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Our vision is future where nobody dies of bowel cancer.

We're determined to save lives and improve the quality of life of everyone affected by the disease by championing early diagnosis and access to best treatment and care. Welcome to the Trustees' Annual Report and Audited Financial Statements for the year ended 31 December 2019.

# Statement from Bowel Cancer UK Chair

The publication of these financial statements has been delayed as a result of the COVID-19 pandemic. We comment elsewhere on the devastating impact COVID-19 has had on bowel cancer patients as well as the charity itself, but we must not lose sight of the incredible progress made by the charity during 2019. It serves as a great example of the impact we can have.

2019 was the second year on from the successful merger that created Bowel Cancer UK as it is today; a unique national charity focused exclusively on people affected by bowel cancer. The hard work, generous support and tireless dedication of our charity staff, Trustees, supporters and volunteers enabled us to take tremendous strides forward. It was, without question, an exceptional year.

### Here are some of the highlights:

- We committed over £543,000 into new bowel cancer research
- After many years of lobbying, both Wales and England began using the faecal immunochemical test (FIT) in their screening programmes. Northern Ireland committed to introducing FIT to their programme during 2020
- April 2019 saw our most successful Bowel Cancer Awareness Month (BCAM) to date, with our #thisisbowelcancer campaign reaching more people than ever before through a packed schedule of awareness raising and campaigning work
- Wales became the first UK country to implement a national Lynch syndrome testing programme. We put pressure on Scotland, England and Northern Ireland to follow suit through a week of campaigner action



- We secured a record income of £4.8 million thanks to the commitment of our fantastic supporters and fundraising team
- We co-created a symptoms diary with supporter Beth Purvis, to help people secure an earlier bowel cancer diagnosis. The diary was endorsed by the Royal College of General Practitioners

Despite making significant advances across all areas of activity in 2019, we know that there is still so much more left to achieve.

Bowel cancer remains the UK's fourth most common cancer and the second biggest cancer killer, yet it need not be because it is treatable and curable, especially if diagnosed early.

We will continue to invest in research, support patients, campaign for better treatment for all, and help inform and educate healthcare professionals and the public. Our commitment to bowel cancer patients and their families remains steadfast.

Last year saw us say goodbye to our long-standing Chief Executive, Deborah Alsina MBE, and I want to pay a special tribute to her. For more than a decade, Deborah was a passionate advocate for improving the diagnosis, treatment and care of bowel cancer patients of all ages. We are indebted to Deborah

for the outstanding leadership she provided and her endless support to patients and their families.

Deborah's successor, Genevieve Edwards, joined us in February 2020 and has already made a huge impact with the charity.

I also wanted to say a tremendous thank you to two Trustees who stepped down from the Board during the year. Over many years both Deborah Mechaneck and Kym Lang gave the charity much support and wisdom and I am immensely grateful for their contribution.

Finally, a heartfelt thank you to everyone who supports Bowel Cancer UK, for inspiring everything that we do and making our work possible. With your continued support, together we will move closer to our vision of a future where nobody dies of the disease.

# Joint statement from Bowel Cancer UK Chair and Chief Executive on the impact of COVID-19

The principal focus of this report is on the performance of Bowel Cancer UK during 2019. However, given its importance, we understand that readers may also be keen to understand the impact of the COVID-19 pandemic on the charity during 2020.

In short, the impact has been severe. However, we have remained resolute and have continued to focus on the needs of those impacted by bowel cancer.

In common with most charities, Bowel Cancer UK experienced a sudden and significant in-year drop in income due to the cancellation of all mass participation fundraising events such as marathons and treks. We moved quickly to cut all but non-essential costs and placed 55% of our team on furlough. We restructured our operations in order to stabilise and safeguard our charity for the future, completing the exercise over the summer of 2020 alongside a



strategic review informed by people with bowel cancer.

Since March 2020, the needs of people with bowel cancer have changed overnight. The response to the pandemic has affected every part of bowel cancer diagnosis, treatment and care.

At the height of the first wave of COVID-19 infections, the number of people going to their GPs with cancer symptoms plummeted to just 25% of normal levels, screening was paused, and cancer treatments were delayed or cancelled.

As the clinically extremely vulnerable were advised to shield, people with bowel cancer needed us more than ever to make sense of changing advice and guidance across the UK. We found ways to connect people online, and campaigned hard alongside the NHS for the swift restoration of cancer services. We are now helping to drive this work forward with the NHS and other cancer charities.

We are proud of how we have adapted to this unprecedented crisis so far, pivoting our services to meet the changing needs of people with bowel cancer. But we are desperately sad that we have lost much-valued colleagues in a restructure forced upon us by unforeseen circumstances. We know, too, that this is just the end of the beginning and that uncertainty lies ahead for us all in the months ahead.

However, the actions we have taken help ensure that the charity remains strong and relevant for the future so that we can support existing patients and those who, unfortunately, might follow. We have enormous faith in our mission and strategy, and remain committed to maximising our impact.

Our plans are ambitious and exciting and we have a talented and committed team of staff and volunteers to help us achieve them. The spirit and determination that drove 2019's achievements are supporting us through this pandemic and we know we will build back stronger with increased impact for our community.

Thank you for being part of our story so far. Your continued support has been vital.



# Our performance in 2019

### Research

Review our research strategy as part of the strategic planning process	Ongoing
Invest up to £500,000 in research focused on prevention, early detection and treatment of bowel cancer	Complete
Fund two surgical research fellows in partnership with the Royal College of Surgeons (RCS)	Complete
Engage with, and enable research programmes that help meet the recommendations set out in the Critical Gaps in Colorectal Cancer Initiative. Award small grants for meetings to foster cooperation and collaboration between those involved in bowel cancer research	Complete
Hold an induction and training day for the Research Network and work with them to develop a range of training and support materials. Engage with the research community to facilitate their engagement with the Research Network, so helping patients to influence and shape bowel cancer research	Complete

### **Awareness**

Review our health promotion strategy as part of the development of a new services strategy for the organisation	Complete
Maintain our reach to at least 10,000 people through our health promotion and training activities across the UK and with a particular focus on men in areas of deprivation	Ongoing
Recruit, train and support volunteers to deliver volunteer-led awareness activity, largely through talks and stands locally	Complete
Continue to deliver training to health professionals and others in the NHS and public sector organisations to support the uptake of screening	Ongoing

# Healthcare professionals

Develop our strategy for health professional education and training as part of the development of a new Services strategy for the organisation	Ongoing
Deliver two Colorectal Cancer Study Days — one in England and for the first time, one in Northern Ireland	Complete
Deliver an update on bowel cancer to GPs in Northern Ireland. Explore opportunities to engage with and provide training opportunities for GPs in England	Complete
Pilot an approach to delivering training to community pharmacists and pharmacy counter staff to enable them to better identify people with symptoms that could be bowel cancer	Complete

# Information and support

Develop a new strategy for our information and support services, focusing on personalised digital and face-to-face services	Complete
Review, update and publish a suite of printed and online patient publications and web-based information	Complete
Deliver two face-to-face patient days in England and Scotland to support people living with bowel cancer	Complete
Continue to identify ways of strengthening our forum. Look for ways we can use other digital platforms to build and support our online community of patients and family members	Complete
Improve people's experience of our Ask the Nurse service and increase the number of people using the service	Ongoing
Develop our networks with health professionals in hospitals and use existing networks to promote our Information and Support services to ensure our patient information is available in hospitals across the UK	Complete

