

The Haemophilia Society
(A company limited by guarantee)
Financial statements
Year ended 31st March 2016

Charity registration number: 288260

Scottish charity registration number: SCO39732

Company registration number: 01763614

The Haemophilia Society

Financial Statements

Year ended 31st March 2016

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The Haemophilia Society

Charity Reference and Administrative Details

Year ended 31st March 2016

President Baroness Molly Meacher

Chief Executive Liz Carroll

Board of Trustees

- Barry Flynn – Chair
- Lisa Bagley
- Helen Campbell
- Liz de Freitas
- Kate Khair
- Andrew Martin
- Simon Mower
- Jamie O’Hara
- Collette Pigden
- Barbara Scott
- Clive Smith
- Paul Teuten

Subcommittees

Resources & Audit Committee

- Simon Mower – Chair
- Liz Carroll
- Liz De Freitas
- Barry Flynn
- Barbara Scott

Nominations Committee

- Helen Campbell
- Liz Carroll
- Barry Flynn
- Barbara Scott

Clinical Advisory Group

- Dr Rezan Abdul-Kadir
- Dr Gary Benson
- Dr Andrew Brewer
- Susan Hook
- Robert James
- Dr Kate Khair
- Dr Mike Laffan
- Dr Mike Makris
- Andrew Martin
- Debra Pollard
- Mark Simmons
- David Stephenson

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Charity Reference and Administrative Details

Year ended 31st March 2016

Company Secretary	Liz Carroll
Bankers	The Co-operative Bank Plc Relationship Accountant Support Service Team PO Box 250 Skelmersdale WN6 6WT
Solicitors	Stone King LLP 13 Queen Square Bath BA1 2HJ
Auditors	Wilkins Kennedy LLP Bridge House London Bridge London SE1 9QR
Registered Office	Ground Floor Willcox House 140-148 Borough High Street London SE1 1LB
Company registration number	01763614
Charity registration number	288260
Scottish charity registration number	SCO39732

The Haemophilia Society

Trustees' Annual Report

Year ended 31st March 2016

Chair's Statement

In my first year as Chair of The Haemophilia Society I have seen the charity continue to grow and develop following the progress started last year with the strategy developed with your input. The Trustees' report details the activities and services delivered this year, which build on the excellent 'Life Stages' theme and this year included our first conference on ageing with haemophilia – very pertinent and encouraging from a personal perspective!

Given that most people with bleeding disorders are female when you include carriers of haemophilia and all other bleeding disorders, and the prospects for all are considerably different than in former times, it was refreshing to see members debating an update of The Society's branding at last year's AGM. As promised, we have taken the ideas you raised and have developed them into some exciting suggestions that we will bring to the upcoming AGM for your consideration.

Last year the charity halted the concerning trend of spending in excess of our income. This has been continued in the current year, despite increasing the breadth and professionalism of our service provision, thanks in part to continued enthusiasm on the part of our corporate funders to support our initiatives

Disciplined focus on fundraising, along with tight control over expenditure, has enabled us to minimise the deficit this year and stay on track for break even in 2016/17. Our reserves position provides us with a considerable degree of resilience to withstand foreseeable eventualities.

A significant frustration has been the continued intransigence of the government in relation to recompense for those impacted by the contaminated blood disaster. Their latest proposals are still inadequate, even compared to the settlement offered by the Scottish government to people affected north of the border. The Society will continue to advocate for a speedy settlement which lives up to the last prime minister's promise to victims, pressing for further revision of the current offer to achieve the best practicable outcome for members.

One of my earliest experiences as Chair was to attend the European Haemophilia Consortium conference in Belgrade. My abiding impression was how poorly the bleeding disorder communities in so many countries, particularly in Eastern Europe are served, and how positive they remained that things could be changed for the better. Many of our neighbouring communities still depend on hospital-based treatment, often with cryoprecipitate, and elective surgery is not available. It certainly left me feeling that, whatever our issues here in the UK, we are comparatively very fortunate, and that there is still much to be done to achieve the World Federation of Hemophilia's aim of 'treatment for all'.

As Chair, I appreciate how many people, paid and unpaid, have contributed to the achievements of The Society. I would like to thank all of them: our staff who devote more time and energy than we could reasonably expect; our trustees, member volunteers and youth ambassadors across the country; clinicians; MPs; those helping to plan the next WFH conference in Glasgow in May 2018; those who have raised funds and those who have donated, including our many commercial sponsors. The successes we have enjoyed this year are collective.

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I would also like to pay a special tribute to our Vice President Rev Alan Tanner who sadly died. Alan was a founder member of The Society, Chair for many years as well as being a long-standing member of the World Federation of Hemophilia Board of Trustees and many other haemophilia-related organisations. I am told Alan was a force to be reckoned with and I know many in the community will miss him greatly.

Finally, I would like to thank my predecessor, Bernard Manson, for his thorough and considerate handover and for leaving things in such good order. Special thanks also go to Liz Carroll, our tireless CEO, for patiently helping me up a considerable learning curve. I look forward with confidence to a year of sustained member engagement, further expansion of our service provision, continued development of our plans for the 2018 Congress and achievement of our 2016/17 strategic objectives.

Barry Flynn

A handwritten signature in purple ink, consisting of a large, stylized 'B' followed by a long horizontal stroke that ends in a small loop.

Chair of the Board of Trustees
The Haemophilia Society



The Haemophilia Society

Trustees' Annual Report

Year ended 31st March 2016

Trustees Report

The trustees present their report and the audited financial statements of the charity for the year ended 31st March 2016. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) *Accounting and Reporting by Charities* (FRS 102) in preparing the annual report and financial statements of the charity. The Trustees' Annual Report incorporates the Directors' Report and Strategic Report.

The financial statements have been prepared in accordance with the accounting policies set out in 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 the Financial Reporting Standard applicable in the UK and Republic of Ireland published on 16th July 2014.

