



Bowel Cancer UK

Trustees' Report and Audited Financial Statements

For the year ended 31st December 2016

Company Number 3409832

Registered Charity Number 1071038

Office of the Scottish Charity Regulator SC040914

BOWEL CANCER UK
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FOR THE YEAR ENDED 31 DECEMBER 2016

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BOWEL CANCER UK TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2016

Welcome to the Trustees' Annual Report and Audited Financial Statements for the year ended 31st December 2016.

ACHIEVEMENTS AND ACTIVITIES DURING 2016

Introduction and key highlights

2016 was a great year for Bowel Cancer UK as we continued to work with determination to meet our mission to save lives and improve the quality of life of all those affected by bowel cancer. Our key highlights include the following:

- We won the prestigious Charity Times Charity of the Year award which recognises best practice and excellence in the UK charity sector. The category, for charities with an income of between £1 million - £10 million, recognises those who the judges believe has consistently delivered outstanding service to its beneficiaries, promoted and raised its cause, been clear in its goals and strategy, and demonstrated excellence all round.
- We brought together over 100 clinicians, scientists and patients to discuss and debate what are the key research and knowledge gaps relating to bowel cancer which if addressed, would lead to the greatest benefit to patients. The Critical Gaps in bowel cancer research project is due to be published in 2017 and is already influencing our priority setting and the development of our five year research strategy.
- Our campaign to improve the identification and management of people with Lynch syndrome, a genetic condition which increases a person's risk of developing bowel cancer by up to 80% gathered fresh pace and momentum. We worked in partnership with all the key professional bodies and individual experts to support and influence the development of new NICE guidance on testing for Lynch syndrome. Draft guidance looks extremely promising and will be issued in 2017.
- We invested in our communications activity during the year and this enabled us to extend our reach through strategic use of communication channels. Specifically we launched a new website and refreshed our brand both of which has been well received. Our digital content was viewed nearly 5 million times over digital channels and we achieved over 1,200 pieces of media coverage across national, regional, local and online media reaching 221 million people. The advertising value equivalent for this coverage would have been £1.9 million.
- It was our best year of fundraising ever ending with a total income of £2.3 million. We also carefully controlled our expenditure and ended the year with five months of unrestricted reserves which will provide us with important financial security and stability. We will continue to work hard to improve this further in 2017.

BOWEL CANCER UK TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2016

- We were closely involved in discussions around the roll out of the new Faecal Immunochemical test in England, Wales and Scotland which has the potential to detect more cancers earlier. We have a long way to go before it is rolled out optimally however, as our lack of endoscopy resource continues to hold every nation of the UK back. This will remain a top priority policy area for us in 2017.
- Our award winning Health Promotion and Training team delivered some excellent training to professionals across the UK including delivering two colorectal cancer study days attended by 250 health professionals. Our dedicated team of health promotion volunteers reached over 7,000 directly through their talks across the UK and we plan to grow this further in 2017.
- We were delighted and proud that our Chief Executive, Deborah Alsina was awarded an MBE for services to bowel cancer patients in the Queen's birthday honours list. Her dedication and hard work continues to inspire us all.

The Board of Trustees and staff would like to offer grateful thanks to the charity's many clinical, academic and business advisors for their advice and practical help in 2016. We also want to especially thank our wonderful patient and fundraising supporters and volunteers without whom we would not exist and whose dedication is both humbling and inspiring.

**BOWEL CANCER UK
TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2016**

Bowel Cancer UK Strategic Plan 2015-2018

Mission

Bowel Cancer UK is determined to save lives and improve the quality of life for all those affected by bowel cancer.

We achieve our mission through research, education and campaigns.

Values and Operating Principles

Bowel Cancer UK will always:

- ensure that the needs of all those affected by bowel cancer are at the heart of all we do;
- be informed by clinical and other healthcare professional expertise;
- work in partnerships that are beneficial to those affected by bowel cancer;
- act with honesty, transparency and integrity;
- strive for excellence, be innovative, independent and accountable for all we do;
- embrace diversity, treating everyone fairly, with understanding and respect.

Strategic Aim 1

Champion early diagnosis of bowel cancer

Strategic Aim 2

Improve access to best treatment and care for all those closely affected by bowel cancer

Organisational aim 1

Develop the charity's use of marketing and communications to increase our impact and reach

Organisational aim 2

Develop a sustainable income base for the charity

Organisational aim 3

Develop the charity's infrastructure and resources to enable us to meet our mission

BOWEL CANCER UK TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2016

Strategic Aim 1: Champion early diagnosis of bowel cancer

In 2015 we said we would:

- work with local public health teams, health boards, CCGs and nurses, delivering training to effectively reach those not taking part in screening and where awareness is low – e.g. BME groups, men, older people and people with learning disabilities.
- target our volunteer recruitment and talks to harder to reach groups such as BME groups and within areas of deprivation.
- extend the reach of our Bowel Cancer Awareness Month materials, for example targeting pharmacies in areas with low uptake of screening.
- release the results of the joint BodyShop research being conducted by Professor William Hamilton from the University of Exeter as part of our Never Too Young campaign. The aim of the research is to speed up referrals of people under 50 for diagnostic tests based on risk assessment criteria.
- continue our policy engagement to improve the identification and screening surveillance for people with genetic conditions which increase their risk of bowel cancer and will hold a summit in March 2016 with all relevant stakeholders to agree a way forward.
- continue to press forward on our recommendations to improve capacity and access to endoscopy services in the UK, working in partnership with the British Society of Gastroenterology.
- continue to proactively engage, including through participation in key committees, in improvements to the bowel cancer screening programme including implementation of the Faecal Immunochemical test across the UK.

During 2016 we:

- worked in partnership with the North East Learning Disability Network to deliver a newly developed bespoke bowel health and screening training programme to 66 trainees in four sessions, subsequently cascaded to 1,263 people. The training was accompanied by a resource pack developed in this partnership. We also delivered a number of other training sessions across the UK as requested by public health and NHS organisations focusing on hard to reach groups and those not taking part in training such as people with learning disabilities, varying BME groups and remote communities.
- reached 7,100 people directly with our volunteer events and training – totalling 390 events, of which 311 were talks – the largest number of talks held in a year so far. We also held five volunteer training days and now have around 100 trained volunteers working across the UK.