# Our performance in 2019

# Early diagnosis

Monitor how people affected by bowel cancer are able to access molecular and genetic testing. Develop solutions to any ongoing issues, with clinicians and policy makers	Ongoing
Continue to campaign for a fully funded action plan to tackle the growing capacity crisis in bowel cancer diagnostic services across the UK	Complete
Drive forward improvements to the bowel cancer screening programmes across the UK	Complete
Develop and implement a new strategy to engage with our Bowel Cancer Champions in Assemblies and Parliaments across the UK to build effective relationship with politicians	Ongoing
Ensure the use of Artificial Intelligence (AI) considers the needs of bowel cancer patients across the pathway by working jointly with clinical experts and patients to develop a comprehensive position on the use of AI	Ongoing
Influence the implementation of key recommendations in the NHS Long Term Plan, as well as the development of local Cancer Alliance plans	Ongoing
Continue our engagement with key stakeholder groups and coalitions across the UK to ensure our position on improving access to best treatment and care are represented, including in relevant consultations	Complete

Engage and influence the development of the update to the NICE clinical guidelines on the diagnosis and management of bowel cancer	Complete
Continue to work with medical advisors and patients to ensure NHS England remove the treatment break policy for cetuximab and panitumumab	Complete
Undertake a comprehensive survey on the experience of younger bowel cancer patients	Complete
Work with the Scottish and Welsh Governments on their initiatives to address diagnostic workforce shortages	Complete

### Communications

Develop a new Marketing and Communications strategy; prioritising people affected by bowel cancer to ensure we are relevant to them, reach them and help build our community	Ongoing
Maximise the new brand and identify ways of increasing our reach across all communication channels, through strategic use of advertising	Complete
Deliver another successful Bowel Cancer Awareness Month	Complete

# Income generation

Work on a new three to five year fundraising strategy that engages and helps grow our community of support, focusing on achievable growth and sustainable levels of income	Complete
Invest additional expenditure into rising star events in the Community and Events portfolio to evolve them into opportunities to deliver high levels of income and grow our community of support	Ongoing
Continue to develop a portfolio of compelling and powerful funding opportunities to grow income from relationships with corporate partners, trust and foundations and major donors	Complete
Continue to grow our community of support, income and profile in all four nations of the UK	Complete

# Our performance in 2019

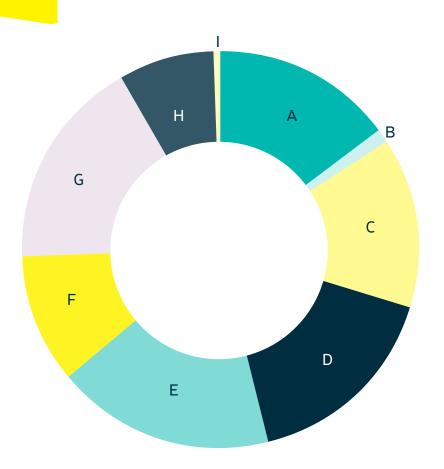
# Compliance and best practice

Complete the work on the five year strategic plan	Complete
Undertake further communication with charity supporters to request for re-consent to allow for ongoing correspondence	Ongoing
Complete the review of all organisational policies	Ongoing
Implement standard ways of working for the charity's Customer Relationship Management system and create a standard data set for each supporter record	Ongoing

# 2019 in numbers

### Income

- A Individuals £710,445
- B Legacies £60,573
- C Nations £674,230
- Philanthropy & Partnerships £785,766
- E Runs £858,521
- F Treks & Challenges £500,866
- G Community £832,136
- Pro-bono £384,099
- Other £16,016



# D A A

### Expenditure

- A Generating Voluntary Income £1,499,446
- Awareness and Direct Services £1,229,035
- Communications and Campaigning £1,021,454
- Research Grants £393,208
- Support Costs £639,714

# 2019 achievements

### **Fundraising**

We continued to hold regular fundraising events throughout the year, with thousands of people taking part and contributing from all over the UK. We built on the success of Walk Together and saw almost 800 participants completing events in London, Cardiff, Edinburgh and Belfast. We smashed our fundraising for this flagship event, with an increase of more than 70%, from £60,000 in 2018 to £103,000 over the course of 2019.

In addition, 1,900 people took on a sporting challenge, raising more than £1.3m. This included a team of over 200 people in the iconic Great North Run. The year also saw our largest ever team of almost 50 runners taking part in the Cardiff Half Marathon - the capital's flagship mass participation event. This group managed to raise an incredible £30,000. We're grateful to everyone who has gone above and beyond by donating, fundraising, training and taking part in all of our events.

### Extending our reach

Raising awareness of the symptoms of bowel cancer and engaging with people affected by the disease forms a large part of our work. Our Communications team aims to educate everyone about the signs to look out for, through coverage across all media formats and digital engagement. Sharing people's stories about their experiences of bowel cancer on our channels and in the media demonstrates the real-life impact a diagnosis can have.

We increased our number of Twitter followers by 3.5 per cent, to 48,395, and our Facebook page likes by 4.5 per cent, to 45,428. Almost 1.5 million people visited our website, with 8.5 million page views across the year.

### **Bowel Cancer Awareness Month (BCAM)**

April 2019 saw our most successful BCAM to date, with our #thisisbowelcancer campaign



helping us to reach more people than ever before, through a packed schedule of awareness-raising and campaign work. The focus in 2019 was a powerful portrait series by acclaimed photographer Sophie Mayanne, which featured striking images of a variety of people affected by bowel cancer, from patients being treated and others in remission, to those who had lost loved ones to the disease.

We also launched our exclusive podcast series: 'In Conversation with George Alagiah: A Bowel Cancer UK podcast', where the BBC journalist interviewed supporters and leading experts, and discussed his own diagnosis and treatment.

Activity was co-ordinated across the charity, and we announced our campaign win in Wales that all bowel cancer patients will be tested for Lynch syndrome, and called for the Northern Ireland Government to replace the current screening with FIT.

BCAM achieved a huge amount of coverage over the course of the month, with more than 720 pieces published across national and regional print, online and broadcast media. This was supported by increased digital activity across our social channels, reaching many millions of people, and contributing to growing awareness of bowel cancer and our charity. As a result, we saw more than 180,000 visits to our website, with 520,000 page impressions during the period.

We announced two new Patrons during BCAM – actor Connor Swindells and BBC journalist Jeremy Bowen. Connor, who lost his mum to

Gemma Savory, photographed by Sophie Mayanne for our #thisisbowelcancer campaign



bowel cancer when he was seven years old, said he always knew that if he made it as an actor, he would use his position to raise awareness of the disease.

Jeremy, the BBC's Middle East Editor, spoke about his bowel cancer diagnosis and treatment for the first time in an exclusive interview on BBC Breakfast to mark the start of BCAM. He also raised the importance of an optimal bowel cancer screening programme, and was credited with the 'Bowen Bounce', which saw the number of people seeking information on the disease from the official NHS website almost treble. Thanks to Connor, Jeremy, and all of our Patrons for their continued support and help for people affected by bowel cancer.

### **Moondance Project**

As part of the Moondance Bowel Cancer Project, we launched a project aimed at improving outcomes in Wales through engagement with healthcare professional audiences and patients. People with bowel cancer have worse outcomes in Wales and we think it's vital to improve outcomes for patients in this nation.

This work involved developing and delivering a pilot with two community pharmacy chains to explore whether their teams could help inform patients of the importance of seeking expert advice when they experience symptoms of bowel cancer, and also helping people to make informed choices about taking part in the bowel screening programme. We also developed a new community engagement volunteer role to support this work.

### Services and support





We continued to provide key information and support in a range of ways to healthcare professionals and patients alike. New resources included a hub for younger patients with bowel cancer, and in-depth factsheets on stoma reversal and colonic stenting.

We were incredibly proud to work closely with one of our supporters, Beth Purvis, to launch our symptoms diary, designed for people who are worried about having symptoms of bowel cancer. The diary, pioneered by Beth and supported by Coloplast, helps to keep track of a person's symptoms before they visit their GP. We were delighted that the resource was formally endorsed by the Royal College of General Practitioners, with its Chair saying it could ultimately save precious time in getting patients the care they need.

