

**Company Number 3409832**  
**Registered Charity Number 1071038**  
**Office of the Scottish Charity Regulator SC040914**

# **Bowel Cancer UK**

**Trustees' Report and Audited Financial Statements**  
**For the year ended 31st December 2017**



**BOWEL CANCER UK**  
**CONTENTS TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2017**

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**BOWEL CANCER UK  
TRUSTEES' REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2017**



Welcome to the Trustees' Annual Report and Audited Financial Statements for the year ended 31<sup>st</sup> December 2017.

## **ACHIEVEMENTS AND ACTIVITIES DURING 2017**

### **Introduction and key highlights**

2017 was a great year for Bowel Cancer UK as we continued to work with determination to meet our mission to save lives and improve the quality of life of all those affected by bowel cancer. Our key highlights include the following:

- Our Chief Executive, Deborah Alsina MBE, won Charity Chief Executive of the Year at the Third Sector Excellence Awards 2017 as well as a Charity Comms Inspiring Communicator Award.
- We published the findings of our Critical Research Gaps in Colorectal Cancer Initiative in the prestigious international journal, *Gut*, which outlined 15 research gaps and 36 recommendations to address the gaps, that if filled, would make a marked difference to prevention and improved outcomes in colorectal cancer.
- We produced a clinical consensus with leading experts in bowel cancer and genetics that recommended the Bowel Cancer Screening Programme (BCSP) should extend their service to patients who have Lynch syndrome. This consensus received full endorsement from the British Society of Gastroenterology, the Cancer Genetics Group and the Association of Coloproctology of Great Britain and Ireland.
- We delivered our most successful Bowel Cancer Awareness Month; highlighting the importance of screening. We achieved 2,783 pieces of media coverage were achieved during 2017, increasing our coverage by 47% compared to 2016. We reached 429 million people – almost double the number of people compared to last year.
- It was our best year of fundraising ever ending with a total income of £2,785,348. We also carefully controlled our expenditure and ended the year with 5 months of unrestricted reserves which will provide us with important financial security and stability.
- We published our 'Get Personal' report, which highlighted patient experience of those diagnosed with Stage 4 bowel cancer. This report was incredibly well received with 34 pieces of press coverage including 11 national which equalled a total reach of 16.7 million people.
- Our Health Promotion and Training team reached more than 10,800 people directly through health promotion, awareness volunteer and training activities. They held 395

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events across the UK – the most ever held in a single year – including talks, information stands, training days and conferences.

- We engaged in strategic discussions with Beating Bowel Cancer about how the two charities could work more closely together to better improve outcomes for people affected by bowel cancer. As a result the two Boards of Trustees agreed to merge the charities with effect from the 1st January 2018. Deborah Alsina MBE was appointed as the new charity's Chief Executive and Beating Bowel Cancer Trustee, Patrick Figgis, Global Lead for Health at PWC as the charity's Chairman.

The Board of Trustees and staff would like to offer grateful thanks to the charity's many clinical, academic and business advisors for their advice and practical help in 2017. We also want to especially thank our wonderful patient and fundraising supporters and volunteers without whom we would not exist and whose dedication is both humbling and inspiring.

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<b>Bowel Cancer UK Strategic Plan 2015-2018</b>	
<p><b>Mission</b></p> <p><b>Bowel Cancer UK is determined to save lives and improve the quality of life for all those affected by bowel cancer.</b></p> <p><b>We achieve our mission through research, education and campaigns.</b></p>	
<p><b>Values and Operating Principles</b></p> <p>Bowel Cancer UK will always:</p> <ul style="list-style-type: none"> <li>❖ ensure that the needs of all those affected by bowel cancer are at the heart of all we do;</li> <li>❖ be informed by clinical and other healthcare professional expertise;</li> <li>❖ work in partnerships that are beneficial to those affected by bowel cancer;</li> <li>❖ act with honesty, transparency and integrity;</li> <li>❖ strive for excellence, be innovative, independent and accountable for all we do;</li> <li>❖ embrace diversity, treating everyone fairly, with understanding and respect.</li> </ul>	
<p><b>Strategic Aim 1</b></p> <p>Champion early diagnosis of bowel cancer</p>	<p><b>Strategic Aim 2</b></p> <p>Improve access to best treatment and care for all those closely affected by bowel cancer</p>
<p style="text-align: center;"><b>Organisational aim 1</b></p> <p>Develop the charity's use of marketing and communications to increase our impact and reach</p>	
<p style="text-align: center;"><b>Organisational aim 2</b></p> <p>Develop a sustainable income base for the charity</p>	
<p style="text-align: center;"><b>Organisational aim 3</b></p> <p>Develop the charity's infrastructure and resources to enable us to meet our mission</p>	

## **Strategic Aim 1: Champion early diagnosis of bowel cancer**

**In 2016 we said we would:**

### **Research**

- publish the (hitherto delayed) results of the joint BodyShop research being led by Professor William Hamilton from the University of Exeter and Professor Greg Rubin from Durham University as part of our Never Too Young campaign. The aim of the research is to speed up referrals of people under 50 for diagnostic tests based on risk assessment criteria.
- publish the findings of our Critical Research Gaps in Colorectal Cancer Initiative and a five year research strategy leading to the launch of our first grants round which is most likely to have a focus upon prevention and early diagnosis of bowel cancer.
- continue to support and engage with research programmes such as the 100,000 Genomes Programme and CORGI which aim to improve our understanding of the causes of bowel cancer and with other research projects that could enable us to prevent or detect bowel cancer early.

### **Health Promotion and Training**

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

### **Policy and Campaigns**

- continue to press forward on our recommendations to improve capacity and access to endoscopy services in the UK, working in partnership with relevant stakeholders.

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- continue our policy and public affairs engagement to improve the identification and surveillance screening for people with genetic conditions which increase their risk of bowel cancer.
- continue to proactively engage, in improvements to the bowel cancer screening programme including implementation of FIT across the UK.

**During 2017 we:**

**Research**

- published the findings of our 'Critical Gaps in colorectal cancer' research project in the prestigious international journal, *Gut*, which outlined 15 research gaps and 36 recommendations to address the gaps, that if filled, would make a marked difference to prevention and improved outcomes in colorectal cancer. Accompanying the publication was a supporter-friendly version entitled 'Finding the Keys to the Cures' and a five year research strategy 'Unlocking the Key to the Cures' which outlines how we will support and enable research to act as a catalyst for change.
- published the BodyShop research and risk assessment tool during March in the *British Journal of General Practice* as part of our Never Too Young campaign. The tool will have the capacity to assist GPs in speeding up referrals of people under 50 who are at greatest need for diagnostic tests.
- opened our first grants round in July with a focus on supporting research into improving bowel cancer screening, understanding and identifying people at high risk of bowel cancer and understanding bowel cancer in the under 50s.

