Training Fellowships (CRTFs), jointly funded with the Medical Research Council.

Research impact and outputs

Leukaemia UK funds exceptional people and research projects that have the potential for research impact. What does that mean? The ultimate impact for health research is to be instrumental in bringing about improved survival, more effective treatments and better quality of life.

2021 has been a successful year for Leukaemia UK's funded research and academic impact has been demonstrated, producing a greater understanding of leukaemia and adding further pieces to the jigsaw. The success of our funded research can be measured by quantifying research outputs. We used Researchfish to collect the information through an annual submission which was completed by all our funded researchers.

One measure of research output is the publication of research findings, an important means for communicating scientific work. Publication of a paper in a scientific journal is validation of the successful advancement in scientific knowledge. Papers are generally subjected to scrutiny by experts (peer-reviewed) before successful publication.

Twenty-three of our awardees, whose awards were made between 2017-2021, were requested to take part in the Researchfish data submission. The group of awardees (which included five who had recently started their project and six who were in their first year) reported 47 successful publications associated with their Leukaemia UK funding.



Dr Matthew Blunt, Leukaemia UK John Goldman Fellow (University of Southampton). Publication in *Frontiers in Oncology*, December 2021: *Selinexor Enhances NK Cell Activation Against Malignant B Cells via Downregulation of HLA-E*.

Dr Blunt's research discovered that a drug called 'selinexor', approved to treat blood cancer patients, works by blocking proteins involved in promoting cancer cell growth. The study identified that the drug also boosts cells of the immune system called natural killer (NK) cells and allows them to kill cancer cells more effectively.

Over the years, Leukaemia UK has demonstrated its commitment to supporting early careers researchers (ECRs) by providing our John Goldman Fellowship funding. The fellowships are designed to enable ECRs to establish themselves as independent scientists and to test a novel hypothesis. We always anticipated that a successful Leukaemia UK John Goldman Fellowship would only be the start of a Fellow's independent funding and success from other funders/further funding would follow.

One of the output measures obtained from the Researchfish submission is further funding. We are delighted to report fourteen instances of further funding. Over 60% of the awardees were now in receipt of awards from other funders. A great result considering almost 50% of the awardees only received their Leukaemia UK funding in 2020 or later.

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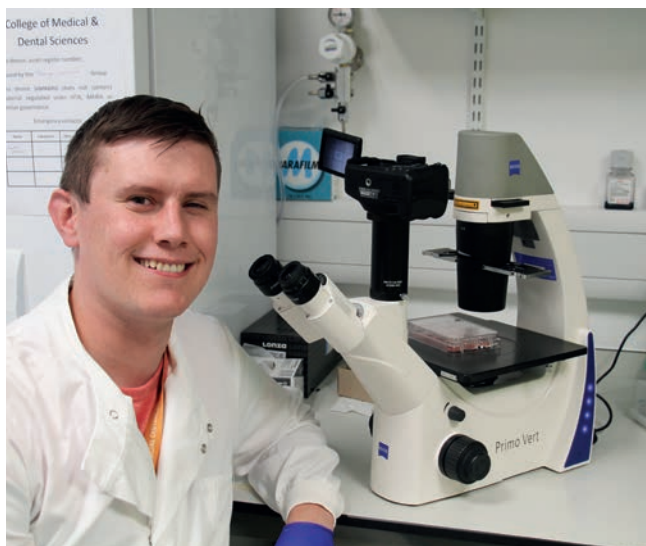
“NK cell-based therapeutics are an important emerging area of immunotherapy however NK cell dysfunction is a frequent occurrence in cancer. Strategies to overcome this are crucial for improving the treatment of patients and therefore to identify that selinexor stimulates an NK cell anti-cancer response provides us with an excellent opportunity to achieve this.”

Dr Matthew Blunt, John Goldman Fellow

”

2021 John Goldman Fellows

We were delighted to award five new John Goldman Fellowships in 2021, with total funding of £614,701.59, demonstrating our continued commitment to investing in early career scientists. The five exceptional scientists and their projects were:



Dr Daniel Coleman (University of Birmingham),
"Pharmaceutical targeting of RAS in Acute Myeloid Leukaemia with RAS mutations or FLT3-ITD".

"Acute myeloid leukaemia (AML) is a particularly aggressive blood cancer and most often affects elderly patients. It is therefore often difficult to treat with aggressive chemotherapy as patients are often already quite frail. For this reason, it is important to develop treatments which target just the cancer cells and leave the healthy cells intact."

Dr Daniel Coleman, John Goldman Fellow

"Over 50% of patients with acute leukaemias relapse after stem cell transplant, and once this occurs, the chance of cure is unlikely. Relapse can be prevented by infusing donor-derived immune cells after the transplant. During my John Goldman Fellowship I will explore the use of donor lymphocyte infusion to help correct defects in patients' immune responses so that they are better able to fight their underlying cancer."

Dr Pramila Krishnamurthy, John Goldman Fellow



Dr Pramila Krishnamurthy (King's College London),
"Redefining the biological goals of donor lymphocyte infusion for preventing disease relapse after allogeneic stem cell transplantation: the transforming role of IMPACT".

Pramila's John Goldman Fellowship is co-funded by Rosetrees Trust, a charitable family foundation with a substantial track record of funding vital medical research for over 30 years.



Dr William Grey (University of York), “CKS1-dependent proteostasis: an Achilles heel in leukaemic stem cells”.

“Treatment options for acute myeloid leukaemia (AML) have remained largely unchanged in the last 30 years, with good initial response to therapy, but high rates of relapse and poor overall survival. One of the key problems with current therapy is the inability to deplete leukaemic stem cells, the cells which are at the origin of leukaemia in the body. These cells are highly resistant to therapy and are the origins of relapse and ultimately the root cause of poor prognosis in AML.

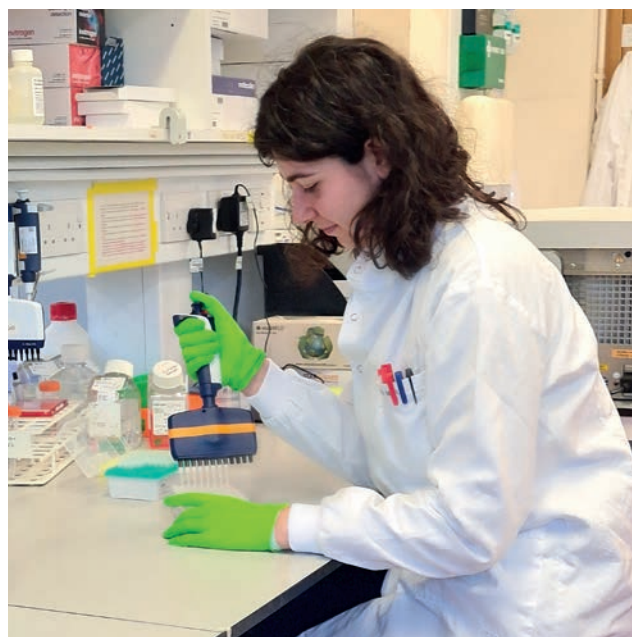
In this fellowship I will investigate specific targeting of leukaemic stem cells, leveraging an Achilles heel in their protein turnover machinery. In combination with newly available medicines, I aim to improve treatment options for the most elderly and at-risk AML patients.”

Dr William Grey, John Goldman Fellow

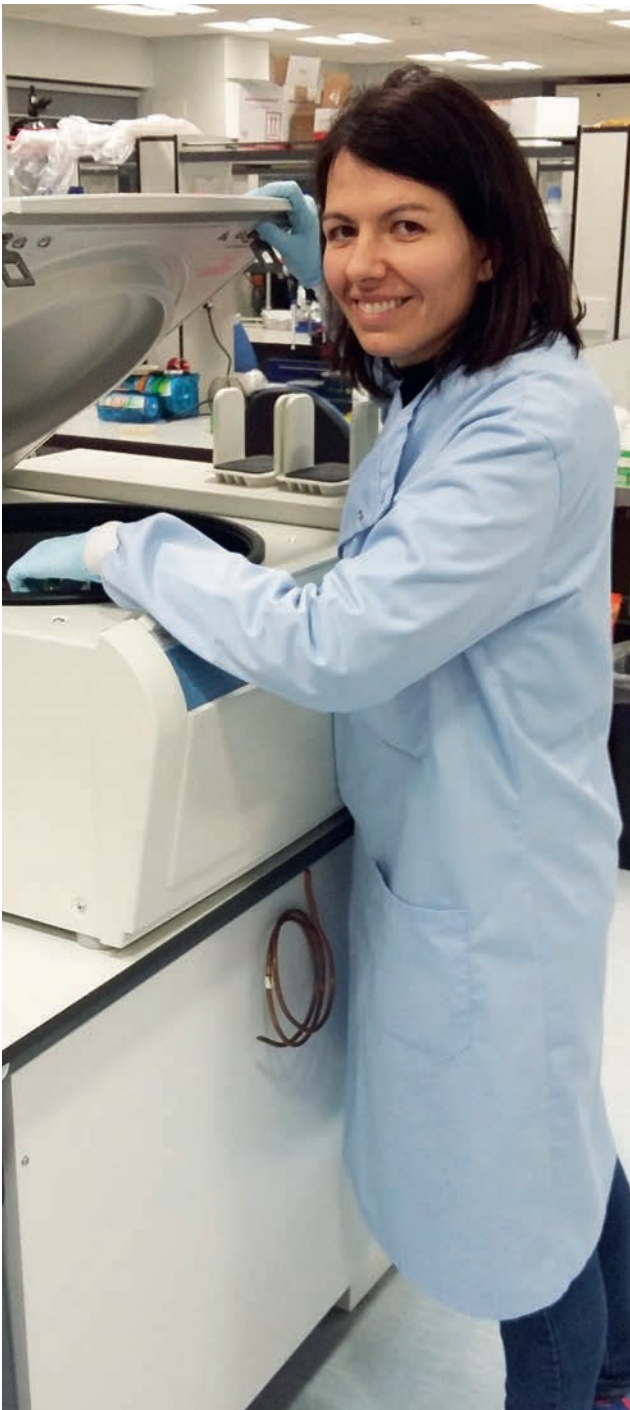
“I will study a rare form of childhood cancer, juvenile myelomonocytic leukaemia (JMML), characterised by alterations in RAS genes within cells. No target treatment is currently available for this type of leukaemia, and the only curative option is bone marrow transplant. Even after transplant, 35% of patients relapse. By studying the molecular mechanisms behind RAS driven gene regulation, I hope that this research might lead to new targeted treatments being employed to improve patient outcome.”

Dr Giulia Orlando, John Goldman Fellow

Dr Giulia Orlando (University of Oxford), “Dissecting the RAS signalling-driven epigenome in JMML”.



Continued overleaf



“Acute leukaemias, the most common in infants and children, are difficult to treat. Chemotherapy is only able to eradicate the disease in half of infant cases. There is a critical need to understand what happens in the early stages of leukaemia’s development to better target the progression of the disease.”

Dr Samanta Mariani, John Goldman Fellow

Dr Samanta Mariani (University of Edinburgh), “Investigating the role of leukaemia associated macrophages in the onset and progression of MLL-AF9 infant leukaemia”.

In addition to the John Goldman Fellowship, Samanta was also the first recipient of the Olive Boles Innovation Award, awarded in recognition of an innovative higher risk idea.

The Olive Boles Award

Starting in 2021, the accolade will be conferred every year to one awardee of a Leukaemia UK John Goldman Fellowship. **Olive Boles** was Chief Executive of Leukaemia UK (formerly Leuka) from 2011-2020 and was instrumental in the creation of the John Goldman Fellowships.

In October 2021 Leukaemia UK committed to offering the John Goldman Fellowships once again in 2022 and opened for applications in December 2021.

Medical Research Council Fellowships

Leukaemia UK firmly believes in investing in the next generation of scientific and clinical researchers to protect the pipeline of early career researchers into future scientific leaders. Our John Goldman Fellowships are available to clinicians, but they often wish to combine research with clinical duties and therefore our fellowships are not always ideal. Therefore, over the past few years we have collaborated with the Medical Research Council (MRC) to offer jointly funded Clinical Research Training Fellowship (CRTF) awards.

These prestigious CRTF awards are available to clinically active medical doctors within the UK to enable them to undertake a higher research degree. The scheme can also provide post-doctoral funding for applicants who achieved their PhD more than five years ago, but who have not since been active in research, due to clinical training commitments.

In 2021, Leukaemia UK funded three MRC joint-funded clinical fellows:

Dr Asger Jakobsen (University of Oxford) - Project title- Molecular and Cellular Basis of Clonal Dominance in Myeloid Malignancy.

Dr Sonia Wolf (Imperial College London) - Project title- Identification of early and later transformation events in adult T-cell leukaemia/lymphoma.

Dr Jennifer O'Sullivan (University of Oxford) - Project title- Unravelling signatures of clonal response, resistance and evolution of high-risk essential thrombocythemia at single-cell resolution.

Unsurprisingly, all three of our CRTFs were re-deployed to NHS-clinical duties during the COVID-19 crisis and their research projects were temporarily put on hold for the duration of their redeployment.

IMPACT – The Partnership for Accelerating Clinical Trials (stem cell transplantation)

A stem cell or bone marrow transplant (SCT) is a treatment for patients with a blood cancer or blood disorder. Over 2,000 people in the UK are considered for a stem cell transplant every year. Despite SCT being considered as a potential curative treatment for many blood cancers, the five-year survival rate following transplant remains at less than 50%, with little improvement in survival rates over the past decade.

Leukaemia UK are committed to saving more lives following a blood cancer diagnosis and survival rates following a SCT needed urgent improvement. In light of the urgent need, LUK agreed to collaborate with other partners and the IMPACT (the Partnership for Accelerated Clinical Trials) initiative was developed.

In 2017 Leukaemia UK (formerly Leuka) became a key-funding partner in IMPACT, the UK's first SCT clinical trials initiative. The Partnership comprised of the funding partners - Anthony Nolan, NHS Blood and Transplant (NHSBT) and Leukaemia UK - together with the University of Birmingham, the National Institute for Health Research (NIHR) and the British Society of Bone Marrow Transplantation (BSBMT).

SCT-related clinical trials are deemed essential to improve survival rates by providing the evidence base for new treatment approaches. There are two main recognised barriers for successful trial delivery:

1. A very low number of patients who received a SCT participated in clinical trials in the UK.
2. When a SCT-related trial was available, the recruitment was often very slow.

The overarching aim of the new initiative was to provide a national platform for the development, approval and delivery of a portfolio of clinical trials in the field of stem cell transplantation.

The structure of the platform is a 'hub and spoke' model. A central management Hub establishes and oversees the design, regulatory approval, and delivery of a trials portfolio with dedicated resources focussed on trials coordination, data management and statistical analysis. The Hub is located within the Cancer Research UK CTU at the University of Birmingham. The Hub forms the core of an integrated UK-wide network of 22 transplant centres (11 centres receive funding for a research nurse) that collaborate to set up studies, recruit patients and share data. See list below:

IMPACT Funded Centres

- Addenbrooke's Hospital, Cambridge
- Beatson West of Scotland Cancer Centre, Glasgow
- Churchill Hospital, Oxford
- Freeman Hospital, Newcastle
- King's College Hospital London, London
- Manchester Royal Infirmary, Manchester
- Queen Elizabeth Hospital, Birmingham
- St James' University Hospital, Leeds
- University College London Hospitals, London
- University Hospital of Wales, Cardiff
- University Hospitals Bristol, Bristol

IMPACT Affiliated Centres

- The Christie, Manchester
- Derriford Hospital, Plymouth
- Hammersmith Hospital, London
- Heart of England Hospital, Birmingham
- Leicester Royal Infirmary, Leicester
- Nottingham City Hospital, Nottingham
- Royal Hallamshire Hospital, Sheffield
- Clatterbridge Cancer Centre, Liverpool
- The Royal Marsden Hospital, London
- Southampton General Hospital, Southampton
- St Bartholomew's Hospital, London

Since 2018, eight IMPACT trials have been successfully approved (**see table right**). One trial had completed recruitment by 2020, the COVID-19 related trial completed recruitment by March 2021, five trials were actively recruiting patients throughout 2021 and the seventh approved trial was approved, and the 'set-up' process began with the aim to begin recruitment early in 2022. Sadly, one trial was discontinued in the early stages of set up. This was due to feasibility and changes to frontline treatment which may have affected successful progression of the trial.

In October 2021, it was reported that over 700 patients had been recruited to IMPACT trials, providing crucial evidence for new approaches to treatments and ultimately helping improve outcomes for stem cell transplant patients. Without IMPACT and Leukaemia UK's investment, the SCT-related trials may not have happened.

The final outcomes of all the IMPACT trials will be realised over the next few years, only two of the trials have completed recruitment to date. The results of the two completed trials are in the process of analysis and publication. Recruitment for the other four IMPACT trials is ongoing with recruitment of all IMPACT trials expected to end in Spring 2025, this will be followed by analysis and publication of results, to be completed by December 2026.

Adjunctive research studies

The IMPACT initiative was primarily developed to address the need to improve outcomes for SCT. Improving outcomes also relies on the development and validation of safer, more effective transplant protocols, approaches and technologies. The IMPACT initiative also offered the opportunity, through the provision of biological samples with matching clinical data, to drive basic scientific research in areas such as predictive biomarkers, genomic mechanisms of resistance to therapy and drug discovery. Throughout the duration of the initiative biological samples from the recruited patients have been utilised in eight different research studies.

IMPACT Trial- Sept 2021 data	Patients recruited
<p>COVID-19 BMT - Chief Investigator: Dr Giovanna Lucchini To evaluate the role of immune and inflammatory response in recipients of allogeneic stem cell transplantation affected by severe COVID-19 infection.</p>	100 - now complete
<p>Pro-DLI - Chief Investigator: Dr Victoria Potter The primary objective of this study is to determine whether prophylactic donor lymphocyte infusions (DLI) will improve disease-free survival of patients with AML or MDS.</p>	150 - now complete
<p>MoTD - Chief Investigator: Prof. Ronjon Chakraverty Compare novel graft-versus-host disease (GVHD) prophylaxis regimens to a current standard-of-care.</p>	14
<p>IPANEMA - Chief Investigator: Dr Christopher Parrish A trial of Daratumumab to remove myeloma cells from blood stem cells before transplant for patients with multiple myeloma.</p>	Discontinued
<p>AMADEUS - Chief Investigator: Prof. Charles Craddock The primary objective is to compare relapse free survival of patients with AML or high-risk MDS treated with maintenance therapy of oral azacitidine versus placebo post stem cell transplant.</p>	167
<p>ALL-RIC - Chief Investigator: Prof. David Marks A comparison of reduced dose total body irradiation (TBI) and reduced intensity conditioning regimen in adults with acute lymphoblastic leukaemia (ALL) in complete remission.</p>	76
<p>COSI - Chief Investigator: Prof. Charles Craddock A comparison of new therapies with the potential to improve outcomes in adults with AML and High Risk-MDS who have received a stem cell transplant.</p>	177
<p>RATinG - Chief Investigator: Dr Adrian Bloor Study of the use of Lenzulimab compared to placebo in patients with acute GvHD following stem cell transplant.</p>	In set up phase

The Mind and Body Project

In 2019, Leukaemia UK awarded funding to King's College London to support the launch of the Mind and Body project, an innovative 'whole-person' approach to integrating mental and physical healthcare in haematology. A two-year pilot project with the ultimate aim to introduce a holistic approach as the standard of care for all blood cancer patients across the UK.

The pilot project sought to evaluate a universal tool to screen blood cancer patients for mental health issues, to highlight needs and address the psychological impact of a blood cancer diagnosis and treatments – both for those living with blood cancer and their families. Initially in 2019, screenings took place in person during routine clinic appointments and for those who were receiving inpatient treatment. However, the Mind and Body team needed to adapt swiftly during the COVID-19 crisis as most haematology clinics were conducted remotely.

A new mental health screening system called eIMPARTS was developed which enabled patients to complete the screening process remotely in the comfort of their homes. In October 2020, eIMPARTS was made available to patients in the myeloma clinic and was in place for 12 months until the pilot project completed in October 2021. During the 12 months, 405 patients participated, covering 694 clinic encounters. Of these patients, 159 completed the e-IMPARTS measures on multiple occasions, providing longitudinal data for analysis.