Trustees of the charity

The directors of the charitable company are its trustees for the purposes of charity law. The trustees who have served during the year and since the year end were as follows:

Lisa Bagley (from 5th November 2015)
Richard Brook (to 30th April 2015)
Alan Burgess (to 29th June 2015)
Helen Campbell
Liz de Freitas (from 5th November 2015)
Barry Flynn (from 5th November 2015)
Kate Khair
Bernard Manson (to 25th November 2015)
Andrew Martin
Simon Mower
Jamie O'Hara
Bill Payne (to 7th November 2015)
Collette Pigden (from 5th November 2015)
Barbara Scott
Clive Smith (from 5th November 2015)
Paul Teuten (from 1st February 2016)
Jeremy Young (to 7th November 2015)

Our vision, mission and values

Our vision: Wellbeing for everyone with a bleeding disorder.

Our mission: For all those affected by bleeding disorders, we will provide information and services; build community and mutual support; influence government health and welfare policies, including advocating for those impacted by contaminated blood; and involve people in making decisions about their own care.

The Haemophilia Society

Trustees' Annual Report

Year ended 31st March 2016

Our values: We relate everything we do to the needs of everyone affected by bleeding disorders; act with integrity, honesty and transparency; make the best use of our resources; and are inclusive and independent.

Public benefit statement

The Haemophilia Society's services are available to everybody affected by inherited bleeding disorders in the UK. We have almost 5,000 members; membership is open to all, with no charge, and services are open to members and non-members alike. We provide social, psychological, and practical support, complementing the care given by the NHS and bringing people together to reduce the isolation many of our community experience. We advocate to ensure levels of NHS service are maintained and improved, and encourage patients to become involved in decision making about their own treatment. We are recognised by the government as a key patients' representative promoting informed patient involvement in monitoring and developing services.

The trustees have paid due regard to the Charity Commission guidance on public benefit when reviewing the charity's objectives and activities.

Objectives and activities

Specific objectives and activities providing public benefit include:

Providing information, services and support on all aspects of inherited bleeding disorders, enabling people to live well and make informed decisions about their own treatment and care. Information is provided at service events, by phone and email, and through a website, very active Facebook pages, leaflets on specific aspects of bleeding disorders, a network of local groups, and publications.

Running day and residential events for different groups of people with bleeding disorders in order to provide social support and education.

Ensuring that the patients' viewpoint is heard in key NHS and Department of Health forums, for example on the Clinical Reference Group for Haemophilia.

Escalating issues of provision of care to the NHS government health teams.

Advocating for fair treatment and support for those impacted by the contamination of blood products supplied by the NHS in the 1970s and 1980s.

Commissioning research with the intention of benefiting those with bleeding disorders.

The Haemophilia Society

Trustees' Annual Report

Year ended 31st March 2016

Strategic Report

Introduction

We are the only UK-wide charity for everyone affected by an inherited bleeding disorder, a community which includes family members, healthcare professionals and other supporters. Since 1950 we have campaigned for better treatment, been a voice and a source of information and support, and have helped members to lead fulfilling lives and inspire others to do so.

Around 26,000 people in the UK have a diagnosis of an inherited bleeding disorder. Approaching 7,000 are males with haemophilia, but there are also around 2,000 females registered as carrying a defective gene who also often have low levels of factor VIII and have haemophilia. The largest proportion of people who have an inherited bleeding disorder have von Willebrand disease, but there are many rarer bleeding disorders that affect both men and women.

This year The Haemophilia Society celebrated its 65th year. We celebrated by hosting our first arts weekend, where families could come together, be creative and have fun together while exploring what a bleeding disorder means for them. We were joined by members of all ages: some who were still toddlers to some of our longest-standing members. Our special guest was member Linda Wild who was 65 on the same day as The Society.

This was a year of significant development and growth, particularly for our services and member support. Early in 2015 we published our three-year strategy and plan outlining how we will develop new services, increase our funding and strengthen our governance to ensure a sustainable future for the organisation that is relevant to our membership and forward thinking. This led to the development of our seven key life stages strategy. This identified seven key times in our members' lives when they felt the need for additional support and information. Our services and activities are now focused at these points. In addition to these seven key life stages we identified other groups or situations where our members looked to us for support. This included people with an inhibitor and women with bleeding disorders. We worked with our members to prioritise areas to focus on and what services should include.

We are sorry to share the sad news that the Reverend Alan Tanner passed away on 5th August this year after a short illness, aged 90. Born in 1925, Alan – whose son Mark was diagnosed with haemophilia and later died as a result of contaminated blood – was a founding member of The Haemophilia Society and a staunch lifelong supporter of our charity and our community. Having chaired our board of trustees for 22 years from 1975 to 1997, and arranged and led the annual service of thanksgiving and remembrance for nearly 25 years, Alan played a huge part in the lives of so many of our community, guiding and supporting families through some of the darkest times of life. Alan also served as Chairman of the World Federation of Hemophilia, and – in their early days – of The Macfarlane Trust and the Eileen Trust. He remained as our Vice-President until his death. The Society will always be immensely grateful to him, and his daughter Mary-Ann, for supporting so many of our members over the years.

The Haemophilia Society

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Development and service delivery

Key Life Stage 1: Newly diagnosed families

Members told us a child's diagnosis is often traumatic and a lonely time. Many of our families also experienced suspicion that bruising was caused by violence, facing very difficult situations before a diagnosis was finally made. Many families talked of isolation and fear. In light of this we further developed our Newly Diagnosed Families weekends and for the two weekends held this year a total of 27 families attended, including 48 children. Weekends include sessions on 'What does your bleeding disorder mean to you?' and 'What do dads think mums think?'



The weekend exceeded expectations and more: a massive weight has been lifted.

To be with other families who actually 'get it' made the world of difference.

I cannot recommend this enough to other parents.

Key Life Stage 2: Starting nursery and school

It is often nerve-racking for parents when their children start nursery or school, but when your child has a bleeding disorder this is heightened. Many schools and nurseries are unsure of how to care for a child with a bleeding disorder and many parents find it difficult to provide the information the school needs.



This year we supported many families in this situation and spoke to nursery and school staff, reassuring them that children should be treated as any child would be as long as precautions are taken and staff are aware of what to do in case of injury or a bleed. During the year we worked with parents and teachers on the content of a new schools' booklet that will be available in 2016.