**Health Promotion and Training**

- reached more than 10,800 people at 395 events across the UK (the most ever in one year) directly through health promotion, awareness volunteer and training activities, including giving talks to groups of up to 500 people at one time.
- focused on audiences at greater risk of bowel cancer – e.g. men, areas of deprivation and older people; and those among whom awareness is low – e.g. BME groups and the under 50s.
- worked in partnership with a leading cancer prevention charity to provide bespoke training for healthcare professionals and with key public sector organisations to support projects to increase screening uptake and increase awareness of bowel cancer and screening to a diverse range of audiences.

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- developed and delivered bespoke training in bowel cancer symptoms, risks and screening to healthcare professionals from a variety of disciplines including learning disability workers, public health and health improvement staff and community group leaders.
- held a GP study day in Northern Ireland and two study days in England bringing together renowned speakers to enhance the knowledge and skills of more than 250 clinical health professionals.
- were part of both the FIT implementation and communications group, where we played an active role in decision making. In this capacity they had a key role in developing all the patient information that will be sent to around 900,000 people in Scotland each year, and were commissioned by NHS Health Scotland to update the Bowel Cancer UK resource for people with a learning disability, and their carers.

#### **Policy and Campaigns**

- organised a clinical consensus meeting with 10 leading experts in the field of bowel cancer and genetics to improve the quality of care and timeliness of colonoscopy screening for people with Lynch syndrome. The agreed consensus was that the Bowel Cancer Screening Programme (BCSP) should extend their service to patients who have Lynch syndrome so they can receive the same high quality service. This consensus was published on the *British Medical Journal* (BMJ) website and received full endorsement from the British Society of Gastroenterology, the Cancer Genetics Group and the Association of Coloproctology of Great Britain and Ireland.
- lent our support to a joint letter from leading charities and Royal Colleges to Jeremy Hunt calling for the urgent release of Health Education England's workforce plan and for it to be fully funded in order to address immediate shortages. We've continued to engage with key stakeholders on our recommendations to improve capacity and access to endoscopy services in the UK by participating in NHS England's endoscopy stakeholder group. Furthermore, we've continued to collate and respond to national waiting time data for routine referral and the two week wait urgent referral for suspected cancer.
- proactively engaged in the roll out of FIT, following the recommendation by the UK National Screening Committee. We've continued to sit on the FIT Implementation Groups in England, Scotland and Wales as well as various sub committees along with our long term membership of the Bowel Screening Advisory Committee in England. Furthermore, we submitted evidence to the NICE consultation on the use of FIT in symptomatic patients and provided a further expert review in supporting the adoption of the technique in primary care.



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- developed and promoted four campaigning actions to engage with our supporters. Our petition to close the #ScreeningGap for people with Lynch syndrome has generated over 3,700 signatories. We launched a second action, during the General Election, asking supporters to contact their local newspapers, calling on candidates to commit to putting bowel cancer on the political agenda, if elected. This in turn led to the development of the Bowel Cancer Champion action which encouraged supporters to contact MPs to become champions and lead change within Parliament. We now have nearly 50 Bowel Cancer Champions, three of who sit on the Health Select Committee. Over 150 campaigners tweeted at Jeremy Hunt MP, the Secretary of State for Health, calling on him to publish and fund the Health Education England (HEE) Cancer Workforce Plan.

**In 2018 we will:**

**Research**

- hold the first meetings of the Lay Review Panel and Scientific Advisory Board in order to make a recommendation to the Trustees on which grants to award from our first grant round.
- continue to work to improve the prevention, early detection and treatment of bowel cancer through our research grants programme.
- work in partnership to ensure the BodyShop research and risk assessment tool is trialled in General Practice.
- Announce our new Bowel Cancer UK / Royal College of Surgeons of England Surgical Research Chair and fund up to two surgical research fellows.

**Health Promotion and Training**

- increase the number and diversity of volunteers in the UK; prioritising awareness training in areas of low screening up-take or where we currently have no presence.
- develop a volunteer's recruitment plan for Wales and review volunteering policies across both legacy charities and harmonise these.
- proactively target hard to reach communities, such as BME, deprived areas, people with disabilities and impairments.

### **Policy and Campaigns**

- assess the extent of the implementation of NICE guidelines recommending molecular testing for features of Lynch syndrome in all bowel cancer patients and how testing is being funded.
- work in partnership with the clinical community to ensure implementation of our clinical consensus calling for the bowel cancer screening programme in England to extend its services to the colonoscopic screening and surveillance of Lynch syndrome; and actively participate in the development of BSG surveillance guidelines.
- continue to actively engage with FIT implementation groups across all the nations to ensure FIT is introduced into the screening programme quickly and that a plan is put in place to enable the sensitivity of the test to increase in line with endoscopy capacity and age range extended.
- in partnership with clinicians, professional bodies and wider stakeholder develop build the evidence for a comprehensive endoscopy strategy and influence the development of the HEE long-term cancer workforce plan.
- continue to substantially grow and develop the campaign supporter's network and build engaging and successful campaign actions on policy priority areas.
- develop and execute a comprehensive parliamentary engagement strategy to increase and build our relationship with MPs, including ensuring bowel cancer is mentioned and debated in Parliament.
- launch a 'Spotlight in Wales' report on early diagnosis and work closely with the Welsh Assembly and other stakeholders to implement our recommendations.

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

**In 2016 we said we would:**

#### **Research**

- work with the Royal College of Surgeons of England to fund the UK's first Colorectal Cancer Surgical Research Chair and also launch our programme of support for Colorectal Cancer Surgical Research Fellowships.
- continue to engage with research programmes such as S-CORT and CORECT-R which aim to improve outcomes and experiences of people with bowel cancer.

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- develop a patient advocacy network to ensure in the future patient opinion and priorities are central to research development and implementation across the UK.

#### **Health Promotion and Training**

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

#### **Policy and Campaigns**

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

#### **During 2017 we:**

##### **Research**

- committed to invest £500,000 into surgical research over four years by establishing the UK’s first ever Colorectal Cancer Surgical Research Chair – as well as supporting the next generation of colorectal surgeons - through a network of Bowel Cancer UK Colorectal Cancer Surgical Research Fellows. The first fellowship, to Miss Marta Penna, was awarded in September. Her project is aimed at developing a training tool for surgeons learning a new technique to improve outcomes from surgery for patients with rectal cancer.
- continued to engage with existing research programmes such as S-CORT and CORECT-R as well as engaging with new ones such as the ‘promise of precision’ consortia, coordinated by the University of Oxford.

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- established a Lay Review Panel as part of our commitment to ensuring the patient voice is heard in our research funding processes. The Panel is made up of people affected by bowel cancer, either themselves or through a close family member. They will assess the funding applications we receive from a patient participation and benefit standpoint.

