

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 2012**



Contents

	Page
Trustees Report	
1. Achievements and Activities During 2012	3
2. Public Benefit	20
3. Regulatory and Administrative Details.....	21
4. Structure, Governance and Management	24
5. Financial Review	25
6. Statement of Trustees Responsibilities.....	26
7. Auditors	27
Independent Auditors' Report.....	28
Statement of Financial Activities	30
Balance Sheet	31
Notes to the Financial Statements	32

Bowel Cancer UK Trustees Report

Welcome to the Trustees Annual Report and Audited Financial Statements for the year ended 31st December 2012.

1. Achievements and Activities During 2012

Introduction and key highlights

2012 was an exciting year for Bowel Cancer UK as we began our 25th anniversary year. However it reminded us that since the charity was founded around one million people have been diagnosed with bowel cancer and far too many lives have been lost. This gave us further determination to continue strengthening and professionalising the charity so that we can save lives so unnecessarily lost to this treatable condition. This report will highlight some of our key achievements during 2012 and our priorities for 2013.

Key highlights

- We launched our 25th Anniversary Celebration with a reception at No 10 Downing Street, hosted by Samantha Cameron.
- Our amazing supporters in Northern Ireland organised the fantastic Titanic walk and cycle ride in Belfast as part of the Titanic centenary celebrations. It was a truly remarkable event and tribute to supporter Rosi Kirker-Miller.
- We retained Information Standard Accreditation.
- We launched a new version of our GP resource in partnership with Cancer Research UK and the Department of Health and gained funding to pilot two GP study days in 2013.
- We held our first successful Train the Trainer courses, part of our joint project with Breast Cancer Care.
- We launched a new resource and training programme for people with learning disabilities and their carers in Scotland.
- Our health promotion team and growing network of community and awareness volunteers spoke to 10,000 people last year at events across the country.
- We held a Royal College of Nursing and College of Radiographers accredited conference for specialist nurses in Stirling, Scotland which was very well received.
- We held successful parliamentary receptions at Westminster and at Stormont and launched three new policy reports on:
 - ❖ Our vision for bowel cancer by 2025
 - ❖ Endoscopy services
 - ❖ Bowel cancer in Northern Ireland.

Strategic Aim 1: Bowel Cancer UK aims to increase the effectiveness, impact and reach of our work, by placing those affected by bowel cancer at the centre of everything we do; by growing strategically and by remaining mission focused.

Strategy

During 2012 we developed a new strategic framework which will provide the route map for the charity from 2013 - 2015. This included reviewing and revising the charity's mission and values statement as follows:

Mission

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

Values and Operating Principles

Bowel Cancer UK will always:

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

We also developed three key strategic aims for the charity, underpinned by three organisational aims which will enable us to meet our strategic aims.

Strategic Aim 1

Increase awareness of bowel cancer and promote action amongst the general public and health care professionals.

Strategic Aim 2

Increase the charity's direct services for patients, carers and health care professionals focusing on gaps and best practice.

Strategic Aim 3

Lobby and campaign to ensure that high quality services are in place to meet demand across the UK.

Organisational aim 1

Raise the charity's profile in order to increase our impact and reach.

Organisational aim 2

Prioritise, develop and build fundraising expertise to grow the charity's income.

Organisational aim 3

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

Whilst developing this new strategic framework, the charity continued to work towards the goals outlined in our previous strategic plan and it is those we will report back upon in these accounts.

As part of this strategic planning process each team has been developing their plans for the next three years and for services this has included the development of an evaluation framework so we can be clear about the impact and reach of our work.

Patient involvement

Engaging and involving patients and their families in our work is central to the ethos of Bowel Cancer UK. During 2013 we continued to actively engage patients for example:

- During 2012 we recruited and trained c.100 new community and awareness volunteers - the majority of whom had been closely affected by cancer - to work with our health promotion team to raise awareness of bowel cancer.
- Numerous patients and their families shared their stories with us for use in our media and communications work.
- We consulted patients about our services activity and they continue to act as expert reviewers for all our patient and awareness information.
- Patients also support our policy and public affairs activity by attending our parliamentary events and inputting into our latest campaigns through focus groups.

In 2013 we will:

- continue to consult patients and their families on prioritised policy issues and engage them in our lobbying work.
- further develop our awareness and community volunteer programmes so we can reach more people with our potentially life-saving messages.

Developing the charity's Governance

In 2012, we continued to develop our governance procedures and appointed a Vice-Chair of the Board, Stephen Gibson, to support the Chair and developed new role descriptions for all the executive roles. After 10 years, our long-term Chair, Dennis Horner stepped down from the role but remains on the Board of Trustees. We plan to appoint a successor in 2013 and to recruit three new Trustees to join the Board.

Medical Advisory Board / Expert Advisers

We believe our work must have depth to have any real value therefore we aim to base our activity on clinical, academic and other expertise. We therefore try to keep abreast of research developments and are also very grateful to our Medical Advisory Board and other expert advisers for their input into our work and for the time they have given to the charity during 2012.