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Key Life Stage 3: Learning to self-treat



With so many UK haemophilia centres promoting home treatment children are beginning to learn to do their own treatment from the age of eight. However, it isn't easy to treat yourself so we encourage all of our younger members from 8–18 to attend our youth weekends.

We held four weekends this year, with 37 young people attending, this included supporting 13 children to attend Barretstown in Ireland, a sailing weekend, an arts weekend, a Shropshire weekend and another in Wales. At the weekends, as well as having lots of fun abseiling and climbing, serious conversations and learning took place. Each weekend is attended by haemophilia nurses and physios as well as some of our youth ambassadors. Everyone attending has their treatment together, under the supervision of our nursing volunteers. They share techniques, discuss worries and challenges and learn from each other. Our youth ambassadors share experiences of their own and talk about the importance of having treatment regularly and what happens if a treatment is missed. As children reach teenage years and become more responsible for their own treatment it is easy to forget or skip treatment, because they have never had a problem and forget that this is mainly due to their regular treatment. Teenagers often tell us they don't realise how important it is to keep taking their treatment until they miss it and experience the pain of a spontaneous bleed. We hope by hearing from our youth ambassadors our younger members will understand and remember their treatment regularly, however focused they are on other activities.



Having had several conversations at the weekend about the impact of bleeding it seemed reassuring to the young people that we had managed our conditions in a way that allowed us to progress in our lives.

Ria Peake, Youth Ambassador

The Haemophilia Society

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Key Life Stage 4: Transition to adulthood

Just as you are finally getting to grips with life with a bleeding disorder and you have survived your early teens, it is time to move from children's care to an adult haemophilia centre. For some this is smooth and painless, but for others it can be a very difficult time. We have been working with the organisation Haemnet to undertake some research into the challenges of transition and what we can do to support members at this time. Our youth ambassadors spent time phoning families to understand their experiences and as a result we recruited two new youth ambassadors to join the team. As we understand more about this, we will look to develop resources or services to support members at this time.



Key Life Stage 5: Choosing a career

Whether you have a bleeding disorder yourself, or care for someone who has, your career options can be affected. We have been sharing members' stories and helping people make appropriate choices and ensure they understand how the law can help when you have a bleeding disorder.

Key Life Stage 6: Relationship planning

When you are in a relationship or thinking about a future with a partner the prospect of your children inheriting your bleeding disorder can have an impact. This year we held a conference for women with bleeding disorders, including carriers. Fifty women and their partners came to together to discuss the concerns and challenges of living with or being a genetic carrier of a bleeding disorder. The day included sessions on 'Emotional impact' and 'What medical choices are available to me?'

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Beforehand I was both nervous and excited. For the first time I'd be meeting with young people in the same position; so also for the first time I'd be faced with the reality of being a carrier.

I needn't have worried – I found I could air my fears and speak freely about my parents' experiences with my brother. I'm less nervous about my future now.

Key Life Stage 7: Ageing with a bleeding disorder

As you age life can feel uncertain. As previous generations often didn't make it to older age, the specialist health teams are learning with you about how people with bleeding disorders experience the everyday challenges of getting older. This year we began a major new project to look at ageing and bleeding disorders. This began with an ageing Information Day and has led on to us filming members of our community and their families to fully understand the impact this has. We have also filmed health professionals and are using this information to help shape our services and advocacy work in the future. The films will be available in 2016 and will lead the way in ensuring our older members receive the service and support they need in the coming years.



As you get older, with the right care and support and limiting yourself to what is right for you, there's no need to feel negative.

I feel more positive than ever – especially now we're in touch with The Haemophilia Society as my husband and I feel we've joined a big, happy family!

Living with an inhibitor

Life can be tough with an inhibitor with more bleeds, more pain and more treatment. We know it increases hospital visits and has a huge impact on the whole family's life. Our focus has been to dig deeper into what this means for you and how we can support you through the challenges you face. We started with an inhibitor Information Day, bringing together 23 members and their families who live with an inhibitor. We have developed a film to better understand members' experiences. This is just the start of a long-term project, but has already helped reduce the isolation so many of our members affected by an inhibitor feel.

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When we deal with his bleeds in joints and muscles it can be tough on the family, especially since we are all very active. Until some miracle happens we are content to deal with our little boy's inhibitor as part of his life that is just as much a part of ours.

World Haemophilia Day

This year we undertook some market research to understand the public's perceptions of bruising. We know many of our member's experience difficulties when people see their bruises, jumping to conclusions. Whether you are a parent accused of abusing your child or a woman hearing comments about how you must be being beaten, it is often enough to make members feel uncomfortable and self-conscious. Our 'Bruised not abused' radio and newspaper campaign reached almost 48,000,000 listeners via radio stations across the UK. Our members also took on the challenge of raising awareness by holding events around the UK and raising funds too.

Talking Red

Our Talking Red awareness campaign went from strength to strength this year with even more women taking part in events and raising awareness of women and bleeding disorders. This year celebrities Gok Wan, Emilia Fox and Carol Smillie supported the event.



Emilia Fox said

'Talking Red encourages women to be able to talk about bleeding disorders. Just one conversation could help them reach someone currently suffering in silence because they think their symptoms are normal.'

Advocacy and influencing

This has been a frustrating and busy year as we continue our campaign to bring about a fair resolution for our members who were infected by contaminated blood products in the 1970s and 1980s.

Early in the year the long awaited Penrose Report was published in Scotland. Despite this being delayed by many years the outcome was a disappointment to many. Although a great deal of evidence was clearly documented in the report, no useful recommendations were made and many of our members were left feeling angry and disillusioned. The Society reviewed the evidence and published a response to the report and continued to work with governments across the UK to bring about a fair settlement for those affected by each devolved government. In May 2015 we wrote to the Prime Minister setting out what we believed needed to be done to bring about a fair settlement.

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We continued working with our colleagues from Haemophilia Scotland who were able to engage very effectively with the Scottish government, who were open to discussions. It was harder to achieve this level of open dialogue with the Department of Health in England. In October 2015 The Department of Health established a reference group to inform the development of a consultation on support for those affected which we were able to attend with others from the community. Unfortunately, the recommendations from the reference group were not reflected in the consultation launched by the Department of Health in February 2016.