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- delivered a GP study Day in Edinburgh in partnership with Macmillan Cancer Support and funded by the Scottish Governments Detect Cancer Early programme.
- proactively engaged in the roll out of the new Faecal Immunochemical Test (FIT), following the recommendation by the UK National Screening Committee. This included becoming members of the FIT Implementation Groups in England, Scotland and Wales and various sub committees along with our long term membership of the Bowel Screening Advisory Committee in England.
- held a clinical consensus meeting with leading clinicians, researchers and patient representatives, with the aim of developing solutions to problem patients at high risk of bowel cancer encounter. The meeting at the Royal College of Surgeons, London, included representatives from the British Society of Gastroenterology, Royal College of Pathology, Royal College of Surgeons, Association of Coloproctology of Great Britain and Ireland (ACPGBI), the Bowel Disease Research Foundation (BDRF), National Cancer Research Institute (NCRI), the National Screening Committee (NSC) alongside other experts from across the UK and patient representatives.
- published a follow up briefing document on the extent of reflex testing for Lynch syndrome in the UK according to the Royal College of Pathology guidance. This was based on work using Freedom of Information requests sent to every hospital trust in the UK and we also launched a nationwide survey of people with Lynch syndrome to improve our understanding of their experience of being diagnosed and managed for Lynch syndrome and published a report based on its findings.
- continued to press forward and engage with key stakeholders on our recommendations to improve capacity and access to endoscopy services in the UK including by participating in NHS England's endoscopy stakeholder group.
- increased campaign supporters by 93% - from 466 campaign supporters in January to 901 supporters in December.

In 2017 we will:

Research

- publish the (hitherto delayed) results of the joint BodyShop research being conducted by Professor William Hamilton from the University of Exeter as part of our Never Too Young campaign. The aim of the research is to speed up referrals of people under 50 for diagnostic tests based on risk assessment criteria.
- publish the findings of our Critical Gaps in bowel cancer research project and a five year research strategy leading to the launch of our first grants round which is most likely to have a focus upon prevention and early diagnosis of bowel cancer.

BOWEL CANCER UK TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2016

- continue to support and engage with research programmes such as the 100,000 Genomes Programme and CORGI which aim to improve our understanding of the causes of bowel cancer and with other research projects that could enable us to prevent or detect bowel cancer early.

Health Promotion and Training

- reach at least 10,000 people in 2017 through our health promotion and training activities and dedicate funds to ensuring our work remains well evaluated. We will also invest in our volunteers to ensure they are skilled and supported in the best way possible.
- continue to build partnerships across the UK with NHS and public sector organisations to deliver training to support uptake of screening, including the roll out of the new Faecal Immunochemical test and increased awareness of bowel cancer in groups most in need.
- support pharmacists in selected areas of Scotland with low bowel screening uptake by developing a brief interventions programme in partnership with Community Pharmacy Scotland. We will also support the introduction of FIT in Scotland by developing a train the trainer programme dedicated to upskilling health improvement staff and care providers.

Policy and Campaigns

- continue to press forward on our recommendations to improve capacity and access to endoscopy services in the UK, working in partnership with relevant stakeholders.
- continue our policy and public affairs engagement to improve the identification and surveillance screening for people with genetic conditions which increase their risk of bowel cancer.
- continue to proactively engage, in improvements to the bowel cancer screening programme including implementation of the Faecal Immunochemical test across the UK.

Strategic Aim 2: Improve access to best treatment and care for all those closely affected by bowel cancer

In 2015 we said we would:

- deliver two colorectal study days in two different regions.
- launch our new information portal and develop new audio-visual material for the portal.

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- develop an information resource for people at higher risk of bowel cancer focussing on genetics and family history.
- launch the joint research with the ACPGBI on resources in coloproctology.
- conduct and publish a landmark research project identifying the critical gaps in bowel cancer research.
- lead the public and patient communication outreach components of the 100,000 Genomes critical interpretation group for bowel cancer and support the public and patient communication on the stratified medicines consortium (S-CORT).
- publish a report on advanced bowel cancer as part of a new international campaign, which our Chief Executive, Deborah Alsina is co-chairing with the Chief Executive of Bowel Cancer Australia.

During 2016 we:

- delivered two colorectal study days in Newcastle (138 attendees) and Cardiff (118 attendees). Both events evaluated very well and the speakers were considered excellent. We have followed up with delegates three months after the event to assess the impact of the event on their practice and this will be used to plan our programmes for 2017.
- were re-certified with the Information Standard, a quality mark for health and social care information and were highly commended by the British Medical Association for our booklet for people under 50 'Younger people with bowel cancer: a guide for the under 50s'.
- published a joint report with the Association of Coloproctology of Great Britain and Ireland, which highlighted numerous areas of service provision that fall short of having the resources needed to provide optimum service and safety for bowel disease patients.
- launched a survey as part of our Get Personal campaign, to find out more about the patient experience of being diagnosed and treated for advanced disease and to find out what improvements could be made. We also launched the Get Personal campaign (which we co-chair) in partnership with Bowel Cancer Australia, Colon Cancer Alliance (US), Colorectal Cancer Association of Canada, and Fondation A.R.C.A.D. (France) on World Metastatic Colorectal Cancer Day.

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In 2017 we will:

Research

- work with the Royal College of Surgeons to fund the UK's first Colorectal Cancer Surgical Research Chair and also launch our programme of support for Colorectal Cancer Surgical Research Fellowships.
- continue to engage with research programmes such as S-CORT and CORECT-R which aim to improve outcomes and experiences of people with bowel cancer.
- develop a patient advocacy network to ensure in the future patient opinion and priorities are central to research development and implementation across the UK.

Health Promotion and Training

- hold two colorectal study days in England aiming to deliver first class education to more than 250 bowel cancer healthcare professionals.
- investigate opportunities for other clinical training courses the charity could run in the future.
- publish our new health information films and audio recordings and re-certify with the Information Standard.

Policy and Campaigns

- publish a report based on the UK survey findings on the experience of people with advanced disease and publish a "deep-dive" report into access to liver surgery across the UK as part of our Get Personal campaign.
- continue active engagement with the implementation of the cancer strategy recommendations.
- continue our involvement and engagement in key committees such as the Bowel Cancer Audit Clinical Advisory Committee and develop the charities responses to key consultations that could lead to improvements in treatment and care.

Organisational aim 1: Develop the charity's use of marketing and communications to increase our impact and reach

In 2015 we said we would:

- launch our refreshed brand.
- launch our new organisational website.

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- increase the organisation's social media and media coverage, proactively identifying opportunities across all channels and developing and building relationships with journalists.

During 2016 we:

- launched a new logo, new look and feel and new key messages about the charity and what we do.
- launched our new organisational website with better functionality, easier navigation and fully responsive across mobiles and tablets.
- engaged with supporters on social media with our content being seen nearly 5 million times and achieved over 1,200 pieces of media coverage across national, regional, local and online media reaching 221 million people. The advertising value equivalent for this coverage would have been £1.9 million.
- had the most successful Bowel Cancer Awareness Month ever reaching more people than in previous years by working with CCG's, parliamentarians and others to cascade our messages to a wider audience.
- launched a new monthly e-newsletter for supporters to keep them updated on our work and how they can support us and produced two issues of our printed newsletter 'Together We Can'.

In 2017 we will:

- embed audience insight and market research across all of our work to ensure we fully understand our target audiences and are reaching them.
- develop our research communications and promote the findings of our 'Critical gaps in bowel cancer research project' and research strategy.
- continue to increase our reach across all channels including by developing our assets such as films, images and infographics. We will also work with nine other cancer charities to promote World Cancer Day and have our own bespoke Unity Band®, build upon the success of Bowel Cancer Awareness Month 2016 and produce two issues of 'Together We Can' to keep supporters updated about our work.