Members of our Medical Advisory Board are:

- Annie Anderson, Professor of Nutrition, University of Dundee
- Jervoise Andreyev, Consultant Gastroenterologist in Pelvic Radiation Disease, Royal Marsden Hospital
- Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire Hospital
- Mark Coleman, Consultant Surgeon, Plymouth Hospitals NHS Trust, Lead Clinician, National Training Programme in Laparoscopic Colorectal Surgery
- Rob Glynn Jones, Consultant Medical Oncology, Mount Vernon Hospital **(Chair)**
- Willie Hamilton, Professor of Primary Care Diagnostics, Peninsula College of Medicine and Dentistry
- Tim Iveson, Consultant Medical Oncology, Southampton University Hospital
- Dion Morton, Professor of Surgery, University of Birmingham
- Christine Norton, Professor of Clinical Nursing Innovation, Imperial College Healthcare NHS Trust & Bucks New University
- Greg Rubin, Professor of General Practice and Primary Care, Durham University
- Robert Steele, Professor of Surgery, University of Dundee and Clinical Director of Screening in Scotland

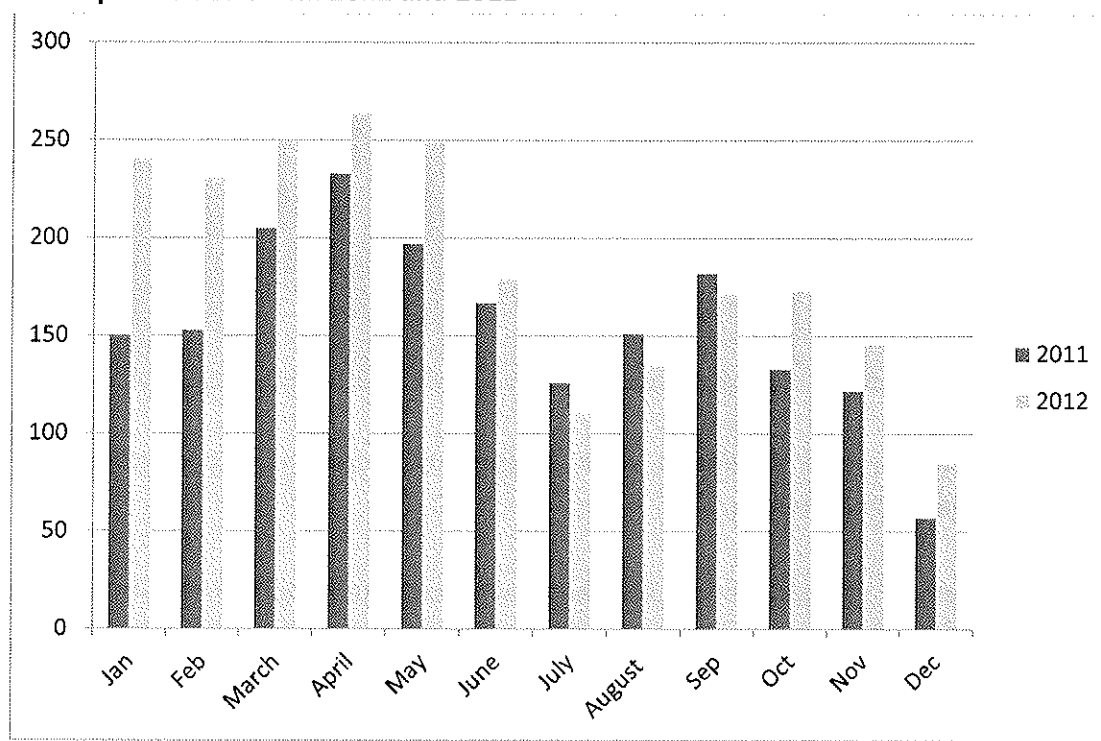
We have also been fortunate to receive advice and support from a number of other eminent clinicians on a project basis for which we extend our warm thanks.

Strategic Aim 2: Bowel Cancer UK aims to deliver the highest quality services to meet the needs of those affected by bowel cancer.