### **Health Promotion and Training**

- were re-certified with the Information Standard, a quality mark for health and social care information and were highly commended by the British Medical Association Patient Information Awards for two of our booklets 'Your diet and lifestyle: living with and beyond bowel cancer' and 'Simple steps to good bowel health'. We published audio recordings of nine of our website pages and launched two new sets of health information films covering genetic conditions related to bowel cancer, symptoms and what to expect when visiting your GP.
- completely revised and updated the booklets 'Your diet and lifestyle: living with and beyond bowel cancer' and 'Simple steps to good bowel health' as well as our credit card sized leaflets 'The facts about bowel cancer'. We also created two new printed information products the 'What is bowel cancer?' leaflet and 'Bowel cancer screening: a guide to the NHS bowel cancer screening programme in England' leaflet.

### **Policy and Campaigns**

- published the UK findings in our 'Get Personal' report. This report was incredibly well received with 34 pieces of press coverage including 11 national which equalled a total reach of 16.7 million people. To accompany this report we published two blogs – one from a case study and one from surgeon Stephen Fenwick, we also produced a campaign film and three individual films on featuring people affected by advanced bowel cancer.
- submitted evidence to the All Party Parliamentary Group on Cancer Inquiry on progress of the Cancer Strategy. We believe while some progress has been made in particular areas of the cancer strategy there are other areas where there has been a distinct lack of progress, for example the lack of transparency and governance of Cancer Alliances. Our concerns have been highlighted in the final published report. These concerns were also raised in a cancer charity roundtable attended with the Cancer Minister Steve Brine MP in October.
- actively participated in the Bowel Cancer Audit Clinical Advisory Committee and worked with NHS Digital to develop a lay friendly patient information leaflet of the National Bowel Cancer Audit (NBOCA). NBOCA compares the care bowel cancer patients receive across England and Wales by looking at the standard of care patients receive and how successful their treatment is.

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- submitted evidence and sat on the committee for the NICE appraisal of the effectiveness of Nivolumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency. The drug is set to be finally appraised and published in April 2018.

**In 2018 we will:**

**Research**

- fund up to two more surgical fellowships in partnership with the Royal College of Surgeons of England to continue our investment in surgical research helping to develop the surgical research leaders of tomorrow.
- become members of the Association of Medical Research Charities, establishing our credibility as a funder of high quality research.
- continue to engage with and enable research programmes that help us to meet the recommendations set out in the Critical Research Gaps in Colorectal Cancer Initiative.
- develop a patient advocacy network to allow researchers to seek input from people affected by bowel cancer as early as possible in the research design process and throughout the life of the project.

**Health Promotion and Training**

- develop and deliver a range of training and information materials for healthcare professionals.
- build the knowledge and skills of health care professionals in the UK by holding a study day on advanced disease and late effects in England; and a colorectal study day in Scotland.
- work with Cancer Research UK to promote FIT to GPs in a number of events / masterclasses.

**Policy and Campaigns**

- in partnership with the clinical community and patients, build the evidence base for key recommendations from the 'Get Personal' report.
- continue our engagement with key stakeholder groups and coalitions to ensure the charity's position on improving access to best treatment and care are represented, including in relevant consultations.

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- engage with the relevant cancer strategy recommendations to ensure implementation of these incorporate evidence and solutions.
- implement plans to highlight the fifth anniversary of the Never Too Young campaign and that much still remains to be done to improve outcomes for younger patients.

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

**In 2016 we said we would:**

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

**During 2017 we:**

- launched the appointment of our first surgical research fellow, launched our first ever research grants round and in December published the findings of our Critical Research Gaps in Colorectal Cancer Initiative and five year research strategy. We promoted these research developments across all of our communication channels.
- exceeded all of our marketing and communication KPIs for World Cancer Day, working with nine other cancer charities to promote Unity Bands®. Being part of the campaign proved hugely successful in getting visitors to our website, increasing our reach on social media and encouraging new supporters to register to receive updates from the charity.
- delivered another successful Bowel Cancer Awareness Month this year again highlighting the importance of screening. Highlights during the month included an interview on BBC Breakfast, an awareness raising event in Glasgow, promotion by many other organisations including Cancer Commissioning Groups, Healthwatches and NHS Trusts sharing our messages, our Be a Star, Bake a cake fundraising campaign being supported by a number of celebrity chefs and the distribution of 2,600 information packs.

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- were shortlisted as a finalist for Campaigning Team of the Year in the Charity Times Awards 2017 for the second year running and Deborah Alsina won Charity Chief Executive of the Year at the Third Sector Excellence Awards 2017 as well as a Charity Comms Inspiring Communicator Award.
- achieved 2,783 pieces of media coverage, increasing our coverage by 47% compared to 2016. We reached 429 million people – almost double the number of people compared to last year.
- saw total traffic to the website go up by 142% compared to 2016 (320,010 2016, 775,763 2017), the number of users go up by 155% and the number of page views go up by 87%. Facebook grew by 33% and Twitter by 8%.

**In 2018 we will:**

- launch a name and brand for the new charity.
- merge our social media platforms under the new name and brand.
- deliver another successful Bowel Cancer Awareness Month.
- continue to increase our reach across all communication channels.

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

**In 2016 the fundraising team said they would:**

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

**During 2017:**

- successfully launched and delivered three new fundraising events – Walk Together, The Big Jump and Step Up for 30 – all of which recruited new supporters to the charity and exceeded budgeted income targets for all events.

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- invested in our in-memoriam giving programme and provided first-class stewardship and support to families resulting in the most income ever received by the charity from this area of fundraising. This is particularly precious to us given the nature of the gifts.
- generated the highest level of income ever from corporate partnerships, trusts & foundations and major donors – £200,000 more than in 2016.
- raised more income in Scotland than ever before through increased participation in community campaigns and events, the launch and successful recruitment of Walk Together and tailored regional communications and continued local support.
- held a highly successful corporate engagement event in Northern Ireland which we are now seeking to replicate in other areas of the UK to help grow support from companies.
- recruited our highest number of individuals donating by Direct Debit, providing long-term and sustainable income for the charity.
- launched a major donor appeal to help fund our first ever research grants programme.