After review, an adjustment was made to eIMPARTS for myeloma and patients were asked to complete the full set of measures every three months, and two short numerical rating scales for pain and fatigue at every appointment. The new rating scales were designed to highlight both the degree of pain and fatigue, and whether the symptoms were worsening. Since these two measures were introduced, 177 patients have completed them with 24 reporting worsening pain, and 26 worsening fatigue.

Screening highlighted many psychosocial issues which included: 27 patients who had clinically significant symptoms of depression and anxiety, 26% (185 patients) who felt dissatisfied with their quality of life, 15% (98 patients) who reported pain that prevented activities that they needed to do, 17% (171 patients) who described not having sufficient energy for everyday life and 26% (165 patients) who reported poor sleep. Identifying the symptoms through eIMPARTS prompted supportive conversations which aimed to address the mental health issues and positively impact quality of life and improve overall outcomes for patients.

The pilot project ended in October 2021 and concluded that eIMPARTS was an effective means of screening for psychosocial and physical wellbeing needs in myeloma patients. Patient concerns identified by IMPARTS across haematology, support the need for mental health-specific interventions and social work input for a significant proportion of patients, and highlight the importance of access to multidisciplinary care for a range of psychological and physical health needs. The Mind and Body programme continues and is now being funded by King's College London/Hospital.

"With Leukaemia UK's support, we have been able to increase awareness of the psychosocial difficulties patients experience within and outside our department. Our department-wide approach to Mind and Body holistic care represents a culture change that is evident through new appointments and is incorporated within new programmes of care and research protocols as an essential part of treatment. This best practice in care for those with haemato-oncological conditions is already making a difference to the lives of people."

Mind and Body Team, 2021 Final Report

Helping Hand Fund

Leukaemia UK recognises that the effects of a blood cancer diagnosis may go beyond physical health problems and is committed to supporting those living with a blood cancer and their families through difficult times. We appreciate that a diagnosis can have a detrimental impact on family finances and that worrying about money is an extra concern when dealing with a new blood cancer diagnosis or helping a loved one cope with treatment.

In 2021, we demonstrated our commitment to supporting patients and their families by once again offering our Helping Hand Fund to help ease financial stress. In recognition of yearly increased living costs, we increased the award per family to £200 (from £150). We forged a working relationship with the charity CLIC Sargent (now Young Lives versus Cancer), who support children and young people with cancer and their families, to further expand our reach.

We approved 165 awards of £200 in 2021 to applicants where a blood cancer diagnosis had resulted in financial difficulty and awarded a total of £33,000. All applications were supported by a health care professional and/or a social worker. The applications received were for a wide range of uses but and were awarded based upon need not purpose. However, 41% of the applications were requested in support of travel costs, which included parking charges. 33% of the applications were considered to cover 'general expenses' many of which also included travel costs together with heating and other household expenses. The geographic spread of the applicants was UK wide.

Policy and Advocacy— Our commitment those affected by a leukaemia diagnosis

The Blood Cancer Alliance

Leukaemia UK is a member of the Blood Cancer Alliance (BCA), which is made up of 15 UK blood cancer charities, whose activities and secretariat (Atlas Partners) are funded by donations from a number of pharmaceutical companies. The remit of the Alliance is to come together to tackle the key issues faced by blood cancer patients to improve the experience and outcomes of all those living with blood cancer in the UK.

The BCA worked across a number of policy areas throughout 2021 and COVID-19 was never far from our thoughts and activities.

Unmet needs research

In 2021, the Blood Cancer Alliance commissioned research into the unmet needs of blood cancer patients. The project aim was to provide evidence for patient needs that are currently not addressed. The final report was completed in 2021 and a campaign to address the unmet needs named the “Forgotten Fifth” was planned for early 2022.

Many of the decisions/information made by the NHS are centred around the so-called ‘big four’ cancers - breast, prostate, lung and bowel. Whilst blood cancer is the 3rd biggest killer, it is rarely included. The prime reason is that blood cancer is usually considered as a number of different diseases and the BCA seeks to bring about change. The main campaign calls are:

- To give blood cancer patients fair treatment and ensure cancer policy takes account of their specific and complex needs. This will not only improve experiences and outcomes for patients but will also help the NHS and Government to reach diagnosis targets and treatment roll-out time.
- NHS England must add blood cancer data to its Cancer Data Dashboard and consider that data, to give a better picture of the needs to blood cancer patients and inform policymaking
- A new ICD-10 summary code for blood cancers should be put in place to allow to consideration of blood cancers collectively by all health administrations.
- New cancer policies and tactics should be tested in more complex cancers like blood cancers, to make sure they will work for all cancer patients, as well as common solid tumour cancers.
- NHS England, Public Health England and devolved health administrations should work with blood cancer charities to improve public awareness of leukaemia, including on public awareness campaigns

COVID-19 Impact Inquiry on Blood Cancer Services

The APPG (All-Party Parliamentary Group) on Blood Cancer and the APPG on Stem Cell Transplantation held a joint inquiry, looking into what is required for blood cancer services to enable recover from the issues caused or exacerbated by COVID-19.

It is recognised that blood cancer patients are one of the groups most affected by the COVID-19 pandemic. Having blood cancer is a similar risk to being over 80, and vaccines are much less likely to be effective, meaning that the blood cancer community had been shielding for over a year, potentially to their physical and psychological detriment.

COVID-19 has also impacted blood cancer treatment, emotional support, and diagnosis itself. The long-term impact of this crisis on the blood cancer community, therefore, is yet to be uncovered. Whilst the inquiry would be blood cancer specific, it would also consider evidence about the general impact of COVID-19 on cancer services, in order to understand the wider context and how this relates to blood cancer.

The inquiry held two meetings in 2021 whereby oral evidence was provided. Written evidence was requested from clinicians, researchers, NHS, Government, patient organisations and professional bodies. The BCA submitted a combined written response on behalf of all its members. The findings of the inquiry were due in Spring 2022.

One Cancer Voice

In 2021, Leukaemia UK became a member of One Cancer Voice, a charity coalition of 46 cancer charities aimed at improving the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support. Early in 2021, the coalition put forward a proposal to formalise the process of collaborative working. A Steering Group has been established together with an Action Group to facilitate all collaborative activities.

During 2021 One Cancer Voice worked on responses to the Health and Social Care Bill and the upcoming Comprehensive Spending Review (CSR). Cancer Research UK recently requested LUK support for a letter to the Secretary of State for Health and Social Care and the Chancellor as a follow up from the recent Spending Review. Leukaemia UK supported the letter together with 49 other charities. The letter called for clarity on workforce funding announced in the Spending Review and assurance that the announcement: “The government will provide hundreds of millions of pounds in additional funding over the SR21 period to ensure a bigger and better trained NHS workforce” will meet the needs of people affected by cancer enabling the Government to deliver on its commitments on cancer diagnosis, survival and care.

Spot Leukaemia

In 2021, we agreed our first awareness collaboration as a new charity: working with Leukaemia Care on the signs and symptoms of leukaemia, through the Spot Leukaemia campaign. Leukaemia Care shared their campaign assets and we collaborated throughout Blood Cancer Awareness Month in September. We promoted the campaign with the aim of increasing the reach of the campaign messages to men and women over 50 in the UK. The campaign was predominantly digital, with a month-long content plan to ensure effective co-ordination to maximise reach and engagement.

Association of Medical Research

Leukaemia UK became a member of the Association of Medical Research Charities (AMRC) in March 2016. Membership offers the opportunity to support and be supported by other member charities.

In 2021 we received the outcome of our first AMRC Peer Review Audit and we were delighted to pass the audit. This accreditation is critical to our credibility as a research funder and allows us to demonstrate to our stakeholders, including government, researchers, funders and donors, our commitment to the highest standards of accountability and probity in the allocation of grants and awards for research. We can now display an award logo on the website and received a certificate for 'Best practice in medical and health research peer review'.

In June 2021, the AMRC reported on a "new" £20 million fund to support early career research (£15m, subject to business case approval) to support the lifesaving work of medical research charities by helping develop the pipeline of early careers researchers working in related fields. The Department of Business, Energy and Industrial Strategy (BEIS) requested that the UK Research and Innovation (UKRI) to deliver this programme.

In September 2021, we applied via the AMRC for a share of UK Research and Innovation's (UKRI) £20 million fund. As part of the application process, we provided details of our financial support for ten John Goldman Fellowships. The AMRC announced that over 80 charities nominated more than 500 early career researchers for support from the £20m fund. We were informed that the UKRI would assess all the applications and a decision was expected late December 21/January 22.



Fundraising activities

We are extremely grateful to our incredibly generous and committed community of supporters up and down the UK who are united in wanting to drive progress in diagnosis, treatment and care, and help the next person who receives a leukaemia diagnosis to have a better experience than the last.

In 2021, their unwavering support helped us to grow our fundraised income to £1,531,237. It is because of this continued help from our amazing and committed supporters that we can continue to fund the cutting-edge research that will stop leukaemia devastating lives.

Our wonderful supporters



Throughout 2021, our generous supporters continued to make one-off donations when they could, managing to raise a fantastic £779,092. Around 496 people donated a regular gift to us, raising £54,262 from regular donations. We also saw more than 400 people create fundraisers for Leukaemia UK using Facebook Charitable Giving Tools, raising over £87,000. We would like to say a huge and heartfelt thank you to all our supporters who made the effort to fundraise for us during a difficult year.

Trusts and Foundations

We would like to thank all the trusts that were kind enough to fund our work this year. The pandemic greatly impacted cancer research funding in 2021 and the funding we received from trusts, many of whom have supported Leukaemia UK for many years, was vital for us to progress our work and our longer-term research goals.

In 2021, we received a total of 43 grant payments totalling £71,814.

We want to say a huge thank you to **The Robert Luff Foundation Ltd** for their generous funding of £40,000 that went towards the salary of the Research Fellow integrated into the Mind and Body programme. This role



has been critical for this project. It provides the lead on the research and data collection, ensuring we gather a strong evidence base on the impact of providing psychological support to people living with blood cancer and their families.

We also want to give special thanks to **Rosetrees Trust**, who agreed to co-fund an exceptional project being progressed by one of our John Goldman Fellows, **Dr Pramila Krishnamurthy**. **Dr Krishnamurthy** will be using the fellowship to better understand why some leukaemia patients relapse following a stem cell transplant, and how donor lymphocyte infusion can help prevent this.

The Trustees of the **Mike Ockrent Charitable Trust** gave a generous grant of £7,500 to Leukaemia UK in 2021 towards the work of another of our John Goldman Fellows, **Dr Bettina Wingelhofer**. The project they supported is focused acute myeloid leukaemia (AML) and understanding gene activation to find novel therapeutic targets.

Ben Ockrent, Trustee of the Mike Ockrent Charitable Trust, said: "We know that AML is an area of leukaemia research that is in urgent need of investment. Despite research progress creating significant improvements, treatment options are limited and there is a desperate need to improve survival rates, which are among the lowest of all cancers. As such we were delighted that we were able to support Leukaemia UK and Dr Wingelhofer with this vital work."

Legacies

All of our ground-breaking research is funded thanks to the generosity and support of fundraisers and donors. During 2021 we were privileged to receive ten new legacy gifts, as well as five notifications of new gifts. We would like to take a moment to thank every person who decided to leave a legacy to Leukaemia UK.

Thank you for placing your trust in us to use your generous gift wisely to improve and save the lives of those living with leukaemia. Gifts in Wills enable us to increase our investment in research and fund larger-scale research projects, driving forward progress in the understanding and treatment of leukaemia.

In 2021 we received a total of £75,288 from legacies gifts to Leukaemia UK.

'In memory' giving

We are extremely grateful to our supporters who donate in memory of a loved one. Donating in memory is an extraordinary way to honour and remember friends, family, neighbours, colleagues and loved ones.

In 2021 we received an incredible £429,851 towards life-saving leukaemia research from those who chose to donate in memory, helping to drive progress so that the next person diagnosed has a better experience of diagnosis, treatment and care than the last.

We want to thank **Paul Brett** and **Christopher Neal** for their incredibly generous donations to Leukaemia UK in 2021, in memory of Rowena Howse, Christopher's sister, who he tragically lost to acute myeloid leukaemia (AML). Their combined donations will go towards funding further research into kinder and more effective treatments for AML. Our thanks also to **Mike Howse, Rowena's husband**, and his family, for their continued support of Leukaemia UK and commitment to progressing leukaemia research.



Individual giving and challenge events

An amazing 246 supporters took place in a challenge event to fundraise for Leukaemia UK's ongoing work to accelerate progress in leukaemia research.

This included a fantastic 104 people taking place in running events, including 22 people who ran the London Marathon for us and raised £48,700, 5 people who ran the Great North Run raising £5,080 and 15 people running both the London Landmarks Half Marathon or the Royal Parks Half Marathon, raising £25,242 and £14,435 respectively.



Other great challenge events that took place over 2021 included our 28-day Lunge Challenge, which had 141 people taking part to raise £7,050, our 250,000 Steps Challenge, during which 161 people raised £2,025 and the launch of a new event for 2021 – Leukaemia UK's Run This City: London event – which we hope will become a flagship fundraising event for us in future.

We also launched our Great Easter Bake Off Challenge in 2021, judged by Michelin-starred celebrity chef Tom Kerridge.

Who's Cooking Dinner?

Due to the pandemic, we were unable to hold Who's Cooking Dinner? in 2021. Nevertheless, the team managed to successfully co-ordinate almost all of the outstanding Who's Cooking Dinner? 2020 private dinners and collect any outstanding donations from the 2020 event.

Who's Cooking Dinner? will be back for 2022 and will take place in September to coincide with Blood Cancer Awareness Month. Due to the significant impact of the pandemic on the hospitality sector, this year we will be partnering with Hospitality Action, to work with us and share proceeds from the event. Their contacts across the hospitality and corporate sectors will add value to what is already an incredibly successful event. Once again, The Dorchester, Park Lane have kindly agreed to be our venue for the event and we have had an encouraging start to table sales.

Our finances



This report covers the period 1st January 2021 to the 31st December 2021.

Income

Total income for 2021 came to £1,617,587, including £83,642 of investment income.

The main sources of income came from grants, legacies and donations, including donated goods and services, totalling £1,531,237.

Fundraising expenditure

Fundraised income during 2021 was achieved with an increase in expenditure from £471,594 in 2020 to £544,490. The increased expenditure was largely due to growing the staff team in order to build a successful organisation which can sustain and grow our world-class research programme to deliver long-term progress in leukaemia treatment, diagnosis and care.

Charitable expenditure

Expenditure on charitable activities during 2021 was £1,174,912 - a slight reduction from £1,195,408 in 2020.

Grants

A total of £898,184 was committed as new grants in the year.

Surplus

We ended the year with a surplus of £204,557 compared to £101,397 in the prior year, as shown in the Statement of Financial Activities on page 47.

Reserves

This result reflects a recognition by the Trustees that the reserves accumulated over the past few years should be released over the next few years, but also reflects a desire to ensure that only research and care projects that meet the stringent requirements of the charity are funded. In addition, during this unparalleled time of global change and economic uncertainty, we must have enough reserves to ensure the charity is resilient and can sustain its commitments to research and care.

At the end of 2021, the total funds of the charity were £3,513,892 up from £3,309,335 at the end of 2020.

Funds held on 31 December 2021 were:

Unrestricted £3,513,892, restricted £0, (2020 - unrestricted £3,301,658, restricted £7,677).

As a result, free reserves totalled £3,430,400 (2020 - £2,967,684).

In conjunction with the development of our new strategy, The Trustees reviewed and agreed a new

Reserves Policy. The new policy aims to maximise funds to deliver our vision to stop leukaemia devastating lives by finding and funding life changing research, awareness and advocacy.

The updated policy requires six months operating costs with a 25% uplift plus close down liabilities.

The current level of unrestricted reserves of £3,513,892 is significantly above this. However, our new strategy and funding model developed in 2021, sets out a plan to spend some of these funds to accelerate progress towards our vision and mission over the next five years.

The new policy will be reviewed every two years, or sooner if required.

Financial statements

The charity's financial statements are set out on pages 43 to 63.

Going concern

Like every charity that raises money through events, Leukaemia UK has been impacted financially by the pandemic, and has had to find new ways to raise money to replace events fundraising income. For example, due to the continued impact of the pandemic and the UK lockdowns, our flagship event – Who's Cooking Dinner? – was unable to take place in 2021. Despite this, thanks to the incredible generosity of our supporters and the hard work and dedication of our team, and being able to sustain our income from legacies and one-off donations, the impact of this has been mitigated and we were able to raise a total of £1,531,237 in fundraised income.

Our plan and budget for 2022 see us: continuing to draw on our reserves to invest in growing the charity post-merger as we embark on a new strategy; and diversifying our fundraising portfolio, to minimise over-reliance on any one income stream, in particular, special events. Whilst we have sustained and, in some cases, increased our investment in existing programmes and projects, we have also been waiting to commit to any new large, long-term research commitments until our new strategy launches in the spring of 2022.

As part of our strategy development, we have reviewed our Reserves Policy so we can invest in our charitable work to deliver greater impact for those affected by leukaemia. We are creating a more sustainable fundraising model and charity, which can sustain world-class leukaemia research to deliver long-term progress in leukaemia treatment, diagnosis and care.

It is therefore reasonable to expect that the charity has adequate resources to continue in operation for the foreseeable future, representing a period of at least 12 months from authorisation of the financial statements. Given this, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis as outlined in the Statement of Trustees' Responsibilities.

Investments

The Trustees take a cautious and prudent approach to investment of the charity's funds. To ensure that investments are appropriately diversified, they have agreed for funds to be split between:

- Short and medium-term bank money market deposits.
- A portfolio of investments managed by the firm of stockbrokers, Investec.

This split of resources is designed to balance potential returns with appropriate risk, as well as ensuring enough liquidity to meet cash flow requirements. The long-term investment portfolio is managed by investment managers in order to: ensure a cash income source through dividends and interest which is withdrawn from the portfolio on a quarterly basis; and to achieve capital growth by reinvesting funds from disposed of investments.

The only restriction placed on the investment portfolio is an instruction that the firms must not invest charity funds in tobacco companies. All long-term investments are managed by Investec, which provides regular updates to Board meetings throughout the year. Investec is invited annually to present to the Finance & Audit Sub-Committee.



Our passionate team

Leukaemia UK has a small but dedicated team who are determined to be a positive force for change for all those affected by leukaemia. We are excited to be embarking on an ambitious new strategy to stop leukaemia devastating lives and to help the next person diagnosed with leukaemia to have a better experience than the last.

During 2021 we were able to grow our staff team, laying the groundwork for future plans and recruiting further expertise in communications, policy and fundraising. We introduced a new Team Structure and a set of Terms & Conditions for all employees post-merger, introduced new consistent pension arrangements, and developed a new suite of HR policies and a Staff Handbook, to provide essential support and guidance for all employees.

With big hearts, expertise, passion and drive, our team works throughout the year to fund and deliver world-class research to advance progress in diagnosis, treatment and care.



Leadership team

The Trustees delegate day-to-day management of the charity to the Chief Executive, who works with a Leadership Team consisting of a Head of Research, Policy and Information and a Head of Fundraising and Communications.

Staff

At the start of 2021, the charity had a small but expert and dedicated team of 8 permanent staff, which increased to 11 by the end of the year.

Together they raised £1,531,237 and delivered £1,174,912 worth of funding towards research to accelerate progress in diagnosis, treatment and care.

Volunteers

We are nothing without our volunteers across the UK who generously give their time and expertise to support us. This includes the voluntary expert panels who help deliver our work. We are incredibly grateful to all our volunteers for everything they do to help the charity, people with a diagnosis of blood cancer, and their friends and families.

Status

Leukaemia UK operates as a Charitable Incorporated Organisation (CIO) and is governed in line with its constitution dated 3 December 2013. Our objectives are to relieve sickness and preserve and protect health, in particular by:

- Promoting research into leukaemia and/or related disorders
- Providing support directly or indirectly to people affected by leukaemia and/or related disorders, including the maintenance of specialist treatment units.