Throughout this time we have continued to act as the Secretariat for the APPG (all-party parliamentary group on haemophilia and contaminated blood) and have worked very closely with MPs to ensure this issue remains high on the political agenda and MPs are informed about the impact of government proposals and activity. Details of our work are available on our website.

This has also been a year of significant change for our members affected by hepatitis C. With the introduction of a new class of treatment with high levels of success and fewer side effects than previous treatment, there was the real potential for our community to finally receive effective treatment. We were able to respond to several NICE consultations and were hopeful that treatment would be quickly made available. This became reality in Scotland, Northern Ireland and Wales. However NHS England challenged NICE, requested a delay in treatment starting and introduced a phased treatment plan, meaning many of our community would not receive treatment in a timely way. We continue to work closely with the commissioners and APPG to call for access to treatment.

Worldwide connections

We have strengthened our relationships with the UK Haemophilia Centre Doctor's Organisation (UKHCDO), Haemophilia Nurses Association, Haemophilia Physios, the European Haemophilia Consortium (EHC) and World Federation of Hemophilia (WFH). We are members of the clinical reference group providing advice to NHS England on treatment for bleeding disorders and are an active member of the factor tender panel who make recommendations on treatment access and availability. As the host nation for the WFH Congress in 2018 we have already started making plans and have been working with the WFH team to ensure we had a positive presence at the next Congress in July 2016 in Orlando Florida.

CHES study

As chair of the steering group for this research study Liz Carroll has been working closely with HCD Economics who undertook the research and analysis to ensure the data can support our work in calling for improved treatment and care in the UK, as well as enabling our partners in the four other European nations to do the same. The study is the largest ever undertaken into the burden of severe haemophilia and has produced some fascinating data to support our activity. Our thanks go to our trustee Jamie O'Hara for all his work on this study.

Local groups

Our local groups continue to grow and provide invaluable support to people in their local communities, offering information and support as well as taking on fundraising and awareness raising. Without our local group volunteers, we wouldn't be able to provide the local support so desperately needed.

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AGM and Conference

Over 100 members, aged from just 15 weeks old to 75, and from as far afield as Aberdeen and Bournemouth, came along to The Haemophilia Society's annual general meeting (AGM) and Conference in Leeds on Saturday 7th November. Our theme challenged everyone to 'be the best you can be', as we celebrated 65 years of our charity.

Afternoon workshops were packed, including sessions from a physio and dietitian, incredible motivational speaker Chris Moon, art therapy with Simon Bell and a touch of drumming with Sam!

We revealed our 'Haemophilia Hero' – the late Alf Morris, Lord Morris of Wythenshawe, who was voted by our members – and the winner of our Swim Around Britain photo competition, and ended the day with a fabulous performance from our young members who had been rehearsing all day, all topped off by a birthday cake and tea.

A lively discussion about whether our charity should consider changing its name also took place: thank you to all who shared their views. The debate began with two speeches from members with opposing opinions, and was then opened up to the floor. As anticipated, there are strong feelings and opinion is divided. Many members who have a bleeding disorder other than haemophilia feel very excluded and took years to find us because our name suggests we're not relevant to them. Even those who know about our services often feel 'second best' to those who have haemophilia. Others feel that our long history is more important, and that our heritage as the world's first Haemophilia Society, or our charity's profile, might suffer if we change our name. We will continue talking and listening to our members in the months to come.

We really enjoyed this AGM and conference: we covered lots of issues and it was so welcoming.

Thank you. I'm so glad to see The Society is taking a good look at itself and being very positive about the way forward.

Fundraising

This year our fundraisers have been even bigger and better, with more of our community than ever before running marathons, jumping from airplanes, climbing mountains and more. Cakes have been baked and events planned. Without our community fundraisers we couldn't achieve anything like the amount we do, so one of our biggest thank you's goes to our amazing fundraising teams!

Volunteering

This year we have had some incredible support from volunteers, both in the office and out and about across the UK. One or two volunteers have however given above and beyond and we would like to thank them personally. Dave Gort has worked with us to improve our website and publications and never tires of us asking for one more change to make it a bit better. It's a work in progress, but we are getting there. Keith Colthorpe has also travelled up and down the country taking photographs of our service and events to ensure we can share images with our members and bring our services to life.

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We also know we couldn't run most of our services without the incredible nurses and physiotherapists who volunteer at all our Newly Diagnosed Families weekends, Youth Weekends and conferences. One particular nurse, Cathy Benfield, has given up more than her fair share of weekends to volunteer for us. Thank you, Cathy.

Youth Ambassadors

This year we created our youth ambassador programme and recruited six youth ambassadors: four young men and two young women all with a bleeding disorder. As a team they have attended services, talked about their experiences with members and supporters and have attended training sessions to enable them to support us on the development of the charity and bring a younger person's perspective to the work we do. We would like to thank Rob Barnard, Luke Pembroke, Ria Peake, Laurence Woollard, Hannah Yarnall and Matthew Minshall for their tireless enthusiasm and energy.

We remember

We remember our members, friends and volunteers who have died during the year. They have left us with hope and determination: hope that we can support our members to live full and positive lives and determination to ensure the tragedies of the past are resolved and will never happen again.

Future plans

In 2016-17 we will continue to develop and grow our services, with a particular focus on delivering services as a result of our work this year on inhibitors and ageing. Using the knowledge gained we will create new services and information in partnership with our members. We will also develop and publish booklets and fact sheets on the key issues faced by our members and ensure these are available online, and where possible in print.

We will continue to act as the secretariat to the APPG and will look to bring final resolution to the long-standing issues faced by our community affected by contaminated blood. We will also begin to address other issues impacting haemophilia care and treatment such as access to new drugs and welfare benefits. We also aim to increase our support to our local groups, with new ideas and opportunities to bring the local face of The Society to communities across the UK.

In our fundraising we will expand our offer and work with a greater range of companies and offer more events to further diversify and increase funding. We aim to ensure a balanced income and expenditure in 2016-17.