Two 'Living Well with bowel cancer' patient days were held in Manchester and Edinburgh, with the free events attended by 110 people. They provided opportunities for people to share experiences with others affected by the disease, and to receive presentations about lifestyle changes during and after cancer treatment, psychological and emotional effects of a cancer diagnosis, as well as strategies for dealing with stress and anxiety.

Healthcare professionals were invited to two free colorectal cancer study days. Our annual National Colorectal Cancer Nurses Network was hosted in Birmingham. As part of this event, we held the fifth annual Gary Logue Colorectal Cancer Nurse Awards, which marks the achievements of colorectal cancer nurses who make a huge difference to both the lives of their patients and their colleagues across the UK. Our second professional education event was hosted in Belfast, the first event of its kind in Northern Ireland, and gave essential updates on the changes to the bowel screening programme, the importance of genetic counselling, top tips for practitioners on how to look after themselves in challenging situations, and talks from surgeons, nurses and patients.

We also launched our Healthcare Professional Network to extend our reach and engagement to a wider pool of professionals who work with bowel cancer patients beyond those in secondary specialist care. An online learning module for GPs and primary care professionals about the use of FIT testing in bowel cancer diagnostics, in partnership with Gateway-C on their e-learning platform, was also introduced.

A new pilot service was launched at the end of 2019, with our first successful Meet Together event taking place in London in December. Our online community reach was also extended when we welcomed an existing Facebook support group for patients with stage 4 disease, which already had more than 300 members, into our own online community.

### Policy and influencing

We continued to play a leading role in driving change for bowel cancer patients and their families across the UK. We launched our General Election Manifesto calling for investment in early diagnosis, improvements to bowel cancer screening, addressing NHS staff shortage, and a commitment for improving outcomes for younger people with bowel cancer and those at high risk of the disease.

We also worked with 20 other cancer charities on a 'One Cancer Voice', calling for pan-cancer issues to be addressed by the new Government without delay. We extended our Westminster programme of Bowel Cancer Champions and recruited parliamentarians from Wales and Scotland who are passionate about working



with us to advocate for bowel cancer within their own governments. At the end of 2019, we had eight champions in Scotland and 13 in Wales

In April, NHS Wales, the Wales Cancer Network and the All Wales Medical Genetic Service announced that local health boards would follow the National Institute for Health and Care Excellence (NICE) guidelines to test all bowel cancer patients in Wales for Lynch syndrome at the time of their diagnosis. Wales is the first country in the UK to commit to doing this, following years of campaigning from us, in partnership with expert clinicians and scientists who have worked tirelessly to drive this positive change.

In order to keep the pressure on the other UK nations, we held a week of action on Lynch syndrome. This included the hand-in of our 'Time to Test' petition to each country's Government, signed by almost 10,000 people and calling for everyone diagnosed with bowel cancer in the UK to be tested for Lynch syndrome.

Our flagship Never Too Young campaign continued to lead change for younger people with bowel cancer. We brought together 30 patients under the age of 50 to explore the challenges faced living with and beyond bowel cancer, and as a result created a new survey. This launched in December and for the first time included questions on fertility, mental health and the long-term consequences of treatment.

After campaigning for its adoption for many years, the English and Welsh bowel screening programmes finally introduced the new, more accurate FIT into bowel cancer screening programmes (BCSP). In addition, after significant lobbying by the charity, the Department of Health in Northern Ireland pledged to introduce FIT from 2020. This will mean FIT will be available to everyone of screening age across the UK.

Professor Sir Mike Richards' independent review of national cancer screening programmes in England featured a number of our recommendations, including screening colonoscopies for people with Lynch syndrome to be funded nationally by NHS England, staff shortages within the NHS to be addressed in order to make vital improvements to the BCSP, lowering the screening age to 50, and increasing sensitivity of FIT.

We continued to fight for improvements to endoscopy, the vital tests used to diagnose bowel cancer. We fed into a Welsh Government inquiry into endoscopy services, which revealed an alarmingly low number of eligible people take part in the bowel screening programme, and that the majority of the country's health boards breach waiting times for tests to diagnose the disease.

As a direct consequence of our campaigning, the Scottish Government published an endoscopy action plan containing many of our priorities, including measures to reduce the number of patients waiting more than six weeks for a colonoscopy, the expansion of nurse endoscopist training, embedding wider improvement through audit of endoscopy units, and exploring professional accreditation.

We played a key role in the consultation process to update NICE guidance into the diagnosis and management of bowel cancer, alongside the medical community, patient groups, and other health organisations. The guidance, published in January, reflects the latest evidence from research and clinical studies, and the introduction of new approaches and treatments developed since the guidance was last updated in 2014.

As part of our Get Personal campaign to improve access to the best treatment for advanced bowel cancer patients, we continued



to lobby NHS England to remove a treatment break rule imposed on advanced bowel cancer drugs cetuximab and panitumumab. This arbitrary rule can prevent patients with stage 4 cancer from taking much-needed time away from the debilitating side effects of their medications, because they fear having access to them removed.

We worked in partnership with the Wales Cancer Network to fund Wales' first Bowel Cancer Clinical Lead. Professor Jared Torkington, Consultant Colorectal Surgeon at Cardiff and Vale Health Board, will lead the Bowel Cancer Initiative to bring the clinical community together to improve the poorer outcomes for patients seen in Wales.

As the Scottish Cancer Strategy reached its midpoint, the Cross-Party Group on Cancer undertook an inquiry of the progress made to date. We presented evidence on each of the bowel cancer and screening actions, which will form part of the final report due in 2020. Our Head of Scotland was appointed Chair of the Scottish Cancer Coalition (SCC), a group of around 30 charities working together to help address key challenges facing cancer patients in Scotland. The SCC enables us to lobby and engage with the Scottish Government and other external bodies such as the Scottish Medicines Consortium to secure the best diagnosis, treatment and care for bowel cancer patients.

Finally, the Department of Health in Northern Ireland began developing a new cancer strategy, and invited us to play a leading third sector role focusing on early diagnosis and screening.

# Focus on Research

Our research programme went from strength to strength during 2019, with our total research investment reaching more than £1.3 million. This brings us closer to our vision of a future where nobody dies of bowel cancer. Our awards made in 2019 included:

- Professor Robert Steele from the University of Dundee's research will determine how the bowel cancer screening test, FIT, can be more effectively used to detect or rule out the disease
- Professor Mohammad Ilyas from the University of Nottingham will investigate if the gut environment might affect how bowel cancer grows in people under the age of 50
- Dr Alex Greenhough from the University
  of the West of England is looking to
  understand why some patients with
  rectal cancer don't respond well to certain
  treatments and find new ways to improve
  the likelihood of these treatments working
- Professor Eva Morris and her team at the University of Oxford are interrogating data from hospitals in England to identify cases where bowel cancers went undetected during a colonoscopy. The researchers will link this data so the hospital is made aware each time a new undetected cancer is found

Our investment into surgical research continued with the creation of a Surgical Specialty Lead in colorectal liver metastases working in partnership with The Royal College of Surgeons (RCS) and Association of Upper Gastrointestinal Surgeons.

Around 10,000 people are diagnosed with advanced stage 4 bowel cancer (known as metastases) each year in the UK, and face limited treatment options. Many struggle to access liver and lung specialists as part of their ongoing care.

The Surgical Specialty Lead will address issues in treatments for liver metastases by developing new clinical trials and driving innovative research in this area. We were delighted to

appoint Mr Robert Jones, a surgical oncologist at Aintree University Hospital NHS Foundation Trust and the University of Liverpool, to the role.

Investing in the early stage of a clinician's research career is an important way to bring talented people into bowel cancer research, and we were pleased to be able to support two new Bowel Cancer UK research fellows, in partnership with the RCS.

Joshua Burke, from the University of Leeds, will look at a new way to prevent a serious complication following bowel cancer surgery, called anastomotic leak. This is when the contents of the bowel leak through the part of the bowel that was re-joined during surgery. This type of complication can have devastating consequences for patients. His work will investigate whether using a special type of stem cell, known to help wound healing, could help prevent anastomotic leaks after bowel surgery.