Public benefit

Trustees can confirm that they are informed by the Charity Commission's guidance on public benefit and that they have complied with Section 17 of the Charities Act 2011 to have due regard to this area. Any research that we fund must be available to everyone regardless of race, religion, gender, sexual orientation or age, amongst other factors.

Board of Trustees

Trustees contribute their services to the Board on a voluntary basis and are responsible for the governance of the charity, ensuring it meets its statutory responsibilities as well as determining overall strategy, policies and direction, with the expert guidance of the Leadership Team.

We believe it is critical that most of our Board members have a lived experience of leukaemia so they can walk in the shoes of those we are here to help.

During the year under review, the Leukaemia UK Board of Trustees consisted of:

- **Chris Corbin (Chair)**
- **Amanda Stewart (Vice-Chair)**
- **Oliver Sparks (Treasurer)**
- **Alastair Adam**
- **Luke Cripps**
- **Caroline Evans**
- **James Fairclough**
- **David Linch**
- **Jonathan Neal**
- **Tony Pagliuca**
- **Ray Kelly - Resigned 1st June 2021**
- **David Krapp - Resigned 12th February 2021**
- **Liz Pepper - Resigned 26th January 2021**
- **John Macey - Resigned 27th May 2021**

The constitution states there must be a minimum of three Board members. All Trustees have a term length of three or four years but are eligible for one reappointment. Any new Trustees are invited by agreement of the existing Trustees, having due regard to the skills, knowledge and experience required for the effective administration of the charity.

Scientific and Medical Panel

Independent peer review is an integral part of the decision-making process when awarding funding. All grant applications are assessed by world-class researchers and experts, whose views and opinions inform our decision-making.

Grant applications are reviewed by at least three experts from our Independent Scientific Panel and two external reviewers, in accordance with our Peer Review Policy. The reviewers assess applications for their relevance, quality and feasibility to make recommendations for funding.

Leukaemia UK implements a policy on Conflicts of Interest, whereby all panel members and reviewers are asked to declare any conflicts they may have with the application or applicant/s, in order that these are properly managed, in line with impartiality standards.

Leukaemia UK's Scientific and Medical Panel members make their recommendations to Leukaemia UK's Board of Trustees who make the final decisions on which applications will be approved for funding.

In the year under review, this panel consists of:

- **Prof. Nick Cross**, Faculty of Medicine, University of Southampton (Chair)
- **Prof. Francesco Dazzi**, King's College London (Vice Chair)
- **Prof. Dominique Bonnet**, Francis Crick Institute, London
- **Prof. Jackie Boulton**, University of Oxford
- **Prof. Richard Clark**, University of Liverpool
- **Dr Steve Devine MD, CIBMTR**, Minneapolis, USA
- **Prof. Tariq Enver**, Cancer Institute Director, University College London
- **Prof. Maria Figueroa**, University of Miami Miller School of Medicine, Miami, USA
- **Prof. John Gribben**, Queen Mary University of London
- **Prof. Olaf Heidenreich**, Newcastle University
- **Dr Vignir Helgason**, University of Glasgow
- **Prof. Robert Hills**, Cardiff University
- **Prof. Anastasios Karadimitris**, Imperial College London
- **Dr Karen Keeshan**, University of Glasgow
- **Prof. Nicolaus Kröger**, University Medical Centre, Hamburg, Germany
- **Prof. David Marin**, MD Anderson Cancer Centre, Houston, USA
- **Prof. Mary Francis McMullin**, Queen's University Belfast

- **Dr Sharon McKenna**, University College Cork, Ireland
- **Dr Alison Michie**, University of Glasgow
- **Prof. Ken Mills**, Queen's University Belfast
- **Prof. Emma Morris**, University College Hospital, London
- **Dr Kim Orchard**, University Hospital Southampton NHS Foundation Trust
- **Prof. Chris Pepper**, University of Sussex, Brighton and Sussex Medical School
- **Prof. Uwe Platzbecker**, Technical University Dresden, Germany
- **Prof. Katy Rezvani**, MD Anderson Cancer Centre, Houston, USA
- **Prof. Simon Rule**, University of Plymouth
- **Dr Lisa Russell**, Newcastle University
- **Dr Satyajit Sahu**, University Hospital Lewisham, London
- **Dr Bipin Savani MD**, Vanderbilt University Medical Center, USA
- **Dr Bronwen Shaw MD**, Medical College of Wisconsin, USA
- **Prof. John A Snowden**, Sheffield Teaching Hospitals NHS Foundation Trust
- **Prof. Alex Tonks**, Cardiff University
- **Prof. Owen Williams**, University College London, Great Ormond Street Institute of Child Health

IMPACT Oversight Committee

IMPACT is a partnership of organisations committed to improving the outcomes of stem cell transplantation through cutting-edge research. It is jointly funded by Anthony Nolan, Leukaemia UK and NHS Blood and Transplant.

The IMPACT Oversight Committee consisted of the following people:

- **Henny Braund** - Chair and Chief Executive, Anthony Nolan
- **Fiona Hazell** - Deputy Chair and Chief Executive, Leukaemia UK
- **Prof. Charles Craddock** - IMPACT Hub Clinical Lead
- **Prof. Ronjon Chakraverty** - IMPACT Medical Director
- **Prof. Paresh Vyas** - Chair - IMPACT Scientific Advisory Group
- **Dr James Griffin** - Medical Director Clinical Services, NHSBT
- **Prof. Kim Orchard** - BSBMT President

Finance & Audit Sub-Committee

The Committee usually meets four times a year and is made up of three Trustees: Oliver Sparks, Jonathan Neal and Alastair Adam. It is responsible for advising the Board on operational and strategic financial planning, including reviewing plans, budgets management accounts and reforecasts. It reviews matters of financial governance including financial policies, processes and controls, and advises on the appointment of external auditors. The Committee also sets and recommends the Investment Strategy to the Board for approval and oversees the management and performance of investments.

Remuneration Sub-Committee

The Committee usually meets twice a year and is made up of two Trustees: Chris Corbin (Chair) and Caroline Evans, along with Beth Evans from Barrow & Parker HR Consultancy (John Macey stepped down in May 2021). It sets and reviews the people and organisational policies and processes for the charity, including the pay policy, which uses sector benchmarking to set pay levels. The Committee reviews pay on an annual basis. Each year a pay award is considered but not guaranteed, with any agreed uplift applicable from 1 January and only available to staff who have completed their probationary period. When new roles are considered, the charity benchmarks them against similar roles in medical charities of a similar size.

Strategy Group

In 2021, we began work on a new strategy for Leukaemia UK for 2022 and beyond. A Strategy Group met throughout the year and consisted of Chris Corbin, Amanda Stewart, Caroline Evans, Antonio Pagliuca, Luke Cripps, James Fairclough, working alongside members of the Leukaemia UK team.

Ethics

Equality, diversity & inclusion

Leukaemia UK recognises the critical importance of working with individuals from all backgrounds and community groups affected by and interested in leukaemia, as this helps build a charity that values knowledge, understanding, innovation and difference in others.

We are committed to ensuring all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status, maternity status, marital status, race, religion, social status or economic status.

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard. By focusing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last. We aim to listen, learn and collaborate with others to increase equality, diversity and accessibility across all we do.

In 2021 we developed an Equality, Diversity & Inclusion Policy and planned learning and development workshops for staff and Trustees to take place in early 2022. We began to improve our offer to employees and introduce new recruitment processes to improve and broaden our appeal and reach to potential candidates and limit bias.

In 2022 we will look to recruit a new set of talented and diverse Trustees to join our Board, and a new patient panel, who better represent and reflect the diverse experiences of our community across the UK.

Use of animals in research

Animal research has played a vital part in many medical discoveries. Some of the biggest breakthroughs in our understanding of blood cancers and the development of new treatments would not have been possible without the use of animals. Most biomedical research is carried out using non-animal methods, but sometimes these methods simply cannot replace the use of animals.

Leukaemia UK supports the view, together with the majority of academics and every major UK charity that conducts medical research, that using animals in research is sometimes necessary to develop new treatments for human diseases.

Leukaemia UK will fund proposals that include research with animals only where there is no alternative, and where the proposals fully comply with the Animals (Scientific Procedures) Act 1986. All animal research carried out in the UK must be approved and licensed by the Home Office.

Leukaemia UK is a member of the Association of Medical Research Charities (AMRC). All AMRC members support the AMRC position statement on the use of animals in research.

We support the guiding principles of the 3Rs (replace, refine and reduce) that underpin the humane use of animals in scientific research. Any proposed research using animals is therefore required to consider how to:

1. 'Replace' animals with alternatives wherever possible.
2. 'Refine' experimental techniques, to ensure best practices for animal welfare.
3. 'Reduce' the number of animals used to a minimum, to obtain information from fewer animals or more information from the same number of animals.

Fundraising ethics

Leukaemia UK voluntarily subscribes to the Fundraising Regulator and its Code of Fundraising Practice. The Fundraising Regulator investigates and takes appropriate action on cases of public concern. We are also signed up to the Fundraising Preference Service which enables individuals to opt out from receiving fundraising communications from us. We continue to work closely with the Fundraising Regulator and with the Institute of Fundraising to help improve standards and ways of working across the charity sector.

Complaints handling

Complaints and supporter feedback provide important sources of information about the impact that our work has on our supporters and members of the public, giving us insights and lessons for future fundraising activities. We are committed to delivering the highest possible standard of service and supporter care.

As part of our complaints policy, we promise:

- To provide a fair complaints procedure that is clear and easy to use.
- To publicise our complaints procedure so that people know how to make a complaint.
- To make sure that all complaints are investigated in a timely way.
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired.
- To gather information that helps us to improve what we do.

During 2021 we received one complaint from a supporter, regarding a fundraising event that they organised. Our fundraising team dealt with the complaint promptly and resolved it to the supporter's satisfaction.

Our risks

We have a stringent approach to risk management, with the risk register and processes reviewed on a regular basis by the Finance, Audit and Risk Committee and annually by the full Board of Trustees. The Trustees actively review the major strategic, business and operational risks that the charity faces and confirm that they have established systems to manage significant risks.

The risk management process takes account of several factors when identifying risks, including internal factors such as staff expertise, cash and donation levels, and current commitments, as well as external factors including reputational risk, trends within the sector and changes in legislation. Each risk is then given a rating based on the level of impact it might have on the operations of the charity against the likelihood of any negative impact occurring. The major risks identified by the management team at the end of the reporting period are outlined here:

Risk	Mitigating activities
<p>Lack of brand awareness limits the charity's growth.</p>	<ul style="list-style-type: none"> • Communications strategy to set out a long-term approach to brand building with key audiences. • New bold brand & website developed to improve standout and engagement. • A dedicated expert Marketing Communications team.
<p>Decline in income due to external environment.</p>	<ul style="list-style-type: none"> • New bold brand, strategy and 5-year funding model developed to grow sustainable net income and profile, reach & engagement. • Investment in expert Income Generation team and activities to build and diversify sustainable income streams.
<p>High level of reserves limits growth.</p>	<ul style="list-style-type: none"> • New reserves policy developed. • 5-year funding model in place to invest in income and impact to reduce level of reserves in line with policy.
<p>Our work fails to have an impact on those affected.</p>	<ul style="list-style-type: none"> • Strategy developed based on beneficiary and supporter insight, focussing on two key goals: to save more lives and to improve more lives. • Patient Panel established to ensure those affected are at the heart of all we do, along with regular engagement with the leukaemia community to understand unmet needs and help find solutions. • All grants research peer-reviewed by expert panel to ensure only high quality, innovative projects are funded. • Charitable funding into advocacy and awareness to help drive progress for those affected. • Dedicated and expert research & advocacy team established to manage research portfolio, track impact and advocate for change.
<p>Risk of non-compliance with the law or regulatory rules or best practice; failure to prevent harm to beneficiaries, staff, volunteers or supporters.</p>	<ul style="list-style-type: none"> • Core training, policies and processes established to include Safeguarding, Health & Safety, Equality, Diversity & Inclusion, Volunteering. • Expert HR, IT, Financial, Data Protection and Legal support in place. Insurance Policy includes Professional Indemnity. • Integrated CRM system in place and training provided. • GDPR training, policies and processes established and reviewed regularly. • Risk assessments in place for all events.

Our plans for 2022

In 2021 we developed a new strategy for Leukaemia UK for 2022 and beyond. We embarked on this new approach because we felt strongly that leukaemia is still devastating the lives of far too many people, and that by accelerating the progress through research, awareness and advocacy we can help bring about the positive change that is urgently needed.

In 2022, our five over-arching objectives are to:

1. Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress.

- Ensure all our activities are guided by patients and their families' needs including the development of a patient panel.
- Commission, disseminate and action insights from all those affected across all we do.
- Ensure LUK's Governance represents lived experience of all those affected by leukaemia and the leukaemia community across the UK.
- Develop and deliver a policy and advocacy function.
- Carry out evidence-based policy research.
- Develop a policy on early diagnosis in leukaemia and deliver a signs & symptoms intervention in collaboration with others.

2. Invest £1.4m in research to accelerate progress in diagnosis, treatment, and care.

- Deliver a new expanded research funding programme worth £1.375 million.
- Manage 30 existing grants and grant holders - current funding value £2.5 million.
- Support the scientific and haematology community including delivering an annual research symposium for our community.

3. Build our profile, engagement, and influence to build support and impact.

- Communicate the potential and impact of Leukaemia UK's research funding portfolio and promote our events and fundraising initiatives.
- Develop our digital strategy to grow our online reach and engagement.
- Deliver the new Leukaemia UK strategy, brand and website.
- Deliver awareness-raising campaigns in collaboration with other charities, including for Blood Cancer Awareness Month.
- Grow a network of ambassadors.

4. Invest strategically to grow sustainable net income.

- Identify and capitalise on new opportunities to attract high value individual support, corporate support, support from trusts and special event opportunities.
- Develop meaningful relationships with new supporters whilst maintaining strong relationships with existing supporters.
- Develop and improve on internal policies and practices to ensure effective and accurate fundraising.
- Champion sustainable fundraising and investments in line with ESG criteria that consider the environment and wellbeing of others, as well as the financial risks and benefits.

5. Make Leukaemia UK a great charity to work for and with.

- Develop a high performing team which continually learn, deliver and enjoy what they do.
- Recruit and onboard new team members to grow the diversity, expertise and capacity across the charity to lay the foundations to accelerate growth.
- Diversify, deliver, and improve Good Governance.
- Ensure that we build a caring, inclusive culture where colleagues feel they can bring their whole selves to work, and where different perspectives are welcomed and valued.
- Extend this approach to our work with partners, where we will work in an open and generous way to achieve the greatest impact for people affected by leukaemia.

Statement of trustees' responsibilities

The Board of Trustees presents its Annual Report and Accounts for the year ended 31 December 2021. The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. Charity law requires the Trustees to prepare financial statements for each financial year. Under that law, they are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. Under charity law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and any excess of expenditure over income for that year.

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

- Select suitable accounting policies and then apply them consistently.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

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

In addition, the Trustees confirm that they are happy that the content of the annual review in pages 4 to 41 of this document meet the requirements of the Trustees' Annual Report under charity law. They also confirm that the financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Each person who is a Trustee at the date of approval of this report confirms that:

- So far as the Trustee is aware, there is no relevant audit information of which the charity's auditors are unaware.
- The Trustee has taken all the steps he/she ought to have taken as a Trustee to make himself/herself aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

This report was approved and authorised for issue by the Board of Trustees on 21 July 2022 and signed on its behalf.



Chris Corbin OBE, Chair



Accounts

2021

Independent auditor's report to the trustees of Leukaemia UK

Opinion

We have audited the financial statements of Leukaemia UK for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the 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 charity's affairs as at 30 December 2021, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

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 charity 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 the charity'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 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 there is 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of the trustees

As explained more fully in the trustees' responsibilities statement set out on page 41, the trustees 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 determines 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 charity'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 charity 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 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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 is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.



Luke Holt (Senior Statutory Auditor)
For and on behalf of Moore Kingston Smith LLP,
Statutory auditor

8 September 2022

9 Appold Street
London
EC2A 2AP

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Statement of financial activities

For the year ended 31 December 2021

	Notes	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £	Total Funds 2020 £
Income from					
Donations and legacies	3	1,406,296	124,941	1,531,237	1,418,342
Other trading activities	4	2,708	-	2,708	299,220
Investments	5	83,642	-	83,642	84,636
Total income		1,492,646	124,941	1,617,587	1,802,198
Expenditure on					
Raising funds	6 & 7	544,490	-	544,490	471,594
Charitable activities	6 & 8	1,149,794	25,118	1,174,912	1,195,408
Total expenditure		1,694,284	25,118	1,719,402	1,667,002
Net gains/(losses) on investments	12	306,372	-	306,372	(33,799)
Net income/(expenditure)		104,734	99,823	204,557	101,397
Transfer between funds		107,500	(107,500)	-	-
Net movement in funds		212,234	(7,677)	204,557	101,397
Reconciliation of funds					
Total funds brought forward	16 & 17	3,301,658	7,677	3,309,335	3,207,938
Total funds carried forward	16 & 17	3,513,892	-	3,513,892	3,309,335

The notes on pages 50 to 63 form part of the financial statements.

All the above results arise from continuing activities.

There were no other recognised gains or losses other than those stated above.

Balance sheet

As of 31 December 2021

	Notes	Total Funds 2021 £	Total Funds 2020 £
Fixed assets			
Tangible assets	11	16,443	1,617
Investments	12	3,331,478	3,049,136
Total fixed assets		3,347,921	3,050,753
Current assets			
Debtors and prepayments	13	161,574	109,396
Investments		205,297	204,299
Cash at bank and in hand		1,883,428	2,123,396
Total current assets		2,250,299	2,437,091
Creditors - amounts falling due within one year	14	(1,883,776)	(1,634,531)
Net current assets		366,523	802,560
Grants awarded - due in more than one year	15	(200,552)	(543,978)
Total net assets		3,513,892	3,309,335
Funds of the charity			
Restricted	16 & 17	-	7,677
Unrestricted			
Designated	16 & 17	83,492	333,974
General	16 & 17	3,430,400	2,967,684
Total unrestricted		3,513,892	3,301,658
Total funds		3,513,892	3,309,335

The notes on pages 50 to 63 form part of the financial statements.

These financial statements were approved and authorised for issue by the Board of Trustees on 21 July 2022 and signed on their behalf by:



Chris Corbin OBE
Chairman

Statement of cash flows

For the year ended 31 December 2021

	Total Funds 2021 £	Total Funds 2020 £
Cash flows from operating activities		
Net income/(expenditure) for period (as per SOFA)	204,557	101,397
Adjustments for:		
Depreciation charges	1,710	3,083
(Profit)/loss on disposal of tangible asset	1,002	320
Investment income received	(83,642)	(84,636)
Net gains/(losses) on investments	(306,372)	33,799
(Increase)/decrease in short term investments	(998)	809,463
(Increase)/decrease in trade debtors	34,000	5,000
(Increase)/decrease in accrued gift aid	(36,033)	(36,766)
(Increase)/decrease in other accrued income	(6,120)	3,817
(Increase)/decrease in rent deposit	-	-
(Increase)/decrease in prepayments	(44,025)	(6,196)
(Increase)/decrease in other debtors	-	-
Increase/(decrease) in trade creditors	57,211	(8,557)
Increase/(decrease) in payroll liabilities	5,678	6,054
Increase/(decrease) in grants payable - due in less than a year	182,081	(117,111)
Increase/(decrease) in accruals	4,275	(3,584)
Increase/(decrease) in deferred income	-	(105,000)
Increase/(decrease) in other creditors	-	-
Increase/(decrease) in grants payable - due in more than a year	(343,426)	(279,390)
	<u>(534,659)</u>	<u>220,296</u>
Net cash flows from operating activities	(330,102)	321,693
Cash flows from investing activities		
Investment income received	83,642	84,636
Purchase of tangible fixed assets	(17,538)	(842)
Proceeds from sale of investments	672,420	535,468
Purchase of investments	(586,543)	(485,916)
Decrease/(increase) in cash held in portfolio	(61,847)	(27,237)
	<u>90,134</u>	<u>106,109</u>
Net cash flows from investing activities	90,134	106,109
Change in cash and cash equivalents in period	(239,968)	427,802
Cash at bank and in hand brought forward	2,123,396	1,695,594
Cash at bank and in hand carried forward	1,883,428	2,123,396

See note 18 for analysis of changes in net debt.
The notes on pages 50 to 63 form part of the financial statements.