We will also continue the discussion on whether our name and logo are fit for the inclusive modern charity we are today. We will ask members to decide if our name and logo should change to ensure everyone with a bleeding disorder feels welcome and included in our organisation.

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Financial Review

Income and expenditure overview

As foreshadowed in previous years' financial reviews, and following the removal of the historic £100,000 annual Department of Health Grant, we have been challenged by a difficult fundraising environment for small charities.

As a result of this, we have tasked our management team with broadening and deepening our income streams to ensure the long term sustainability and stability of The Haemophilia Society.

I can report that, excluding the impact of gains and losses on investments, the net result for the FY16 (full year to 31 March 2016) was a deficit of £(8,157). This is a solid result in the context of the outturn in previous years, a challenging environment and our previously stated target of returning the Society to recurring breakeven by the year ending 31 March 2017.

Income (excluding legacies) for FY16 was £609,199, as compared to £652,648 in FY15. This comprised increased corporate funding from £205,077 in FY15 to £317,684 in FY16, offset by a reduction in individual donations and community fundraising (combined) from £368,849 in FY15 to £240,507 in FY16. We are grateful for the support from our community, and we will be exploring ways in which we can increase this income in future years.

Overall expenditure for FY16 reduced by £137,563 to £653,496 from £791,059 in FY15. There are two core factors that explain this:

- Costs of raising funds decreased by £77,745 compared to FY15. This was in part driven by dedicated focus on fundraising by specialist members of the management team and the more streamlined staff structure taking full effect.
- Cost of charitable activities decreased by £59,818 compared to FY15. This was driven by increased cost efficiencies found by the team in its activities against the prior year and also a lack of recurrence of exceptional costs which have been incurred in prior years

We very gratefully benefited from legacy income of £36,140 during the year (FY15: £16,129). Including the impact of legacies received, the deficit of income after costs for the year was (£8,157) (FY15: deficit of £(122,282)).

The Society retains a strong base of reserves and a solid financial position. We have continued to make substantial progress in rebalancing the Society's income and expenditure and indeed have returned the net result to close to breakeven a year earlier than our initial plan. Our aim is to make this a long term, sustainable position.

Fundraising and volunteers

The Society's members have participated in many fundraising activities this year and have made significant donations of £240,507. We have benefited from members participating in a wide range of events alongside individual giving, for all of which we are very grateful.

We are focused on continuing to support and promote any fundraising undertaken by our members and friends as a most important and valued source of unrestricted income and a way to highlight our services to the widest community.

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The charity also benefits from a number of volunteers involved in many aspects of our work including as trustees, as part of Local Groups, assisting at events and helping in the office. We very much appreciate the important contribution of all these volunteers to our work.

We are also grateful for the extensive pro-bono support from professionals the Society received during the year.

Trust income

We have continued to concentrate on applications for trust donations. In a competitive market, we have seen trusts become more specific and restrictive in terms of what charities and projects they will support. We have received income from trust applications of £5,350 this year (FY15: £6,150). Broadening our sources of income is an area in which we continue to focus.

Corporate income

Corporate income increased from £205,077 in FY15 to £317,684 in FY16, reflecting the success of our team in working with our corporate supporters and also the good work undertaken by the team in the community. We remain focused on increasing and diversifying this source, which has historically been predominantly pharmaceutical companies, into a wider range of corporates.

Legacies

We have been very fortunate to have received legacy income during FY16 of £36,140 (£16,129 in FY15). Our policy is to view legacy income as being outside ongoing income due its typically one-off and unpredictable nature. Legacies are therefore invested as part of the core reserves to help ensure our long-term future.

Costs

Costs in FY16 were £653,496. Against continuing income (excluding legacies) of £609,199, this represents a shortfall of £44,297, less than budgeted for the year.

Reserves

Our aim is to maintain reserves at a minimum of six months worth of costs to ensure that the Society has a prudent level of resources to fund projects and to meet its financial responsibilities during periods of uncertain or fluctuating income streams.

Our level of reserves remains above this target. In FY16, unrestricted reserves increased by £1,346 to £748,233, from £746,887 at the end of FY15.

This represents more than twelve months' running costs (excluding Local Group funds, restricted funds and endowed funds). When we have fully rebalanced income and expense, we will review our reserves position and the extent to which we can further reinvest.

Under the Memorandum and Articles of Association the trustees may invest surplus funds in any investment they consider appropriate. To this end we have invested in COIF Investment Funds, which invest based on a diversified and prudent investment strategy directly into assets to mitigate concentration of risk. As at the end of FY16 our funds had a market value of £524,558.

The Haemophilia Society

Trustees' Annual Report

Year ended 31st March 2016

Key risks and uncertainties

Key risks to the charity fell into three distinct areas and were identified as:

Financial

Significant reliance on charitable contributions from members, corporates and other sources, and lack of certainty over the sustainability and security of these sources of funds.

Governance

Managing the risk of non-compliance with relevant legal and regulatory requirements.

Reputation

Managing reputational risk which could be impacted in any various ways: such as perceived failure to represent specific member(s) views on a particular issue; failure to successfully influence government or NHS decisions on key issues; failure to safeguard a vulnerable adult or child at one of The Society's events or services.

Each risk was carefully monitored and mitigation procedures put in place to reduce the likelihood and impact of the risk. The board of trustees reviewed the risks and mitigation quarterly.

Structure, governance and management

The Haemophilia Society is a registered charity in England (number 288260) and Scotland (number SCO39732) and company limited by guarantee (number 01763614). The Haemophilia Society's governing document is its Memorandum and Articles of Association.

The trustee board has

- seven ordinary trustees (elected by members of The Society)
- one honorary chairman
- up to four co-opted trustees

Elections take place prior to the AGM in November each year and trustees are elected for a three-year term. They may re-stand for election for a further three-year term and then must take at least one year's break. One further three-year term as a trustee is permitted, but having served nine years an individual may not stand for election or be co-opted to the board again.

A call for nominations is sent to every member in August requesting trustees nominations signed by another member. Information on the roles and responsibilities of a trustee and details of current trustees are available on our website.