**In 2018 the fundraising team will:**

- aim to increase the number of people supporting the charity and grow income by building on the success of fundraising events launched in 2017 and continuing to identify and introduce new ways for people to support the charity.
- continue to develop a portfolio of compelling and powerful funding opportunities to grow income from relationships with corporate partners, trust & foundations and major donors
- adhering to new GDPR guidance, seek to engage and grow our community of support from individuals and groups helping to fund our vital research and lifesaving work

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

**In 2016 we said we would:**

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



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**During 2017 we:**

- started the work required by the new EU legislation which comes into force in 2018. This included updating the charity's privacy policy and contacting all supporters to capture updated consent to allow for future correspondence. Data was a focus throughout the year and awareness training was run for all staff.
- ran our fourth staff survey which was helpful, giving the highest ever staff satisfaction result at 92%. It continued to show high levels of staff satisfaction across the organisation and highlighted areas where we can make further improvements in the future.
- continued to review and update some of key HR and financial policies and procedures for which we sought trustee approval in 2017.
- moved our Scotland office to Hayweight House in Edinburgh.
- went through merger negotiations with Beating Bowel Cancer including supporting Trustees to develop a Proposition for the new charity and to complete a thorough due diligence process. This was inevitably an incredibly time consuming process but we firmly believe that merging the two charities will enable us to better meet our mission to save more lives in the future.

**In 2018 we will:**

- focus, post merger on the 1st January 2018, on integrating the two charities systems and processes from financial systems, to data and IT.
- ensure we are fully GDPR compliant across both charities and have robust data governance and data quality systems and processes in place.
- move the two London offices into one new premises.
- review and implement one set of HR systems and processes across the new charity.
- develop a new strategic plan for the new merged charity to ensure delivery of our new mission which is: Bowel Cancer UK/Beating Bowel Cancer is determined to save lives, improve the quality of life and provide support to all those affected by bowel cancer in the UK.

**Conclusion**

2017 was a fabulous year for Bowel Cancer UK and we feel proud of our achievements and incredibly grateful to our amazing supporters, but we are not complacent. Still 16,000 people continue to die each year of a disease that can be cured so we must be resolute in our determination to change that.

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We enter 2018 and a new era of a merged charity in strong shape to drive forward the integration and strategy process of the charities. We know that this will test and stretch us all as we must also continue to deliver but we have confidence in our ability to navigate a clear path to ensure we are ultimately able to deliver more together for people affected by bowel cancer. We therefore look forward to 2018 with renewed determination and energy to meet our new mission.

## **PUBLIC BENEFIT**

From 1<sup>st</sup> April 2008 the Charities Act 2006 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its "Charities and Public Benefit" guidance requires that there are two key principles to be met in order to show that an organisation's aims are for the public benefit: first, there must be an identifiable benefit and secondly the benefit must be to the public or a section of the public. The Council of Management (which equates to the Board of Trustees and henceforth referred to as such) confirm they have regard to the Charity Commission's guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 17 (5) of the Charities Act 2011. They are satisfied that Bowel Cancer UK meets the requirements and conforms to the Act's definition of a charity meeting all elements of the two key principles.

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

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

## **OUR FUNDRAISING PRACTICES**

Supporters are at the heart of everything Bowel Cancer UK achieves. We believe giving to the Charity should be a great experience and are constantly striving for the highest standards to ensure our supporters and the wider public are treated fairly and with respect.

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 organisations we may partner with, is vital to ensure that our supporters have a great experience and are treated fairly. In the unlikely event we find any cause for concern, we investigate as a matter of urgency.

We always strive for the highest standards and constantly seek to improve so the supporter experience is the best it can be. 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 your complaint within 10 working days. In the event of complaints being raised to the Fundraising Regulator, we work with them to reach solutions and resolve any issue raised.

We are always looking for ways to improve and in the last twelve months have become an opt-in only charity. This means that we have sought explicit permission from our supporters before we contact them about future fundraising support. If any supporter chooses not to opt in, they won't receive marketing or fundraising requests from us.

In the short term, this means we will contact fewer people which could adversely affect fundraising income, but we believe that putting our supporters first is the right thing to do and will ultimately lead to a greater level of engagement, loyalty and value. We can't achieve any of our vital research and life-saving work without our supporters, and it is essential that we fully respect their wishes in terms of how they want to be contacted. They are at the heart of everything we do, so it's crucial that they fully understand what they are opting in to and actively choose to receive these communications from us. We believe this will help protect the future income of Bowel Cancer UK and achieve our ultimate aim of ensuring that by 2050, no-one dies of bowel cancer.

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## **REGULATORY AND ADMINISTRATIVE DETAILS**

### **Regulatory Compliance Statements**

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

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31<sup>st</sup> December 2017 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 all those affected by bowel cancer.

The main activities of the organisation include:

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

*For more information visit our website [bowelcanceruk.org.uk](http://bowelcanceruk.org.uk)*

**BOWEL CANCER UK  
TRUSTEES' REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2017**



**Where we are**

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

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

**Council of Management (Board of Trustees)**

The following individuals acted as Trustees throughout the year:

Peter Sedgwick (Chair – member of FRC) (Resigned 1 January 2018)

Patrick Figgis (Chair – member of FRC) (Appointed 1 January 2018)

Stephen Gibson (Vice Chair) (Resigned 1 January 2018)

Lorraine Lander (Treasurer – member of FRC)

Richard Anderson

Nita Ares (Appointed 20 June 2017)

Peter Beverley (Appointed 1 January 2018)

Katharine Brown (member of FRC) (Appointed 1 January 2018)

Linda Clemett (member of FRC) (Resigned 1 January 2018)

Stephen Fenwick

David Garmon-Jones (Resigned 30 January 2017)

Joe Higgins (member of FRC)

Dennis Horner (member of FRC) (Resigned 1 January 2018)

Janet Husband (Resigned 15 January 2017)

Christina Dolan Lakin (Resigned 1 January 2018)

Kym Lang

Mauro Mattiuzzo (member of FRC) (Appointed 1 January 2018)

Deborah Mechaneck (Appointed 1 January 2018)

John Schofield

Michelle Scott (member of FRC) (Resigned 16 September 2017)

John Stebbing

Diana Tait (Appointed 20 June 2017)

Angela Wiles (Appointed 1 January 2018)

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TRUSTEES' REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2017**



**Chief Executive and Senior Management Team**

Chief Executive (member of FRC)	Deborah Alsina
Director of Merger and Integration (member of FRC)	Charlotte Razzell (from 1 January 2018)
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:**

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

Annie Anderson, Professor of Food Choice, University of Dundee

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

Wendy Atkin, Professor of Gastrointestinal Epidemiology, Imperial College London

Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England

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

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

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

Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree

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

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

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

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

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

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

Kevin Monahan, Consultant gastroenterologist, West Middlesex University Hospital

Eva Morris, Principle Research Fellow, Leeds University

Dion Morton, Professor of Surgery, University of Birmingham

Christine Norton, Professor of Nursing, Kings College London

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

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

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

Diana Tait, Consultant Clinical Oncologist, The Royal Marsden NHS Foundation Trust

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

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

Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust

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

**Members of our Scientific Advisory Board are:**

Sir John Burn, Professor of Clinical Genetics, University of Newcastle

Gareth Evans, Professor of Genetics and Cancer Epidemiology, University of Manchester

Claire Foster, Professor of Psychosocial Oncology and Director of Macmillan Survivorship Research Group, University of Southampton