Notes to the financial statements

1. Accounting policies

Basis of preparation of the financial statements

The financial statements have been prepared in accordance with 'Charities SORP (FRS 102) - 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) second edition (effective 1 January 2019)', the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), including Update Bulletin 2, and relevant charities law.

The effect of any event relating to the year ended 31 December 2021, which occurred before the date of approval of the financial statements by the Board of Trustees has been included in the financial statements to the extent required to show a true and fair view of the state of affairs at 31 December 2021 and the results for the year ended on that date.

The functional currency of the Charity is sterling and amounts in the financial statements are rounded to the nearest pound.

Legal status

Leukaemia UK is a charitable incorporated organisation registered in England & Wales, and meets the definition of a public benefit entity. The registered office is 52 Portland Place, London, W1B 1NH.

Going concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the Charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The Trustees have considered the Charity's forecasts and projections and have taken account of pressures on donation, fundraising and investment income. After making enquiries, the Trustees confirm that the Charity has adequate resources to continue in operational existence for the foreseeable future and that there are no material uncertainties that would impact this assessment. The ongoing COVID-19 pandemic has had no material impact on this assessment. The Charity therefore continues to adopt the going concern basis in preparing its financial statements.

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.

Designated Funds are unrestricted funds which have been designated for a specific purpose by the Trustees. The aim and use of each designated fund is set out in note 16 of the financial statements.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by donors or that 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 note 16 of the financial statements.

Income

All income is included in the Statement of Financial Activities when the Charity has entitlement, there is probability of receipt and the amount is measurable.

For donations and gifts this is when they are received. Gift Aid is recognised on a receivable basis as part of the income to which it relates.

Grants are recognised in full in the year in which they are receivable except in situations where they are related to performance in which case they are accrued as the Charity earns the right through performance.

Fundraising income is accounted for gross, with any associated costs presented as expenditure.

Interest is recorded when it is receivable.

Dividends are accounted for when due, and tax recoverable on such income is accounted for based on the repayment due in the fiscal year ending in that accounting year.

Realised gains or losses are recognised when investments are sold. Unrealised gains or losses are accounted for on revaluation of investments at the period end.

Expenditure and irrecoverable VAT

Expenditure is accounted for on an accruals basis and liabilities are recognised as expenditure when there is a legal obligation committing the Charity to the expenditure, it is probable that settlement will be made, and the obligation can be measured.

Non-recoverable VAT is included against the expenditure heading to which it relates.

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

Grants payable are payments made to third parties in furtherance of the Charity's objectives.

Unconditional grant offers are accrued in full once the recipient has been advised of the grant award and the payment is probable. Where grant awards are subject to performance conditions that are outside of the control of the Charity these are accrued when the recipients have been notified of the grant award.

Multi-year grants are recognised at their historic cost and thereafter at the best estimate of the amount required to settle the obligation at the reporting date. Where payments are due over more than one year from the date of the award and there are no unfulfilled conditions which are within the control of the Charity and the effect of discounting is immaterial, no adjustment is made to discount the liability to its present value at the reporting date.

Taxation

As a registered charity income and gains are exempt from Corporation Tax to the extent that they are applied to the charitable objectives.

Donated goods and services

Where goods are provided to the Charity as a donation that would normally be purchased from suppliers this contribution is included in the financial statements as an estimated based on the value of the contribution to the Charity.

Investments

Investments are initially measured at their cost and subsequently measured at their fair value at each reporting date, which gives rise to unrealised gains/losses at the end of the financial period which is reflected in the SOFA. Realised gains/losses are calculated as the difference between the sales proceeds and the opening carrying value or the purchase price if acquired during the financial period. Partial disposals are accounted for using the average value. Fair value is based on the quoted price at the balance sheet date without deduction of estimated future selling costs.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses, with individual assets over £500 being capitalised. Depreciation is provided at rates calculated to write off the cost of each asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computers – straight line over 4 years

Fixtures and fittings – straight line over 5 years

Cash at bank and in hand

Cash at bank and in hand includes cash in hand, deposits with banks and funds that are readily convertible into cash at, or close to, their carrying values, but are not held for investment purposes.

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount is applied.

Creditors

Creditors 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.

Financial instruments

Basic financial instruments are measured at amortised cost other than investments which are measured at fair value.

Critical estimates and judgements

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The treatment of tangible fixed assets is sensitive to changes in useful economic lives and residual values of assets. These are reassessed annually.

In the view of the Trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

Pensions

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

Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

2. Comparative statement of financial activities

	Notes	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Income from				
Donations and legacies	3	1,372,215	46,127	1,418,342
Other trading activities	4	299,220	-	299,220
Investments	5	84,636	-	84,636
Total income		<u>1,756,071</u>	<u>46,127</u>	<u>1,802,198</u>
Expenditure on				
Raising funds	6 & 7	411,594	60,000	471,594
Charitable activities	6 & 8	1,176,958	18,450	1,195,408
Total expenditure		<u>1,588,552</u>	<u>78,450</u>	<u>1,667,002</u>
Net gains/(losses) on investments	12	(33,799)	-	(33,799)
Net income/(expenditure)		133,720	(32,323)	101,397
Transfer between funds		20,000	(20,000)	-
Net movement in funds		<u>153,720</u>	<u>(52,323)</u>	<u>101,397</u>
Reconciliation of funds				
Total funds brought forward	16 & 17	3,147,938	60,000	3,207,938
Total funds carried forward	16 & 17	<u>3,301,658</u>	<u>7,677</u>	<u>3,309,335</u>

3. Income from donations & legacies

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Donations	841,525	50,000	891,525
Grants	46,873	24,941	71,814
Legacies and in memorium	455,139	50,000	505,139
Donated goods and services	62,759	-	62,759
Total income from donations & legacies	1,406,296	124,941	1,531,237

	Unrestricted Fund 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Donations	611,694	12,627	624,321
Grants	14,753	32,500	47,253
Legacies and in memorium	593,730	1,000	594,730
Donated goods and services	152,038	-	152,038
Total income from donations & legacies	1,372,215	46,127	1,418,342

Donated goods and services consists of:

	Total Funds 2021 £	Total Funds 2020 £
Office accommodation and related costs	62,759	61,528
Who's Cooking Dinner support	-	90,510
Total donated goods and services	62,759	152,038

4. Income from other trading activities

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Ticket sales	1,342	-	1,342
Other	1,366	-	1,366
Total income from other trading activities	2,708	-	2,708

	Unrestricted Fund 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Sale of tables at Who's Cooking Dinner	121,500	-	121,500
Auctions and raffles	177,300	-	177,300
Other	420	-	420
Total income from other trading activities	299,220	-	299,220

5. Income from investments

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Dividends and interest on fixed asset investments	82,533	-	82,533
Interest on short term cash deposits	1,109	-	1,109
Total income from investments	83,642	-	83,642

	Unrestricted Fund 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Dividends and interest on fixed asset investments	78,147	-	78,147
Interest on short term cash deposits	6,489	-	6,489
Total income from investments	84,636	-	84,636

6. Total expenditure

	Grants to institutions 2021 £	Direct staff 2021 £	Direct other 2021 £	Indirect 2021 £	Total costs 2021 £
Expenditure on					
Raising funds	-	241,167	198,902	104,421	544,490
Charitable activities	898,184	49,450	1,957	225,321	1,174,912
Total expenditure	898,184	290,617	200,859	329,742	1,719,402

	Grants to institutions 2020 £	Direct staff 2020 £	Direct other 2020 £	Indirect 2020 £	Total costs 2020 £
Expenditure on					
Raising funds	-	154,878	185,073	131,643	471,594
Charitable activities	829,805	30,096	1,815	333,692	1,195,408
Total expenditure	829,805	184,974	186,888	465,335	1,667,002

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

A breakdown of expenditure on raising funds between restricted and unrestricted funds can be found in note 7.

A breakdown of charitable expenditure between restricted and unrestricted funds can be found in note 8.

An analysis of staff costs can be found in note 10.

Indirect costs includes the following items:

	Total costs 2021 £	Total costs 2020 £
Management & operational staff	95,665	227,685
Premises	64,466	63,137
IT, finance & other professional services	106,904	77,306
General admin	38,893	24,914
Governance	23,814	72,293
Total indirect costs	329,742	465,335

Governance costs includes the following items:

	Total costs 2021 £	Total costs 2020 £
Audit and independent examination costs	13,242	12,330
Legal costs	9,000	58,220
Insurance costs	1,572	488
Other costs	-	1,255
Total governance costs	23,814	72,293

7. Expenditure on raising funds

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Direct staff costs	241,167	-	241,167
Other direct costs	198,902	-	198,902
Indirect costs	104,421	-	104,421
Total expenditure on raising funds	544,490	-	544,490

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Direct staff costs	94,878	60,000	154,878
Other direct costs	185,073	-	185,073
Indirect costs	131,643	-	131,643
Total expenditure on raising funds	411,594	60,000	471,594

Included within other direct costs are investment management costs of £24,030 (2020 - £22,314).

8. Expenditure on charitable activities

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Grants to institutions	873,066	25,118	898,184
Direct staff costs	49,450	-	49,450
Other direct costs	1,957	-	1,957
Indirect costs	225,321	-	225,321
Total expenditure on charitable activities	1,149,794	25,118	1,174,912

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Grants to institutions	819,355	10,450	829,805
Direct staff costs	22,096	8,000	30,096
Other direct costs	1,815	-	1,815
Indirect costs	333,692	-	333,692
Total expenditure on raising funds	1,176,958	18,450	1,195,408

9. Analysis of grants awarded in period

	Total funds 2021 £	<i>Total funds 2020 £</i>
European School of Haematology	-	5,000
Kings College London	124,935	-
Queen Mary University of London	-	123,856
University of Birmingham	375,482	239,083
University of Cambridge	-	122,159
University of Edinburgh	124,546	-
University of Manchester	-	125,000
University of Oxford	122,310	124,976
University of Sussex	-	123,522
University of York	117,911	-
Small project/support grants*	33,000	6,450
Release of prior year provision	-	(40,241)
Total grants awarded	898,184	829,805

*Small project grants consist of a number of small awards which are not listed in their entirety here as they are not individually material to the accounts.

10. Staff numbers and costs

	Total costs 2021 £	<i>Total costs 2020 £</i>
Gross salaries	333,222	273,737
Employer's NIC	32,690	31,318
Employer's pension	20,370	14,845
Termination payments	-	92,759
Total staff costs	386,282	412,659

The average headcount during the year was 9 persons (2020 – 8).

One employee received employee benefits including termination payments of between £80,000 - £89,999 (2020 – one employee between £70,000 - £79,999 and one employee between £110,000 - £119,999).

Total remuneration including termination payments to key management personnel in the year was £99,665 (2020 - £231,685).

During the prior period total termination/redundancy payments of £92,759 were made to the two co-CEOs as part of the restructure of the team following the merger of Leuka and Leukaemia UK in 2019. This included ex-gratia payments above standard redundancy payments.

11. Tangible fixed assets

	Computer equipment £	Fixtures & fittings £	Total tangible fixed assets £
Cost			
Brought forward on 1 January 2021	15,434	606	16,040
Additions in year	17,538	-	17,538
Disposals in year	(9,075)	-	(9,075)
Cost carried forward on 31 December 2021	23,897	606	24,503
Accumulated depreciation			
Brought forward on 1 January 2021	13,937	486	14,423
Charge in year	1,590	120	1,710
Disposals in year	(8,073)	-	(8,073)
Accumulated depreciation carried forward on 31 December 2021	7,454	606	8,060
Net book value			
Brought forward on 1 January 2021	1,497	120	1,617
Net book value carried forward on 31 December 2021	16,443	-	16,443

12. Fixed asset investments

	Total funds 2021 £	<i>Total funds 2020 £</i>
Market value brought forward	3,008,230	3,091,581
Additions at cost	586,543	485,916
Proceeds on disposal	(672,420)	(535,468)
Net gains/(losses) in period	306,372	(33,799)
Market value carried forward	3,228,725	3,008,230
Cash held as part of the investment portfolio	102,753	40,906
Total market value of investment portfolio carried forward	3,331,478	3,049,136
	Total funds 2021 £	<i>Total funds 2020 £</i>
Analysis of market value of investments by investment type:		
UK fixed interest bonds	354,944	471,534
Non UK fixed interest bonds	122,249	62,359
UK equities and funds	1,146,360	1,055,656
Non UK equities and funds	1,114,729	979,919
Other funds including cash	593,196	479,668
Total market value of investment portfolio carried forward	3,331,478	3,049,136

13. Debtors and prepayments

	Total funds 2021 £	<i>Total funds 2020 £</i>
Trade debtors	-	34,000
Accrued gift aid	73,064	37,031
Other accrued income	25,791	19,671
Prepayments	62,719	18,694
Total debtors and prepayments	161,574	109,396

14. Creditors: amounts falling due within one year

	Total funds 2021 £	<i>Total funds 2020 £</i>
Trade creditors	62,630	5,419
Payroll liabilities	15,897	10,219
Grants awarded - due in less than a year	1,785,224	1,603,143
Accruals	20,025	15,750
Total creditors - amounts falling due within one year	1,883,776	1,634,531

15. Grants payable

	Total funds 2021 £	Total funds 2021 £	<i>Total funds 2020 £</i>	<i>Total funds 2020 £</i>
Brought forward on 1 January 2021		2,147,121		2,543,622
Grants awarded (see note 9)	898,184		870,046	
Release of prior year provision (see note 9)	-		(40,241)	
		898,184		829,805
Grants paid in year		(1,059,529)		(1,226,306)
Total grants payable on 31 December 2021		1,985,776		2,147,121
		Total funds 2021 £		<i>Total funds 2020 £</i>
Payable within one year		1,785,224		1,603,143
Payable within two to five years		200,552		543,978
Total grants payable on 31 December 2021		1,985,776		2,147,121

16. Analysis of charity funds

	Funds brought forward 2021 £	Income in year 2021 £	Expenditure in year 2021 £	Net gains/ (losses) on revaluation 2021 £	Transfers between funds 2021 £	Funds carried forward 2021 £
Restricted funds						
Project/support grants	7,677	1,500	(9,177)	-	-	-
John Goldman Fellowships 2020	-	107,500	-	-	(107,500)	-
John Goldman Fellowships 2021	-	8,941	(8,941)	-	-	-
Research grants	-	7,000	(7,000)	-	-	-
Total restricted funds	7,677	124,941	(25,118)	-	(107,500)	-
Designated funds						
IMPACT	333,974	-	(250,482)	-	-	83,492
Total designated funds	333,974	-	(250,482)	-	-	83,492
General funds	2,967,684	1,492,646	(1,443,802)	306,372	107,500	3,430,400
Total funds	3,309,335	1,617,587	(1,719,402)	306,372	-	3,513,892

Restricted funds – Project/support grants

The Charity received funds from a variety of source to support small project/support grants.

Restricted funds – John Goldman Fellowships 2020

The Charity received funds from a variety of source to support the annual John Goldman Fellowships in 2020 which are paid out in 2020-2022. As the grant commitments were recognised in full in 2020, the grant funding has been offset against this commitment and therefore shown as a transfer to general funds in the current year.

Restricted funds – John Goldman Fellowships 2021

The Charity received funds from a variety of source to support the annual John Goldman Fellowships in 2021.

Restricted funds – Research grants

The Charity received funds from a variety of source to support the Charity's research grants.

Designated funds – IMPACT

The IMPACT designated fund is to fund the IMPACT clinical trial, a collaborative project with Anthony Nolan, NHSBT, and the University of Birmingham. The agreement was signed early 2017, with funding split over several years originally to 31st December 2021 but now extended. The amount set aside in designated funds is the maximum grant available over the grant term.

	Funds brought forward 2020 £	Income in year 2020 £	Expenditure in year 2020 £	Net gains/ (losses) on revaluation 2020 £	Transfers between funds 2020 £	Funds carried forward 2020 £
Restricted funds						
Head of Fundraising	60,000	-	(60,000)	-	-	-
Project/support grants	-	14,127	(6,450)	-	-	7,677
Mind & body	-	20,000	-	-	(20,000)	-
John Goldman						
Fellowships 2020	-	2,000	(2,000)	-	-	-
Research grants	-	2,000	(2,000)	-	-	-
Research manager	-	8,000	(8,000)	-	-	-
Total restricted funds	60,000	46,127	(78,450)	-	(20,000)	7,677
Designated funds						
IMPACT	573,057	-	(239,083)	-	-	333,974
Total designated funds	573,057	-	(239,083)	-	-	333,974
General funds	2,574,881	1,756,071	(1,349,469)	(33,799)	20,000	2,967,684
Total funds	3,207,938	1,802,198	(1,667,002)	(33,799)	-	3,309,335

Restricted funds – Head of Fundraising

The Charity received funds from a corporate partner to support the role of Head of Fundraising and associated costs over two years.

recognised in full in 2018 as an unrestricted, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – Mind & body

The Charity received funds to support the ongoing grant commitment to Kings College London for their mind and body centre. As the grant commitment was

Restricted funds – Research Manager

The Charity received funds from an individual to support the role of Research Manager and associated costs for a number of years.

17. Analysis of net assets between funds

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Fixed assets	3,347,921	-	3,347,921
Current assets	2,250,299	-	2,250,299
Current liabilities	(1,883,776)	-	(1,883,776)
Non-current liabilities	(200,552)	-	(200,552)
Total net assets	3,513,892	-	3,513,892

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Fixed assets	3,050,753	-	3,050,753
Current assets	2,429,414	7,677	2,437,091
Current liabilities	(1,634,531)	-	(1,634,531)
Non-current liabilities	(543,978)	-	(543,978)
Total net assets	3,301,658	7,677	3,309,335

18. Analysis of net debt

	As at 1 Jan 2021 £	Cash flows £	Other movements £	As at 31 Dec 2021 £
Cash and cash equivalents				
Cash at bank	2,123,396	(239,968)	-	1,883,428
	<u>2,123,396</u>	<u>(239,968)</u>	<u>-</u>	<u>1,883,428</u>

	As at 1 Jan 2020 £	Cash flows £	Other movements £	As at 31 Dec 2020 £
Cash and cash equivalents				
Cash at bank	1,695,594	427,802	-	2,123,396
	<u>1,695,594</u>	<u>427,802</u>	<u>-</u>	<u>2,123,396</u>

19. Trustee remuneration and donations

During the year, no Trustees received reimbursement of expenses or remuneration (2020 - £NIL).

During the year, the Charity received unrestricted donations totalling £60 (2020: £360) from trustees.

20. Related party transactions

During the current year, there were no related party transactions (2020 – £Nil) other than the unrestricted donations noted in note 19 above.

21. Guarantees and secured charges

As of 31 December 2021 the Charity did not have any outstanding guarantees to third partners nor any debts secured against assets of the Charity (2020 - £NIL).

Thank you

None of Leukaemia UK's work would be possible without our amazing community of supporters, funders, researchers, colleagues and partners. Thank you for your unwavering support and continued enthusiasm throughout 2021. Your commitment to stop leukaemia devastating lives means that together we can continue to accelerate progress in leukaemia diagnosis, treatment and care.