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Organisational aim 2: Develop a sustainable income base for the charity

In 2015 we said we would:

- improve our fundraising materials and develop our programme of bespoke community and challenge events, to engage with and to motivate our supporters to donate regularly and raise funds in a wide range of ways so we can continue to deliver against our mission to save lives.
- manage all existing relationships with major donors, trusts and statutory funders to secure on-going and multiyear support and develop and increase our base of supporters.
- secure and sustain high-value multi-year partnerships with companies.

During 2016:

Bowel Cancer UK supporters raised £2.3m of income in 2016. We are tremendously grateful to every company, trust, community group, event participant, donor and gift which has helped to fund our vital research and lifesaving work this year.

There are a number of reasons why the highest income total ever for the charity has been achieved. They include:

- people are raising more money by organising and taking part in a wide range of community activities and special events.
- a record rise in income as a result of successful partnerships with companies and developing relationships with trusts, foundations and major donors.
- an increase in the number of gifts given in memory of loved ones.

In 2017 the fundraising team will:

- help to increase the number of people supporting the charity by introducing a range of new and exciting ways to engage and encourage both existing and new to help fund our lifesaving work.
- continue to provide a first class supporter care experience to all who fundraise for and donate to Bowel Cancer UK and that they understand the difference their support makes.
- seek to grow income from corporate partnerships, trusts & foundations and major donors to help fund our vital research programme and life-saving work.

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Organisational aim 3: Develop the charity's infrastructure and resources so we can meet our mission

In 2015 we said we would:

- produce a fully integrated three year strategic plan.
- review all our HR policies and procedures and run another staff survey to identify any key issues that need to be addressed or what is working particularly well.
- review our financial management policies and procedures and ensure all budget holders are given finance training.

During 2016 we:

- reviewed our strategic framework and worked on departmental strategies
- ran our third staff survey which was very helpful. It showed continuing high levels of staff satisfaction across the organisation and highlighted areas where we can make further improvements for the future.
- implemented the first stage of our IT infrastructure programme with the replacement of our on-site server. The start of moving some of our data to "The Cloud" began with our emails.
- continued to review some of our key HR policies and procedures for which we will seek approval from Trustees in 2017.

In 2017 we will:

- complete the review of our HR policies and procedures and run another staff survey to identify any key issues that need to be addressed or what is working particularly well.
- review and update our financial management policies and procedures and develop relevant training for budget holders.
- review our organisational data to ensure that it meets our own policy requirements and those required by the new EU legislation which comes into force in 2018.

Conclusion

2016 was a fantastic year for Bowel Cancer UK and we can clearly show the impact of our focused strategy and hard work to drive positive change for people affected by bowel cancer. Whilst we are clearly making progress there is much still to do as 16,000 people still lose their lives to bowel cancer every year in the UK. We therefore look forward to 2017 with renewed determination and energy to ensure people are diagnosed as early as possible when treatment is most successful and gain access to the best treatment and care wherever they live in the UK.

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PUBLIC BENEFIT

From 1st April 2008 the Charities Act 2006 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its "Charities and Public Benefit" guidance requires that there are two key principles to be met in order to show that an organisation's aims are for the public benefit: first, there must be an identifiable benefit and secondly the benefit must be to the public or a section of the public.

The Council of Management (which equates to the Board of Trustees and henceforth referred to as such) confirm they have regard to the Charity Commission's guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 17 (5) of the Charities Act 2011. They are satisfied that Bowel Cancer UK meets the requirements and conforms to the Act's definition of a charity meeting all elements of the two key principles.

Our beneficiaries are at the heart of everything that we do as we believe this report fully demonstrates:

- We raise awareness of bowel cancer through our patient volunteer health promotion and outreach programme and work extensively with patients and their families in all our policy and campaigns activity;
- Our public health training programme ensures that key potential life-saving messages are appropriately cascaded across the UK;
- We work with patients, alongside policy makers, clinicians and scientists to ensure that the needs of those affected by bowel cancer are identified and addressed;
- We provide information to bowel cancer patients and their families, through developing and disseminating relevant information; and
- We provide a range of training and information materials for health care professionals to ensure they have access to latest research and experience to inform their practice.

REGULATORY AND ADMINISTRATIVE DETAILS

Regulatory Compliance Statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a charity no. 1071038 in England and Wales and SC040914 in Scotland. The principal office address is Willcox House, 140-148 Borough High Street London SE1 1LB, it is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31st December 2016 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP (FRS 102)).

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Who we are

Established in 1987, Bowel Cancer UK is determined to save lives and improve the quality of life of all those affected by bowel cancer.

The main activities of the organisation include:

- enabling and supporting research
- educating patients, the public and healthcare professionals about the disease
- campaigning for best treatment and care for all

For more information visit our website bowelcanceruk.org.uk

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Where we are

The London Office (Principal & Registered office)
Willcox House
140-148 Borough High Street
London
SE1 1LB
Tel: 020 7940 1760
Fax: 020 7940 1761
Email: admin@bowelcanceruk.org.uk
Website: bowelcanceruk.org.uk

The Scottish Office
Hayweight House, Fourth Floor
23 Lauriston Street
Edinburgh
EH3 9DQ
Tel: 0131 281 7351

Council of Management (Board of Trustees)

The following individuals acted as Trustees throughout the year:

Peter Sedgwick (Chair – member of FRC)
Stephen Gibson (Vice Chair)
Lorraine Lander (Treasurer – member of FRC) (Appointed 17 October 2016)
Richard Anderson
Linda Clemett (member of FRC)
Stephen Fenwick (Appointed 21 June 2016)
David Garmon-Jones (Appointed 21 June 2016, Resigned 30 January 2017)
Joe Higgins (member of FRC) (Appointed 21 June 2016)
Mark Hodgson (Resigned 17 October 2016)
Dennis Horner (member of FRC)
Janet Husband (Appointed 21 June 2016, Resigned 15 January 2017)
Christina Dolan Lakin
Kym Lang (Appointed 21 June 2016)
John Schofield
Michelle Scott (member of FRC)
John Stebbing (Appointed 21 June 2016)

Chief Executive and Senior Management Team

Chief Executive (member of FRC)	Deborah Alsina
Director of Fundraising (member of FRC)	Luke Squires
Director of Finance and Resources and Company Secretary (member of FRC)	Simon Hawkins
Director of Research and External Affairs	Lisa Wilde

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Members of our Medical Advisory Board are:

Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre

Annie Anderson, Professor of Food Choice, University of Dundee

Jervoise Andreyev, Consultant Gastroenterologist in Pelvic Radiation Disease, Royal Marsden Hospital

Wendy Atkin, Professor of Gastrointestinal Epidemiology, Imperial College London

John Burn, Professor of Clinical Genetics, Newcastle University; Non-executive Director, NHS England

Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust

Mark Coleman, Consultant Surgeon, Plymouth, Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery

Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree

Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital; Chair, ACPGBI Research and Audit Committee

Rob Glynn-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre **(Chair)**

Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter

Tim Iveson, Cancer Relief Macmillan Fund Consultant in Medical Oncology, Southampton University Hospitals NHS Trust

Mark Lawler, Chair in Translational Cancer Genomics, Centre for Cancer Research and Cell Biology, Queen's University Belfast

Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners

Kevin Monahan, Consultant gastroenterologist, West Middlesex University Hospital

Eva Morris, Principle Research Fellow, Leeds University

Dion Morton, Professor of Surgery, University of Birmingham

Christine Norton, Professor of Nursing, Kings College London

Greg Rubin, Professor of General Practice and Primary Care, Durham University

John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme

John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre, Chair, UK Joint Advisory Group on GI Endoscopy (the JAG)

Bob Steele, Professor of Surgery and Head of Department, University of Dundee

Mark Taylor, Consultant Hepatobiliary and Pancreatic Surgeon, Belfast Health & Social Care Trust

Ian Tomlinson, Molecular and Population Genetics, Wellcome Trust Centre for Human Genetics

Richard Wilson, Clinical Director, Northern Ireland Cancer Trials Centre and Network, Queen's University Belfast

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We are also very fortunate to have extensive support from many other fantastic senior clinicians and scientists across the UK, who are too many to mention individually, and for which we are truly grateful.

Auditors, Bankers and Solicitors

Auditors

Crowe Clark Whitehill LLP
Aquis House
49-51 Blagrove Street
Reading
RG1 1PL

Bankers

The Bank of Scotland
St James's Gate
14/16 Cockspur Street
London
SW1Y 5BL

Solicitors

Lamb Brooks LLP
Victoria House
39 Winchester Street
Basingstoke
Hampshire
RG21 7EQ

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document and Constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles incorporated 25 July 1997 as amended by special resolutions dated 14 June 2007 and 23 December 2011. All the Members of the Charitable Company are Trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the Trustees are also Directors of the Charitable Company for the purposes of the Companies Act.

Trustees Appointment, Recruitment, Training and Induction

All Trustees are unremunerated and are voluntary. Trustees are appointed by resolution of the Trustees. Each Annual General Meeting one third of the Trustees shall be subject to retirement by rotation, but may offer themselves for re-election. No person other than a Trustee retiring by rotation

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shall be appointed as a Trustee at any general meeting of Trustees unless he or she is recommended by the Trustees. No Trustee may serve more than 7 years. After 7 years Trustees are not eligible for election until 3 years have elapsed. Each new Trustee is provided with a detailed information pack upon appointment. This covers an introduction to fellow Trustees; details of the leadership team and staff accompanied by an organisation chart; Articles of Association; the history of the organisation; its objectives and policies; its work and products; recent Trustees and Sub-Committee minutes of meetings; the latest audited Trustees Report and Financial Statements; information on the role and responsibilities of a Trustee.

Training of Trustees will be given on new legislative issues affecting charity Trustees and directors as needed.

Organisation Structure and Decision-Making

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Board meets four times a year. A Senior Management Team meets monthly and reports to the Trustees. The members of the group are shown on page 14.

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee (FRC) which review management accounts, and the progress of the annual audit, as well as personnel and recruitment policies and compliance with the regulatory environment within which the organisation operates. The FRC meets six times a year with its meetings being staged between main Trustee meetings. It makes recommendations both to the Senior Management Team and to the main Board of Trustees. Membership currently comprises of the Chair of Trustees, the Treasurer and four other Trustees, the Chief Executive, Director of Fundraising and the Director of Finance and Resources.

Directors/Trustees retiring

The Directors retiring by rotation were Dennis Horner, John Schofield, Michelle Scott and Peter Sedgwick, all of whom were eligible for re-election and who were reappointed.

Pay policy for senior staff

The directors consider the board of directors, who are the Charity's trustees, and the senior management team comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All trustees give of their time freely and no director received remuneration in the year. Details of trustees' expenses are disclosed in note 6 to the accounts and related party transactions in note 14.

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The Chair of the Board will as necessary make a proposal on the remuneration of the CEO to the FRC for its agreement. The CEO makes recommendations as necessary on remuneration levels for any staff earning £50k or more to the FRC for its approval. The Board is notified of decisions.

The charity introduced a pay and remuneration strategy in 2016 following trustee approval in March 2016.

Risk and Uncertainties

Achievement of our aims and objectives entails taking risks. The Trustees are satisfied that appropriate internal control systems and risk management processes are in place. They consider that the following framework provides Bowel Cancer UK with adequate measures to reduce the impact of identified risks:

- The Finance and Resources Sub-Committee reviews risk and internal controls, approves the annual risk-register, and receives regular progress reports on key risks.
- Senior management reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities.
- Board sub-committees and management groups help identify, evaluate and manage risks relating to fundraising, governance, health and safety and remuneration.

The most significant risks to Bowel Cancer UK include income generation and cash flow management, reputation, health and safety of staff and volunteers, operational management information, IT infrastructure, staff retention and development.

FINANCIAL REVIEW

The results for the year ended 31 December 2016 are set out on page 24 of the financial statements.

Total incoming resources for the year increased to £2,307,222 (2015: £2,013,684) as a result of the amazing efforts of our many volunteers who raised money for us doing runs, treks and holding events in their community and fantastic support from corporate supporters and many different trusts and foundations.

In particular in 2016 we can report:

- A 73% increase in legacies from £160,820 in 2015 to £278,456 in 2016;
- A 57% increase in corporate donations from £239,441 in 2015 to £374,847 in 2016; and
- A 40% increase in individual donations from £195,143 in 2015 to £273,607 in 2016.

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Total resources expended for the year increased by 20% from £1,656,570 in 2015 to £1,986,132 which was below levels expected in the budget. Additional costs were incurred through the increase in staff numbers, higher level of pro-bono income generation and as a result of increased activity in research, a second colorectal cancer study day and fundraising.

The use of restricted funds has been maximised and this coupled with our most successful year ever for fundraised income has seen our unrestricted reserves increase by £321,438 to stand at £818,725 at the end of the year. Our overall surplus for the year of £321,090 compares to a higher surplus of £357,114 in 2015. The Charity's spare cash balances have been invested in interest bearing accounts.

The Balance Sheet on page 25 reflects the activities in the year. The increase in current assets from £756,917 in 2015 to £1,286,014 in 2016 reflects an increase in cash following the year's strong financial performance. Creditors have increased due to the deferral of income relating to the new Surgical Research Chair which is planned to start in 2017.

Key Performance Indicators for the year are:

- The fundraising ratio has increased by 10% to stand at £2.78 for every £1 spent in the year. The plan is for this to continue to improve in 2017 and future years.
- Support costs remain on target (below 15%) at 12% for the year (14% in 2015).
- Unrestricted reserves have risen from 3.6 month's running costs in 2015 to 5 month's running costs in 2016, moving closer to the longer term aspiration of 6 months. The Trustees aim to continue to rebuild the reserves to the level they consider necessary for the future stability of the charity.