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

Suzy Lishman, Consultant Histopathologist, Peterborough and Stamford Hospitals NHS Foundation Trust **(Chair)**

Angus McNair, Clinical Research Fellow in Trials Methodology, University of Bristol  
Dion Morton, Professor of Surgery, University of Birmingham

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

Caroline Young, Wellcome Trust Research Training Fellow (Histopathology Registrar), University of Leeds

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

**BOWEL CANCER UK  
TRUSTEES' REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2017**



**Auditors, Bankers and Solicitors**

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

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

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

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Governing Document and Constitution**

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

**Trustees Appointment, Recruitment, Training and Induction**

All Trustees are unremunerated and are voluntary. Trustees are appointed by resolution of the Trustees. Each Annual General Meeting one third of the Trustees shall be subject to retirement by rotation, but may offer themselves for re-election. No person other than a Trustee retiring by rotation shall be appointed as a Trustee at any general meeting of Trustees unless he or she is recommended by the Trustees. No Trustee may serve more than 7 years. After 7 years Trustees are not eligible for election until 3 years have elapsed.



**BOWEL CANCER UK  
TRUSTEES' REPORT  
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Each new Trustee is provided with a detailed information pack upon appointment. This covers an introduction to fellow Trustees; details of the leadership team and staff accompanied by an organisation chart; Articles of Association; the history of the organisation; its objectives and policies; its work and products; recent Trustees and Sub-Committee minutes of meetings; the latest audited Trustees Report and Financial Statements; information on the role and responsibilities of a Trustee.

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

**Organisation Structure and Decision-Making**

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Board meets four times a year. A Senior Management Team meets monthly and reports to the Trustees. The members of the group are shown on page 20.

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

**Directors/Trustees retiring**

The Directors retiring by rotation were Richard Anderson, Linda Clemett, Stephen Gibson and Christina Dolan Lakin, all of whom were eligible for re-election and who were reappointed.

**Pay policy for senior staff**

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

**BOWEL CANCER UK  
TRUSTEES' REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2017**



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

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

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

### **FINANCIAL REVIEW**

The results for the year ended 31 December 2017 are set out on page 32 of the financial statements.

Total incoming resources for the year increased to £2,785,348 (2016: £2,307,222) as a result of the amazing efforts of our many volunteers who raised money for us doing runs, treks and holding events in their community and fantastic support from corporate supporters and many different trusts and foundations. In particular in 2017 we can report:

- A 64% increase in grants from £165,127 in 2016 to £271,073 in 2017;
- A 61% increase in treks and challenges from £169,031 in 2016 to £272,624 in 2017; and
- A 27% increase in community fundraising from £557,114 in 2016 to £709,108 in 2017.

**BOWEL CANCER UK  
TRUSTEES' REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2017**



Total resources expended for the year increased by 19% from £1,986,132 in 2016 to £2,357,617 which was below levels expected in the budget. Additional costs were incurred through the increase in staff numbers, investment in Wales, higher level of pro-bono income generation and costs to meet new GDPR requirements and initial expenditure on the merger.

The use of restricted funds has been maximised and this coupled with our most successful year ever for fundraised income has seen our unrestricted reserves increase by £144,037 to stand at £962,762 at the end of the year. Our overall surplus for the year of £427,731 compares to a lower surplus of £321,090 in 2016. The Charity's spare cash balances have been invested in interest bearing accounts.

The Balance Sheet on page 33 reflects the activities in the year. The increase in current assets from £1,286,014 in 2016 to £1,589,054 in 2017 reflects an increase in cash following the year's strong financial performance. Creditors have reduced due to the release of the deferred income relating to the new Surgical Research Chair which started in 2017.

Key Performance Indicators for the year are:

- The fundraising ratio has increased by 7% to stand at £2.98 for every £1 spent in the year. The plan is for this to continue to improve in 2017 and future years.
- Support costs remain on target (below 15%) at 14% for the year (12% in 2016).
- Unrestricted reserves have remained at 5 month's running costs in 2017 in line with the performance a year ago, moving closer to the longer term aspiration of 6 months. The Trustees aim to continue to rebuild the reserves to the level they consider necessary for the future stability of the charity.

## **RESERVES**

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

The Charity now has free reserves of £769,698 (2016: £577,959) which equates to 3.9 months running costs. Over the next few years efforts will continue to be made to accumulate reserves whilst still facilitating and expanding Bowel Cancer UK's services, public awareness and policy campaigns.

**BOWEL CANCER UK  
TRUSTEES' REPORT  
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Designated funds are amounts identified by the Trustees for a particular project or use. The Trustees have also reduced the amount in the designated fund for fixed assets to £16,314, to reflect the net book value of the fixed assets. The other fund of £176,750 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;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

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

**Provision of information to auditors**

In so far as the Trustees are aware:

**BOWEL CANCER UK**  
**TRUSTEES' REPORT**  
**FOR THE YEAR ENDED 31 DECEMBER 2017**



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

**Staff and Volunteers**

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

**Auditors**

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

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

This report was approved by the Council of Management / Board of Trustees on 22 March 2018 and signed on their behalf by

  
.....

Lorraine Lander, Member of Council

**BOWEL CANCER UK**  
**INDEPENDENT AUDITOR'S REPORT**  
**FOR THE YEAR ENDED 31 DECEMBER 2017**



**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 2017 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).

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.

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 2017 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the 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

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**INDEPENDENT AUDITOR'S REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 DECEMBER 2017**



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, for the financial year for which the financial statements are prepared is consistent with the financial statements; and

**BOWEL CANCER UK**  
**INDEPENDENT AUDITOR'S REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 DECEMBER 2017**



- 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

**Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement set out on page 25, 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



**BOWEL CANCER UK**  
**INDEPENDENT AUDITOR'S REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 DECEMBER 2017**



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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

A handwritten signature in dark ink, appearing to read "J. Joyce".