Legal and administrative details

Auditors:

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Banks:

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Charity Number: 1154856

Leukaemia UK

England & Wales - Charity number 1154856

Accounts



Leukaemia UK

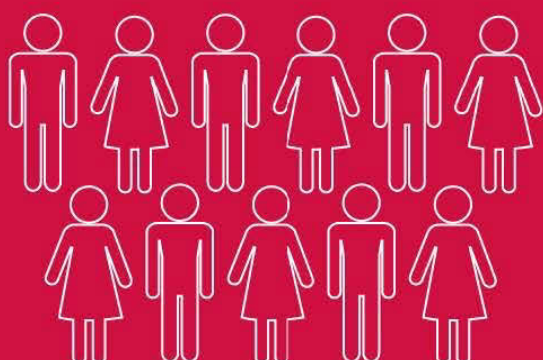
Annual Report & Accounts 2020





28 new patients are diagnosed with leukaemia every day, that is more than one every hour (approx. 10100 new patients per year) (2017)

Leukaemia is the most common type of cancer in children
(33% of all cancers in the under 14s)



Approx. **13** people die every day from leukaemia (4,700 a year) (2016-2018)

57%

of leukaemia deaths each year are in people aged 75 and over (2012-2014)

Since the early 1990s, leukaemia incidence rates have increased by almost **17%**

Over the last 10 years leukaemia incidence rates have increased by almost **8%**





Our Year of Unparalleled Change

Foreword from Chris Corbin, Chair & Fiona Hazell, CEO



Welcome to our first full Annual Report and Accounts following the merger in November 2019 that created Leukaemia UK.

2020 was a year of unparalleled change for the world as well as for us as a charity. It was a year in which world-class medical research and ground-breaking care were never needed more.

At the end of 2019, we took the bold step of merging Leuka and Leukaemia UK to create a greater, more resilient force for change for all those affected by leukaemia.

We had no idea then that 2020 would be the year of the COVID-19 pandemic, which has resulted in such a huge loss of life across the globe and has brought our daily lives to an unprecedented halt.

But leukaemia did not stop for COVID-19. And neither did we.

Tens of thousands of men, women and children across the UK still received the devastating news of a leukaemia diagnosis. Sadly, 4,700 people died of the disease. Survival from leukaemia stands at just over 50% — a much lower survival rate than most other cancers.

Hundreds of thousands continued to live with the physical, emotional and practical impact of a leukaemia diagnosis which was only exacerbated by COVID-19. Many of those affected by leukaemia spent the year shielding, due to weakened immune systems. In addition, we now know that the pandemic has led to significant delays in the early detection of cancers, including leukaemia, putting back years of progress in improvements to detection and treatment.

Our merger created a larger, higher profile, more resilient charity and, despite the impact of the pandemic on charity fundraising, our fundraising income grew. We didn't furlough any of our hugely committed team who worked hard to deliver the day-to-day as well as managing changes due to the merger.

As a result, we were able to sustain, extend and evolve our commitment to world-class leukaemia and blood cancer research and ground-breaking care – investing a further £1,195,408 and supporting our UK-wide network of researchers, clinicians and healthcare professionals. Many of them helped with the incredible NHS COVID-19 effort while research was paused, before getting back to their labs, as quickly as they could do so safely.

Our investment in research included awarding five brand new John Goldman Fellowships – one more than planned - worth £619,513. We believe passionately that we must invest in the leukaemia and blood cancer research leaders of tomorrow, if we are to improve outcomes for those affected.

These fellowships were awarded to five exceptional young blood cancer researchers – Dr Kostas Tzelepis, Dr Bettina Wingelhofer, Dr Miguel Ganuza, Dr Simon Mitchell and Dr Marcela Mansur. Together with our 27 previous John Goldman Fellows, they are tackling some of the toughest challenges in leukaemia and blood cancer with bold, innovative world-class research ideas to help lead to better, kinder treatments for patients.

Better outcomes for stem cell transplant patients are critical to improving outcomes for leukaemia patients. Currently, around 50% of transplants will succeed. The IMPACT Clinical Trials Partnership is the UK's first ever clinical trials partnership dedicated to improving the outcomes of stem cell transplant patients. We continued to work in partnership with Anthony Nolan and NHS Blood & Transplant to fund and work with the IMPACT Partnership, delivering six clinical trials for stem cell transplant patients in 22 hospitals across the UK.

They included a new COVID-19 specific trial investigating the impact of a COVID-19 infection on stem cell transplant patients, led by Dr Giovanna Lucchini at Great Ormond Street Hospital. Through our network of 12 IMPACT nurses across the UK and the IMPACT Trials Hub at the University of Birmingham, over 500 patients were successfully recruited by the end of 2020.

Survival from blood cancer has quadrupled over the last two decades. However, treatment for many remains harsh, with chemotherapy and stem cell transplants most commonly used. We know that the majority of leukaemia and blood cancer patients suffer both short and longer-term impacts on their mental health.

Despite the pandemic, our ground-breaking Mind & Body programme at King's College London continued to screen blood cancer patients in the myeloma clinic, including more than 200 people from October 2020. This was possible thanks to the hard work of the King's team who pivoted the service so it could be delivered digitally through a new tool called E-Imparts. We also continued to provide a vital financial lifeline to over 40 families across the UK who were dealing with the impact of a leukaemia diagnosis, through our Helping Hand Fund.

World-class leukaemia research is critical to changing and improving the outcomes for patients. However, research breakthroughs will only help patients across the UK if the NHS has an effective and innovative blood cancer policy and practice that adapt and respond to scientific changes.

Following the merger, we have joined several critical alliances that are driving progress in diagnosis, treatment and care, including the Blood Cancer Alliance and One Cancer Voice. Through these alliances, we have worked with other charities to advocate and campaign for the needs of blood cancer patients during the pandemic, including ongoing support and guidance for the thousands of people and their families who are shielding.

It's estimated that COVID-19 has cut charity cancer research funding by £310m. As a result, we can expect that blood cancer and leukaemia research spend will be significantly reduced. The closure of the Kay Kendall Leukaemia Fund will further reduce funding for research in this area.

Against this backdrop, we are more grateful than ever to our incredible supporters.

Like many charities in the pandemic, our fundraising events stopped abruptly, and we had to quickly respond and develop new virtual fundraising events and campaigns such as 'at home' runs and walks and our first ever Christmas Campaign. We were fortunate enough to be able to hold our flagship fundraising event Who's Cooking Dinner? in March 2020 and are extremely grateful to everyone who supported it and raised over £298,800.

Many of our community supporters took their commitment to fundraise for us home with them, literally. Whether they went the extra mile around their garden or living room or took extra laps around their local park, their creativity ensured we continued to raise money from events. In addition, more people affected by leukaemia remembered us in their wills. The merger also enabled us to combine resources to reach new audiences and supporters who gave generously to grow our income from one-off donations.

Mergers are challenging and it takes time for any organisation to deliver the benefits, but this is especially true for a small charity in a global pandemic. However, due to the determination, expertise, passion and sheer hard work of our supporters, team, researchers and healthcare professionals, we continued to deliver significant progress in leukaemia research and care.

A heartfelt thanks to all our community and team. You have helped us achieve so much in such a uniquely challenging year.

There is still a great deal for us to do. But with this team and this community, we look forward to driving greater progress in the future and helping to improve the lives of people affected by blood cancer through our research, support and care.

Chris Corbin 

Chris Corbin,
Chair

Fiona Hazell,
Chief Executive

Our Review of 2020

1. Our World-Class Research

At Leukaemia UK we know the importance of funding research, novel innovative projects that promise to expand our understanding of blood cancer, and discover and develop new treatments for the disease which ultimately aim to improve the outcomes for all those diagnosed with blood cancer.

2020 has been a difficult year in many ways, but science and research have been at the forefront of many of the advances made in relation to COVID-19. They have highlighted, more than ever before, the importance of scientific discoveries for our health.

In April 2020, at the height of the COVID-19 pandemic, we requested an update from all our grantees on the status of their research activities and disruption caused. While some were able to continue their research activities, a number confirmed that their projects were officially paused. By May 2020, we urged the relevant host institutions for those paused projects to include any salaried research staff in the Coronavirus Job Retention Scheme. This was essential as all our awards are fixed value funding and any delays could be detrimental to the successful completion of the research projects.

Our funded researchers have been amazing and, although the COVID-19 crisis continued to cause some disruption, they planned a phased return to their laboratory activities. All host institutions put COVID-19 safe working conditions in place which enabled our researchers to continue their projects, albeit working part-time and in 7 day/week shift patterns. By the end of 2020, our researchers anticipated no further delays to the progression of their projects. Many reported that recent lab work had generated new results.

Leukaemia UK funded two active strategic research programmes and 23 active research projects during 2020, including ten John Goldman Fellowships, four Project Grants, five Leukaemia UK Early Career awards and four Clinical Research Training Fellowships (CRTFs), jointly funded with the Medical Research Council. Seven of the research projects were fortunately able to continue unaffected by COVID-19, either due to the nature of the research (not primarily laboratory-based) or because COVID-19 provided the respite from laboratory activities to analyse results.

COVID-19 had a significant effect on UK-based medical research charities, with two in three charities reporting a drop in income during 2020 and 32% of charities cancelling or delaying research projects. Since the pandemic started, the estimated reduction in UK charity research funding will be £310m. This represents a substantial drop in research funding that might otherwise have resulted in a greater understanding of diseases and

the development of new treatments.

A large proportion of research funding is used to fund researchers' salaries, as they perform the research activities. With an estimated drop in available funding, a subsequent shortage of jobs for researchers is anticipated, which is considered particularly detrimental for early career researchers. At Leukaemia UK, we understand the need to retain the brightest minds in research, as it is only by supporting the potential leaders in leukaemia research that we will bring about future discoveries. Therefore, despite the financial uncertainties, we knew that continuity of research funding was essential and took the decision to offer our John Goldman Fellowship awards in 2020.

2020 John Goldman Fellowships for Future Science

We awarded five new John Goldman Fellowships in 2020, with total funding of £619,513.40, investing in the careers of five exceptional young scientists: Dr Miguel Ganuza (Queen Mary University of London), Dr Simon Mitchell (University of Sussex), Dr Bettina Winkelhofer (University of Manchester), Dr Kostas Tzelepis (University of Cambridge) and Dr Marcela Mansur (University of Oxford). The focus of the funded research projects is varied, but all are highly innovative. They look at: improving the understanding of how blood cancer develops, creating a new approach to personalised therapy for lymphoma, identifying new therapy targets for AML, developing a new therapy option for myeloid malignancies and unravelling the origins of infant acute lymphoblastic leukaemia (ALL).

To further extend our support for early career scientists, Leukaemia UK committed to offer the John Goldman Fellowships in 2021 and opened for applications in December 2020.

CASE STUDY

“At the end of March, we had to shut down the lab with only three days' warning. It was very short notice, which meant all hands were on deck trying to finish experiments in a meaningful way. Unfortunately, we had to severely restrict some of our work.

Luckily, the bioinformatics training my team received meant we were in good stead to work from home when we were in full lockdown. Since July (2020), we are back at 20% occupancy in our building, so half my team can do lab work and the



other half concentrates on data analysis from home.

My husband and I introduced a shift system so we could care for our two boys and work as well. Our children are primary school age, so we had to work around their day. My husband is also a scientist and works full-time at home. We started work each day at 6am until it was time for PE with Joe Wicks with the kids. We home schooled the boys for four hours a day and used lunch time and late afternoon for Zoom calls to catch up with everyone in the research group and collaborators.

My research group was amazing at pulling their weight and helping each other out - even more than they would normally do. It was nice to see the Glasgow cancer research community come together to support each other with resources and looking out for each other. I think it helped everyone to focus on the most important aspects of their research.”

Kristina Kirschner, 2019 John Goldman Fellow, University of Glasgow

Medical Research Council Fellowships

As part of our commitment to support the development and careers of leukaemia researchers, Leukaemia UK collaborates with the Medical Research Council (MRC) to offer jointly-funded Clinical Research Training Fellowship (CRTF) awards.

These prestigious CRTF awards are available to clinically active medical doctors within the UK to enable them to undertake a higher research degree. The scheme can also provide post-doctoral funding for applicants who achieved their PhD more than five years ago, but who have not since been active in research, due to clinical training commitments.

Leukaemia UK currently funds four MRC joint-funded clinical fellows:

Dr Sandeep Potluri (University of Birmingham), Dr Asger Jakobsen (University of Oxford), Dr Sonia Wolf (Imperial College London) and Dr Jennifer O’Sullivan (University of Oxford). The CRTFs are designed to provide personal career development for junior clinicians whilst also expanding the understanding of blood cancer. The research topics are varied: to better understand disease relapse in AML patients; a greater knowledge of the biology of AML to improve patient outcomes; the development of adult T-cell leukaemia/lymphoma (ATL) following infection with human T-lymphotropic virus type 1 (HTLV-1); and better approaches to diagnosis and relapse in high-risk essential thrombocythaemia (ET) and the progression to aggressive blood cancers such as AML.

Unsurprisingly, during the COVID-19 crisis our clinical fellows had to temporarily curtail their research activities and were re-deployed to NHS clinical duties.

Leukaemia UK International Scholarships

In 2017 we created the Leukaemia UK International Scholarships. Annually thereafter, in collaboration with the European School of Haematology (ESH), we have provided funding for junior clinicians and scientists to attend the Annual John Goldman CML conference.

The 22nd event was due to take place in Mandelieville la Napoule, France on 2 October 2020. Due to COVID-19, the conference was held as a virtual event. Despite the disappointment of not being able to attend the event in person, Leukaemia UK was able to support 17 early career researchers from 11 different countries to take part in the annual event.

IMPACT Partnership – Accelerating Stem Cell Transplant Clinical Trials

A stem cell or bone marrow transplant (SCT) is a potential cure for patients with blood cancer or a blood disorder. Over 2,000 people in the UK are in need of a stem cell transplant every year. Of those who receive stem cells/transplants from unrelated donors, fewer than 50% will reach the milestone of five-year survival. Survival rates following an SCT need urgent improvement and better patient outcomes can only be achieved through research. Clinical trials play a crucial role in forming the evidence base for new approaches to treatment and are essential if patient survival rates following an SCT are to be increased. Leukaemia UK is committed to saving more lives following a blood cancer diagnosis and SCT-related clinical trials are a vital part of achieving better survival rates.

Leukaemia UK is a key funding partner in the UK’s first stem cell transplant (SCT) clinical trials platform. The IMPACT Partnership is comprised of the funding partners - Anthony Nolan, NHS Blood and Transplant (NHSBT) and Leukaemia UK - together with the University of Birmingham, the National Institute for Health Research (NIHR) and the British Society of Bone Marrow Transplantation (BSBMT).

Sister Jane Nunnick, a haematology nurse, has been appointed as the IMPACT research nurse at Queen Elizabeth Hospital, Birmingham. With over 25 years’ nursing experience, Jane is excited to help patients receive the most pioneering treatments.

She says: “In the 25 years I’ve been a nurse I’ve seen transplant medicine move on dramatically – but there are still patients who can’t have a transplant, or who relapse afterwards. IMPACT will open the door to even more patients, giving them options, and giving them a better chance that their disease isn’t going to come back.

“I’m happy to see Birmingham at the centre of these trials; we’ve got fantastic regional hospitals that we work closely with. The community we serve is far and wide – we’ve transplanted patients from Norfolk to Newcastle, Liverpool and into Wales – so we know we’re helping patients in Birmingham and beyond.”

The structure of the platform is a 'hub and spoke' model. A central management Hub establishes and oversees the design, regulatory approval, and delivery of a trials portfolio with dedicated resources focussed on trials coordination, data management and statistical analysis. The Hub is located within the Cancer Research UK CTU at the University of Birmingham. It forms the core of an integrated UK-wide network of 22 transplant centres that collaborate to set up studies, recruit patients and share data. See table below.

IMPACT Funded Centres (to UH Bristol) and Affiliated Centres (The Christie & below)

Transplant Centre	Location	Principal Investigator
Addenbrooke's Hospital	Cambridge	Dr Charles Crawley
Beatson West of Scotland Cancer Centre	Glasgow	Dr Anne Parker
Churchill Hospital	Oxford	Dr Andy Peniket
Freeman Hospital	Newcastle	Prof Matthew Collin
King's College Hospital	London	Dr Victoria Potter
Manchester Royal Infirmary	Manchester	Dr Eleni Tholouli
Queen Elizabeth Hospital	Birmingham	Dr Ram Malladi
St James's University Hospital	Leeds	Dr Maria Gilleece
University College London Hospitals	London	Dr Kavita Raj
University Hospital of Wales	Cardiff	Dr Keith Wilson
University Hospitals Bristol	Bristol	Dr Stephen Robinson
The Christie	Manchester	Dr Adrian Bloor
Derriford Hospital	Plymouth	Dr Hannah Hunter
Hammersmith Hospital	London	Dr Eduardo Olavarria
Heart of England	Birmingham	Dr Emmanuel Nikolousis
Leicester Royal Infirmary	Leicester	Dr Murray Martin
Nottingham City Hospital	Nottingham	Dr Jenny Byrne
Royal Hallamshire Hospital	Sheffield	Prof John Snowden
Clatterbridge Cancer Centre	Liverpool	Dr Amit Patel
The Royal Marsden Hospital	London	Dr Emma Nicholson
Southampton General Hospital	Southampton	Dr Kim Orchard
St Bartholomew's Hospital	London	Dr Jeff Davies

Since 2018, eight IMPACT trials have been successfully approved (see table below). Throughout 2020, six trials were actively recruiting patients, the seventh trial was only recently approved and, sadly, the eighth trial was discontinued in the early stages of set up. This was due to feasibility and changes to frontline treatment which may have affected successful progression of the trial. In total, by the end of 2020 almost 500 patients had been recruited to IMPACT trials, providing crucial evidence for new approaches to treatments and ultimately helping improve outcomes for stem cell transplant patients.

Trial	Recruitment Start	Patient target
COVID-19 BMT - Chief Investigator: Dr Giovanna Lucchini To evaluate the role of immune and inflammatory response in recipients of allogeneic stem cell transplantation affected by severe COVID-19 infection.	04/05/20	60
Pro-DLI - Chief Investigator: Dr Victoria Potter The primary objective of this study is to determine whether prophylactic donor lymphocyte infusions (DLI) will improve disease-free survival of patients with AML or MDS.	24/08/2017	150
MoTD - Chief Investigator: Prof. Ronjon Chakraverty Compare novel graft-versus-host disease (GVHD) prophylaxis regimens to a current standard-of-care.	Oct-Nov- 2021	400
IPANEMA - Chief Investigator: Dr Christopher Parrish A trial of Daratumumab to remove myeloma cells from blood stem cells before transplant for patients with multiple myeloma.	Not continued	N/A
AMADEUS - Chief Investigator: Prof. Charles Craddock The primary objective is to compare relapse free survival of patients with AML or high-risk MDS treated with maintenance therapy of oral azacitidine versus placebo post stem cell transplant.	14/06/19	324
ALL-RIC - Chief Investigator: Prof. David Marks A comparison of reduced dose total body irradiation (TBI) and reduced intensity conditioning regimen in adults with acute lymphoblastic leukaemia (ALL) in complete remission.	17/09/18	247
COSI - Chief Investigator: Prof. Charles Craddock A comparison of new therapies with the potential to improve outcomes in adults with AML and High Risk-MDS who have received a stem cell transplant.	27/01/20	760
RATinG -Chief Investigator: Dr Adrian Bloor Study of the use of Lenzulimab compared to placebo in patients with acute GvHD following stem cell transplant.	In set-up phase	534

During the height of the COVID-19 crisis, all clinical research was paused and therefore new patient recruitment to IMPACT trials was halted. However, contact and care for those patients already recruited to trials continued. Subsequently, the National Institute of Health Research (NIHR) approved the re-start of all clinical research and patient recruitment has now resumed.

In addition to ensuring that treatment continued for all patients already recruited to IMPACT trials, the IMPACT Partnership responded promptly to the COVID-19 crisis. A COVID-19 focussed non-interventional trial was rapidly approved and developed by the IMPACT Hub, set-up progressed at the UK IMPACT centres and recruitment of patients began at rapid speed.

The COVID-19 BMT IMPACT trial was designed to recruit patients who had undergone a previous stem cell transplant and who were suffering a severe COVID-19 infection. The aim of this non-interventional trial was to biochemically assess and monitor previous stem cell patients who were admitted to hospital with severe COVID-19 symptoms. Initially, patient recruitment was low, which suggested that patients were successfully shielding. With a target recruitment number of 60 patients, amendments to recruitment criteria were considered to include all previous stem cell patients who had tested positive or currently tested positive for COVID-19, regardless of the severity of symptoms. The trial was led by Dr Giovanna Lucchini and Professor Persis Amrolia at Great Ormond Street Hospital. The scientific study was funded by the NIHR Blood & Transplant Research Unit and sponsored by Great Ormond Street Hospital.