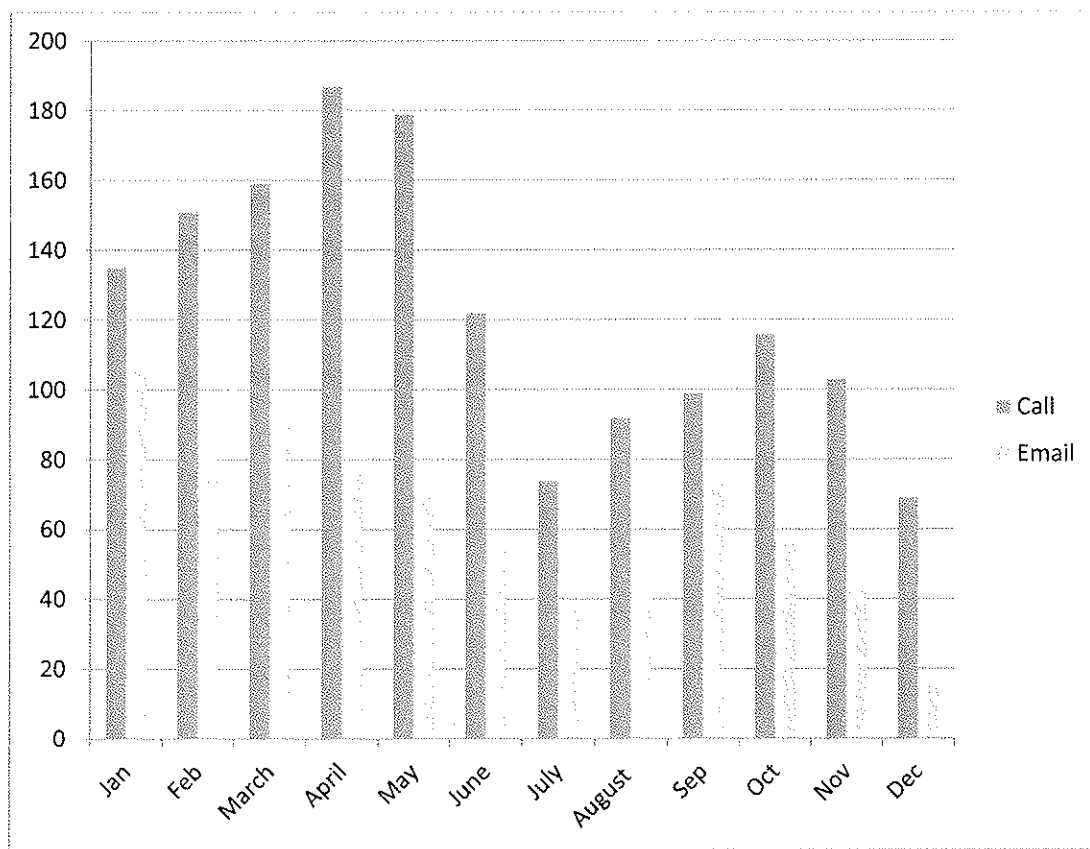
2012 was a good year for our clinical and care services team with increased demand for our services. We also further extended our patient information. We have benefited greatly from the excellent leadership of our Director of Services, Sarah Porch and Head of Clinical and Care Services, Sue Airey.

During the year our nurses answered 2,500 calls and emails from patients and carers.

Total queries dealt with 2012 and 2011



Call and email breakdown 2012



The top three reasons for calls or emails were **symptoms, treatment and management** (including investigations) and screening.

During 2012, we initiated a call back service for people who indicated that they would value a follow up call from us and this seems to be well received by the callers and a number of donations and 'thank you' letters have been received as a result of the 'call-back' service.

Patient information

During the year we continued to develop and review (according to our information standard schedule) our patient information and developed a number of new factsheets including on inflammatory bowel disease and bowel cancer risk, adenomas and bowel cancer risk and work is ongoing on genetics and bowel cancer risk. A new booklet on endoscopy has also been developed and will be launched in early 2013.

We also retained Information Standard accreditation during the year.

In 2013 we will:

- recruit further bank nurses to help us manage our information and support service.
- launch online forums and other online communications methods.
- continue to expand our patient information including the production of a detailed diet and nutrition resource for people after treatment for bowel cancer and a series of multi-media films for the website.

Work with Health Professionals

This is an expanding area of our work and during 2012 we developed and delivered a range of bespoke training courses and a nurse study day in Scotland.

Nurse Study Day

In September 2012 we ran a study day for nurses, accredited by the Royal College of Nursing and College of Radiographers. It was attended by 100 people and evaluation showed it was well received. The purpose of the day was to provide an opportunity for nurses to update themselves on latest developments in bowel cancer treatment and care.

These are some of the positive comments we received in our post-event evaluation.

- An excellent day with very relevant topics, I thoroughly enjoyed it.
- It is always beneficial to be kept updated with latest treatments available.
- Have a better insight to bowel cancer, its side effects and treatment options.
- I thoroughly enjoyed all aspects of the day and found it extremely interesting and enjoyable.
- I will be cascading this to my colleagues and plan to run a Bowel Awareness Day. The information from today will be very useful to highlight.
- I thought that the beginning of the day's sessions would be the only ones I would find useful in my role, however, I found every session very interesting and have gained lots more knowledge that I feel will enhance my role. I will also be able to confidently pass on updates to my team of nurses. Thank you for a great day.

GP training days

We received funding from the Department of Health to run two GP study days on bowel disease in March 2013. Planning for these days began in the autumn of 2012 and we hope that they will be accredited by the Royal College of General Practitioners. We are delighted that they will be evaluated by Cancer Research UK.

We are also working with the Scottish Government on the Detect Cancer Early initiative on bowel cancer which is due to launch on 18 February 2013. As part of this programme we have been funded to run seven half day GP sessions across Scotland on bowel cancer screening. The

first session is scheduled for the beginning of April 2013 and the last to happen mid-June 2013. Alongside the sessions will be an online education tool, meaning that more remote GPs will still be able to benefit from the information available at the sessions. This will bring in a log-in online system and webcasting facility to the charity's website.