Janette Joyce  
Senior Statutory Auditor  
For and on behalf of  
Crowe Clark Whitehill LLP  
Statutory Auditor  
Aquis House  
49-51 Blagrove Street  
Reading  
Berkshire RG1 1PL

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**Statement of Financial Activities**  
**For the year ended 31<sup>st</sup> December 2017**  
**(incorporating the income and expenditure account)**

	<b>Note</b>	<b>Unrestricted Funds £</b>	<b>Restricted Funds £</b>	<b>2017 Total £</b>	<b>2016 Total £</b>
<b>INCOME</b>					
Donations and legacies	2	646,931	574,182	1,221,113	1,091,585
Other trading activities	2	1,487,369	56,251	1,543,620	1,190,446
Income from investments		4,769	-	4,769	5,200
Income from charitable activities	3	3,348	12,498	15,846	19,991
<b>Total income</b>		<b>2,142,417</b>	<b>642,931</b>	<b>2,785,348</b>	<b>2,307,222</b>
<b>EXPENDITURE</b>					
Expenditure on raising funds	4	933,332	-	933,332	830,635
Expenditure on charitable activities	4	1,068,395	355,890	1,424,285	1,155,497
<b>Total expenditure</b>		<b>2,001,727</b>	<b>355,890</b>	<b>2,357,617</b>	<b>1,986,132</b>
<b>Net income</b>	5	<b>140,690</b>	<b>287,041</b>	<b>427,731</b>	<b>321,090</b>
Transfers between funds		3,347	(3,347)	-	-
<b>Net movement in funds</b>		<b>144,037</b>	<b>283,694</b>	<b>427,731</b>	<b>321,090</b>
<b>Total funds brought forward</b>		<b>818,725</b>	<b>137,418</b>	<b>956,143</b>	<b>635,053</b>
<b>Total funds carried forward</b>	12	<b>962,762</b>	<b>421,112</b>	<b>1,383,874</b>	<b>956,143</b>

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 35 - 51 form part of these financial statements.

**Balance Sheet as at 31<sup>st</sup> December 2017**  
**Company number 3409832 (England and Wales)**



	Note	2017 £	2016 £
<b>Fixed assets</b>			
Tangible assets	7	16,314	35,900
Intangible assets	8	-	20,866
		<u>16,314</u>	<u>56,766</u>
<b>Current assets</b>			
Debtors and prepayments	9	346,442	277,028
Cash at bank and in hand		1,242,612	1,008,986
		<u>1,589,054</u>	<u>1,286,014</u>
<b>Creditors: amounts falling due within one year</b>	10	<u>(197,494)</u>	<u>(362,637)</u>
<b>Net current assets</b>		1,391,560	923,377
<b>Provisions: amounts due in more than one year</b>	11	(24,000)	(24,000)
<b>NET ASSETS</b>		<u>1,383,874</u>	<u>956,143</u>
<b>Funds</b>			
Unrestricted funds			
Designated		193,064	240,766
General funds		769,698	577,959
	12	<u>962,762</u>	<u>818,725</u>
Restricted funds	12	421,112	137,418
<b>TOTAL FUNDS</b>	13	<u>1,383,874</u>	<u>956,143</u>

The financial statements were approved and authorised for issue by the board and were signed on its behalf on 22 March 2018 by



Lorraine Lander  
Member of Council

The notes on pages 35 - 51 form part of these financial statements.

**Statement of Cash Flows**  
**For the year ended 31<sup>st</sup> December 2017**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
<b>Cash generated by operating activities</b>	<b>233,596</b>	<b>586,424</b>
<b>Cash flows from investing activities:</b>		
Interest income	<b>4,770</b>	<b>5,200</b>
Purchase of fixed assets	<b>(4,740)</b>	<b>(39,443)</b>
<b>Change in cash and cash equivalents at the end of the year</b>	<b>233,626</b>	<b>552,181</b>
Cash and cash equivalents at beginning of the year	<b>1,008,986</b>	<b>456,805</b>
Movement	<b>233,626</b>	<b>552,181</b>
<b>Total cash and cash equivalents at end of the year</b>	<b>1,242,612</b>	<b>1,008,986</b>
<b>Reconciliation of net movement in funds to net cash flow from operating activities</b>		
Net movement in funds	<b>427,731</b>	<b>321,090</b>
Depreciation and amortisation	<b>45,145</b>	<b>33,039</b>
(Increase) / Decrease in debtors	<b>(69,414)</b>	<b>23,084</b>
(Decrease) / Increase in creditors	<b>(165,143)</b>	<b>214,411</b>
Loss on disposal of fixed assets	<b>47</b>	<b>-</b>
Interest income	<b>(4,770)</b>	<b>(5,200)</b>
<b>Net cash generated by operating activities</b>	<b>233,596</b>	<b>586,424</b>
<b>Analysis of cash and cash equivalents</b>		
Cash in hand	<b>814,368</b>	<b>754,625</b>
Notice deposits (less than 3 months)	<b>428,244</b>	<b>254,361</b>
Overdraft facility repayable on demand	<b>-</b>	<b>-</b>
<b>Total cash and cash equivalents at end of the year</b>	<b>1,242,612</b>	<b>1,008,986</b>

**Notes to the Financial Statements**  
**For the year ended 31<sup>st</sup> December 2017**

**1. Accounting policies**

**1.1 Basis of preparation**

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

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

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

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

**1.2 Company status**

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 19. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

**1.3 Income**

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

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

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

## **Notes to the Financial Statements**

### **For the year ended 31<sup>st</sup> December 2017**

Donated services totalling £114,311 are included as a gift in kind and an expense and are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the trustees' annual report for more information about their contribution.

#### **1.4 Expenditure**

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

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

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

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

#### **1.5 Fund accounting**

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

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

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

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

**Notes to the Financial Statements**  
**For the year ended 31<sup>st</sup> December 2017**

**1.6 Tangible fixed assets and depreciation**

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

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

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

Computer equipment & software - over 4 years

Fixture & Fittings – over 5 years

Office Refurbishment – over 3 years

**1.7 Intangible fixed assets**

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

**1.8 Debtors and prepayments**

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

**1.9 Cash at bank and in hand**

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

**1.10 Operating leases**

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

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

**1.11 Pension costs**

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

**Notes to the Financial Statements**  
**For the year ended 31<sup>st</sup> December 2017**

**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**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
<b>Donations and legacies</b>		
Donations from individuals	<b>339,485</b>	<b>273,155</b>
Legacies	<b>224,818</b>	<b>278,456</b>
General grants	<b>271,073</b>	<b>165,127</b>
Corporate donations	<b>385,737</b>	<b>374,847</b>
	<b>1,221,113</b>	<b>1,091,585</b>
<b>Other trading activities</b>		
Runs	<b>502,566</b>	<b>423,602</b>
Treks and challenges	<b>272,624</b>	<b>169,031</b>
Community fundraising	<b>709,108</b>	<b>557,114</b>
Other special events	<b>4,376</b>	<b>3,578</b>
Rental income	<b>30,928</b>	<b>28,671</b>
Trading Income	<b>24,018</b>	<b>8,450</b>
	<b>1,543,620</b>	<b>1,190,446</b>

**3. Income from charitable activities**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Training	<b>15,846</b>	<b>19,991</b>
	<b>15,846</b>	<b>19,991</b>