Deborah Harkins had a stem cell transplant in June 2016 for leukaemia and is currently participating in a clinical trial for patients at high risk of relapse.

She says: "I believe we owe it to donors, those who are giving people a second chance of life, to do more research into what makes a stem cell transplant successful. Patients also deserve to receive the best possible care, and for that to happen we need clinical trials to take research from the lab to a place where it can really benefit patients.

"I've never met a patient who wouldn't consider being part of a clinical trial – the issue is that for a long time, there

haven't been enough trials for patients to be part of. That's why IMPACT is so important. It will increase the number of patients on trials, which ultimately means more patients' lives saved."

2. Our Ground-Breaking Care

Mind and Body Programme

In 2019, Leukaemia UK awarded funding to King's College London to support the launch of a two-year pilot project to address the psychological impact of a blood cancer diagnosis and treatments – both for those living with blood cancer and their families. The rationale of the Mind and Body project is to evaluate a universal screening tool to assess psychological need and offer people living with blood cancer a 'whole person' package of emotional, as well as clinical, support. The ultimate aim is to introduce a holistic approach as the standard of care for all blood cancer patients across the UK.

The Mind and Body pilot programme involves screening blood cancer patients for mental health issues. Initially, screenings took place in person during routine appointments and for those receiving inpatient treatment. Following the set-up phase of the programme in 2019, 46 haemato-oncology patients were offered screening, of which nine declined.

The Mind and Body team needed to adapt swiftly during the COVID-19 crisis as most haematology clinics were conducted remotely. The team contacted patients via telephone, 200 patients were offered screening with a take-up of 49 patients, and subsequent referrals were made for further support. Despite COVID-19, redeployments and furlough of research staff, the project has progressed, patients have been successfully screened for mental health issues and all necessary help and support has been provided.

A new mental health screening system called e-IMPARTS was developed which enabled patients to complete the screening process remotely in the comfort of their homes. In October 2020, e-IMPARTS screening was made available to patients in the myeloma clinic, which could potentially reach 60 patients a week. The screening is currently ongoing.

The Mind & Body Team comprises:

Consultant Nurse (BMT, survivorship and rehab), Project Co-Lead - Michelle Kenyon

Consultant Psychiatrist / Project Co-lead - Greg Shields

Haematologists - Carmel Rice & David Wrench

Clinical Psychologist- Christian Williams

Social Worker- Rachel Davidson

Psychology Student- Jess White

Research Fellow- Bernadette Khoshaba



“Treatments like intensive chemotherapy can be aggressive, arguably more so than for some other forms of cancer. The side effects can be unpleasant, sometimes serious, and last for some time (e.g. fatigue).

Treatment often involves long hospital stays and separation from loved ones, which can lead to some people feeling isolated. A number of the patients I see have had a transplant, which is very challenging – both physically and psychologically – and it can take some time for people to recover from that.

Just as we always treat the physical symptoms of people with blood cancer, it is equally important to attend to their emotional needs too – wherever they might be on a continuum from mild and normal distress through to being mentally unwell. This is because we know that people with serious and/or long-term health conditions experience a number of emotional challenges in coping and adjusting, and we know that they could develop mental health issues as a result of their illness.

I think rehabilitation following treatment for blood cancer includes both physical and psychological recovery, and it's important that we support people in both aspects. Some people have a delayed emotional reaction and might be confused or distressed by their feelings; as far as I'm concerned, it's vital that the door remains open for them to get support.”

Mr Phillip Alexander, Cognitive Behaviour Psychotherapist and Counsellor, Mind & Body Team

Helping Hand Fund

Leukaemia UK understands that a blood cancer diagnosis can cause more than physical health problems. We appreciate that a diagnosis can have a detrimental impact on family finances, whether through the inability to work due to poor health whilst receiving treatment, taking care of a child with blood cancer or extra costs incurred due to illness. In 2020, we provided financial support by awarding £150 to 43 people who needed our help. We placed no restrictions on the use of the award, but most people required help with the extra cost of travelling to hospital for multiple rounds of treatment. We also committed to offering our Helping Hand Fund in 2021.



3. Our Drive to Bring about Change

The Blood Cancer Alliance

Leukaemia UK is a member of the Blood Cancer Alliance (BCA), which is made up of 15 UK blood cancer charities. Its remit is to come together to tackle the key issues faced by blood cancer patients to improve the experience and outcomes of all those living with blood cancer in the UK.

Throughout 2020, as part of the BCA, Leukaemia UK was involved in several activities.

The National Institute for Health and Care Excellence (NICE) is currently undergoing a review of its health technology evaluation process and methods which aims to future proof the system for drug and treatment approvals. The timeline for implementation of the new methods and processes is January 2022. The review is multi-step, including several consultation periods. During the review, the BCA has submitted a combined membership response to proposals as part of the consultation process.

Access to Medicines

Access to medicines is critical to improving outcomes for those diagnosed with leukaemia and other blood cancers – and therefore a key issue of concern to patients.

The BCA commissioned research entitled ‘Access to Medicines’ which started and completed in 2020. The aim of the research was to provide evidence and explore the current opportunities and challenges for rapid access to new drugs and treatments for people with blood cancer in all four nations of the UK, and to identify recommendations for change.

The final report highlighted a number of factors which all contribute to variability in patient access to new treatments in the UK, together with recommendations on how to address the issues. The main points were:

- **Surgery or radiotherapy are rarely options for blood cancer patients – timely access to the best possible new treatments and medicines is critical to improving outcomes.**
- **Patient access to new treatments is variable in the UK, and ten key issues are exacerbating this problem.**
- **Two-thirds of blood cancer patients are worried about future access to medicines, and 88% believe the Government should be doing more.**
- **The patient voice is currently lost in the treatment appraisal process.**

An engagement campaign with key stakeholders and influencers was started in late 2020 with the aim of highlighting access to medicine issues and bringing about necessary change.

One Cancer Voice

Leukaemia UK is a member of One Cancer Voice, a charity coalition of 46 cancer charities aimed at improving the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support.

During the COVID-19 crisis, Leukaemia UK joined One Cancer Voice to ensure that consistent advice and vital information was available to all. Blood cancer patients are particularly at risk from a COVID-19 infection and therefore classed as Clinically Extremely Vulnerable (CEV). Access to supportive, accurate and rapidly-changing advice was crucial to all those diagnosed with blood cancer and their families. Leukaemia UK shared and distributed the advice produced by One Cancer Voice throughout the COVID-19 pandemic.

Association of Medical Research

Leukaemia UK became a member of the Association of Medical Research Charities (AMRC) in March 2016. Membership offers the opportunity to support and be supported by other member charities. A collegiate approach was vital during the COVID-19 pandemic, providing much-needed information and discussion with regards to issues such as stalled research funding projects and furlough of research staff. The AMRC collected data from its members via surveys several times throughout 2020. From the data provided, the AMRC announced that the COVID-19 crisis was having a devastating financial impact on medical research charities, which faced cuts to their research investment of 41% in the next year alone – with a predicted £310m shortfall in support for life-saving discoveries.

Medical research charities fund the salaries of around 17,000 UK scientists. Funding uncertainties led to the prediction that many scientists could be forced to leave the profession, with two-thirds of those surveyed relying entirely on charity funding for their salary. It was expected that early-career researchers might be particularly affected. According to an AMRC survey, thousands of charity-funded early career researchers could face a funding cliff edge. Half said that their funding would expire by the end of 2021 and, of those, two-thirds had so far been unable to secure funding to take them to the next stage in their career.

The Institute for Public Policy Research published a 'Research at Risk' report warning that the charity fundraising hit from COVID-19 could mean up to £7.8 billion less would be available for future medical research.

The AMRC, Leukaemia UK and other members worked together to make a case for Government support and to secure funding to ensure continuation of research funding. The AMRC developed a campaign which

launched in January 2021 - #ResearchAtRisk. The purpose of the campaign was to gain the support of the public, encouraging people to write to the Prime Minister, Boris Johnson, and ask him to intervene in the battle for funding for the medical health charity sector.

4. Our Inspirational Community

We are extremely grateful to our incredibly generous and committed community of supporters up and down the UK who are united in wanting to drive progress in outcomes for all those affected by leukaemia and other blood cancers.

In 2020, their unwavering support was never needed more. Their efforts helped grow our overall income to £1.8m, enabling us to continue our investment in research when others in the sector were sadly forced to cut research funding.

Who's Cooking Dinner?

We were extremely fortunate to have been able to host our flagship fundraising event, Who's Cooking Dinner?, in March 2020, just three weeks before the country was instructed to stay at home to prevent the spread of coronavirus.

For more than 20 years, Leukaemia UK has organised Who's Cooking Dinner?, the top foodie fundraising event of the year, masterminded by luminary restaurateurs Chris Corbin OBE and Peter Gordon.

For one evening only, more than 20 of the UK's most prominent chefs from top restaurants, with a host of Michelin stars and accolades between them, take part in this remarkable event.

The 21st anniversary Who's Cooking Dinner? event was held on 2 March 2020 at The Dorchester Park Lane, London and raised an extraordinary £298,800 to fund life-saving leukaemia and blood cancer research.

Once again, the evening brought together a who's who of culinary legends. Our stellar line-up included Rick Stein, Tom Kerridge, Giorgio Locatelli, Clare Smyth and Brett Graham, alongside the next generation of world-class chefs — Jackson Boxer, Tom Booton, Jonny Glass and Jeremy Page.

Who's Cooking Dinner? That's the question asked by the guests of 20 table 'hosts', who discovered on the night which chef in the all-star line-up would be cooking for them. The Grand Auction, hosted by Sotheby's, followed the dinner, where guests had the chance to bid for their favourite chef to cook a bespoke dining experience in their home.

“Last night was a great night, again. Thank you to the Leukaemia UK team. The chefs and their teams donate their time and the food and drink and that’s fantastic.” – Chris Field, Who’s Cooking Dinner? host, 2020

Our Wonderful Supporters

We saw a significant increase in one-off donations throughout 2020. Our supporters donated when they could to raise over £250,000 and around 100 people donated a regular gift, raising over £60,000. We also saw more than 3,000 people create fundraisers for Leukaemia UK using Facebook Charitable Giving Tools, raising over £65,000.

We would like to say a huge and heartfelt thank you to all our supporters who made the effort to fundraise for us in this exceptionally difficult year. Thanks to you, we are able to reach more people who have received a blood cancer diagnosis and offer help to their friends and family too.

Your support means everything to us.



“My amazing and lovely granddaughter has been suffering from leukaemia for almost ten years now. The toll it has taken on all of us — my daughter, son-in-law, her elder brother and younger sister and grandparents, my other daughter and her family — has been enormous.

Today I was on the point of making a donation to Captain Tom when I realised that, amazing as

he has been, I really want to ensure that leukaemia and other charities still receive money too in the strange and stressful times we are in.

My granddaughter is in a precarious state of remission at the moment and our hope has always been that she can keep going until the people who do such amazing work as you, will one day discover less invasive treatments, if not a cure. You have come so far since my little star was just six and we were brutally introduced to the nightmare of leukaemia.

Thank you so much for all your efforts. Wish I was in a position to donate much, much more.”

Kathy

‘In memory’ giving

We are extremely grateful to our supporters who donate in memory of a loved one. Donating in memory is such an extraordinary way to honour and remember friends, family, neighbours, colleagues and loved ones. Over 2,000 people chose to donate in memory in 2020, gifting an incredible £207,123 to life-saving leukaemia and blood cancer research. Thanks to these supporters, we can help families across the UK who are currently fighting leukaemia or have just received the news that they have leukaemia.

Legacy Giving

All of our ground-breaking research is funded thanks to the generosity and support of fundraisers and donors. During 2020 we were privileged to receive 15 gifts in Wills to the value of £387,607. We would like to take a moment to thank every person who decided to leave a legacy to Leukaemia UK. Thank you for placing your trust in us to use your generous gift wisely to improve and save the lives of as many people living with leukaemia and blood cancer as possible. Gifts in Wills enable us to increase our investment in research and fund larger-scale research projects, driving forward progress in the understanding and treatment of leukaemia and blood cancer.

Event Fundraising

Although the country spent most of the year living in lockdown, this didn’t stop our supporters from taking on challenges to fundraise on our behalf. From running and walking at home to participating in national virtual fundraising events, such as the 2.6 Challenge organised by the Virgin London Marathon Team, our amazing community raised over £150,000.

Our supporter Tommy raised an incredible £805 by completing a 100k challenge in May. Here, Tommy shares why he decided to support us.

“The reason why I chose Leukaemia UK was because my auntie was diagnosed with leukaemia last year. I’m delighted to say she is now in remission. She received brilliant treatment in terms of how quickly it was diagnosed which enabled treatment to begin straight away which gave her a great chance of beating it. The care she received was excellent and as a family we are very grateful for this.

I wanted to raise as much awareness of leukaemia as I could, as we experienced first-hand the effects this has on families in the UK and all over the world. Thank you and keep up the amazing work you are doing!”

Trusts and Foundations

In all, 40 trusts and foundations supported our work in 2020, gifting over £47,253. This was mainly secured from small and medium trusts. We would like to thank all the trusts that were kind enough to fund our work this year.

We also want to say a huge thank you to The Robert Luff Foundation Ltd for their generous funding that went towards the salary of the Research Fellow integrated into the Mind and Body programme. The role is a critical post for this project. It provides the lead on the research and data collection, ensuring we gather a strong evidence base on the impact of providing psychological support to people living with blood cancer and their families.

5. Our Finances

This report covers the period 1st January 2020 to the 31st December 2020 – the new charity's first full financial year after merger.

Income

Total income for the year grew to £1.8m – an increase of 4.9% from 2019.

The main sources of income and growth came from legacies and individual donations, including donated goods and services, totalling £1.4m. Our flagship fundraising event – Who's Cooking Dinner? – was delivered just before lockdown, raising £299,220.

Investment income of £84,636 reflected the initial impact of the pandemic on the markets.

Fundraising Expenditure

This increased income was achieved despite a decrease in expenditure on raising funds from £556,607 to £471,594, demonstrating efficiencies generated by the merger.

Charitable Expenditure

Expenditure on charitable activities was £1.2m - a reduction of £364k from 2019. This was due to the timing of our Project Grants which we aim to fund every other year and hope to repeat in 2022.

Grants

A total of £0.9m was committed as new grants in the year – a decrease compared to the prior year due to no new project grants having been committed.

Surplus

Thanks to a stronger than anticipated income performance, we ended the year with a surplus after net gains/(losses) on investments of £101,397 compared to a deficit of £51,296 in the prior year. This is despite a loss on investments in the year of £33,799 as a result of the volatility in the market from the ongoing COVID-19 pandemic.

Reserves

This result reflects a recognition by the Trustees that the reserves accumulated over the past few years should be released over the next few years, but also reflects a desire to ensure that only research and care projects that meet the stringent requirements of the charity are funded. In addition, during this unparalleled time of global change and economic uncertainty, we must have enough reserves to ensure the charity is resilient and can sustain its commitments to research and care.

At the end of 2020, the total funds of the charity were £3,309,335, up from £3,207,938 at the end of 2019.

Funds held on 31 December 2020 were:

- **Unrestricted £3,301,658, restricted £7,677 (2019 - unrestricted £3,147,938, restricted £60,000).**
- **Of the unrestricted funds, £333,974 were designated to the IMPACT Partnership and this will be spent over the next year.**
- **As a result, free reserves totalled £2,967,684 (2019 - £2,574,881).**

Following completion of the merger, the Reserves Policy of the charity was simplified. The new policy requires sufficient free reserves to cover 12 months of running costs – defined as ongoing staff and overhead costs (c. £525,000) and one year of grant commitments (c. £1m), all uplifted by an additional 25% to respond to unexpected changes to the funding environment. This requires a general reserves level of around £1.9m. The current level of £2,967,684 exceeds this amount.

The Trustees have identified this excess of general or free reserves as one of the risks currently facing the charity, and they are aware that the reserves guidance issued by the Charities Commission states we should not hold excessive reserves. As a result, they plan to review the reserves policy in 2021, with a view to using some reserves to sustainably grow the charity's long-term impact.

Financial Statements

The charity's financial statements are set out on pages 22 to 38.

Going Concern

Like every charity that raises money through events, Leukaemia UK has been impacted financially by the pandemic, and has had to find new ways to raise money to replace events fundraising income. However, during 2020, our flagship event – Who's Cooking Dinner? – took place in early March before lockdown in England. This, along with an increased income from legacies and one-off donations, ensured that our income grew slightly in 2020. Additionally, the merger created cost efficiencies in some areas, which meant our plan to spend down some of our

reserves and run a deficit, resulted in a surplus.

Our plan and budget for 2021 see us: continuing to draw on our reserves to invest in consolidating the charity post-merger; and diversifying our fundraising portfolio, to minimise over-reliance on any one income stream, in particular, special events. Whilst we have sustained and, in some cases, increased our investment in existing programmes and projects, we have also been prudent by not committing to any new large, long-term research commitments. We will wait until we have developed our new strategy and have a better sense of our baseline income and fundraising opportunities post-merger and post-pandemic.

As part of our strategy development, we are reviewing our Reserves Policy so we can invest in our charitable work to deliver greater impact for those affected by leukaemia. We also aim to create a more sustainable fundraising model and charity, which can sustain world-class leukaemia research and ground-breaking care, to deliver long-term progress.

It is therefore reasonable to expect that the charity has adequate resources to continue in operation for the foreseeable future, representing a period of at least 12 months from authorisation of the financial statements. Given this, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis as outlined in the Statement of Trustees' Responsibilities

Investments

The Trustees take a cautious and prudent approach to investment of the charity's funds. To ensure that investments are appropriately diversified, they have agreed for funds to be split between:

- Short and medium-term bank money market deposits
- A portfolio of investments managed by the firm of stockbrokers, Investec.

This split of resources is designed to balance potential returns with appropriate risk, as well as ensuring enough liquidity to meet cash flow requirements. The long-term investment portfolio is managed by investment managers in order to: ensure a cash income source through dividends and interest which is withdrawn from the portfolio on a quarterly basis; and to achieve capital growth by reinvesting funds from disposed of investments.

The only restriction placed on the investment portfolio is an instruction that the firms must not invest charity funds in tobacco companies. All long-term investments are managed by Investec, which provides regular updates to Board meetings throughout the year. Investec is invited annually to present to the Finance & Audit Sub-Committee.

6. Our Passionate Team

We are a small charity determined to be a force for change for all those affected by leukaemia.

Our small size belies the big hearts, expertise, passion and drive within our team at Leukaemia UK, which works throughout the year to fund and deliver world-class research and ground-breaking care.

Status

Leukaemia UK operates as a Charitable Incorporated Organisation (CIO) and is governed in line with its constitution dated 3 December 2013. Our objectives are to relieve sickness and preserve and protect health, in particular by:

- Promoting research into leukaemia and/or related disorders
- Providing support directly or indirectly to people affected by leukaemia and/or related disorders, including the maintenance of specialist treatment units.

Public Benefit

Trustees can confirm that they are informed by the Charity Commission's guidance on public benefit and that they have complied with Section 17 of the Charities Act 2011 to have due regard to this area. Any research that we fund must be available to everyone regardless of race, religion, gender, sexual orientation or age, amongst other factors.



Board of Trustees

Trustees contribute their services to the Board on a voluntary basis and are responsible for the governance of the charity, ensuring it meets its statutory responsibilities as well as determining overall strategy, policies and direction, with the expert guidance of the Leadership Team.

We believe it is critical that most of our Board members have a lived experience of leukaemia so they can walk in the shoes of those we are here to help. During the year under review, the Leukaemia UK Board of Trustees consisted of:

Chris Corbin (Chair)

Amanda Stewart (Vice-Chair)

Oliver Sparks (Treasurer)

Alastair Adam

Luke Cripps

Caroline Evans

James Fairclough

David Linch

Jonathan Neal

Tony Pagliuca

Ray Kelly - Resigned 1st June 2021

David Krapp - Resigned 12th February 2021

Liz Pepper - Resigned 26th January 2021

John Macey - Resigned 27th May 2021

The constitution states there must be a minimum of three Board members. All Trustees have a term length of three or four years but are eligible for one reappointment. Any new Trustees are invited by agreement of the existing Trustees, having due regard to the skills, knowledge and experience required for the effective administration of the charity.