Bespoke training

Our clinical and health promotion teams have also been commissioned to run bespoke training for a number of PCTs. These are just two examples of the work we did in 2012:

We worked in partnership with Bridgewater healthcare NHS Trust to co-deliver training to health care assistants and receptionists in GP practices across Halton and St. Helens. The programme targeted GP practices with the lowest uptake of the bowel screening programme in the area and aimed to increase knowledge and build confidence in speaking to patients about bowel health and the bowel cancer screening programme. It was very well received.

We delivered two half day seminars to NHS Tees Primary Care Nurses and two managers from Public Health with the aim of changing practices in the long term. Evaluation is ongoing but the initial evaluation was very positive.

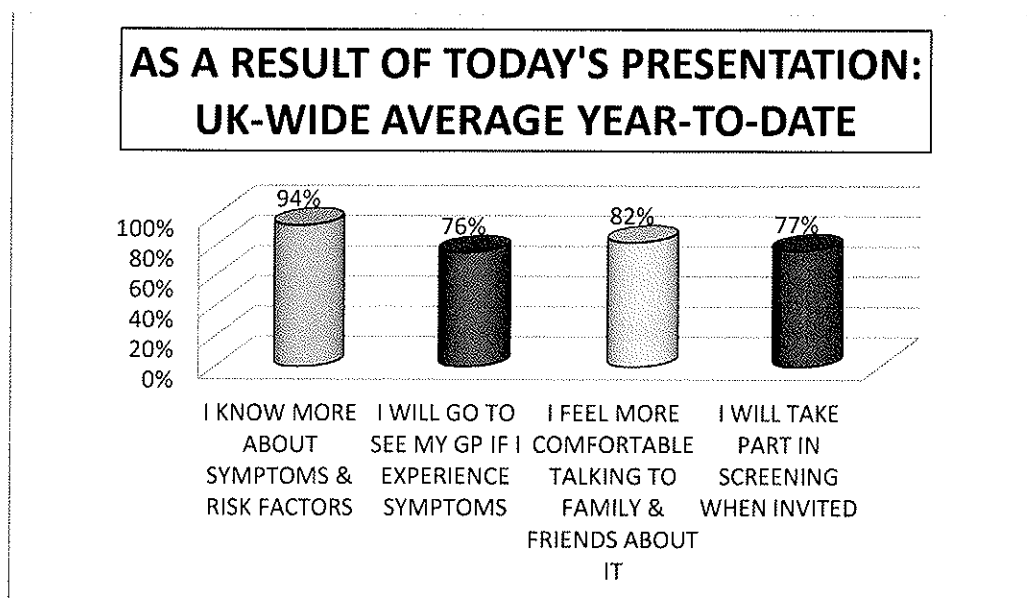
In 2013 we will:

- run two pilot GP study days on bowel disease in Manchester and Birmingham, funded by the Department of Health and evaluated by Cancer Research UK.
- run an accredited study day for nurses in Manchester.
- run seven half day GP training sessions as part of the Detect Cancer Early Campaign in Scotland.
- seek funding to bring our GP resources and study days to Wales, Scotland and Northern Ireland.
- develop online learning via our website.
- develop and deliver further bespoke training to healthcare professionals.

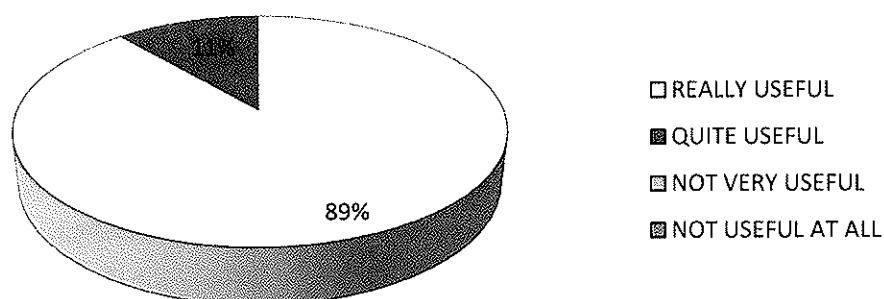
Strategic Aim 3: Bowel Cancer UK aims proactively to educate and raise awareness of bowel cancer and to advocate and campaign for high-quality treatment and care of those affected by the disease.

Health Promotion

2012 was an impressive year for our health promotion team of six (not all full time) staff. During the year they trained over 100 new community and awareness volunteers and had direct contact with (i.e spoke to) c. **10,000** people at 190 information stands and 128 presentations across the UK. All the team's events have evaluated extremely well, yet we continue to constantly look for ways of improving and fine tuning our messages, impact and reach. The team also produced new health promotion resources including a leaflet for men and women and screening and symptoms posters. These charts give a snapshot from our evaluation:



I FOUND TODAY'S PRESENTATION: UK-WIDE AVERAGE YEAR-TO-DATE



Examples of some places that staff and volunteers have given talks:

Good Neighbours Group Catford, Age UK Islington, Stoke Newington Jewish group, Congleton Rotary Club, Causeway Software Company, Lavey Community Association, Maghera Day Centre, Portglenone Senior Citizens group, Lower Ormeau Residents Action Group, Lothian and Borders Fire and Rescue, Fit for Life (rangers football club community programme), Cranhill Development Trust and Fife Elderly Forum.