#### 4. Resources expended

	Direct costs		Support costs		Total	Total
	Staff	Other	Staff	Other	2017	2016
	£	£	£	£	£	£
<b>Expenditure on raising funds</b>						
Costs of generating voluntary income	447,005	360,103	67,713	58,511	933,332	830,635
	<u>447,005</u>	<u>360,103</u>	<u>67,713</u>	<u>58,511</u>	<u>933,332</u>	<u>830,635</u>
<b>Expenditure on charitable activities</b>						
Awareness & Direct Services	445,918	231,688	60,104	51,936	789,646	695,346
Communications and Campaigning	313,514	222,013	53,168	45,944	634,639	460,151
	<u>759,432</u>	<u>453,701</u>	<u>113,272</u>	<u>97,880</u>	<u>1,424,285</u>	<u>1,155,497</u>
<b>Total costs</b>	<u>1,206,437</u>	<u>813,804</u>	<u>180,985</u>	<u>156,391</u>	<u>2,357,617</u>	<u>1,986,132</u>

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

Total costs above include the following governance costs:

Bank charges	-	-	-	2,593	2,593	2,143
Legal and Professional	-	-	-	13	13	13
Audit and Accountancy	-	-	-	12,293	12,293	11,662
	<u>-</u>	<u>-</u>	<u>-</u>	<u>14,899</u>	<u>14,899</u>	<u>13,818</u>

**Notes to the Financial Statements**  
**For the year ended 31<sup>st</sup> December 2017**

**5. Net income is stated after charging:**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Depreciation	<b>24,279</b>	<b>25,240</b>
Amortisation	<b>20,866</b>	<b>7,799</b>
Operating lease payments	<b>93,350</b>	<b>87,836</b>
Auditors' remuneration:		
- Audit fee for the current period	<b>9,560</b>	<b>8,868</b>
- Non Audit fee for the current period	<b>14,046</b>	<b>850</b>

**6. Staff costs**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Wages and salaries	<b>1,238,027</b>	<b>1,008,373</b>
Social security costs	<b>119,643</b>	<b>100,633</b>
Pension Contributions	<b>29,752</b>	<b>20,857</b>
Redundancy costs	<b>-</b>	<b>1,437</b>
	<b>1,387,422</b>	<b>1,131,300</b>

## **6. Staff costs (Continued)**

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

	<b>2017 Number</b>	<b>2016 Number</b>
£70,001 - £80,000	<b>1</b>	<b>1</b>
£60,001 - £70,000	<b>1</b>	<b>-</b>
	<b>2</b>	<b>1</b>

Pension Contributions of £5,590 (2016: £3,027) 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 2017 amounted to £2,515 (2016: £nil).

The key management personnel of the charity comprise the trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources and Director of Fundraising. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £288,789 (2016 - £256,963). 2017 saw key management in post for the full year, in 2016 the amount shown was based on 3.6 FTE.

The average number of staff analysed by function was:

	<b>2017 Number</b>	<b>2017 FTE</b>	<b>2016 Number</b>	<b>2016 FTE</b>
Fundraising	<b>12</b>	<b>12</b>	<b>11</b>	<b>11</b>
Awareness & Direct Services	<b>11</b>	<b>10</b>	<b>9</b>	<b>8</b>
Communications and Campaigning	<b>9</b>	<b>9</b>	<b>7</b>	<b>7</b>
Central Support	<b>5</b>	<b>4</b>	<b>4</b>	<b>4</b>
Research	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>
	<b>38</b>	<b>36</b>	<b>31</b>	<b>30</b>

## **Trustees**

None of the trustees received, nor waived, any emoluments during the year (2016: £nil).

Two of the trustees received reimbursed travel expenses totalling £1,476 during the year (2016: Two trustees claiming £632).

**7. Tangible fixed assets**

	<b>Office Refurbishment</b>	<b>Fixture &amp; Fittings</b>	<b>Computer Equipment and Software</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Cost</b>				
At 1 January 2017	48,987	24,991	68,790	<b>142,768</b>
Additions	868	-	3,873	<b>4,741</b>
Disposals	<u>-</u>	<u>-</u>	<u>(10,472)</u>	<u><b>(10,472)</b></u>
<b>At 31 December 2017</b>	<u><b>49,855</b></u>	<u><b>24,991</b></u>	<u><b>62,191</b></u>	<u><b>137,037</b></u>
<b>Depreciation</b>				
At 1 January 2017	44,440	16,951	45,477	<b>106,868</b>
Charge for the period	5,415	8,040	10,824	<b>24,279</b>
Disposals	<u>-</u>	<u>-</u>	<u>(10,424)</u>	<u><b>(10,424)</b></u>
<b>At 31 December 2017</b>	<u><b>49,855</b></u>	<u><b>24,991</b></u>	<u><b>45,877</b></u>	<u><b>120,723</b></u>
<b>Net book value as at 31 December 2017</b>	<u><b>-</b></u>	<u><b>-</b></u>	<u><b>16,314</b></u>	<u><b>16,314</b></u>
Net book value as at 31 December 2016	<u><b>4,547</b></u>	<u><b>8,040</b></u>	<u><b>23,313</b></u>	<u><b>35,900</b></u>

All fixed assets are used for charitable purposes.

**Notes to the Financial Statements**  
**For the year ended 31<sup>st</sup> December 2017**

**8. Intangible fixed assets**

	Website £	Total £
<b>Cost</b>		
At 1 January 2017	28,664	<b>28,664</b>
Additions	-	-
Disposals	<u>-</u>	<u>-</u>
<b>At 31 December 2017</b>	<u><b>28,664</b></u>	<u><b>28,664</b></u>
<b>Amortisation</b>		
At 1 January 2017	7,798	<b>7,798</b>
Charge for the period	20,866	<b>20,866</b>
Disposals	<u>-</u>	<u>-</u>
<b>At 31 December 2017</b>	<u><b>28,664</b></u>	<u><b>28,664</b></u>
<b>Net book value as at 31 December 2017</b>	<u><b>-</b></u>	<u><b>-</b></u>
Net book value as at 31 December 2016	<u><b>20,866</b></u>	<u><b>20,866</b></u>

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

**9. Debtors and Prepayments**

	2017 £	2016 £
Legacy Debtor	<b>145,000</b>	107,528
Other Debtors	<b>25,702</b>	22,013
Prepayments and accrued income	<u><b>175,740</b></u>	<u>147,487</u>
	<u><b>346,442</b></u>	<u><b>277,028</b></u>

## 10. Creditors

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Trade creditors	<b>91,772</b>	76,336
Accruals	<b>49,993</b>	51,013
Taxes and social security costs	<b>35,481</b>	28,467
Deferred Income	<b>8,608</b>	199,654
Other creditors	<b>11,640</b>	7,167
	<b><u>197,494</u></b>	<b><u>362,637</u></b>

2016 Deferred income related to income received to fund a Surgical Research chair (£167,000) and other projects which were due to start in 2017.