RESERVES

The Board of Trustees recommend that to allow the Charity to be managed efficiently, an unrestricted reserve equivalent to at least three months operating expenditure (with a longer term aim of six months) should be built up. The Trustees believe that this is the minimum level of reserves required to ensure the operating efficiency of the charity and to provide some protection to the organisation, its charitable programmes and to provide time to adjust to changing financial circumstances.

The Charity now has free reserves of £577,959 (2015: £446,925) which equates to 3.5 months running costs. Over the next few years efforts will continue to be made to accumulate reserves whilst still facilitating and expanding Bowel Cancer UK's services, public awareness and policy campaigns.

BOWEL CANCER UK TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2016

Designated funds are amounts identified by the Trustees for a particular project or use. The Trustees have also reduced the amount in the designated fund for fixed assets to £56,766, to reflect the net book value of the fixed assets and have introduced a new designated fund of £184,000 to help meet the costs of the Surgical Research programme.

Restricted funds are detailed in Note 12 to the financial statements.

Statement of Trustees' responsibilities

The Trustees (who are also directors of Bowel Cancer UK for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards 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 charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

BOWEL CANCER UK TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2016

Provision of information to auditors

In so far as the Trustees are aware:

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

Staff and Volunteers

The Board of Trustees wish to record their thanks and appreciation to all staff and volunteers for their devoted work, often beyond the call of duty to ensure that the charity continues to meet its mission.

Auditors

The Company's auditors, Crowe Clark Whitehill LLP are willing to continue in office. A resolution proposing their re-appointment will be considered at the next Annual General Meeting.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

This report was approved by the Council of Management / Board of Trustees on 21 March 2017 and signed on their behalf by



.....
Lorraine Lander, Member of Council

BOWEL CANCER UK

INDEPENDENT AUDITOR'S REPORT

FOR THE YEAR ENDED 31 DECEMBER 2016

Independent Auditors' Report to the Trustees and Members of Bowel Cancer UK

We have audited the financial statements of Bowel Cancer UK for the year ended 31 December 2016 set out on pages 24 to 44. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with section 154 of the Charities Act 2011 and section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company, the charitable company's members as a body and the charitable company's trustees as a body for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

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

We have been appointed as auditor under section 151 of the Charities Act 2011, under section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's 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 Trustees' Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit.

BOWEL CANCER UK
INDEPENDENT AUDITOR'S REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2016

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 charity's state of affairs as at 31 December 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; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Opinion on other matter prescribed by the Companies Act 2006

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

Matters on which we are required to report by exception

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

- the charitable company has not kept adequate accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees Annual Report.

A handwritten signature in black ink that reads "J. Joyce".

Janette Joyce

Senior Statutory Auditor, For and on behalf of Crowe Clark Whitehill LLP

Statutory Auditor, Reading

Date: 27th March 2017

Crowe Clark Whitehill LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Statement of Financial Activities
For the year ended 31st December 2016
(incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	2016 Total £	2015 Total £
INCOME					
Donations and legacies	2	721,146	370,439	1,091,585	824,225
Other trading activities	2	1,145,089	45,357	1,190,446	1,176,598
Income from investments		5,200	-	5,200	1,562
Income from charitable activities	3	7,436	12,555	19,991	11,299
Total income		1,878,87	428,351	2,307,222	2,013,684
EXPENDITURE					
Expenditure on raising funds	4	830,635	-	830,635	794,904
Expenditure on charitable activities	4	726,798	428,699	1,155,497	861,666
Total expenditure		1,557,433	428,699	1,986,132	1,656,570
Net income	5	321,438	(348)	321,090	357,114
Transfers between funds		-	-	-	-
Net movement in funds		321,438	(348)	321,090	357,114
Total funds brought forward		497,287	137,766	635,053	277,939
Total funds carried forward	12	818,725	137,418	956,143	635,053

The statement of financial activities includes all gains and losses recognised in the year.
All income and expenditure derive from continuing activities.

The notes on pages 27-44 form part of these financial statements.

Balance Sheet as at 31st December 2016
Company number 3409832 (England and Wales)

	Note	2016 £	2015 £
Fixed assets			
Tangible assets	7	35,900	43,496
Intangible assets	8	20,866	6,866
		56,766	50,362
Current assets			
Debtors and prepayments	9	277,028	300,112
Cash at bank and in hand		1,008,986	456,805
		1,286,014	756,917
Creditors: amounts falling due within one year	10	(362,637)	(148,226)
		923,377	608,691
Net current assets			
		923,377	608,691
Provisions: amounts due in more than one year	11	(24,000)	(24,000)
		956,143	635,053
NET ASSETS		956,143	635,053
Funds			
Unrestricted funds			
Designated		240,766	50,362
General funds		577,959	446,925
	12	818,725	497,287
Restricted funds	12	137,418	137,766
TOTAL FUNDS	13	956,143	635,053

The financial statements were approved and authorised for issue by the board and were signed on its behalf on 21 March 2017 by

L Lander
Lorraine Lander
Member of Council

The notes on pages 27-44 form part of these financial statements.

Statement of Cash Flows
For the year ended 31st December 2016

	2016	<i>2015</i>
	£	<i>£</i>
Cash generated by operating activities	586,424	<i>208,643</i>
Cash flows from investing activities:		
Interest income	5,200	<i>1,562</i>
Purchase of fixed assets	(39,443)	<i>(8,912)</i>
	<hr/>	<hr/>
Change in cash and cash equivalents at the end of the year	552,181	<i>201,293</i>
	<hr/> <hr/>	<hr/> <hr/>
Cash and cash equivalents at beginning of the year	456,805	<i>255,512</i>
Movement	552,181	<i>201,293</i>
Total cash and cash equivalents at end of the year	1,008,986	<i>456,805</i>
	<hr/> <hr/>	<hr/> <hr/>
Reconciliation of net movement in funds to net cash flow from operating activities		
Net movement in funds	321,090	<i>357,114</i>
Depreciation and amortisation	33,039	<i>31,453</i>
Decrease / (Increase) in debtors	23,084	<i>(160,187)</i>
Increase / (Decrease) in creditors	214,411	<i>(18,520)</i>
Loss on disposal of fixed assets	-	<i>345</i>
Interest income	(5,200)	<i>(1,562)</i>
	<hr/>	<hr/>
Net cash generated by operating activities	586,424	<i>208,643</i>
	<hr/> <hr/>	<hr/> <hr/>
Cash in hand	754,625	<i>371,134</i>
Notice deposits (less than 3 months)	254,361	<i>85,671</i>
Overdraft facility repayable on demand	-	<i>-</i>
	<hr/>	<hr/>
Total cash and cash equivalents at end of the year	1,008,986	<i>456,805</i>
	<hr/> <hr/>	<hr/> <hr/>

Notes to the Financial Statements For the year ended 31st December 2016

1. Accounting policies

1.1 Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Bowel Cancer UK meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note (s).