The Chair is appointed to the board following an interview process.

Statement of accounting and reporting responsibilities

The trustees (who are also the directors of The Haemophilia Society for the purposes of company law) are responsible for preparing the annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The Haemophilia Society

Trustees' Annual Report

Year ended 31st March 2016

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors 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 of the incoming resources and application of resources, including the income and expenditure, of the charity for that period. In preparing these financial statements, the directors are required to:

- select the most suitable accounting policies and then to apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and accounting 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; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, 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 Companies Act 2006 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Relevant audit Information

We, the directors of the company who held office at the date of approval of these financial statements as set out above each confirm, so far as we are aware, that:

- there is no relevant audit information of which the company's auditors are unaware; and
- we have taken all the steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

In approving the trustees' annual report, we also approve the strategic report included therein, in our capacity as company directors.

On behalf of the board



Barry Flynn, Chair



Simon Mower, Treasurer

27 September 2016

The Haemophilia Society

Year ended 31st March 2016

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF THE HAEMOPHILIA SOCIETY

We have audited the financial statements of The Haemophilia Society for the year ended 31 March 2016 on pages twenty-two to thirty-five. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

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

Respective responsibilities of trustees and auditors

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

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

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Report of the Trustees to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2016 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, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland'; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

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

The Haemophilia Society

Year ended 31st March 2016

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

John Howard (Senior Statutory Auditor)
for and on behalf of Wilkins Kennedy LLP
Statutory Auditor
Chartered Accountants
Bridge House
London Bridge
London, SE1 9QR

Date: 30 October 2016

The Haemophilia Society

Statement of Financial Activities (including income and expenditure account)

Year ended 31st March 2016

		2016			2015
	Note	Unrestricted funds £	Restricted funds £	Endowment funds £	Total £
Income and endowments from:					
Donations and legacies	2	213,017	243,302	-	456,319
Charitable activities	3	157,558	-	-	157,558
Investments	4	26,053	-	-	26,053
Other		5,409	-	-	5,409
Total income and endowments		402,037	243,302	-	645,339
Expenditure on:					
Raising funds	5	132,410	-	-	132,410
Charitable activities	6	252,323	268,763	-	521,086
Total expenditure		384,733	268,763	-	653,496
Net gains / (losses) on investments		(17,658)	-	-	(17,658)
Net expenditure	9	(354)	(25,461)	-	(25,815)
Transfers between funds		-	-	-	-
Net movement in funds		(354)	(25,461)	-	(25,815)
Reconciliation of funds:					
Total funds brought forward		804,812	62,203	19,344	886,359
Total funds carried forward		804,458	36,742	19,344	886,359

All income and expenditure derive from continuing activities.

The statement of financial activities includes all gains and losses recognised during the year.

The Haemophilia Society

Balance Sheet

Year ended 31st March 2016

	Note	2016 £	2015 £
Fixed assets			
Tangible assets	12	27,881	40,666
Investments	13	524,558	717,216
		<hr/>	<hr/>
		552,439	757,882
Current assets			
Debtors	14	48,569	33,505
Cash at bank and in hand		339,172	157,940
		<hr/>	<hr/>
		387,741	191,445
Creditors: amounts falling due within one year	15	(79,636)	(62,968)
		<hr/>	<hr/>
Net current assets		308,105	128,477
		<hr/>	<hr/>
Net assets		860,544	886,359
		<hr/>	<hr/>
Charity funds			
Endowment funds	16	19,344	19,344
Restricted funds	16	36,742	62,203
Unrestricted general funds	16	748,233	746,887
Local group funds	16	56,225	57,925
		<hr/>	<hr/>
Total charity funds	17	860,544	886,359
		<hr/>	<hr/>

The financial statements were approved and authorised for issue by the board on 27 September 2016.

Signed on behalf of the board of trustees



Barry Flynn, Chair

27 September 2016

The notes on pages Page 25 to Page 35 form part of these financial statements.

Company registration number: 01763614

The Haemophilia Society

Statement of Cash Flows

Year ended 31st March 2016

	Note	2016 £	2015 £
Net cash flow from operating activities	18	(18,602)	(106,250)
Cash flow from investing activities			
Payments to acquire tangible fixed assets		(1,219)	(14,869)
Receipts from sales of investments		175,000	40,000
Interest received		26,053	27,864
Net cash flow from investing activities		199,834	52,995
Net increase / (decrease) in cash and cash equivalents		181,232	(53,255)
Cash and cash equivalents at 1st April 2015		157,940	211,195
Cash and cash equivalents at 31st March 2016		339,172	157,940
Cash and cash equivalents consists of:			
Cash at bank and in hand		339,172	157,940
Cash and cash equivalents at 31st March 2016		339,172	157,940

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

1 Summary of significant accounting policies

(a) General information and basis of preparation

The Haemophilia Society is a company limited by guarantee in the United Kingdom. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the charity information on page 2 of these financial statements. The nature of the charity's operations and principal activities are to provide support and services to everybody affected by inherited bleeding disorders in the UK.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with *Accounting and Reporting by Charities: Statement of Recommended Practice* applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements are prepared on a going concern basis under the historical cost convention, with the exception of investments which are disclosed at fair value. The financial statements are prepared in sterling which is the functional currency of the charity.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

(b) Funds

Unrestricted general funds 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.

The Society is represented throughout the country by local groups. Local group funds are incorporated into The Society's financial statements.

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

Endowment funds represent those assets which must be held permanently by the charity, principally the Philip Morris Art Award Fund and the Howard Abraham Memorial Award Fund. The interest earned on these funds is credited to the relevant restricted fund to fund awards.

(c) Income recognition

All incoming resources are included in the Statement of financial activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

Grant income is recognised in accordance with the terms of the grant and when the conditions of receipt have been complied with. When donors specify that grants given to the charity must be used in future accounting periods, the income is deferred until those periods.

Donations, legacies and similar incoming resources are included in the year in which they are receivable, which is when the charity becomes entitled to the resource.

Income from charitable activities includes income earned from community fundraising and events and local group activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

Investment income is earned through holding assets for investment purposes. It includes interest income, which is included when the amount can be measured reliably and the charity's right to receive payment is established.