Following the merger of the two legacy charities and the creation of a new Leukaemia UK Board, a Board Review will take place in 2021 to ensure the charity has the skills, experience and perspective it needs for the future.

Leadership Team

The Trustees delegate day-to-day management of the charity to the Chief Executive, who works with a Leadership Team consisting of a Head of Research & Policy and Head of Fundraising and Communications.

In the summer of 2020, six months after the merger,

the Board of Trustees decided to create one CEO role to lead the charity. Following an open and competitive recruitment process, we appointed a new Chief Executive, Fiona Hazell. Fiona joined the charity on 7 September 2020, before which she was part of the Senior Leadership Team at Breast Cancer Now, as Director of Influencing & Communications. She brings 20 years' leadership experience in the not-for-profit and medical research sectors. Fiona helped lead the two mergers that created Breast Cancer Now and one of the UK's leading cancer charities.

We sadly said goodbye to Co-CEOs Olive Boles and Angela Smith-Morgan, who led the charity through the merger. We are very grateful for their service to the charity.

Staff

In 2020, the charity had a small but expert and dedicated team of six permanent staff, who raised £1.8m and delivered £1.1m worth of leukaemia research and care.

Volunteers

We are nothing without our volunteers across the UK who generously give their time and expertise to support us. This includes the voluntary expert panels who help deliver our work. We are incredibly grateful to all our volunteers for everything they do to help the charity, people with a diagnosis of blood cancer, and their friends and families.

Scientific and Medical Panel

Independent peer review is an integral part of the decision-making process when awarding funding. All grant applications are assessed by world-class researchers and experts, whose views and opinions inform our decision-making.

Grant applications are reviewed by at least three experts from our Independent Scientific Panel and two external reviewers, in accordance with our Peer Review Policy. The reviewers assess applications for their relevance, quality and feasibility to make recommendations for funding.

Leukaemia UK implements a policy on Conflicts of Interest, whereby all panel members and reviewers are asked to declare any conflicts they may have with the application or applicant/s, in order that these are properly managed, in line with impartiality standards.

Leukaemia UK's Scientific and Medical Panel members make their recommendations to Leukaemia UK's Board of Trustees who make the final decisions on which applications will be approved for funding. In the year under review, this panel consists of:

Prof. Nick Cross, Faculty of Medicine, University of Southampton (Chair)

Prof. Francesco Dazzi, King's College London (Vice Chair)

Prof. Dominique Bonnet, Francis Crick Institute, London
 Prof. Jackie Boulton, University of Oxford
 Prof. Richard Clark, University of Liverpool
 Dr Steve Devine MD, CIBMTR, Minneapolis, USA
 Prof. Tariq Enver, Cancer Institute Director, University College London
 Prof. Maria Figueroa, University of Miami Miller School of Medicine, Miami, USA
 Dr Maria Gilleece, Leeds Teaching Hospitals NHS Trust
 Prof. John Gribben, Queen Mary University of London
 Prof. Olaf Heidenreich, Newcastle University
 Prof. Robert Hills, Cardiff University
 Prof. Anastasios Karadimitris, Imperial College London
 Prof. Nicolaus Kröger, University Medical Centre, Hamburg, Germany
 Prof. David Marin, MD Anderson Cancer Centre, Houston, USA
 Prof. Mary Francis McMullin, Queen's University Belfast
 Prof. Ken Mills, Queen's University Belfast
 Prof. Emma Morris, University College Hospital, London
 Dr Kim Orchard, University Hospital Southampton NHS Foundation Trust
 Prof. Uwe Platzbecker, Technical University Dresden, Germany
 Prof. Katy Rezvani, MD Anderson Cancer Centre, Houston, USA
 Prof. Simon Rule, University of Plymouth
 Dr Satyajit Sahu, University Hospital Lewisham, London
 Dr Bipin Savani MD, Vanderbilt University Medical Center, USA
 Dr Bronwen Shaw MD, Medical College of Wisconsin, USA
 Prof. John A Snowden, Sheffield Teaching Hospitals NHS Foundation Trust.

IMPACT Oversight Committee

IMPACT is a partnership of organisations committed to improving the outcomes of stem cell transplantation through cutting-edge research. It is jointly funded by Anthony Nolan, Leukaemia UK and NHS Blood and Transplant.

In December 2020, the IMPACT Oversight Committee consisted of the following people:

Henny Braund - Chair and Chief Executive, Anthony Nolan
 Fiona Hazell - Deputy Chair and Chief Executive, Leukaemia UK
 Prof. Charles Craddock - IMPACT Hub Clinical Lead
 Prof. Ronjon Chakraverty - IMPACT Medical Director
 Prof. Paresh Vyas - Chair - IMPACT Scientific Advisory Group
 Dr James Griffin - Medical Director Clinical Services, NHSBT
 Prof. Kim Orchard - BSBMT President

Who's Cooking Dinner? Committee

Who's Cooking Dinner? is our flagship fundraising event which relies on the support and expertise of an organising committee. In the year under review, this committee included:

Chris Corbin OBE (Chairman)
 Peter Gordon ONZM (Founder)
 Claire O'Sullivan
 Hannah Lewis MBE
 Lou McLeod
 Marian Scrutton
 Michelle Chillingworth
 Olive Boles
 Phil Parry
 Premala Matthen
 Racheline Garston
 Ray Kelly
 Russell Norman
 Seb Fogg
 Tanya Hamilton-Smith
 Thomas Flynn

Finance & Audit Sub-Committee

The Committee usually meets four times a year and is made up of three Trustees: Oliver Sparks, Jonathan Neal and David Krapp. It is responsible for advising the Board on operational and strategic financial planning, including reviewing plans, budgets and reforecasts. It reviews matters of financial governance including financial policies, processes and controls, and advises on the appointment of external auditors. The Committee also sets and recommends the Investment Strategy to the Board for approval and oversees the management and performance of investments.

Remuneration Sub-Committee

The Committee usually meets twice a year and is made up of three Trustees: Chris Corbin (Chair), Caroline Evans and John Macey. It sets and reviews the people and organisational policies and processes for the charity, including the pay policy, which uses sector benchmarking to set pay levels. The Committee review staff salaries on an annual basis. Each year a salary review is considered but not guaranteed, with any agreed uplift applicable from 1 January and only available to staff who have completed their probationary period. When new roles are considered, the charity benchmarks them against similar roles in medical charities of a similar size.

7. Ethics

Equality, Diversity & Inclusion

Leukaemia UK recognises the critical importance of working with individuals from all backgrounds and community groups affected by and interested in leukaemia, as this helps build a charity that values knowledge, understanding, innovation and difference in others.

We are committed to ensuring all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status, maternity status, marital status, race, religion, social status or economic status.

Our plans for 2021 include ensuring we better understand, work with and represent all those affected by leukaemia and blood cancer. We aim to listen, learn and collaborate with others to increase equality, diversity and accessibility across all we do. As part of this work, we will develop and publish a full Equality, Diversity & Inclusion Policy and Action Plan, as well as implementing a Board Review to ensure our charity is governed by a Board that better represents and reflects the experiences of our community.

Use of Animals in Research

Animal research has played a vital part in many medical discoveries. Some of the biggest breakthroughs in our understanding of blood cancers and the development of new treatments would not have been possible without the use of animals. Most biomedical research is carried out using non-animal methods, but sometimes these methods simply cannot replace the use of animals.

Leukaemia UK supports the view, together with the majority of academics and every major UK charity that conducts medical research, that using animals in research is sometimes necessary to develop new treatments for human diseases.

Leukaemia UK will fund proposals that include research with animals only where there is no alternative, and where the proposals fully comply with the Animals (Scientific Procedures) Act 1986. All animal research carried out in the UK must be approved and licensed by the Home Office.

Leukaemia UK is a member of the Association of Medical Research Charities (AMRC). All AMRC members support the AMRC position statement on the use of animals in research.

We support the guiding principles of the 3Rs (replace, refine and reduce) that underpin the humane use of animals in scientific research. Any proposed research using animals is therefore required to consider how to:

1. 'Replace' animals with alternatives wherever possible.
2. 'Refine' experimental techniques, to ensure best practices for animal welfare.
3. 'Reduce' the number of animals used to a minimum, to obtain information from fewer animals or more information from the same number of animals.

Fundraising Ethics

Leukaemia UK voluntarily subscribes to the Fundraising Regulator and its Code of Fundraising Practice. The Fundraising Regulator investigates and takes appropriate action on cases of public concern. We are also signed up to the Fundraising Preference Service which enables individuals to opt out from receiving fundraising communications from us. We continue to work closely with the Fundraising Regulator and with the Institute of Fundraising to help improve standards and ways of working across the charity sector.

Complaints Handling

Complaints and supporter feedback provide important sources of information about the impact that our work has on our supporters and members of the public, giving us insights and lessons for future fundraising activities.

We are committed to delivering the highest possible standard of service and supporter care. As part of our complaints policy, we promise:

- To provide a fair complaints procedure that is clear and easy to use.
- To publicise our complaints procedure so that people know how to make a complaint.
- To make sure that all complaints are investigated in a timely way.
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired.
- To gather information that helps us to improve what we do.

During 2020 we received zero complaints. We anticipate that this figure will increase as our income generation activities grow and we will review our complaints policy and procedure in line with fundraising plans.

8. Our Risks

We have a stringent approach to risk management, with the risk register and processes reviewed on a regular basis by the Finance, Audit and Risk Committee and annually by the full Board of Trustees. The Trustees actively review the major strategic, business and operational risks that the charity faces and confirm that they have established systems to manage significant risks.

The risk management process takes account of several factors when identifying risks, including internal factors such as staff expertise, cash and donation levels, and current commitments, as well as external factors including reputational risk, trends within the sector and changes in legislation. Each risk is then given a rating based on the level of impact it might have on the operations of the charity against the likelihood of any negative impact occurring. The major risks identified by the management team at the end of the reporting period are outlined here.

Risk	Mitigating activities
<p>Reserve levels either fall to a point where the charity is unable to continue to fund future commitments or rise to a point where they have a negative impact on fundraising activities.</p>	<ul style="list-style-type: none"> • The Finance & Audit Sub-committee, chaired by the Treasurer, to meet up to four times a year. Its remit includes reviewing the investment and reserves policy, cashflow management and advising the Board accordingly. • The Board keeps the reserves policy under review to ensure it is fit for purpose and balances the two risks. • Three-year rolling cashflow forecasts are now presented as part of the management accounts to show current cash and investment levels against future commitments and expected income, including showing the balance of funds remaining uncommitted at the end of the period. • At least two budget reforecasts take place throughout the year to manage income and expenditure in line with actual performance, given uncertainty caused by COVID-19. • A prudent approach was taken to new grant commitments in the year under review given the potential impact of COVID-19 on fundraising events and income.
<p>Negative publicity or event fatigue significantly impacts the income generated by Who's Cooking Dinner?, resulting in a major drop in income.</p>	<ul style="list-style-type: none"> • A senior Head of Fundraising & Communications has been appointed to build capacity to develop a plan for income diversification to reduce the dependence on single events. • A dedicated events producer was engaged to manage the dinner to ensure it is run to the highest standards and to exploit new opportunities and spin-offs. • Reserves are monitored and kept at a level high enough to meet our current research commitments, even if income were to drop significantly below current levels.

Non-compliance with complex legislation and reporting requirements leads to reputational damage or punitive action.

- We will continue to recruit experts to advise us on key areas, so we are up to date with the latest developments.
- We began reviewing our internal policies and procedures following the merger including Terms & Conditions, HR policies and staff handbook and income processing.
- We are registered with the Fundraising Regulator and follow their code of practice to reflect our commitment to the sector's kitemark for quality and compliance.

9. Our Plans for 2021

Following a year of unparalleled change, we developed a new operational plan for 2021 that builds on the benefits of the merger, while we develop a longer-term strategy for the new charity.

Our four over-arching objectives for 2021 are to:

1. Invest £1m to drive progress for all those affected by leukaemia:

- Understand better the needs of all those affected and the barriers to greater progress.
- Fund world-class innovative leukaemia research, advocate and campaign to change policy and practice, and raise awareness of the signs and symptoms of leukaemia.

2. Better understand, involve and represent all those affected by blood cancer:

- Listen, learn and collaborate with others.
- Develop a new policy and action plan to improve equality, diversity and inclusion across all we do.

3. Maintain income in 2021 and build foundations for long-term sustainable growth:

- Refocus our fundraising efforts in light of the pandemic.
- Build on the success of current income streams to maximise income for our charitable work.
- Develop innovative fundraising opportunities for our supporters, recognising the new ways that people choose to support us.
- Improve and modernise our supporters' experience through personalised supporter journeys.
- Invest in long-term fundraising, championing sustainable fundraising and investments that consider the environment and wellbeing of others.

4. Make Leukaemia UK a great place to work in a post-pandemic world:

- Build a new culture and high-performing team.
- Instil robust and flexible governance, policies and procedures.
- Plan, evaluate performance and measure impact.

10. Statement of Trustees' Responsibilities

The Board of Trustees presents its Annual Report and Accounts for the year ended 31 December 2020.

The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. Charity law requires the Trustees to prepare financial statements for each financial year.

Under that law, they are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. Under charity law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and any excess of expenditure over income for that year.

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

- Select suitable accounting policies and then apply them consistently.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities. The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In addition, the Trustees confirm that they are happy that the content of the annual review in pages 3 to 18 of this document meet the requirements of the Trustees' Annual Report under charity law. They also confirm that the financial statements have been prepared in accordance

with the accounting policies set out in the notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Each person who is a Trustee at the date of approval of this report confirms that:

- So far as the Trustee is aware, there is no relevant audit information of which the charity's auditors are unaware.
- The Trustee has taken all the steps he/ she ought to have taken as a Trustee to make himself/herself aware of any relevant audit information and to establish that the charity's auditors are aware of that information. This report was approved and authorised for issue by the Board of Trustees on 16 September 2021 and signed on its behalf.

Chris Corbin

Chris Corbin OBE

Chairman



11. Independent Auditor's Report

Opinion

We have audited the financial statements of Leukaemia UK for the year ended 31 December 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the 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 charity's affairs as at 30 December 2020, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

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 charity 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 the charity'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 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 there is 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 18, the trustees 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 determines 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 charity'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 charity 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 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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 is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP

Mahmood Ramji (Senior Statutory Auditor)
for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

Devonshire House
60 Goswell Road
London
EC1M 7AD

Date: 30/09/2021

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

STATEMENT OF FINANCIAL ACTIVITIES

For the year ended 31 December 2020

	Notes	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £	Total Funds 2019 £
Income from					
Donations and legacies	3	1,372,215	46,127	1,418,342	1,057,766
Other trading activities	4	299,220	-	299,220	533,190
Investments	5	84,636	-	84,636	127,672
Total income		1,756,071	46,127	1,802,198	1,718,628
Expenditure on					
Raising funds	6 & 7	411,594	60,000	471,594	556,607
Charitable activities	6 & 8	1,176,958	18,450	1,195,408	1,559,233
Total expenditure		1,588,552	78,450	1,667,002	2,115,840
Net gains/(losses) on investments	12	(33,799)	-	(33,799)	345,916
Net income/(expenditure)		133,720	(32,323)	101,397	(51,296)
Transfer between funds		20,000	(20,000)	-	-
Net movement in funds		153,720	(52,323)	101,397	607,903
Reconciliation of funds					
Total funds brought forward	16 & 17	3,147,938	60,000	3,207,938	3,259,234
Total funds carried forward	16 & 17	3,301,658	7,677	3,309,335	3,207,938

The notes on pages 25 to 38 form part of the financial statements.

All the above results arise from continuing activities.

There were no other recognised gains or losses other than those stated above.

BALANCE SHEET

As at 31 December 2020

	<i>Notes</i>	Total Funds 2020 £	<i>Total Funds 2019 £</i>
Fixed assets			
Tangible assets	11	1,617	4,178
Investments	12	3,049,136	3,105,250
Total fixed assets		3,050,753	3,109,428
Current assets			
Debtors and prepayments	13	109,396	75,251
Investments		204,299	1,013,762
Cash at bank and in hand		2,123,396	1,695,594
Total current assets		2,437,091	2,784,607
Creditors - amounts falling due within one year	14	(1,634,531)	(1,862,729)
Net current assets		802,560	921,878
Grants awarded - due in more than one year	15	(543,978)	(823,368)
Total net assets		3,309,335	3,207,938
Funds of the charity			
Restricted	16 & 17	7,677	60,000
Unrestricted			
Designated	16 & 17	333,974	573,057
General	16 & 17	2,967,684	2,574,881
Total unrestricted		3,301,658	3,147,938
Total funds		3,309,335	3,207,938

The notes on pages 25 to 38 form part of the financial statements.

These financial statements were approved and authorised for issue by the Board of Trustees on 16/09/2021 and signed on their behalf by:

Chris Corbin

Chris Corbin OBE

Chairman

STATEMENT OF CASH FLOWS

For the year ended 31 December 2020

	Total Funds 2020 £	Total Funds 2019 £
Cash flows from operating activities		
Net income/(expenditure) for period (as per SOFA)	101,397	(51,296)
Adjustments for:		
Depreciation charges	3,083	4,064
(Profit)/loss on disposal of tangible asset	320	190
Investment income received	(84,636)	(127,672)
Net gains/(losses) on investments	33,799	(345,916)
(Increase)/decrease in short term investments	809,463	297,771
(Increase)/decrease in trade debtors	5,000	(7,000)
(Increase)/decrease in accrued gift aid	(36,766)	13,249
(Increase)/decrease in other accrued income	3,817	61,882
(Increase)/decrease in rent deposit	-	3,325
(Increase)/decrease in prepayments	(6,196)	8,318
(Increase)/decrease in other debtors	-	117
Increase/(decrease) in trade creditors	(8,557)	(2,413)
Increase/(decrease) in payroll liabilities	6,054	(4,851)
Increase/(decrease) in grants payable - due in less than a year	(117,111)	387,800
Increase/(decrease) in accruals	(3,584)	6,167
Increase/(decrease) in deferred income	(105,000)	52,500
Increase/(decrease) in other creditors	-	(43,919)
Increase/(decrease) in grants payable - due in more than a year	(279,390)	3,661
	220,296	307,273
Net cash flows from operating activities	321,693	255,977
Cash flows from investing activities		
Investment income received	84,636	127,672
Purchase of tangible fixed assets	(842)	-
Proceeds from sale of investments	535,468	318,892
Purchase of investments	(485,916)	(372,712)
Decrease/(increase) in cash held in portfolio	(27,237)	75,612
Net cash flows from investing activities	106,109	149,464
Change in cash and cash equivalents in period	427,802	405,441
Cash at bank and in hand brought forward	1,695,594	1,290,153
Cash at bank and in hand carried forward	2,123,396	1,695,594

The notes on pages 25 to 38 form part of the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

1. ACCOUNTING POLICIES

Basis of preparation of the financial statements

The financial statements have been prepared in accordance with 'Charities SORP (FRS 102) - 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) second edition (effective 1 January 2019)', the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), including Update Bulletin 2, and relevant charities law.

The effect of any event relating to the year ended 31 December 2020, which occurred before the date of approval of the financial statements by the Board of Trustees has been included in the financial statements to the extent required to show a true and fair view of the state of affairs at 31 December 2020 and the results for the year ended on that date.

The functional currency of the Charity is sterling and amounts in the financial statements are rounded to the nearest pound.

Legal status

Leukaemia UK is a charitable incorporated organisation registered in England & Wales, and meets the definition of a public benefit entity. The registered office is 52 Portland Place, London, W1B 1NH.

Going concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the Charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The Trustees have considered the Charity's forecasts and projections and have taken account of pressures on donation, fundraising and investment income. After making enquiries, the Trustees confirm that the Charity has adequate resources to continue in operational existence for the foreseeable future and that there are no material uncertainties that would impact this assessment. The ongoing COVID-19 pandemic has had no material impact on this assessment. The Charity therefore continues to adopt the going concern basis in preparing its financial statements.