Rachael Clifford, from the University of Liverpool, will look at ways to improve how well radiotherapy works for patients with rectal cancer. It will focus on an enzyme called acid ceramidase. Radiotherapy treatment is thought to be more effective in people with lower levels of this enzyme in their cancers. This project will identify whether blocking this enzyme means radiotherapy becomes more effective. It's hoped this research will help to improve how well radiotherapy works in the future, potentially avoiding the need for major surgery for some patients.



# 2020 Objectives

### Research

- Fund high quality research and facilitate and support larger research projects in priority research areas. Our ambition is to fund £3 million of research over the course of the next five years
- Attract and support the brightest ideas and people through an attractive grants programme and use our position to influence the research environment, including building the UK's bowel cancer research capacity and the future research leaders of tomorrow
- Support and enable patients to influence and shape the future of bowel cancer research
- Build partnerships and collaborations across the bowel cancer community and with other cancer charities to share insight and, where appropriate, funding so as to advance creative solutions for the prevention, diagnosis and treatment of bowel cancer
- Measure and share the impact of the research we fund

### **Services and Support**

- Provide high quality, accessible information that helps patients and families to navigate their treatment and care pathway
- Provide peer and expert support through face-to-face and online services, tailored to their individual needs and based on where they are on their pathway through cancer
- Extend our information and support offer to include anal cancer
- Develop products and services, including digital services, to meet the information and support needs of people affected by bowel and anal cancer
- Engage people and communities to help improve awareness and early diagnosis
- Find new ways of engaging with health professionals to generate a better understanding of bowel cancer, reduce variation in treatment and generate new insights
- Run training, workshops, study days and e-learning options to equip healthcare professionals with appropriate knowledge, skills and confidence to reduce variation in treatment and care
- Support primary care professionals with the right tools and education to enable them to help diagnose bowel cancer earlier and promote screening
- Promote active signposting and patient navigators within hospitals so that all those diagnosed with bowel cancer are better aware of what help and support is available and how to get it
- Support the National Colorectal Cancer Nurses Network (NCCNN) to meet our goal of reducing variation in treatment and care by improving practice

### **Policy and Campaigns**

- Influence governments and policy makers by growing and activating bowel cancer champions across the UK, creating an informal All Party Parliamentary Group on Bowel Cancer, and continuing to cultivate and harness relationships within the NHS and other government bodies – seeking opportunities to have direct, high-level involvement with these groups; acting as a critical friend at all times
- Drive forward our priority policy areas by developing clarity of focus and concentrating our efforts on established priorities, and delivering two large-scale policy reports, with associated campaigning, communications activity, services offerings and fundraising asks. For 2020 this will be Never Too Young and variations in treatment and care
- Take an evidence-based and insight-led approach to inform all our influencing activity
- Develop targeted, integrated campaigns that raise awareness and inspire change whilst also encouraging action and support from people affected by the disease
- Build national campaigns and partnerships across the UK to achieve policy and influencing goals relevant to each nation
- Share insights with other relevant domestic and international bodies consistent with transforming the future of bowel cancer

### **Communications and Marketing**

- Promote a clear, compelling and engaging narrative
- Enhance our profile through targeted policy interventions and thought leadership
- Expand our scale and reach whilst delivering exceptional patient engagement
- Be evidence-based and utilise data to optimise our insight
- Use our profile and standing to engage with and influence government, regulators and educators
- Work in collaboration with other bowel cancer and health charities in the UK to help raise the profile of the disease and deliver shared goals
- Grow relationships with international colleagues so that we benefit from, and provide insight to, the transformation of bowel cancer beyond the UK

### **Fundraising**

- Significantly grow income from individuals, community and events
- Secure multi-year high value income generating partnerships with major donors, trusts, corporates and statutory funders including through the use of appropriate assets
- Develop and increase insight to drive innovation to better engage, inspire, activate and grow our community of supporters
- Recruit and invest in a high performing team and ensure we have the right tools and technology to deliver our growth ambitions

### **Finance and Resources**

- Completion of the work required to cleanse all of the information that remains on the Raiser's Edge database and to remove any data that is not compatible with our data retention policy
- Completion of the work required to fully map where all of the charity's data comes from, where it's held and why we need to hold it
- Completion of the work required to move our Raiser's Edge database from the on-premise server version we currently have to the NXT cloud version
- Develop and implement organisational strategies for Data, Digital, People and Volunteering
- Completion of the process to review our outsourced IT provision and undertake a full tender exercise to either continue the relationship with our current provider or move and then implement a way of working with a new supplier
- Standardisation of processes and procedures within all areas of the finance and resources operation and development of training for all staff to improve uptake and understanding
- Agreement on a standard data set which will enable all users to agree on 'one version of the truth'
- Initial research on requirements for a fully integrated finance / document management system for inclusion in 2021 / 2022 budget process



# Thank you to our supporters

We achieved another record-breaking fundraising year in 2019, ending the period with a total income of £4.8m. We also carefully controlled our expenditure, with 3.1 months of unrestricted reserves remaining in December, providing us with continued financial security and stability into 2020.

### Trusts, foundations and corporate partnership

We are indebted to all the trusts and foundations, and the companies and their staff who support us every year. Without them, we would be unable to continue our vital work to save lives and improve the quality of life of everyone affected by bowel cancer. We're delighted to report that income from trusts and foundations grew by 4.5% in 2019 compared to the previous year, and income from corporate partnerships grew by a massive 115% in the same period.

The Syncona Foundation once again made a significant unrestricted donation as part of their very valued multi-year financial support towards our work, and Edwards & Co demonstrated amazing commitment by choosing us as their Charity of the Year for the third time in the charity's history, raising more than £12,000 for our continued work in Northern Ireland.

In Scotland, for the very first time, The Royal College of Surgeons of Edinburgh and its

commercial arm Surgeons Quarter chose us as their 2019 charity partner, raising vital funds for our Improving Surgery, Saving Lives fundraising campaign.

In addition to financial support received, we are immensely grateful to companies for work carried out in-kind, which grew by 245% in 2019. Partnerships in this area include pro-bono support from communications agency Lewis PR, and ecommerce team blubolt, who generously gave up their time and expertise to help redevelop the online shop, and whose staff also fundraised for us throughout the year.

### Individual supporters

As always, our incredible supporters showed amazing commitment by donating and raising funds in a host of different ways. We saw around 1,800 people donating to us through regular giving schemes, and increased donations by direct debits and standing orders by 33% on the previous year. In addition, more than 2,000 individuals made a donation in memory of a loved one, with an increase of £10,000 on 2018 to almost £350,000. We cannot do what we do without our fundraisers, partners and donors.

We're so grateful for everyone's support this year, and thank each and every one of them for their generosity, creativity and dedication.



### **Public benefit**

From 1 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 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 lifesaving 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
- We provide a range of training and information materials for healthcare professionals to ensure they have access to latest research and experience to inform their practice
- We fund and enable targeted research to ensure more people in the future have access to an early diagnosis and best treatment and care

### Our fundraising practices

Bowel Cancer UK voluntarily subscribes to the Fundraising Regulator, which assumed responsibility for regulating fundraising from July 2016, and investigates, and takes appropriate action on cases of public concern. We work with the Regulator, as we did with its predecessor body, the Fundraising Standards Board.

Monitoring and control of our fundraising activities, including any external and third party suppliers we may collaborate with, is vital to ensure that our supporters have a first-class experience and are treated with respect. In the unlikely event we find any cause for concern, we will investigate as a matter of urgency.

If our supporters or any members of the public are unhappy with any aspect of our work, we encourage them to give feedback, and we take any complaint or comment raised against the charity very seriously. We provide a fair complaints procedure, which is clear and easy to use, and we will acknowledge receipt of the complaint within two working days and respond to the complainant within 10 working days. Should any complaint be raised to the Fundraising Regulator, we will work with them to reach solutions and resolve any issue raised.