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Willcox House, 140-148 Borough High Street, London SE1 1LB.

The Trustees consider that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future and for this reason they continue to adopt the going concern basis in preparing the annual financial statements.

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 14. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Income

Income is accounted for on an accruals basis, with the exception of donations which are accounted for when received.

Grants are credited as income in the year in which they are receivable. Grants are recognised as receivable when all conditions for receipt have been complied with. Where donor-imposed restrictions apply to the timing of the related expenditure as a precondition of its use, the grant is treated as deferred income until those restrictions are met. Grants received for specific purposes are accounted for as restricted funds.

Legacy income is included in the financial statements when the charity is satisfied that the conditions of recognition have been met. Pecuniary legacies are accounted for when notified. Residuary legacies are accounted for when notification of impending distribution is received and / or receipt occurs. Residuary legacies subject to a life interest held by another party are not included in income until the conditions associated with payment have been fulfilled.

Notes to the Financial Statements For the year ended 31st December 2016

Donated services totalling £106,435 are included as a gift in kind and an expense and are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the trustees' annual report for more information about their contribution.

1.4 Expenditure

All expenditure is charged on an accruals basis and is allocated between:

- expenditure incurred directly on charitable activities;
- expenditure on raising funds;

Wherever possible, costs are allocated directly to the appropriate activity.

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's activities. These costs have been allocated to the charitable activities on the basis of staff numbers.

1.5 Fund accounting

General funds are available for use at the discretion of the Council of Management in furtherance of the general objectives of the Charity.

Designated funds comprise unrestricted funds that have been put aside at the discretion of the Trustees for particular purposes (see note 12). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance & Resources Sub-Committee.

Restricted funds are funds subject to specific restriction imposed by donors or by the purpose of appeals. The purpose and use of the restricted funds is set out in the notes to the financial statements (see note 12).

All income and expenditure is shown in the Statement of Financial Activities.

Notes to the Financial Statements For the year ended 31st December 2016

1.6 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost including any incidental expenses of acquisition.

Assets with a cost in excess of £500 intended to be of ongoing use to Bowel Cancer UK in carrying out its activities are capitalised as fixed assets.

Depreciation is provided on all tangible fixed assets at rates calculated to spread each asset's cost, less its estimated residual value at current market prices, evenly over its expected useful economic life, which for each class of asset is initially assessed as averaging:

- Computer equipment & software - over 4 years
- Fixture & Fittings – over 5 years
- Office Refurbishment – over 3 years

1.7 Intangible fixed assets

Website development costs have been capitalised within intangible assets as they can be identified with a specific project anticipated to produce future benefits. Once brought into use they will be amortised on the straight line basis over the 4 years anticipated life of the benefits arising from the completed project.

1.8 Debtors and prepayments

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1.9 Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of 3 months or less from the date of acquisition or opening of the deposit or similar account.

1.10 Operating leases

The charity classifies the lease of offices in London and Edinburgh and the London office franking machine as operating leases; the title to the equipment remains with the lessor and the equipment is replaced every 5 years which is in line with its economic life.

Rentals payable under operating leases are charged to the Statement of Financial Activities on a straight line basis over the life of the lease.

1.11 Pension costs

The company operates a defined contribution group personal pension scheme. The charge in the SOFA is the amount of contributions payable to the pension scheme in respect of the accounting year.

Notes to the Financial Statements For the year ended 31st December 2016

1.12 Creditors and provisions

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

1.13 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.14 Critical accounting judgements and key sources of estimation uncertainty

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

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are as follows:

Dilapidation provision – the charity has provided for its possible liability in relation to its leasehold property which has been estimated, as disclosed in Note 11.

Residuary legacies – the charity recognises residuary legacies once probate has been granted which therefore requires an estimation of the amount receivable.

The estimates and underlying assumptions are reviewed on an on-going basis. In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

Notes to the Financial Statements
For the year ended 31st December 2016

2. Income from generated funds

	2016	<i>2015</i>
	£	<i>£</i>
Donations and legacies		
Donations from individuals	273,155	<i>195,143</i>
Legacies	278,456	<i>160,820</i>
General grants	165,127	<i>228,821</i>
Corporate donations	374,847	<i>239,441</i>
	1,091,585	<i>824,225</i>
Other trading activities		
Runs	423,602	<i>394,079</i>
Treks and challenges	169,031	<i>233,344</i>
Community fundraising	557,114	<i>512,141</i>
Other special events	3,578	<i>8,818</i>
Rental income	28,671	<i>28,216</i>
Trading Income	8,450	<i>-</i>
	1,190,446	<i>1,176,598</i>

3. Income from charitable activities

	2016	<i>2015</i>
	£	<i>£</i>
Training	19,991	<i>11,299</i>
	19,991	<i>11,299</i>

Notes to the Financial Statements
For the year ended 31st December 2016

4. Resources expended

	Direct costs		Support costs		Total 2016 £	Total 2015 £
	Staff £	Other £	Staff £	Other £		
Expenditure on raising funds						
Costs of generating voluntary income	422,031	307,782	62,429	38,393	830,635	794,904
	<u>422,031</u>	<u>307,782</u>	<u>62,429</u>	<u>38,393</u>	<u>830,635</u>	<u>794,904</u>
Expenditure on charitable activities						
Awareness & Direct Services	358,456	256,295	49,905	30,690	695,346	546,611
Communications and Campaigning	197,992	196,773	40,487	24,899	460,151	315,055
	<u>556,448</u>	<u>453,068</u>	<u>90,392</u>	<u>55,589</u>	<u>1,155,497</u>	<u>861,666</u>
Total costs	<u><u>978,479</u></u>	<u><u>760,850</u></u>	<u><u>152,821</u></u>	<u><u>93,982</u></u>	<u><u>1,986,132</u></u>	<u><u>1,656,570</u></u>

Support costs have been allocated on the basis of staff numbers employed in each area of activity.

Total costs above include the following governance costs:

Bank charges	-	-	-	2,143	-	2,354
Legal and Professional	-	-	-	13	-	35
Audit and Accountancy	-	-	-	1,662	-	11,406
	<u>-</u>	<u>-</u>	<u>-</u>	<u>13,818</u>	<u>-</u>	<u>13,795</u>

Notes to the Financial Statements
For the year ended 31st December 2016

5. Net income is stated after charging:

	2016	<i>2015</i>
	£	<i>£</i>
Depreciation	33,039	<i>31,453</i>
Operating lease payments	87,836	<i>87,836</i>
Auditors' remuneration:		
- Audit fee for the current period	8,868	<i>8,750</i>
- Non Audit fee for the current period	850	<i>755</i>
	<u> </u>	<i><u> </u></i>

6. Staff costs

	2016	<i>2015</i>
	£	<i>£</i>
Wages and salaries	1,008,373	<i>844,513</i>
Social security costs	100,633	<i>84,426</i>
Pension Contributions	20,857	<i>18,667</i>
Redundancy costs	1,437	<i>-</i>
	<u> </u>	<i><u> </u></i>
	<u>1,131,300</u>	<i><u>947,606</u></i>

Notes to the Financial Statements
For the year ended 31st December 2016

6. Staff costs (Continued)

The number of employees whose emoluments exceeded £60,000 fell within the following ranges:

	2016 Number	<i>2015 Number</i>
£70,001 - £80,000	<u>1</u>	<u>1</u>
	<u>1</u>	<u>1</u>

Pension Contributions of £3,027 (2015:£2,880) were paid in respect of the higher paid individual.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2016 amounted to £nil (2015: £nil).