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.

Designated Funds are unrestricted funds which have been designated for a specific purpose by the Trustees. The aim and use of each designated fund is set out in note 16 of the financial statements.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by donors or that 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 note 16 of the financial statements.

Income

All income is included in the Statement of Financial Activities when the Charity has entitlement, there is probability of receipt and the amount is measurable.

For donations and gifts this is when they are received. Gift Aid is recognised on a receivable basis as part of the income to which it relates.

Grants are recognised in full in the year in which they are receivable except in situations where they are related to performance in which case they are accrued as the Charity earns the right through performance.

Fundraising income is accounted for gross, with any associated costs presented as expenditure.

Interest is recorded when it is receivable.

Dividends are accounted for when due, and tax recoverable on such income is accounted for based on the repayment due in the fiscal year ending in that accounting year.

Realised gains or losses are recognised when investments are sold. Unrealised gains or losses are accounted for on revaluation of investments at the period end.

NOTES TO THE FINANCIAL STATEMENTS

Expenditure and irrecoverable VAT

Expenditure is accounted for on an accruals basis and liabilities are recognised as expenditure when there is a legal obligation committing the Charity to the expenditure, it is probable that settlement will be made, and the obligation can be measured.

Non-recoverable VAT is included against the expenditure heading to which it relates.

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

Grants payable are payments made to third parties in furtherance of the Charity's objectives.

Unconditional grant offers are accrued in full once the recipient has been advised of the grant award and the payment is probable. Where grant awards are subject to performance conditions that are outside of the control of the Charity these are accrued when the recipients have been notified of the grant award.

Multi-year grants are recognised at their historic cost and thereafter at the best estimate of the amount required to settle the obligation at the reporting date. Where payments are due over more than one year from the date of the award and there are no unfulfilled conditions which are within the control of the Charity and the effect of discounting is immaterial, no adjustment is made to discount the liability to its present value at the reporting date.

Taxation

As a registered charity income and gains are exempt from Corporation Tax to the extent that they are applied to the charitable objectives.

Donated goods and services

Where goods are provided to the Charity as a donation that would normally be purchased from suppliers this contribution is included in the financial statements as an estimated based on the value of the contribution to the Charity.

Investments

Investments are initially measured at their cost and subsequently measured at their fair value at each reporting date, which gives rise to unrealised gains/losses at the end of the financial period which is reflected in the SOFA. Realised gains/losses are calculated as the difference between the sales proceeds and the opening carrying value or the purchase price if acquired during the financial period. Partial disposals are accounted for using

the average value. Fair value is based on the quoted price at the balance sheet date without deduction of estimated future selling costs.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses, with individual assets over £500 being capitalised. Depreciation is provided at rates calculated to write off the cost of each asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computers – straight line over 4 years

Fixtures and fittings – straight line over 5 years

Cash at bank and in hand

Cash at bank and in hand includes cash in hand, deposits with banks and funds that are readily convertible into cash at, or close to, their carrying values, but are not held for investment purposes.

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount is applied.

Creditors

Creditors 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.

Financial instruments

Basic financial instruments are measured at amortised cost other than investments which are measured at fair value.

Critical estimates and judgements

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The treatment of tangible fixed assets is sensitive to changes in useful economic lives and residual values of assets. These are reassessed annually.

In the view of the Trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

NOTES TO THE FINANCIAL STATEMENTS

Pensions

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

Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

NOTES TO THE FINANCIAL STATEMENTS

2. MERGER OF LEUKA & LEUKAEMIA UK

As of 1 November 2019 Leuka (charity no. 1154856) and Leukaemia UK (charity no. 1150414) merged to form Leukaemia UK, utilising the existing structure of Leuka (charity no. 1154856).

An analysis of the principal components of both the prior period's SOFA split between the two entities pre-merger, and combined entity post-merger can be found in the prior year accounts.

3. INCOME FROM DONATIONS & LEGACIES

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Donations	611,694	12,627	624,321
Grants	14,753	32,500	47,253
Legacies and in memorium	593,730	1,000	594,730
Donated goods and services	152,038	-	152,038
Total income from donations & legacies	1,372,215	46,127	1,418,342

	Unrestricted Funds 2019 £	Restricted Funds 2019 £	<i>Total Funds 2019 £</i>
Donations	530,186	99,684	629,870
Grants	77,937	14,779	92,716
Legacies and in memorium	193,945	-	193,945
Donated goods and services	141,235	-	141,235
Total income from donations & legacies	943,303	114,463	1,057,766

Donated goods and services consists of:

	Total Funds 2020 £	<i>Total Funds 2019 £</i>
Office accommodation and related costs	61,528	60,322
Who's Cooking Dinner support	90,510	68,163
Other	-	12,750
Total donated goods and services	152,038	141,235

NOTES TO THE FINANCIAL STATEMENTS

4. INCOME FROM OTHER TRADING ACTIVITIES

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Sale of tables at Who's Cooking Dinner	121,500	-	121,500
Auctions and raffles	177,300	-	177,300
Other	420	-	420
Total income from other trading activities	299,220	-	299,220

	Unrestricted Funds 2019 £	Restricted Funds 2019 £	<i>Total Funds 2019 £</i>
Sale of tables at Who's Cooking Dinner	160,450	-	160,450
Auctions and raffles	371,533	-	371,533
Other	1,207	-	1,207
<i>Total income from other trading activities</i>	<i>533,190</i>	<i>-</i>	<i>533,190</i>

5. INCOME FROM INVESTMENTS

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Dividends and interest on fixed asset investments	78,147	-	78,147
Interest on short term cash deposits	6,489	-	6,489
Total income from investments	84,636	-	84,636

	Unrestricted Funds 2019 £	Restricted Funds 2019 £	<i>Total Funds 2019 £</i>
Dividends and interest on fixed asset investments	110,136	-	110,136
Interest on short term cash deposits	17,536	-	17,536
<i>Total income from investments</i>	<i>127,672</i>	<i>-</i>	<i>127,672</i>

NOTES TO THE FINANCIAL STATEMENTS

6. TOTAL EXPENDITURE

	Grants to institutions 2020 £	Direct staff 2020 £	Direct other 2020 £	Indirect 2020 £	Total costs 2020 £
Expenditure on					
Raising funds	-	154,878	185,073	131,643	471,594
Charitable activities	829,805	30,096	1,815	333,692	1,195,408
Total expenditure	829,805	184,974	186,888	465,335	1,667,002

	Grants to institutions 2019 £	Direct staff 2019 £	Direct other 2019 £	Indirect 2019 £	<i>Total costs 2019 £</i>
<i>Expenditure on</i>					
Raising funds	-	201,064	262,241	93,302	<i>556,607</i>
Charitable activities	1,262,004	24,978	10,883	261,368	<i>1,559,233</i>
<i>Total expenditure</i>	<i>1,262,004</i>	<i>226,042</i>	<i>273,124</i>	<i>354,670</i>	<i>2,115,840</i>

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

A breakdown of expenditure on raising funds between restricted and unrestricted funds can be found in note 7.

A breakdown of charitable expenditure between restricted and unrestricted funds can be found in note 8.

An analysis of staff costs can be found in note 10.

Indirect costs includes the following items:

	Total costs 2020 £	<i>Total costs 2019 £</i>
Management & operational staff	227,685	<i>160,914</i>
Premises	63,137	<i>74,151</i>
IT, finance & other professional services	77,306	<i>61,106</i>
General admin	24,914	<i>10,472</i>
Governance	72,293	<i>48,027</i>
Total indirect costs	465,335	<i>354,670</i>

Governance costs includes the following items:

	Total costs 2020 £	<i>Total costs 2019 £</i>
Audit and independent examination costs	12,330	<i>11,640</i>
Legal costs	58,220	<i>35,722</i>
Insurance costs	488	<i>651</i>
Other costs	1,255	<i>14</i>
Total governance costs	72,293	<i>48,027</i>

NOTES TO THE FINANCIAL STATEMENTS

7. EXPENDITURE ON RAISING FUNDS

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Direct staff costs	94,878	60,000	154,878
Other direct costs	185,073	-	185,073
Indirect costs	131,643	-	131,643
Total expenditure on raising funds	411,594	60,000	471,594
	Unrestricted Funds 2019 £	Restricted Funds 2019 £	<i>Total Funds 2019 £</i>
Direct staff costs	133,006	68,058	201,064
Other direct costs	250,761	11,480	262,241
Indirect costs	93,302	-	93,302
<i>Total expenditure on raising funds</i>	<i>477,069</i>	<i>79,538</i>	<i>556,607</i>

Included within other direct costs are investment management costs of £22,314 (2019 - £22,991).

NOTES TO THE FINANCIAL STATEMENTS

8. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Grants to institutions	819,355	10,450	829,805
Direct staff costs	22,096	8,000	30,096
Other direct costs	1,815	-	1,815
Indirect costs	333,692	-	333,692
Total expenditure on charitable activities	1,176,958	18,450	1,195,408
	Unrestricted Funds 2019 £	Restricted Funds 2019 £	<i>Total Funds 2019 £</i>
Grants to institutions	1,238,571	23,433	1,262,004
Direct staff costs	2,311	22,667	24,978
Other direct costs	10,883	-	10,883
Indirect costs	261,368	-	261,368
<i>Total expenditure on charitable activities</i>	<i>1,513,133</i>	<i>46,100</i>	<i>1,559,233</i>

9. ANALYSIS OF GRANTS AWARDED IN PERIOD

	Total funds 2020 £	<i>Total funds 2019 £</i>
European School of Haematology	5,000	5,000
Francis Crick Institute	-	249,999
Kings College London	-	136,724
Queen Mary University of London	123,856	-
Queens University Belfast	-	237,443
University College London	-	125,000
University of Birmingham	239,083	226,646
University of Cambridge	122,159	-
University of Glasgow	-	124,914
University of Manchester	125,000	-
University of Oxford	124,976	-
University of Southampton	-	119,056
University of Sussex	123,522	-
Early career awards*	-	26,668
Small project/support grants*	6,450	10,554
Release of prior year provision	(40,241)	-
Total grants awarded	829,805	<i>1,262,004</i>

*Early career awards and small project grants consist of a number of small awards which are not listed in their entirety here as they are not individually material to the accounts.

NOTES TO THE FINANCIAL STATEMENTS

10. STAFF NUMBERS AND COSTS

	Total costs 2020 £	<i>Total costs 2019 £</i>
Gross salaries	273,737	336,599
Employer's NIC	31,318	30,537
Employer's pension	14,845	19,820
Termination payments	92,759	-
Total staff costs	412,659	386,956

The average headcount during the year was 8 persons (2019 – 9).

One employee received employee benefits including termination payments of between £70,000 - £79,999, and one employee received employee benefits including termination payments of between £110,000 - £119,999 (2019 – One employee received employee benefits of between £60,000 and £69,999).

Total remuneration including termination payments to key management personnel in the year was £231,685 (2019 - £128,188).

During the period total termination/redundancy payments of £92,759 were made to the two co-CEOs as part of the restructure of the team following the merger of Leuka and Leukaemia UK in 2019. This included ex-gratia payments above standard redundancy payments.

11. TANGIBLE FIXED ASSETS

	Computer equipment £	Fixtures & fittings £	Total tangible fixed assets £
Cost			
Brought forward on 1 January 2020	15,786	606	16,392
Additions in year	842	-	842
Disposals in year	(1,194)	-	(1,194)
Cost carried forward on 31 December 2020	15,434	606	16,040
Accumulated depreciation			
Brought forward on 1 January 2020	11,849	365	12,214
Charge in year	2,962	121	3,083
Disposals in year	(874)	-	(874)
Accumulated depreciation carried forward on 31 December 2020	13,937	486	14,423
Net book value			
Brought forward on 1 January 2020	3,937	241	4,178
Net book value carried forward on 31 December 2020	1,497	120	1,617

NOTES TO THE FINANCIAL STATEMENTS

12. FIXED ASSET INVESTMENTS

	Total funds 2020 £	<i>Total funds 2019 £</i>
Market value brought forward	3,091,581	2,691,845
Additions at cost	485,916	372,712
Proceeds on disposal	(535,468)	(318,892)
Net gains/(losses) in period	(33,799)	345,916
Market value carried forward	3,008,230	3,091,581
Cash held as part of the investment portfolio	40,906	13,669
Total market value of investment portfolio carried forward	3,049,136	3,105,250

Analysis of market value of investments by investment type:

	Total funds 2020 £	<i>Total funds 2019 £</i>
UK fixed interest bonds	471,534	511,901
Non UK fixed interest bonds	62,359	43,052
UK equities and funds	1,055,656	1,356,440
Non UK equities and funds	979,919	733,730
Other funds including cash	479,668	460,127
Total market value of investment portfolio carried forward	3,049,136	3,105,250

13. DEBTORS AND PREPAYMENTS

	Total funds 2020 £	<i>Total funds 2019 £</i>
Trade debtors	34,000	39,000
Accrued gift aid	37,031	265
Other accrued income	19,671	23,488
Prepayments	18,694	12,498
Total debtors and prepayments	109,396	75,251

NOTES TO THE FINANCIAL STATEMENTS

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Total funds 2020 £	<i>Total funds 2019 £</i>
Trade creditors	5,419	13,976
Payroll liabilities	10,219	4,165
Grants awarded - due in less than a year	1,603,143	1,720,254
Accruals	15,750	19,334
Deferred income - table income received for Who's Cooking Dinner? 2020	-	105,000
Total creditors - amounts falling due within one year	1,634,531	1,862,729

15. GRANTS PAYABLE

	Total funds 2020 £	Total funds 2020 £	<i>Total funds 2019 £</i>	<i>Total funds 2019 £</i>
Brought forward on 1 January 2020		2,543,622		2,152,161
Grants awarded (see note 9)	870,046		1,262,004	
Release of prior year provision (see note 9)	(40,241)		-	
		829,805		1,262,004
Grants paid in year		(1,226,306)		(870,543)
Total grants payable on 31 December 2020		2,147,121		2,543,622
		Total funds 2020 £		<i>Total funds 2019 £</i>
Payable within one year		1,603,143		1,720,254
Payable within two to five years		543,978		823,368
Total grants payable on 31 December 2020		2,147,121		2,543,622

NOTES TO THE FINANCIAL STATEMENTS

16. ANALYSIS OF CHARITY FUNDS

	Funds brought forward 2020 £	Income in year 2020 £	Expenditure in year 2020 £	Net gains/(losses) on revaluation 2020 £	Transfers between funds 2020 £	Funds carried forward 2020 £
Restricted funds						
Head of Fundraising	60,000	-	(60,000)	-	-	-
Project/support grants	-	14,127	(6,450)	-	-	7,677
Mind & body	-	20,000	-	-	(20,000)	-
John Goldman						
Fellowships	-	2,000	(2,000)	-	-	-
Research grants	-	2,000	(2,000)	-	-	-
Research manager	-	8,000	(8,000)	-	-	-
Total restricted funds	60,000	46,127	(78,450)	-	(20,000)	7,677
Designated funds						
IMPACT	573,057	-	(239,083)	-	-	333,974
Total designated funds	573,057	-	(239,083)	-	-	333,974
General funds	2,574,881	1,756,071	(1,349,469)	(33,799)	20,000	2,967,684
Total funds	3,207,938	1,802,198	(1,667,002)	(33,799)	-	3,309,335

Restricted funds – Head of Fundraising

The Charity received funds from a corporate partner to support the role of Head of Fundraising and associated costs over two years.

Restricted funds – Project/support grants

The Charity received funds from a variety of source to support small project/support grants.

Restricted funds – Mind & body

The Charity received funds to support the ongoing grant commitment to Kings College London for their mind and body centre. As the grant commitment was recognised in full in 2018 as an unrestricted, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – John Goldman Fellowships

The Charity received funds from a variety of source to support the annual John Goldman Fellowships.

Restricted funds – Research grants

The Charity received funds from a variety of source to support the Charity's research grants.

Restricted funds – Research Manager

The Charity received funds from an individual to support the role of Research Manager and associated costs for a number of years.

Designated funds – IMPACT

The IMPACT designated fund is to fund the IMPACT clinical trial, a collaborative project with Anthony Nolan, NHSBT, and the University of Birmingham. The agreement was signed early 2017, with funding split over several years originally to 31st December 2020 but now extended. The amount set aside in designated funds is the maximum grant available over the grant term.

NOTES TO THE FINANCIAL STATEMENTS

	Funds brought forward 2019 £	Income in year 2019 £	Expenditure in year 2019 £	Net gains/ (losses) on revaluation 2019 £	Transfers between funds 2019 £	Funds carried forward 2019 £
<i>Restricted funds</i>						
Head of Fundraising	67,538	72,000	(79,538)	-	-	60,000
Project/support grants	3,637	19,796	(23,433)	-	-	-
Research manager	-	22,667	(22,667)	-	-	-
Total restricted funds	71,175	114,463	(125,638)	-	-	60,000
<i>Designated funds</i>						
IMPACT	799,703	-	(226,646)	-	-	573,057
Grants fund	1,000,000	-	-	-	(1,000,000)	-
Total designated funds	1,799,703	-	(226,646)	-	(1,000,000)	573,057
<i>General funds</i>	1,388,356	1,604,165	(1,763,556)	345,916	1,000,000	2,574,881
Total funds	3,259,234	1,718,628	(2,115,840)	345,916	-	3,207,938

Designated funds – Grants fund

Previously the Trustees had set aside an amount to cover a year's worth of grant commitments, however following a review of the reserves policy post merger, to incorporate this within the general reserves, this has now been released.

17. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Fixed assets	3,050,753	-	3,050,753
Current assets	2,429,414	7,677	2,437,091
Current liabilities	(1,634,531)	-	(1,634,531)
Non-current liabilities	(543,978)	-	(543,978)
Total net assets	3,301,658	7,677	3,309,335
	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Fixed assets	3,109,428	-	3,109,428
Current assets	2,724,607	60,000	2,784,607
Current liabilities	(1,862,729)	-	(1,862,729)
Non-current liabilities	(823,368)	-	(823,368)
Total net assets	3,147,938	60,000	3,207,938

NOTES TO THE FINANCIAL STATEMENTS

18. ANALYSIS OF NET DEBT

	As at 1 Apr 2020 £	Cash flows £	Other movements £	As at 31 Mar 2021 £
Cash and cash equivalents				
Cash at bank	1,695,594	427,802	-	2,123,396
	<u>1,695,594</u>	<u>427,802</u>	<u>-</u>	<u>2,123,396</u>
	As at 1 Apr 2020 £	Cash flows £	Other movements £	As at 31 Mar 2020 £
<i>Cash and cash equivalents</i>				
Cash at bank	1,290,153	405,441	-	1,695,594
	<u>1,290,153</u>	<u>405,441</u>	<u>-</u>	<u>1,695,594</u>

19. TRUSTEE REMUNERATION AND DONATIONS

During the year, no Trustees received reimbursement of expenses or remuneration (2019 - £NIL).

During the year, the Charity received unrestricted donations totalling £360 (2019 - £2,360) from trustees.

20. RELATED PARTY TRANSACTIONS

During the current year, there were no related party transactions (2019 - £Nil) other than the unrestricted donations noted in note 18 above.

21. GUARANTEES AND SECURED CHARGES

As of 31 December 2020 the Charity did not have any outstanding guarantees to third partners nor any debts secured against assets of the Charity (2019 - £NIL).

Thank You

The work we do would not be possible without the generosity of our supporters. We are incredibly grateful to all the people who give their time and money; community fundraisers, monthly supporters, runners, walkers and challengers. Those who have honoured a loved one by giving in their name and those who have chosen to remember Leukaemia UK in their will. We would like to thank all the trusts that generously funded our work this year, and a huge thank you to The Robert Luff Foundation Ltd for their generous funding towards the salary of the Medical Research Fellow integrated into the Mind & Body programme. A huge thanks to all our fabulous Who's Cooking Dinner? committee members, the hosts and guests who so generously donate each year, and to all our amazing chefs who kindly give their time and resources and make this spectacular event so unique and successful. Every single donation has the potential to have a huge impact on the work we do, and ultimately the lives of others.

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