We are an opt-in only charity, which means that we always seek explicit permission from our supporters before we contact them about future fundraising support. If any supporter chooses not to opt in, they will not receive marketing or fundraising requests from us.

# 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 Unit 202, Edinburgh House, 170 Kennington Lane, London SE11 5DP, which 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 31 December 2019 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)).

### Who we are

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

The main activities of the organisation include:

- · supporting and funding targeted research
- providing expert information and support to patients and their families
- educating the public and professionals about the disease
- campaigning for early diagnosis and access to best treatment and care

For more information, visit our website bowelcanceruk.org.uk

### Where we are

The London Office (Principal and Registered office)
Unit 202, Edinburgh House

170 Kennington Lane

London

SE11 5DP

Tel: 020 7940 1760

Email: admin@bowelcanceruk.org.uk

Website: bowelcanceruk.org.uk

The Scottish Office 21 Young Street Edinburgh

EH2 4HU

The Wales Office c/o The Welsh Wound Innovation Centre Rhodfa Marics Ynysmaerdy Pontyclun CF72 8UX

### **Board of Trustees**

The following individuals acted as Trustees throughout the year:

- Patrick Figgis (Chair member of FRC)
- Lorraine Lander (Treasurer member of FRC)
- Richard Anderson (member of FRC)
- Nita Ares
- Peter Beverley
- Katharine Brown (member of FRC)

- Stephen Fenwick
- · Joe Higgins (member of FRC)
- · Kym Lang (Resigned 20 June 2019)
- Mauro Mattiuzzo (member of FRC)
- Deborah Mechaneck (Resigned 13 February 2019)
- · John Schofield
- John Stebbing
- · Diana Tait
- · Angela Wiles

### Senior Leadership Team

- Chief Executive (member of FRC),
   Deborah Alsina MBE until August 2019,
   Genevieve Edwards from February 2020
- · Director of Services, Lauren Wiggins
- Director of Research and External Affairs, Lisa Wilde
- Director of Fundraising (member of FRC), Luke Squires
- Director of Finance and Resources and Company Secretary (member of FRC), Simon Hawkins

### Members of our Medical Advisory Board are:

- Rob Glynne-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
- Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
- Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
- Annie Anderson, Professor of Public Health Nutrition, Ninewells Medical School, University of Dundee
- Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
- Tam Arulampalam, Consultant Laparoscopic Surgeon & Service Director, the ICENI Centre, Colchester General Hospital
- Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
- Sir 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
- Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
- Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
- Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
- Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
- Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
- Hassan Malik, Consultant Hepatobiliary Surgeon & Clinical Lead, University Hospital Aintree NHS Trust
- Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
- Eva Morris, Professor of Health Data Epidemiology, University of Oxford
- Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
- Christine Norton, Professor of Clinical Nursing Research, Kings College London
- Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
- 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
- Bob Steele, Professor of Surgery and Head of Department, University of Dundee
- Clare Stephens, GP Board Member Barnet CCG, Chair, NCL Cancer Commissioning Board
- Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust
- Mark Taylor, Consultant General and Hepatobiliary Surgeon, Belfast Health &

### Social Care Trust

- Ian Tomlinson, Director of Edinburgh Cancer Research Centre, University of Edinburgh
- Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust
- Katharine Williams, Senior Research Sister, GI & Gynae Cancers, Cancer Clinical Trials Centre, Weston Park Hospital, Sheffield
- Richard Wilson, Professor of GastroIntestinal Oncology, Institute Of Cancer Sciences, University of Glasgow

### Members of our Scientific Advisory Board are:

- Suzy Lishman, Consultant Histopathologist, Peterborough and Stamford Hospitals NHS Foundation Trust (Chair)
- Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast (Deputy Chair)
- Sir John Burn, Professor of Clinical Genetics, University of Newcastle
- Sunil Dolwani, Consultant Gastroenterologist, Cardiff University School of Medicine
- Gareth Evans, Professor of Medical Genetics and Cancer Epidemiology, University of Manchester
- Claire Foster, Professor of Psychosocial Oncology and Director of Macmillan Survivorship Research Group, University of Southampton
- Angus McNair, Consultant Senior Lecturer & NIHR Clinician Scientist, University of Bristol
- Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
- Bob Steele, Professor of Surgery and Head of Department, University of Dundee
- Caroline Young, Clinical Research Training Fellow, University of Leeds

We are also very fortunate to have extensive support from many other dedicated 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 U.K. LLP Aquis House 49-51 Blagrave 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 RG217EQ

### Structure, government and maintenance

### 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 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 seven years. After seven years, Trustees are not eligible for election until three 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 Senior Leadership Team (SLT) 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 Trustees meet four times a year. Our SLT meets twice per month and reports to the Trustees. The members of the group are shown on page 25.

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 SLT and to the main Board of Trustees. Membership currently comprises of the Chair of Trustees, the Treasurer, one co-opted member, 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 Stephen Fenwick, Patrick Figgis, Joe Higgins, Lorraine Lander and John Stebbing, all of whom were eligible for re-election and who were reappointed.

### Pay policy for senior staff

The Directors consider that the Board of Directors, who are the Charity's Trustees, and the SLT 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.

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

The charity has a pay and remuneration strategy for all staff, which was introduced in 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 FRC reviews risk and internal controls, approves the annual risk-register, and receives regular progress reports on key risks
- SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities
- Trustee 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 the impact of COVID-19, 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 2019 are set out on page 33 of the financial statements.

Total resources expended for the year increased by 13% from £4,215,510 in 2018 to £4,782,857, which was below levels expected in the budget. Additional costs were incurred through the increase in research grants, the associated costs of an increase in gifts in kind and higher salary costs.

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 stand at £1,233,810, a position similar to a year ago. The Charity's available cash balances continue to be invested in interest bearing accounts.

The Balance Sheet on page 34 reflects the activities in the year. The increase in current assets from £1,910,077 in 2018 to £2,272,683 in 2019 reflects an increase in cash and Creditors have increased due to the estimates for research work carried out in 2019, which has yet to be invoiced.

Key Performance Indicators for the year are:

- Support costs remain on target (below 15%) at 13% for the year (13% in 2018)
- Unrestricted reserves have fallen to 3.1
  month's running costs in 2019 from 3.7
  months a year ago, which is short of the
  longer term aspiration of six months and in
  part due to the increased operating costs
  following the combination transaction. 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, to provide some protection to the organisation, its charitable programmes, and to provide time to adjust to changing financial circumstances. There will be a continued focus on balancing increasing the Charity's reserves whilst providing suitable funds to support growth in its portfolio of activities.

The Charity now has free reserves of £988,170 (2018: £839,072). 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.

Designated funds are amounts identified by the Trustees for a particular project or use. The Trustees have reduced the amount in the designated fund for fixed assets to £199,472, to reflect the net book value of the fixed assets.

The other fund of £46,168 is 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 standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the 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.

### 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 U.K. 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 s415A of the Companies Act 2006 relating to small companies.

This report was approved by the Board of Trustees on 10 December 2020 and signed on their behalf by

••••		
I orraine l	l ander. Trustee	

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

### **Opinion**

We have audited the financial statements of Bowel Cancer UK for the year ended 31 December 2019 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2019 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 and Trustee Investment (Scotland) Act 2005 and Regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

### **Basis for opinion**

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

### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

### Other information

The Trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact.

We have nothing to report in this regard.

# Opinions on other matters prescribed by the Companies Act 2006

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

 the information given in the Trustees' report, which includes the Directors' report prepared for the purposes of company law, or the financial year for which the financial statements are prepared is consistent with the financial statements; and

 the Directors' report included within the Trustees' report have been prepared in accordance with applicable legal requirements.

# Matters on which we are required to report by exception

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

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

- adequate and proper accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- if the small companies regime has been used 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' report.

### Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 29, the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

# Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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

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

### Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of part 16 of the Companies Act 2006, and to the charitable company's Trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. 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.

Janette Joyce
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
Aquis House
49-51 Blagrave Street
Reading
Berkshire RG1 1PL

16 December 2020

# Statement of Financial Activities for the year ended 31 December 2019 (Incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	Total 2019 £	Total 2018 £ Restated
Income					
Donations and legacies	2	1,247,592	325,994	1,573,586	1,503,004
Other trading activities	2	2,868,032	365,330	3,233,362	2,818,009
Income from investments		9,708	-	9,708	8,251
Income from charitable activities	3	2,996	3,000	5,996	22,606
Total income before combination		4,128,328	694,324	4,822,652	4,351,870
Fair value of net assets received on combining with Beating Bowel Cancer		_	_	_	228,913
Total income		4,128,328	694,324	4,822,652	4,580,783
Expenditure					
Expenditure on raising funds	4	1,752,733	-	1,752,733	1,570,952
Expenditure on charitable activities	4	2,377,117	653,007	3,030,124	2,644,558
Total expenditure		4,129,850	653,007	4,782,857	4,215,510
Net income	5	(1,522)	41,317	39,795	365,273
Transfers between funds			-	-	
Net movement in funds		(1,522)	41,317	39,795	365,273
Total funds brought forward		1,235,332	513,815	1,749,147	1,383,874
Total funds carried forward	12	1,233,810	555,132	1,788,942	1,749,147

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 36 - 54 form part of these financial statements.

# Balance Sheet as at 31 December 2019 Company number 3409832 (England and Wales)

	Note	2019	2018
Fixed assets		£	£
Tangible assets	7	197,090	280,541
Intangible assets	8	2,382	3,969
		199,472	284,510
Current assets			
Debtors and prepayments	9	533,885	490,659
Cash at bank and in hand		1,738,798	1,419,418
		2,272,683	1,910,077
Creditors: amounts falling due within	10	(667,213)	(437,440)
one year			
Net current assets		1,605,470	1,472,637
Provisions: amounts due in more than	11	(16,000)	(8,000)
one year			
Net assets		1,788,942	1,749,147
Funds			
Unrestricted funds			
Designated		245,640	396,260
General funds		988,170	839,072
	12	1,233,810	1,235,332
Restricted funds	12	555,132	513,815
Total funds	13	1,788,942	1,749,147

These financial statements have been prepared in accordance with the special provisions relating to companies subject to the small company regime within Part 15 of the Companies Act 2006.

The financial statements were approved and authorised for issue by the board and were signed on

its behalf on 10 December 2020 by

Lorraine Lander

Trustee

The notes on pages 36 - 54 form part of these financial statements.

# Statement of Cash Flows for the year ended 31 December 2019

	2019 £	2018 £
Cash generated by operating activities	322,280	469,037
Cash flows from investing activities:		
Interest income	9,708	8,251
Purchase of fixed assets	(12,851)	(300,482)
Proceeds from disposal of fixed assets	243	-
Change in cash and cash equivalents at the end of the year	319,380	176,806
Cash and cash equivalents at beginning of the year	1,419,418	1,242,612
Movement	319,380	176,806
Total cash and cash equivalents at end of the year	1,738,798	1,419,418
Reconciliation of net movement in funds to net cash flow from operating activities		
Net movement in funds	39,795	365,273
Depreciation and amortisation	97,612	32,689
(Increase) / Decrease in debtors	(43,226)	(144,217)
Increase / (Decrease) in creditors	229,773	239,946
Increase / (Decrease) in provisions	8,000	(16,000)
Loss on disposal of fixed assets	34	2,315
Assets transferred from combination with Beating Bowel Cancer	_	(2,718)
Interest income	(9,708)	(8,251)
Net cash generated by operating activities	322,280	469,037
Analysis of cash and cash equivalents		
Cash in hand	1,301,158	986,504
Notice deposits (less than three months)	437,640	432,914
Overdraft facility repayable on demand	-	-
Total cash and cash equivalents at end of the year	1,738,798	1,419,418
Trustage' Papart and Einancial Statements for the year anded 21 Decem	hor 2010	25

# Notes to the Financial Statements For the year ended 31 December 2019

### Analysis of changes in net debt

	At 1 January 2019	Cash Flows A	At 31 December 2019
Cash and cash equivalents	£	£	£
Cash	1,419,418	319,380	1,738,798
	1,419,418	319,380	1,738,798
Borrowings			
Debt due within one year	-	-	-
Debt due after one year	-	-	-
		_	-
Total	1,419,418	319,380	1,738,798

# 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 Unit 202, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

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.

In their assessment of going concern the Directors have considered the current and developing impact on the business as a result of the COVID-19 virus.

This has had a significant, immediate impact on the company's operations with fundraised income being impacted by the cancellation of most mass participation events and increased competition for funding from trusts and foundations and, at the present time, it is not clear how long the current circumstances are likely to last and what the long term impact will be.

The Directors have updated their annual budgets and forecasts based on current estimates of the impact of the current crisis. These have been reviewed and will continue to be updated to ensure that they have sufficient facilities in place to meet their operating cash requirements for the foreseeable future.

Having regard to the above, the Directors believe it appropriate to adopt the going concern basis of accounting in preparing the financial statements.

# 1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 25. 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 it 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.

Donated services totalling £384,099 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.

Grants payable are charged to the statement of financial activities in the year in which the offer is approved and conveyed to the recipient, except in those cases where the offer is conditional and entitlement is yet to be earned. Such grants are recognised as expenditure when the relevant conditions are fulfilled. Grants offered subject to conditions which have not been accrued at the year-end are noted as a commitment as disclosed in note 15 to the financial statements.

#### 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 and 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.

## 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 and software over four years
- Fixture and fittings over five years
- Office refurbishment over three 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 four 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 three 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 office in London, the two London office franking machines and one photocopier as operating leases; the title to the equipment remains with the lessor and the equipment is replaced every five 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 Statement of Financial Activities (SOFA) is the amount of contributions payable to the pension scheme in respect of the accounting year.

### 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.

# 2. Income from generated funds

Donations and legacies	2019 £	2018 £
Donations from individuals	409,567	519,042
Legacies	60,573	158,710
General grants	468,385	448,205
Corporate donations	635,061	337,047
	1,573,586	1,503,004
Other trading activities		
Runs	858,521	843,773
Treks and challenges	500,866	466,685
Community fundraising	1,846,331	1,463,924
Other special events	61	150
Rental income	-	25,889
Trading Income	27,583	17,588
	3,233,362	2,818,009
3. Income from charitable activities		
	2019	2018
	£	£
Training	5,996	22,606
	5,996	22,606

4. Resources	expended
--------------	----------

	Direct costs		Support costs		Total	Total
Expenditure on raising funds	Staff £	Other £	Staff £	Other £	2019	2018
Costs of generating voluntary income	789,496	709,950	149,789	103,498	1,752,733	1,570,952
votantary meome	789,496	709,950	149,789	103,498	1,752,733	1,570,952
Expenditure on charitable activities						
Awareness and Direct Services	812,118	416,917	142,039	98,143	1,469,217	1,306,390
Communications and Campaigning	489,412	532,042	86,486	59,759	1,167,699	962,505
Grants	-	393,208	-	-	393,208	176,763
Combination costs				_		198,900
	1,301,530	1,342,167	228,525	157,902	3,030,124	2,644,558
Total costs	2,091,026	2,052,117	378,314	261,400	4,782,857	4,215,510

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:

-	-	-	921	921	919
-	-	-	69	69	61
-	-	-	12,894	12,894	12,659
	_		13,884	13,884	13,639
	<u> </u>	<u> </u>		69 12,894	69 <b>69</b> 12,894 <b>12,894</b>

# 5. Net income is stated after charging:

	2019 £	2018 £
Depreciation	96,025	31,895
Amortisation	1,587	794
Operating lease payments	282,591	133,174
Auditors' remuneration:		
- Audit fee for the current period	10,300	10,000
- Non Audit fee for the current period	900	600
6. Staff costs	2019	2018
	£	£
Wages and salaries	2,176,073	2,011,014
Social security costs	218,688	205,463
Pension Contributions	74,579	61,424
Redundancy costs		19,659
	2,469,340	2,297,560

During the year Bowel Cancer UK paid £Nil (2018: £19,659) of redundancy costs. These expenses were approved by the Trustees for payment.