The key management personnel of the charity comprise the trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources and Director of Fundraising. The total employee benefits of the key management personnel of the charity were £222,462 (2015 - £205,558).

The average number of staff analysed by function was:

	2016 Number	2016 FTE	<i>2015 Number</i>	<i>2015 FTE</i>
Fundraising	11	11	<i>10</i>	<i>10</i>
Awareness & Direct Services	9	8	<i>8</i>	<i>7</i>
Communications and Campaigning	7	7	<i>4</i>	<i>3</i>
Central Support	4	4	<i>4</i>	<i>4</i>
	<u>31</u>	<u>30</u>	<u><i>26</i></u>	<u><i>24</i></u>

Trustees

None of the trustees received, nor waived, any emoluments during the year (2015: £nil).

Two of the trustees received reimbursed travel expenses totalling £632 during the year (2015: One trustee claiming £255).

Notes to the Financial Statements
For the year ended 31st December 2016

7. Tangible fixed assets

	Office Refurbishment	Fixture & Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2016	46,887	24,991	60,302	132,180
Additions	2,100	-	15,545	17,645
Disposals	-	-	(7,057)	(7,057)
At 31 December 2016	<u>48,987</u>	<u>24,991</u>	<u>68,790</u>	<u>142,768</u>
Depreciation				
At 1 January 2016	34,369	12,025	42,290	88,684
Charge for the period	10,071	4,926	10,244	25,241
Disposals	-	-	(7,057)	(7,057)
At 31 December 2016	<u>44,440</u>	<u>16,951</u>	<u>45,477</u>	<u>106,868</u>
Net book value as at				
31 December 2016	<u>4,547</u>	<u>8,040</u>	<u>23,313</u>	<u>35,900</u>
Net book value as at				
31 December 2015	<u>12,518</u>	<u>12,966</u>	<u>18,012</u>	<u>43,496</u>

All fixed assets are used for charitable purposes.

Notes to the Financial Statements
For the year ended 31st December 2016

8. Intangible fixed assets

	Website £	Total £
Cost		
At 1 January 2016	6,866	6,866
Additions	21,798	21,798
Disposals	-	-
At 31 December 2016	<u>28,664</u>	<u>28,664</u>
Amortisation		
At 1 January 2016	-	-
Charge for the period	7,798	7,798
Disposals	-	-
At 31 December 2016	<u>7,798</u>	<u>7,798</u>
Net book value as at 31 December 2016	<u>20,866</u>	<u>20,866</u>
Net book value as at 31 December 2015	<u>6,866</u>	<u>6,866</u>

Intangible assets relate to capitalised website costs in relation to the new website which went live in March 2016.

9. Debtors and Prepayments

	2016 £	2015 £
Legacy Debtor	107,528	141,000
Other Debtors	22,013	22,013
Prepayments and accrued income	<u>147,487</u>	<u>137,099</u>
	<u>277,028</u>	<u>300,112</u>

**Notes to the Financial Statements
For the year ended 31st December 2016**

10. Creditors

	2016	<i>2015</i>
	£	<i>£</i>
Trade creditors	76,336	<i>46,203</i>
Accruals	51,013	<i>57,408</i>
Taxes and social security costs	28,467	<i>24,806</i>
Deferred Income	199,654	<i>12,642</i>
Other creditors	7,167	<i>7,167</i>
	<u>362,637</u>	<i><u>148,226</u></i>

Deferred income relates to income received to fund a Surgical Research chair (£167,000) and other projects which are due to start in 2017.

	2016	<i>2015</i>
	£	<i>£</i>
Deferred income at 1 January	12,642	<i>10,300</i>
Income deferred in the current year	198,758	<i>2,642</i>
Amounts released from previous reporting periods	(11,746)	<i>(300)</i>
Deferred income at 31 December	<u>199,654</u>	<i><u>12,642</u></i>

11. Provisions

	Property provision	<i>Property provision</i>
	2016	<i>2015</i>
	£	<i>£</i>
At 1 January 2016	24,000	<i>24,000</i>
Amounts reversed	-	<i>-</i>
Amounts introduced	-	<i>-</i>
At 31 December 2016	<u>24,000</u>	<i><u>24,000</u></i>

The dilapidation provision relates to amounts provided to reflect the cost of restoring the condition of the leased property in accordance with the lease agreement.

Notes to the Financial Statements
For the year ended 31st December 2016

12. Statement of funds

	Balance 1 January 2016 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2016 £
Total Designated funds:					
Fixed Assets	50,362	-	-	6,404	56,766
Surgical Research	-	-	-	184,000	184,000
	<u>50,362</u>	<u>-</u>	<u>-</u>	<u>190,404</u>	<u>240,766</u>
Total General Funds	<u>446,925</u>	<u>1,878,871</u>	<u>(1,557,433)</u>	<u>(190,404)</u>	<u>577,959</u>
Total Unrestricted funds	<u>497,287</u>	<u>1,878,871</u>	<u>(1,557,433)</u>	<u>-</u>	<u>818,725</u>

Designated funds

Designated funds are amounts identified by the Trustees for a particular project or use.

Designated funds of £56,766 (2015: £50,362) have been set aside from the charity's unrestricted funds by the trustees to reflect the net book value of the fixed assets. A new designated fund was introduced in the year of £184,000 to help fund a surgical research programme.

Notes to the Financial Statements
For the year ended 31st December 2016

12. Statement of funds (continued)

	1 January				31 December
	2016	Income	Expenditure	Transfers	2016
	£	£	£	£	£
Restricted Funds:					
Awareness Scotland	19,407	31,250	(35,060)	-	15,597
Printing	-	4,700	(3,662)	-	1,038
Detect Cancer Early	-	3,500	(3,500)	-	-
Communications Officer	7,909	-	(7,909)	-	-
Diet Resource	7,488	-	(7,488)	-	-
Hold Amy's Hand	-	55,951	(22,008)	-	33,943
Carol Concert	-	2,450	(2,450)	-	-
Colorectal Cancer Study Days	-	51,100	(51,100)	-	-
Awareness Staff	-	3,500	(3,500)	-	-
Awareness	4,319	22,500	(26,819)	-	-
General Patient Services	3,900	1,500	(5,400)	-	-
General Work in Scotland	-	73,800	(73,800)	-	-
General Work in Northern Ireland	35,704	46,882	(38,592)	-	43,994
Website Development	6,833	17,167	(7,747)	-	16,253
Research	29,483	51,670	(81,153)	-	-
General Work in Wales	6,866	1,312	(8,178)	-	-
Patient Information Videos	5,000	3,398	(8,398)	-	-
Get Personal	10,857	57,671	(41,935)	-	26,593
Total Restricted funds	137,766	428,351	(428,699)	-	137,418

Notes to the Financial Statements For the year ended 31st December 2016

12. Statement of funds (continued)

Restricted funds

Restricted funds are where the donor has imposed restrictions on the use of the funds.