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Deferred income at 1 January	<b>199,654</b>	12,642
Income deferred in the current year	<b>8,608</b>	198,758
Amounts released from previous reporting periods	<b>(199,654)</b>	(11,746)
Deferred income at 31 December	<b><u>8,608</u></b>	<b><u>199,654</u></b>

## 11. Provisions

	<b>Property provision</b>	<b>Property provision</b>
	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
At 1 January 2017	<b>24,000</b>	24,000
Amounts reversed	-	-
Amounts introduced	-	-
At 31 December 2017	<b><u>24,000</u></b>	<b><u>24,000</u></b>

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 2017 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2017 £
<b>Total Designated funds:</b>					
Fixed Assets	56,766	-	-	(40,452)	16,314
Surgical Research	<u>184,000</u>	<u>-</u>	<u>-</u>	<u>(7,250)</u>	<u>176,750</u>
	<u>240,766</u>	<u>-</u>	<u>-</u>	<u>(47,702)</u>	<u>193,064</u>
<b>Total General Funds</b>	<u>577,959</u>	<u>2,142,417</u>	<u>(2,001,727)</u>	<u>51,049</u>	<u>769,698</u>
<b>Total Unrestricted funds</b>	<u>818,725</u>	<u>2,142,417</u>	<u>(2,001,727)</u>	<u>3,347</u>	<u>962,762</u>

**Designated funds**

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

Designated funds of £16,314 (2016: £56,766) 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.



**Notes to the Financial Statements**  
**For the year ended 31<sup>st</sup> December 2017**

**12. Statement of funds (continued)**

	1 January			31 December	
	2017	Income	Expenditure	Transfers	2017
	£	£	£	£	£
<b>Restricted Funds:</b>					
Awareness Scotland	15,597	24,998	(34,174)	-	6,421
Printing	1,038	3,000	(4,038)	-	-
Hold Amy's Hand	33,943	2,471	(31,314)	-	5,100
Colorectal Cancer Study Days	-	47,350	(47,350)	-	-
Awareness Staff	-	300	(300)	-	-
Awareness	-	28,300	(28,300)	-	-
General Work in Scotland	-	29,791	(29,791)	-	-
General Work in Northern Ireland	43,994	39,933	(59,993)	-	23,934
Website Development	16,253	-	(16,253)	-	-
Research	-	37,037	(13,617)	-	23,420
General Work in Wales	-	5,183	(5,183)	-	-
Patient Information Videos	-	3,347	-	(3,347)	-
Surgical Chair	-	279,250	-	-	279,250
Surgical Fellow	-	15,000	-	-	15,000
Never Too Young	-	7,126	(7,126)	-	-
World Cancer Research Fund					
Training	-	5,000	(123)	-	4,877
Get Personal	<u>26,593</u>	<u>114,845</u>	<u>(78,328)</u>	<u>-</u>	<u>63,110</u>
<b>Total Restricted funds</b>	<u>137,418</u>	<u>642,931</u>	<u>(355,890)</u>	<u>(3,347)</u>	<u>421,112</u>

## **12. Statement of funds (continued)**

### **Restricted funds**

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

#### **Awareness Scotland**

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

#### **Printing**

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

#### **Hold Amy's Hand**

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

#### **Colorectal Cancer Study Days**

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

#### **Awareness Staff**

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

#### **Awareness**

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

#### **General Work in Scotland**

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

#### **General Work in Northern Ireland**

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

#### **Website Development**

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

#### **Research**

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

#### **General Work in Wales**

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

## **12. Statement of funds (continued)**

### **Patient Information Videos**

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

### **Surgical Chair**

Funding has been received to support work with the Royal College of Surgeons to fund the UK's first Colorectal Cancer Surgical Research Chair.

### **Surgical Fellow**

Funding has been received to launch our programme of support for Colorectal Cancer Surgical Research Fellowships.

### **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.

### **World Cancer Research Fund Training**

Funding has been received to support a joint training programme with the World Cancer Research Fund.

### **Get Personal**

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

### **Intra-Fund transfers**

Intra-Fund transfers in the year amounted to £51,049 (2016: £6,404).

## **13. Analysis of net assets between funds**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total funds £</b>
Funds balances at 31 December 2017 are represented by:			
Fixed assets	16,314	-	<b>16,314</b>
Net current assets	970,448	421,112	<b>1,391,560</b>
Provisions	<u>(24,000)</u>	<u>-</u>	<u><b>(24,000)</b></u>
Charity funds at 31 December 2017	<u><b>962,762</b></u>	<u><b>421,112</b></u>	<u><b>1,383,874</b></u>

#### **14. Related party transactions**

Six trustees made a donation to the charity in aggregate of £3,824 (2016: *eight trustees with donations in aggregate of £5,259 and one trustee who made a donation of £150,000 in relation to Research*).

#### **15. Operating Leases**

	<b>2017</b>		<b>2016</b>	
	<b>Land and Buildings</b>	<b>Office Equipment</b>	<b>Land and Buildings</b>	<b>Office Equipment</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
< 1 year	<b>102,400</b>	<b>2,205</b>	81,620	981
2-5 years	-	<b>3,440</b>	33,355	2,452
> 5 years	-	-	-	-
	<b><u>102,400</u></b>	<b><u>5,645</u></b>	<b><u>114,975</u></b>	<b><u>3,433</u></b>

#### **16. Financial instruments**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Basic financial assets	<b>1,413,871</b>	1,139,085
Basic financial liabilities	<b>162,013</b>	334,170

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:

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Total interest income for basic financial assets	<b>4,769</b>	5,200

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

Year ended 31<sup>st</sup> December 2016

	Note	Unrestricted Funds £	Restricted Funds £	2016 Total £
<b>INCOMING RESOURCES</b>				
<i>Incoming resources from generated funds:</i>				
Donations and legacies		721,146	370,439	<b>1,091,585</b>
Other trading activities		1,145,089	45,357	<b>1,190,446</b>
Income from investments		5,200	-	<b>5,200</b>
Income from charitable activities		7,436	12,555	<b>19,991</b>
<b>Total income and endowments</b>		<b>1,878,871</b>	<b>428,351</b>	<b>2,307,222</b>
<b>RESOURCES EXPENDED</b>				
<i>Cost of generating funds:</i>				
Expenditure on raising funds		830,635	-	<b>830,635</b>
Expenditure on charitable activities		726,798	428,699	<b>1,155,497</b>
<b>Total resources expended</b>		<b>1,557,433</b>	<b>428,699</b>	<b>1,986,132</b>
<b>Net income</b>		<b>321,438</b>	<b>(348)</b>	<b>321,090</b>
Transfers between funds		-	-	-
<b>Net movement in funds</b>		<b>321,438</b>	<b>(348)</b>	<b>321,090</b>
<b>Fund balances brought forward</b>		<b>497,287</b>	<b>137,766</b>	<b>635,053</b>
<b>Fund balances carried forward</b>		<b>818,725</b>	<b>137,418</b>	<b>956,143</b>

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

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