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

	2019 Number	2018 Number
£80,001 - £90,000	-	1
£70,001 - £80,000	1	-
£60,001 - £70,000	4	3
	5	4

Pension Contributions of £14,071 (2018: £9,951) were paid in respect of the higher paid individuals.

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 2019 amounted to £Nil (2018: £5,968).

The key management personnel of the charity comprise the Trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources, Director of Fundraising and Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £430,275 (2018 - £425,489). 2019 saw some changes in the key management which saw an average FTE of 5.1 compared with 5.5 from the year before.

The average number of staff analysed by function was:

	2019 Number	2019 FTE	2018 Number	2018 FTE
Fundraising	20	20	18	18
Awareness and Direct Services	20	18	21	18
Communications and Campaigning	12	12	10	10
Central Support	8	7	10	9
Research	1	1	1	1
	61	58	60	56

#### **Trustees**

One of the Trustees received emoluments during the year of £11,725 (2018: £nil). This amount is also shown in Note 14.

None of the Trustees received reimbursed travel expenses during the year (2018: Two Trustees claiming £705).

7. Tangible fixed assets	Office Refurbishment	Fixture and Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2019	203,033	12,823	113,688	329,544
From Combination	-	-	-	-
Additions	3,211	1,352	8,288	12,851
Disposals	<u>-</u>	(731)	(2,036)	(2,767)
At 31 December 2019	206,244	13,444	119,940	339,628
Depreciation				
At 1 January 2019	16,909	1,959	30,135	49,003
From Combination	-	-	-	-
Charge for the period	68,748	2,469	24,808	96,025
Disposals		(731)	(1,759)	(2,490)
At 31 December 2019	85,657	3,697	53,184	142,538
Net book value as at 31 December 2019	120,587	9,747	66,756	197,090
Net book value as at 31 December 2018	186,124	10,864	83,553	280,541

All fixed assets are used for charitable purposes.

# 8. Intangible fixed assets

	Website £	Total £
Cost		
At 1 January 2019	4,763	4,763
Additions	-	-
Disposals		
At 31 December 2019	4,763	4,763
Amortisation		
At 1 January 2019	794	794
Charge for the period	1,587	1,587
Disposals		-
At 31 December 2019	2,381	2,381
Net book value as at 31 December 2019	2,382	2,382
Net book value as at 31 December 2018	3,969	3,969

Intangible assets relate to capitalised costs in relation to the refresh of the Bowel Cancer UK website which went live in July 2018.

# 9. Debtors and Prepayments

	2019 £	2018 £
Legacy Debtor	42,772	63,601
Other Debtors	87,638	99,798
Prepayments and accrued income	403,475	327,260
	533,885	490,659

### 10. Creditors

	2019 £	2018 £
Trade creditors	179,153	128,888
Accruals	423,436	228,848
Taxes and social security costs	62,575	56,884
Deferred income	-	12,010
Other creditors	2,049	10,810
	667,213	437,440
	2019 £	2018 £
Deferred income at 1 January	12,010	8,608
Income deferred in the current year	-	12,010
Amounts released from previous reporting periods	(12,010)	(8,608)
Deferred income at 31 December	-	12,010

The deferred income shown in 2019 related to income received in advance of a research project, which was completed during the year.

### 11. Provisions

	Property provision 2019 £	Property provision 2018 £
At 1 January 2019	8,000	24,000
Amounts reversed	-	(24,000)
Amounts reversed	8,000	8,000
At 31 December 2019	16,000	8,000

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.

### 12. Statement of funds

Balance 1 January 2019 £	Income £	Expenditure £		Balance 1 December 2019 £
284,510			(85,038)	199,472
111,750			(65,582)	46,168
396,260		_	(150,620)	245,640
839,072	4,128,328	3 (4,129,850)	150,620	988,170
1,235,332	4,128,328	(4,129,850)	-	1,233,810
	1 January 2019 £ 284,510 111,750 396,260 839,072	1 January 2019 £ £ 284,510 111,750 396,260 839,072 4,128,328	1 January 2019 £ £ £  284,510  111,750  396,260  839,072 4,128,328 (4,129,850)	1 January 2019 £ £ £ £ £ £  284,510 (85,038) 111,750 (65,582) 396,260 (150,620) 839,072 4,128,328 (4,129,850) 150,620

# **Designated funds**

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

Designated funds of £199,472 (2018: £284,510) have been set aside from the charity's unrestricted funds by the Trustees to reflect the net book value of the fixed assets. The other designated fund is to help fund a surgical research programme.

# 12. Statement of funds (continued)

	1 January 2019	Income I	Expenditure	Transfers 3	1 December 2019
	£	£	£	£	£
Restricted Funds:					
Awareness Scotland	1,928	1,000	(2,928)	-	-
Printing	-	11,699	(11,699)	-	-
Colorectal Cancer Study Days	-	42,000	(42,000)	-	-
General Patient Services	-	20,550	(20,550)	-	-
Awareness	-	7,000	(7,000)	-	-
General Work in Scotland	-	12,174	(12,174)	-	-
General Work in Northern Ireland	-	28,477	(28,477)	-	-
Research	183,627	32,090	(223,217)	30,000	22,500
General Work in Wales	-	5,000	(5,000)	-	-
Surgical Chair	257,280	18,600	(84,697)	-	191,183
Surgical Fellow	-	75,750	(40,364)	-	35,386
Never Too Young	-	15,095	(15,095)	-	-
Moondance Foundation	-	257,052	(96,714)	-	160,338
Digital Services	16,266	500	(16,766)	-	-
Learning Disability Training	2,865	-	(2,865)	-	-
Surgical Chair Scotland	-	97,837	-	-	97,837
Patient Information	-	19,000	(14,000)	-	5,000
Patient Days	-	10,000	(10,000)	-	-
BeWel Project	21,488	-	(16,100)	-	5,388
Service Delivery Manager and Educ Manager	-	37,500	-	-	37,500
NHS England Cumbria	-	3,000	(3,000)	_	-
Get Personal	30,361	_	(361)	(30,000)	
Total Restricted Funds	513,815	694,324	(653,007)		555,132

### 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 range of patient information resource materials.

# **Colorectal Cancer Study Days**

Funding has been received to deliver Colorectal Cancer study days for healthcare professionals.

#### **General Patient Services**

Funding has been received to sustain and support Bowel Cancer UK's programme of support services for people affected by bowel cancer.

#### **Awareness**

This fund is being used to recruit, train and support Bowel Cancer UK awareness volunteers.

### General Work in Scotland

Funding has been received to sustain and support our work in Scotland.

#### General Work in Northern Ireland

Funding has been received to sustain and support our work in Northern Ireland.

## Research

Funding has been received to support our bowel cancer research programme.

### **General Work in Wales**

Funding has been received to sustain and support our work in Wales.

# **Surgical Chair**

Funding has been received to establish the UK's first Colorectal Research Chair in partnership with the Royal College of Surgeons of England (RCSEng).

## Surgical Fellow

Funding has been received to establish a network of Colorectal Cancer Surgical Research Fellows in partnership with RCSEng.

# **Never Too Young**

Funding was received to support the charity's Never Too Young campaign, which aims to improve the diagnosis, treatment and care of younger bowel cancer patients.