The team also exhibited at a range of exhibitions including the Young at Heart Exhibition in Northern Ireland, 50+ Show and the Edinburgh Christmas Foodies Festival and the Retirement show.

Working in partnership with public health teams

Our Health Promotion team are regularly asked to work with public health teams on their campaigns including providing training to staff and volunteers or advising on and helping with awareness events. For example, we worked with London Health Improvement Board on their Get to Know Cancer Campaign. As one of the charity partners, we provided two members of staff and eight volunteers to attend the pop up shop which was opened in Croydon town centre. We helped to cover the shop for over 6 weeks in the autumn of 2012. This gave us an opportunity to engage with local people and encourage them to talk about cancer or to signpost them to local services.

Information materials

Additionally we distributed **126,348** pieces of information / awareness materials in 2012. Our information is given out on stands and at our awareness talks but also via public health teams and hospitals around the country especially during April's Bowel Cancer Awareness Month. We

developed a range of new awareness materials during 2012 including a new Z-card, general information leaflet on bowel cancer, posters and we also updated our very popular Good Bowel Health Booklet.

Training

The Health Promotion team delivered 28 training sessions in 2012. This included training delivered as part of our joint Train the Trainer programme with Breast Cancer Care and the roll out of our new Learning Disability Resource and training programme in Scotland, which was launched in the autumn. The team also delivered bespoke training to groups such as Tottenham Hotspur's community outreach programme staff and to health professionals in Lanarkshire.

The evaluation of our training events is always very positive as this snapshot from the first few Breast and Bowel awareness courses shows. In their qualitative feedback, participants frequently highlighted the use of interactive training methodologies by trainers as one of the strong aspects of the programme. They thought that this approach helped them not only learn about different aspects of the subject but also practice and try newly acquired skills with their peers:

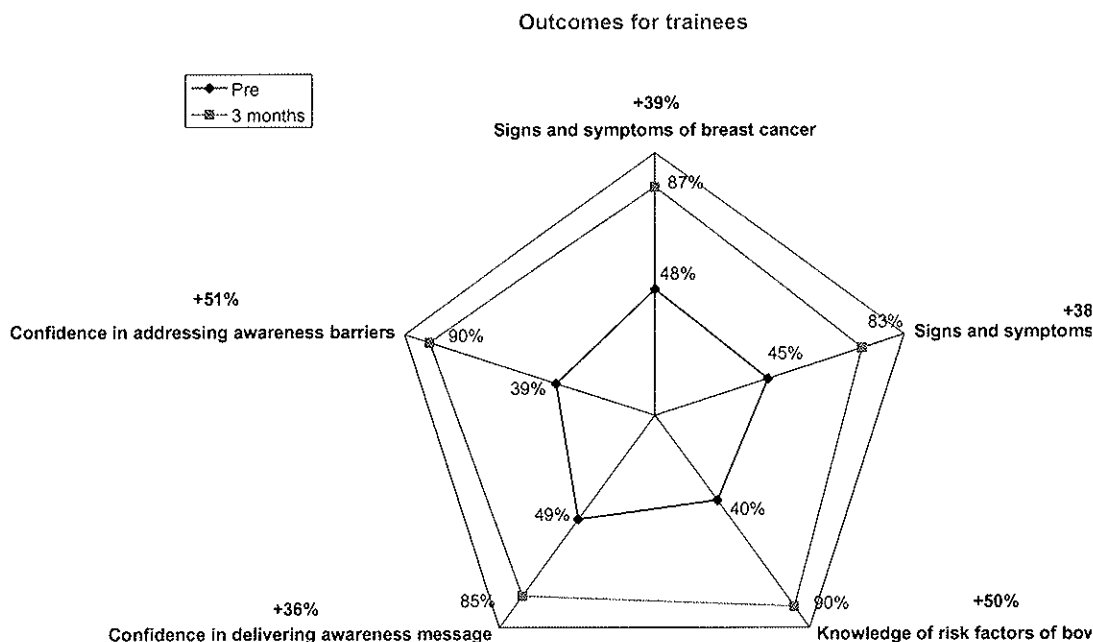
"I enjoyed practical sessions used to demonstrate or reinforce a message or piece of information. I learned better and enjoyed this way of learning".

Participants also felt that the number of trainees in each of the two trainings was just right for the chosen method:

"[I] gained good knowledge because the course was delivered in a good and fun way which helped with learning. The two course leaders were great, involving everyone on the course. The numbers on the course were just right to interact with".

Outcomes for trainees

Trainees reported improvement in all areas showing that the course met its intended results. In particular (as shown on the radar chart below), the course was strong in increasing participants' knowledge of risk factors of bowel cancer (50% increase) and confidence in addressing awareness barriers (+51%). There was also a significant increase in participants' knowledge of signs and symptoms of breast cancer (+39%), signs and symptoms of bowel cancer (+38%) and confidence in delivering awareness messages (+36%). 3 months after attending the course, 83-90% of participants scored high for all training subjects compared to 39-49% before they attended the course.



In 2013 we will:

- continue to build and grow our community and awareness volunteer programme.
- continue to develop and deliver training that can be cascaded including via the Train the Trainer programme with Breast Cancer Care.
- increase our digital activity and use of social media to increase our impact and reach.
- seek funding to roll out our learning disability resource and training programme across Scotland and bring the resource to other nations of the UK.
- seek funding to increase our activity in Wales.