No amount is included in the financial statements for volunteer time in line with the SORP (FRS 102).

(d) Expenditure recognition

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- costs of raising funds includes fundraising salary and trading costs, direct and support costs;
- expenditure on charitable activities includes communications, membership, cultivation, services and advocacy and influencing costs; and
- other expenditure represents those items not falling into the categories above.

VAT is charged as an expense against the activity for which expenditure arose.

(e) Support costs allocation

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office overheads, governance costs, charity administration and salary core costs. They are incurred directly in support of expenditure on the objects of the charity and include project management carried out at headquarters. Where support costs cannot be directly attributed to particular headings they have been allocated to cost of raising funds and expenditure on charitable activities in proportion to direct costs incurred. Salary costs are allocated based on an analysis of staff time spent.

The analysis of these costs is included in note 7.

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

(f) Tangible fixed assets

Tangible fixed assets for use by the charity are stated at cost less accumulated depreciation.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows:

Office equipment and furniture	25% per annum, straight line
Leasehold property	Over life of lease
Leasehold improvements	Over life of lease

(g) Investments

Investments are recognised initially at fair value. Subsequent gains and losses, which represent the difference between the opening market value and closing market value or proceeds of sale, are recognised in the financial statements in the period to which they relate.

(h) Debtors and creditors receivable / payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

(i) Impairment

Assets not measured at fair value are reviewed for any indication that the asset may be impaired at each balance sheet date. If such indication exists, the recoverable amount of the asset, or the asset's cash generating unit, is estimated and compared to the carrying amount. Where the carrying amount exceeds its recoverable amount, an impairment loss is recognised in profit or loss unless the asset is carried at a revalued amount where the impairment loss is a revaluation decrease.

(j) Provisions

Provisions are recognised when the charity has an obligation at the balance sheet date as a result of a past event, it is probable that an outflow of economic benefits will be required in settlement and the amount can be reliably estimated.

(k) Leases

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

(l) Employee benefits

Pensions in respect of qualifying employees are provided by individual money purchase schemes. The Society's contributions to these schemes are charged to the SoFA in year in which they arise.

(m) Tax

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes.

(n) Going concern

The financial statements have been prepared on a going concern basis as the trustees believe that no material uncertainties exist. The trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

2 Income from donations and legacies

	2016 £	2015 £
Donations from individuals	92,097	314,498
Legacies	36,140	16,129
Corporate income	317,684	205,077
Trust income	5,350	6,150
Gift Aid	5,048	14,896
	<hr/>	<hr/>
	456,319	556,750
	<hr/>	<hr/>

Income from donations and legacies includes £243,302 (2015: £162,185) attributable to restricted funds and £213,017 (2015: £394,565) attributable to unrestricted funds.

3 Income from charitable activities

	2016 £	2015 £
Local group activities	9,148	16,513
Community fundraising and events	148,410	54,351
	<hr/>	<hr/>
	157,558	70,864
	<hr/>	<hr/>

4 Income from investments

	2016 £	2015 £
Interest - fixed interest securities	24,031	27,790
Interest - deposits	2,022	74
	<hr/>	<hr/>
	26,053	27,864
	<hr/>	<hr/>

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

5 Analysis of expenditure on raising funds

	2016 £	2015 £
Direct costs	35,095	110,390
Support costs	97,315	99,765
	<hr/>	<hr/>
	132,410	210,155
	<hr/>	<hr/>

6 Analysis of expenditure on charitable activities

	Activities undertaken directly £	Grant funding of activities £	Support costs £	Total £
Communications	42,719	-	63,749	106,468
Membership	13,295	-	19,840	33,135
Services	123,586	-	184,427	308,013
Advocacy and influencing	28,693	-	42,818	71,511
Tanner Fund grants	-	1,959	-	1,959
	<hr/>	<hr/>	<hr/>	<hr/>
	208,293	1,959	310,834	521,086
	<hr/>	<hr/>	<hr/>	<hr/>

£268,763 (2015: £183,112) of the above costs were attributable to restricted funds. £252,323 (2015: £397,792) of the above costs were attributable to unrestricted funds.

7 Allocation of support costs

Support cost	Basis of allocation £	Raising funds £	Charitable activities £	Total £
Governance	% of direct costs	4,252	25,475	29,727
Travel, postage and carriage	% of direct costs	3,089	8,509	11,598
Information technology	% of direct costs	2,325	13,929	16,254
Salary costs	% of staff time	72,553	172,476	245,029
Depreciation	% of direct costs	2,003	12,001	14,004
Office costs (incl. rental)	% of direct costs	7,969	47,745	55,714
Recruitment, training and temp staff	% of direct costs	2,538	15,206	17,744
Other expenses	% of direct costs	2,586	15,493	18,079
Total		<hr/>	<hr/>	<hr/>
		97,315	310,834	408,149
		<hr/>	<hr/>	<hr/>

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

8 Governance costs

	2016 £	2015 £
Trustee expenses	7,964	11,107
Auditors' remuneration – current year	6,250	5,130
Auditors' remuneration – prior year	5,178	-
Other expenses	10,335	51,880
	<u>29,727</u>	<u>68,117</u>

9 Net expenditure for the year

Net expenditure is stated after charging:

	2016 £	2015 £
Depreciation of tangible fixed assets	14,004	14,867
Operating lease rentals	36,725	35,598
Auditors' remuneration	6,250	5,130
	<u>57,000</u>	<u>55,600</u>

10 Trustees' and key management personnel remuneration and expenses

The trustees neither received nor waived any remuneration during the year (2015: £Nil).

The Charity considers its key management personnel to be the board of trustees and the Chief Executive, Liz Carroll. The aggregate benefits of key management personnel amounted to £71,438 (2015: £66,896).