#### **Moondance Foundation**

Funding was awarded from the Moondance Foundation to Bowel Cancer UK as part of the Moondance Bowel Cancer Project in Wales. The funding has been utilised in Wales to educate and train healthcare professionals as well as the development of new patient information services.

# **Digital Services**

This fund relates to our digital support and information services for patients, the public and healthcare professionals.

### **Learning Disability Training**

Scottish Government Screening Inequalities Funding was provided for us to deliver Good Bowel Health and Screening training to professional carers of adults with learning disabilities.

### **Surgical Chair Scotland**

Funding has been received to establish Scotland's first-ever Colorectal Cancer Surgical Research Chair in partnership with The Royal College of Surgeons of Edinburgh.

## 12. Statement of funds (continued)

#### **Patient Information**

Funding has been received to develop, print and distribute information on bowel cancer.

# **Patient Days**

Funding has been received to deliver patient days for people affected by bowel cancer.

# **BeWel Project**

Scottish Government Cancer Strategy Funding provided to deliver this project that aims to reduce the risk of bowel cancer in a high risk population.

# Service Delivery Manager and Educ Manager

Funding has been received towards the salaries of these two staff posts.

# **NHS England Cumbria**

Funding was received from the North East and Cumbria Learning Disability Network to produce an easy-read bowel cancer screening leaflet in collaboration with Public Health England.

#### **Get Personal**

Funding has been received to support the charity's policy work.

## Intra-Fund transfers

Intra-Fund transfers in the year amounted to £150,620 (2018: £203,196).

# 13. Analysis of net assets between funds

Funds balances at 31 December 2019 are represented by:	Unrestricted funds £	Restricted funds £	Total funds 2019 £	Total funds 2018 £
Fixed assets	199,472	-	199,472	284,510
Net current assets	1,050,338	555,132	1,605,470	1,472,637
Provisions	(16,000)		(16,000)	(8,000)
Charity funds at 31 December 2019	1,233,810	555,132	1,788,942	1,749,147

# 14. Related party transactions

Six Trustees made a donation to the charity in aggregate of £26,983 (2018: six Trustees with donations in aggregate of £91,307).

Following approval from the Charity Commission, it was agreed that the Chair of the Board of Trustees, Patrick Figgis would cover the vacant post of Chief Executive from October 2019 until this position was filled. In fulfilling this position, he was paid £11,725.

# 15. Research grant expenditure and commitments

	2019	2018
Grant expenditure	£	£
University of Leeds	103,031	70,000
Royal College of Surgeons	47,864	31,416
Newcastle University	78,881	32,255
University of Cambridge	42,723	20,109
University of Birmingham	74,995	12,500
University of Dundee	8,932	-
University of Edinburgh	16,389	6,207
University of Nottingham	6,207	-
University of West England	1,185	-
University of Hull	13,001	4,096
	393,208	176,583

Future grant commitments not provided in these financial statements:

	2019	2018
	£	£
< One year	472,780	342,769
One - two years	241,893	165,832
> Two years	77,166	115,000
	791,839	623,601

Future grant commitments will be funded out of future accumulated reserves.

# 16. Operating Leases

The following total lease payments are committed to be paid under non-cancellable operating leases:

	2019		2018	
	Land and Buildings £	Office Equipment £	Land and Buildings £	Office Equipment £
< one year	255,290	703	188,146	2,205
two - five years	680,774	-	1,021,162	703
> five years				
	936,064	703	1,209,308	2,908
17. Financial instruments				
			2019	2018
			£	£
Basic financial assets			1,874,821	1,582,817
Basic financial liabilities			604,638	368,546

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:

	2019	2018
	£	£
Total interest income for basic financial assets	9,708	8,251

#### 18. Post Balance Sheet Event

After the accounting year end, the effects of COVID-19 in UK and Europe became apparent. The UK joined other European countries in placing restrictions on internal and external travel and large gatherings of people. The charity reacted swiftly to take advantage of government support by placing more than half of its staff on furlough leave from April 2020. Bowel Cancer UK relies heavily on income from fundraising events and with all mass participation events cancelled in 2020, it was estimated that revenues would fall by anything between 25% and 40% as a result of the pandemic. With other cost savings now planned into the revised 2020 budget the financial impact is significantly lessened and the charity should break even at the end of the accounting year. Whilst the foregoing reflects the most likely outcome of the year, the charity has looked at three further outcomes for 2020 and 2021, each accommodating a different effect as the current lockdown is eased.

# 19. Statement of Financial Activities – comparative figures by fund type

# Year ended 31 December 2018

l car ended 57 Section 2010	Inrestricted funds	Restricted funds	2018 Total Restated
	£	£	£
Income			
Donations and legacies	1,030,772	472,232	1,503,004
Other trading activities	2,761,447	56,562	2,818,009
Income from investments	8,251	-	8,251
Income from charitable activities	2,991	19,615	22,606
Total income before combination	3,803,461	548,409	4,351,870
Fair value of net assets received on	180,728	48,185	228,913
Combining with Beating Bowel Cancer	3,984,189	596,594	4,580,783
Total income			
Expenditure			
Expenditure on raising funds	1,570,952	-	1,570,952
Expenditure on charitable activities	2,140,667	503,891	2,644,558
Total expenditure	3,711,619	503,891	4,215,510
Net income	272,570	92,703	365,273
Transfers between funds		-	
Net movement in funds	272,570	92,703	365,273
Fund balances brought forward	962,762	421,112	1,383,874
Fund balances carried forward	1,235,332	513,815	1,749,147

The 2018 income and expenditure has been restated to include an additional £148,867 of gifts in kind following a reassessment of reports provided in support of Google Grant awards.

# We would like to thank all of our Corporate Partners and Trust and Foundation supporters for their generosity including:

- Alfred & Beatrice Weintrop Charitable Trust
- Charities Aid Foundation
- Dr H W Abbott Will Trust
- EBM Charitable Trust
- John Drummond Trust
- Miss M B Reekie's Charitable Trust
- P F Charitable Trust
- R U B White Charitable Trust
- The Steel Charitable Trust
- The Syncona Foundation
- The Borrows Charitable Trust
- The Caron Keating Foundation
- The Cecil Pilkington Charitable Trust
- The Constance Travis Charitable Trust
- The de Laszlo Foundation
- The Generation Foundation
- The Goldcrest Charitable Trust
- The Holbeck Charitable Trust
- The HSWJ Trust
- The Hugh Fraser Foundation
- The Light Fund
- The Peacock Charitable Trust
- The Simon Gibson Charitable Trust
- The Sobell Foundation
- Valentine Charitable Trust
- Adient
- Baillie Gifford & Co Limited
- blubolt
- · Boult Wade Tennant LLP
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- · Capital Group
- Care UK
- Catalyst
- · Edinburgh Molecular Imaging Ltd
- Edwards & Co Solicitors
- · Great Western Railway, Plymouth Station
- · Healthy Hope, Holland and Barrett
- Knight Frank
- · Lewis PR
- Pact Coffee
- Property Managers Association
- Sirtex Medical UK Ltd
- SkyDemon
- Springfield Cambridge Festival Chorus
- Surgeon's Quarter
- TechnipFMC
- The Artemis Charitable Foundation
- The Hebridean Men's Cancer Support Group
- Waitrose Ltd
- Yakult

#### **Sponsors**

- Amgen provided financial support for our Colorectal Cancer Study Days
- Merck provided financial support for the educational content of our Colorectal Cancer Study Days and Edinburgh Patient Day, as well as the design, print and distribution of patient information materials
- Norgine provided financial support for our Colorectal Cancer Study Days
- Olympus provided financial support for our Colorectal Cancer Study Days
- Servier Laboratories Ltd sponsored our Colorectal Cancer Study Days financially

None of our sponsors had input into the content or speaker selection.

Bowel Cancer UK is the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by the disease.

We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about bowel cancer and campaign for early diagnosis and access to best treatment and care.

# To find out more visit bowelcanceruk.org.uk

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