Policy and Public Affairs

It has been a very busy year for the charity in terms of our policy and public affairs activity and our major challenge has been capacity. However we are very grateful to the Open Road, Health Mandate and GK Political for their support and advice through the year.

We launched three separate, but interlinked, policy reports and over 70 parliamentarians attended our events.

In January we held a working lunch for bowel cancer champions at Westminster and this was followed by the launch of our 25th Anniversary: '2025 Challenge: Saving and Improving Lives'

report at a reception in the Houses of Parliament. The report sets out the targets for reducing mortality, increasing survival and improving patient experience of care. The parliamentary reception was well attended and followed up with tailored press releases for each attending Parliamentarian. The report was also distributed to 300 stakeholders including to emerging Health & Wellbeing Boards, Cancer Commissioning Groups, Directors of Public Health, Department of Health representatives and other health organisations.

Also in April we co-hosted a Parliamentary event with Merck Serono on personalised medicine as we believe that it is essential that patients gain access to targeted therapies and investment in this area is increased.

In September we launched our Endoscopy campaign with a new briefing on the topic which was well received by the endoscopy community and distributed by the British Society of Gastroenterology and Department of Health to relevant stakeholders. The campaign aims to encourage Trusts to provide timely, high-quality endoscopy services to meet rising demand, and ensure that people at higher risk of bowel cancer are regularly checked. We have worked closely with both NHS Improvement, the Department of Health, JAG and the Clinical Director of Endoscopy, Roland Valori on this campaign. It will continue in 2013.

We were delighted to hold our first Northern Ireland Parliamentary reception in Stormont in December. The Minister for Health in Northern Ireland, Edwin Poots MLA, and a leading member of the Health Committee in Stormont, Paula Bradley MLA, both spoke at the event, which was a big success.

We continue to be active in the Cancer Campaigning Group and Scottish Cancer Coalition and Patients Involved in NICE (PIN) group. We regularly attend and participate in conferences and meetings on a wide range of policy issues, including several Department of Health and Scottish Government working groups such as the Bowel Cancer Screening Advisory Group, Bowel Cancer Advisory Group, Diagnostics Advisory Board, Expert Panel on Screening Information, the Flexible Sigmoidoscopy Consultation Group in Scotland, the Detect Cancer Early Communications Group and the Scottish Bowel Screening Communications Group.

In 2013 we will:

- continue to build our expertise on prioritised areas and to lobby for policy change beneficial to patients and their families.
- recruit a Senior Policy Officer (Older People) to lead on a research project about older people's experiences of treatment and care.

- launch a campaign to raise awareness of younger patients' experiences of bowel cancer and to press for policy change so they are diagnosed more quickly.
- launch the second stage of our campaign on endoscopy and develop a new programme of work around advanced disease (funding allowing).

Media and Communications activity

Our Communications team of two have been incredibly busy again this year and benefited from wonderful support in the first half of the year from agency The Open Road who supported the charity pro-bono for a year (2011/12) for which we are very grateful. Building inhouse capacity remains a priority for the charity.

10 Downing Street

In April we held a reception at No 10 Downing Street to launch our 25th anniversary. The reception was hosted by Samantha Cameron and our Ambassador Lord Foster also spoke. The event was a wonderful success and feedback from guests was excellent. The event was attended by all the charity's Patrons and we were also joined by Hollywood stars Tom Hardy and Charlotte Riley who have also subsequently joined the charity as Patrons.

Channel 4's The Food Hospital

We formed a partnership with Betty TV who make Channel 4's The Food Hospital to work together on the series as they raised awareness of bowel cancer and the benefits of increasing fibre in your diet as a way of reducing risk. We endorsed the 'Fibre Challenge' which ran throughout the series and featured on their website and their fibre app. This was downloaded over 100,000 times during the time the series was being broadcast.

Social media

We increased our use of social media during the year, particularly Twitter and saw a dramatic rise in our 'followers' to over 11,000 which gives us opportunities to share our key messages more widely. Our Facebook 'likes' remain more static however with only small increases year on year and we must address this in 2013.

Website

Overall in 2012 we had nearly 80,000 more visits to our website (246,250 in total) than in 2011 and an additional 70,000 unique visitors (209,867 in total). Our page views were up 144,000 (747,614 in total) from 2011. Interestingly over 77,000 people viewed our site with some sort of mobile device in 2012, which is an increase of over 53,000 compared with 2011 and this needs to be an area of investment in the future.

Aside from the homepage the most popular pages in 2012 were 'symptoms', 'risk factors' and 'screening'. The top downloads for 2012 were 'symptoms', 'screening', and 'GBH booklet'.

Media Coverage

Throughout the year we both reactively responded to media requests and proactively tried to place stories in the media so our key messages could reach a wider audience. In total we secured 758 pieces of media coverage (up 136 pieces on 2011) ranging from comments on news stories, articles on different aspects of bowel cancer and articles on our fundraisers and patient stories.