Awareness Scotland

This fund is being used to recruit, train and support Bowel Cancer Awareness volunteers in Scotland.

Printing

This funding was to develop and print a range of patient resource materials.

Detect Cancer Early

Funding was secured to hold a GP's Study Day in Scotland, which targeted primary care professionals.

Communications Officer

Additional funding was secured in the year to increase our staff resource with our communications and PR team.

Diet Resource

Funding for this project has been received to reprint a further 2,000 copies of the pack following the success of the first print run.

Hold Amy's Hand

Funding was received to cover the costs of a new post within our Policy team.

Carol Concert

Funding was received towards the cost of holding our annual Carol Concert in London.

Colorectal Cancer Study Days

Funding has been received to deliver two Colorectal Cancer study days. These are designed for practitioners caring for people affected by colorectal cancer in primary and secondary care settings. These are an essential update in early detection, prevention, screening, treatment and survivorship. The study days support the professional development of health professionals and promotes best practice to improve standards of care.

Awareness Staff

Funding has been received towards the staff costs of running our health promotion and awareness raising activities in England.

Awareness

Funding has been received to fund the recruitment, training and support of Bowel Cancer UK's Health Promotion Volunteers in England.

General Patient Services

Funding has been received to sustain and support Bowel Cancer UK's programme of information services for bowel cancer patients, their families and carers.

Notes to the Financial Statements For the year ended 31st December 2016

12. Statement of funds (continued)

General Work in Scotland

Funding has been received to sustain and support Bowel Cancer UK's programme of health promotion, patient support, and policy work in Scotland.

General Work in Northern Ireland

Funding has been received to sustain and support Bowel Cancer UK's programme of health promotion, patient support, and policy work in Northern Ireland.

Website Development

Funding has been received as contributions towards the cost of on-going improvements to the Charity's website.

Research

Funding has been received to support the Critical Gaps in bowel cancer research project.

General Work in Wales

Funding has been received to introduce Bowel Cancer UK's programme of health promotion, patient support, and policy work in Wales.

Patient Information Videos

Funding has been received to help produce a range of patient information videos.

Get Personal

Funding has been received to support a new international campaign on advanced bowel cancer. Bowel Cancer UK co-chair's this campaign with Bowel Cancer Australia.

Intra-Fund transfers

Intra-Fund transfers in the year amounted to £6,404 (2015: £26,636).

13. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds £
Funds balances at 31 December 2016 are represented by:			
Fixed assets	56,766	-	56,766
Net current assets	785,959	137,418	923,377
Provisions	<u>(24,000)</u>	<u>-</u>	<u>(24,000)</u>
Charity funds at 31 December 2016	<u>818,725</u>	<u>137,418</u>	<u>956,143</u>

Notes to the Financial Statements
For the year ended 31st December 2016

14. Related party transactions

During the course of the year, a company in which a Trustee is also a Director made a donation of £150k (2015: £nil) in relation to Research. The charity became entitled to the income post year end and as such the amount is included in deferred income as at 31 December 2016. There are no conditions attached to this donation.

Eight other trustees made a donation to the charity in aggregate of £5,259 (2015: eight trustees with donations in aggregate of £1,547).

15. Operating Leases

	2016		2015	
	Land and Buildings £	Office Equipment £	Land and Buildings £	Office Equipment £
< 1 year	81,620	981	83,189	981
2-5 years	33,355	2,452	113,407	3,433
> 5 years	-	-	-	-
	<u>114,975</u>	<u>3,433</u>	<u>196,596</u>	<u>4,414</u>

16. Financial instruments

	2016 £	2015 £
Basic financial assets	1,139,085	620,370
Basic financial liabilities	334,170	123,420

Basic financial assets are all debtors plus cash in hand minus prepayments.

Basic financial liabilities are all creditors due in less than one year plus creditors due in more than one year minus taxation payable.

The entity's income, expense, gains and losses in respect of financial instruments are summarised below:

	2016 £	2015 £
Total interest income for basic financial assets	5,200	1,562

Notes to the Financial Statements
For the year ended 31st December 2016

17. Statement of Financial Activities – comparative figures by fund type

Year ended 31st December 2015

	Unrestricted	Restricted	2015
Note	Funds	Funds	Total
	£	£	£
INCOMING RESOURCES			
<i>Incoming resources from generated funds:</i>			
Donations and legacies	536,946	287,279	824,225
Other trading activities	1,125,597	51,001	1,176,598
Income from investments	1,562	-	1,562
Income from charitable activities	3,799	7,500	11,299
Total income and endowments	1,667,904	345,780	2,013,684
RESOURCES EXPENDED			
<i>Cost of generating funds:</i>			
Expenditure on raising funds	794,904	-	794,904
Expenditure on charitable activities	586,254	275,412	861,666
Total resources expended	1,381,158	275,412	1,656,570
Net income	286,746	70,368	357,114
Transfers between funds	-	-	-
Net movement in funds	286,746	70,368	357,114
Fund balances brought forward	210,541	67,398	277,939
Fund balances carried forward	497,287	137,766	635,053

Bowel Cancer UK would like to thank all of our Corporate Partners and Trust & Foundation supporters for their generosity including:

- Amgen Inc.
- Amgen Limited
- Bank of Scotland Foundation
- BGC Partners
- Charles Russell Speechlys Solicitors
- Citywire
- CSG
- Edwards & Co Solicitors
- Healthcare at Home
- Knight Frank LLP
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- Legal & General Investment Management
- LEWIS PR
- Lifescan Ltd
- London Bullion Market Association
- Mantle Business Centres Ltd
- Merck Serono Ltd
- Myriad Genetics Ltd
- Norgine Pharmaceuticals Ltd
- Nucleus Financial Services Ltd
- Renew Medical UK Ltd
- Securicare / CliniMed
- Servier Laboratories Ltd
- Sirtex Medical Europe GmbH
- Spire Healthcare
- Stratas Business Solutions
- Waitrose Ltd
- Yakult UK Ltd
- The Valentine Charitable Trust
- The Steel Charitable Trust
- The Hugh Fraser Foundation
- The Simon Gibson Charitable Trust
- The Alice Ellen Cooper Dean Charitable Foundation
- The R U B White Charitable Trust
- The Peacock Charitable Trust
- The Ad Meliora Charitable Trust
- The David and Claudia Harding Foundation
- Souter Charitable Trust
- PF Charitable Trust
- Constance Travis Charitable Trust
- Miss M B Reekie's Charitable Trust
- The Valentine Charitable Trust
- Scottish Executive's Section 16B Grant Scheme