The reimbursement of trustees' expenses was as follows:

	2016 Number	2015 Number	2016 £	2015 £
Travel, subsistence and accommodation	4	7	2,529	4,780

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

11 Staff costs and employee benefits

The average monthly number of full-time equivalent employees during the year was as follows:

2016 Number	2015 Number
7	5

The total staff costs and employee benefits was as follows:

	2016 £	2015 £
Wages and salaries	220,033	187,278
Social security	22,417	20,457
Defined contribution pension costs	2,579	6,498
Redundancy costs	-	18,004
Interim staff	13,268	67,210
Recruitment and training	4,476	-
	<u>262,773</u>	<u>299,447</u>

One employee received emoluments of more than £60,000 during the year ended 31st March 2016 (2015: one) and within the following bands:

	2016	2015
£60,001 - £70,000	-	1
£70,001 - £80,000	1	-

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

12 Tangible fixed assets

	Computers and Office Equipment £
Cost:	
At 1st April 2015	54,797
Additions	1,219
At 31st March 2016	<u>56,016</u>
Depreciation:	
At 1st April 2015	14,131
Charge for the year	14,004
At 31st March 2016	<u>28,135</u>
Net book value:	
At 31st March 2016	<u>27,881</u>
At 31st March 2015	<u>40,666</u>

13 Fixed asset investments

	COIF Investment £	Other investments £	Total £
Cost or valuation			
At 1st April 2015	716,174	1,042	717,216
Disposals	(175,000)	-	(175,000)
Revaluation	(17,565)	(93)	(17,658)
At 31st March 2016	<u>523,609</u>	<u>949</u>	<u>524,558</u>

14 Debtors

	2016 £	2015 £
Prepayments and accrued income	26,403	11,505
Other debtors	22,166	22,000
	<u>48,569</u>	<u>33,505</u>

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

15 Creditors: amounts falling due within one year

	2016 £	2015 £
Trade creditors	56,400	39,837
Accruals and deferred income	13,645	19,879
Other creditors	9,591	3,252
	<u>79,636</u>	<u>62,968</u>

16 Fund reconciliation

Unrestricted funds

	Balance at 1st April 2015 £	Income £	Expenditure £	Gains / (losses) £	Balance at 31st March 2016 £
Local Groups	57,925	9,148	(10,848)	-	56,225
General Funds	746,887	392,889	(373,885)	(17,658)	748,233
	<u>804,812</u>	<u>402,037</u>	<u>(384,733)</u>	<u>(17,658)</u>	<u>804,458</u>

Restricted funds

	Balance at 1st April 2015 £	Income £	Expenditure £	Balance at 31st March 2016 £
Talking Red	15,000	5,000	-	20,000
Tanner Fund	3,609	2,310	(1,959)	3,960
Memorial Service	15,559	-	(2,777)	12,782
Local Group Forum Event	10,148	-	(10,148)	-
Thrombosis & Haemophilia Conference	689	-	(689)	-
Youth Activity & Teen Weekends	17,198	63,952	(81,150)	-
Ageing	-	10,000	(10,000)	-
Carriers	-	8,000	(8,000)	-
Inhibitors	-	60,240	(60,240)	-
Newly Diagnosed	-	46,000	(46,000)	-
Core	-	40,800	(40,800)	-
AGM	-	7,000	(7,000)	-
	<u>62,203</u>	<u>243,302</u>	<u>(268,763)</u>	<u>36,742</u>
Endowment Funds	19,344	-	-	19,344
	<u>81,547</u>	<u>243,302</u>	<u>(268,763)</u>	<u>56,086</u>

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

16 Fund reconciliation (continued)

Fund descriptions

a) Unrestricted funds

The Society is represented throughout the country by local groups. Group funds are incorporated into The Society's financial statements.

b) Restricted funds

Talking Red: Talking Red includes all our work for women with bleeding disorders including an awareness campaign and services for those with a diagnosis.

Tanner Fund: A hardship fund providing grants of up to £200.

Memorial Service: Funds held for the administration of an annual service of thanksgiving and remembrance in London for those who died as a result of contamination of blood products in the 1970s and 1980s.

Local Group Forum Event: Funding to provide a training and development event for members of our local groups.

Thrombosis and Haemophilia Conference: Funds for the conference.

Youth Activity and Teen Weekends: Funds to support services for young people and teenagers with a bleeding disorder.

Ageing: Fund to support our services and events for our ageing community.

Carriers: Fund to support our services and events for gene carriers of bleeding disorders.

Inhibitors: Fund to support our services and events for people with an inhibitor.

Newly diagnosed: Fund to support our services and events for families with a newly diagnosed child with a bleeding disorder.

Core: funding for our office and general administration.

AGM: Funding for The Annual General meeting and Conference of The Society.

c) Endowment funds

The endowed funds include the Philip Morris Art Award Fund and the Howard Abraham Memorial Award Fund. The interest earned on these funds is credited to the relevant restricted fund to fund awards.

The Haemophilia Society

Notes To The Financial Statements

Year ended 31st March 2016

17 Analysis of net assets between funds

	Unrestricted funds	Local group funds	Restricted funds	Endowment funds	Total
	£	£	£	£	£
Fixed assets	533,095	-	-	19,344	552,439
Net current assets	215,138	56,225	36,742	-	308,105
Total	748,233	56,225	36,742	19,344	860,544

18 Reconciliation of net expenditure to net cash flow from operating activities

	2016	2015
	£	£
Net expenditure for year	(25,815)	(61,599)
Interest receivable	(26,053)	(27,864)
Depreciation of tangible fixed assets	14,004	14,867
Losses / (gains) on investments	17,658	(60,683)
(Increase) / decrease in debtors	(15,064)	12,797
Increase in creditors	16,668	16,232
Net cash flow from operating activities	(18,602)	(106,250)

19 Pensions and other post-retirement benefits

The charity operates a defined contribution pension plan for its employees. The amount recognised as an expense in the period was £2,579 (2015: £6,498).

20 Financial commitments

The total of future minimum lease payments under non-cancellable operating leases for each of the following periods are:

	Within 1 year	2016 Within 1-5 years	Within 1 year	2015 Within 1-5 years
	£	£	£	£
Land and buildings	28,665	33,165	28,665	61,830
Other	1,868	3,269	1,868	5,137
	30,533	36,434	30,533	66,967

21 Related party transactions

There are no related party transactions during the period (2015: £ nil).