In terms of advertising value equivalent for our coverage (that is how much it would have cost to buy the space) it would have cost us £1.32 million.

In 2013 we will:

- develop a marketing strategy to sharpen our focus and ensure we are reaching our priority audiences.
- develop our website further to make it more interactive and build additional content.
- further develop our use of social media and invest in digital campaigns and content to help us increase our impact and reach.

Strategic Aim 4: Bowel Cancer UK aims to develop, and grow significantly, a sustainable and diversified funding-base to enable us to fulfil our mission.

It was a year of change for the charity's fundraising team as we re-structured the team to strengthen it in the longer term. This meant that due to the re-structure and natural turnover, we had to recruit an entirely new team during the year. Yet, despite that, our income held well and we now have an excellent new team who can build on the firm foundations already in place and drive growth in the years to come.

During 2012, 3,250 people supported us financially, of which 1,521 organised a community fundraising event, took part in a trek, gave a donation in memory or took part in an event. Of course that means we reached many more people through the generous donations which they raised on our behalf through family, friends and colleagues. There were some notable highlights in the year and a few are listed below:

Titanic Walk and Cycle in Belfast

Our amazing supporters in Northern Ireland organised the fantastic Titanic walk and cycle ride in Belfast as part of the Titanic centenary celebrations. It was a truly remarkable event and tribute to Rosi Kirker-Miller. The passion and dedication of our supporters, born out of grief, was a reminder of why our work is so essential and how important it is that we build our ability to deliver high quality impactful work in all four nations. Around 1,500 people attended the event and over £20K was raised.

BBC Radio 4 Appeal

We were fortunate to win a BBC radio 4 Appeal and Patron, Charlene White, recorded the appeal for us. The appeal raised c. £10,000 for the charity which is fantastic as it was broadcast at unsocial hours of the day on Remembrance Sunday.

Special events

Our first two special events – Tory Burch champagne and shopping evening (October 24th) and the Carol Concert (December 4th) were held and these have provided an ideal opportunity to identify whether events of this nature appealed to our supporters. We plan to do more such events in 2013.

Community and Events fundraising

531 people ran on our behalf in 2012 and we were fortunate to have strong teams in a number of major third party events including the Virgin London Marathon, Great North Run, Royal Parks half marathon and the Edinburgh marathon and 175 people took part in a trek or challenge.

Our community fundraising also performed very well with our supporters being extremely creative in their fundraising for us. For example:

- Patrick McAliskey and Owen Crilly raised £20,000 for ourselves and Action Cancer by running 52 half marathons in 52 weeks which was an incredible achievement.
- Peter Jones organised a car rally from Bristol - Turin, raising £11,000.
- The Wheddon family and 70 of their friends cycled from Calais – Le Touquet in memory of their brother, Rick. £10,000 was raised.
- Paul Wells who took part in a coast to coast cycle ride and raised £6,000.
- Cricketer and Patron, Chris Read organised an annual T20 cricket match in Nottingham, raising over £4,000.
- Vicky Royan and Jacqueline Preston raised £5,000 from a golf tournament in Scotland.
- A number of our supporters also took part again in Movember and Decembeard for which we are very grateful.

Corporate Partnerships, Trusts & Foundations

In 2012 we strengthened our corporate, trusts and major donor fundraising team and expect to really see the benefits of this as we continue to prioritise high value opportunities in 2013.

Notable successes in 2012 include the following:

- We were delighted to be chosen as Majestic Wine's charity of the year in 2012. They have raised an amazing £60,000 for the charity through a number of staff fundraising ventures. Excitingly, this is the most they have ever raised for a chosen charity since starting their partnership programme.
- We were also thrilled to be Edwards and Co. Solicitors and MRN's Charity of the Year who, with a combined total of just under £17,000, have made a significant contribution to the work of the charity in 2012.
- We were delighted to receive funding from the Headley Trust, one of the Sainsbury Family Trusts, for a one year research project on older people's experience of treatment and care which we will commence in 2013.
- We also formed a wonderful partnership with British spelt producer, Sharpham Park and this has included our branding being added to their range of Sharpham Park products including organic flour, bran flakes and porridge throughout a range of supermarket and independent retailers including Sainsbury's, Waitrose, Booths, ASDA and Aldi. We will be jointly launching a 'Great British Spelt Recipes' collection in April 2013 which will include a range of recipes donated by leading celebrity chefs including the Fabulous Baker Brothers, the Hairy Bikers, Tom Aikens and Heston Blumenthal.
- In 2012, payroll giving has performed well for the charity and we believe this income stream offers good opportunities for incremental income growth in the future.
- We also secured funding from a range of other trusts and foundations including: Awards for All, the Will Charitable Trust, the Javon Charitable Trust, the Maurice Wohl Charitable Foundation, The Joseph Strong Frazer Charitable Trust, Austin and Hope Pilkington Charitable Trust, The J L Beckwith Charitable Trust and The Gerald Palmer Eling Charitable Trust.
- We were also grateful for support from several pharmaceutical companies. One such example is Merck Serono who kindly sponsored our Clinical Nurse Specialist conference in Scotland which was held in September 2012.

In 2013 we will:

- further develop all aspects of our fundraising including amongst individuals and recruit a new Head of Individual Giving.
- build a programme of Special Events.

- begin to develop our regional fundraising activity and our fundraising from major donors.
- prioritise approaches to key commercial sectors and leading companies currently operating in the UK.

Strategic Aim 5: Bowel Cancer UK aims to develop a robust infrastructure to support the organisation.

In 2012 we continued to develop a robust infrastructure for the charity.

Particular highlights for 2012 include:

- In conjunction with our Landlord we resolved the outstanding Health & Safety issues relating to our London Office at no cost to the charity. However, at the end of 2012 we were informed by our Landlord that he intended to sell his property portfolio. We are now in the process of identifying new office accommodation.
- The updating of our HR policies and procedures and the introduction of the new staff handbook to all staff.
- The continued planned upgrade of our IT systems. This included the purchase of a new telephone system that not only enables staff to work more flexibly within the office, but also provides better management information for the telephone support line.
- The introduction of a company pension scheme and free season ticket loan to staff.

In 2013 we will:

- relocate to new office accommodation.
- continue our policy of upgrading our IT equipment.
- review our database to ensure it is fit for purpose by introducing a minimum data set and by cleaning the existing data.
- further develop our performance indicators to ensure our Strategic and Annual plans can be monitored efficiently and effectively.

2. Public Benefit

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

The Council of Management which equates to the Board of Trustees (and henceforth referred to as such) confirm they have regard to the Charity Commission's guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 4 of the Charities Act 2011.

They are satisfied that Bowel Cancer UK meets the requirements and conforms with 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 lobbying and campaigning, through our work with the medical profession and health officials, and through the volunteer awareness programme;
- we work with policy makers to ensure that the needs of those affected by bowel cancer and their carers are adequately addressed; and
- we provide practical support and advice to bowel cancer patients and their carers, by providing written information and advice, through a telephone and email advisory service staffed by specialist nurses, and by co-ordinating support given by volunteers who have experience of bowel cancer.

Our services are available to anyone who needs them, within the limits of our resources.

3. Regulatory and Administrative Details

Regulatory Compliance Statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and as a charity no. 1071038. The principal office address is 7 Rickett Street, London SW6 1RU, it is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31st December 2012 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Charitable Company's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in 2005.

Who we are

Established in 1987, Bowel Cancer UK aims to raise awareness and save lives from bowel cancer. Our full mission statement can be found on page 4 of this report.

The main activities of the organisation include:

- Providing direct advice and information services to patients and others affected by the disease.
- Raising awareness of bowel cancer, its symptoms and the national screening programme and promoting simple changes people can make to their diet and lifestyle to reduce their risk of developing bowel cancer in the future.
- Conducting social research into different aspects of patient experience and using these to inform the development of our services and our policy positions.
- Policy and influencing work focused on key decision makers in national, regional and local government.
- Campaigning on behalf of patients to ensure they get access to best possible treatment and care.

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

Where we are

The London Office
7 Rickett Street
London
SW6 1RU
Tel: 020 7381 9711
Fax: 020 7381 5752

The Scottish Office
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EH2 1JX
Tel: 0131 225 5333

Email: admin@bowelcanceruk.org.uk

Website: www.bowelcanceruk.org.uk

Council of Management (Board of Trustees)

The following individuals acted as Trustees throughout the year:

Stephen Gibson (Vice Chair from September 2012)

Dennis Horner (Chair until August 2012)

Linda Clemett (Treasurer)

Ann Elliott

Christina Dolan Lakin

Mark Lakin (Resigned March 2013)

David Lane (Resigned January 2012)
 Jerry Lockett
 Steve Moffitt (Resigned March 2013)
 Michelle Scott
 David Strickland-Eales

Changes since Year End

Peter Sedgwick (Chair appointed May 2013)
 Richard Anderson (Appointed May 2013)
 Phil Gates (Appointed May 2013)
 Mark Hodgson (appointed May 2013)
 Alastair Macpherson (Appointed May 2013)
 John Schofield (Appointed May 2013)

Chief Executive and Senior Management Team

Chief Executive	Deborah Alsina
Chief Operating Officer & Company Secretary	Mark Cornish
Director of Services	Sarah Porch

Auditors, Bankers and Solicitors

Auditors

Saffery Champness
 Lion House
 Red Lion Street
 London
 WC1R 4GB

Bankers

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

Solicitors

Payne Hicks Beach
 10 New Square
 Lincoln's Inn
 London
 WC2A 3QG

4. 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 Articles of Association. 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.

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 in section three above.

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee 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. It makes recommendations both to the Senior Management Team and to the main Board of Trustees. Membership currently comprises of the Chair of Trustees, the Treasurer and two other Trustees, the Chief Executive, and the Chief Operating Officer.

Risk

The Trustees have considered the major risks to which the charity is exposed and systems and procedures have been put in place to mitigate those risks. These are reviewed by the Finance and Resources Committee which meets regularly.

Governance

During the year the Trustees have continued to introduce the recommendations of the implementation plan to ensure the Charity's governance arrangements reflect best practice.

5. Financial Review

Results for 2012

The results for the year are set out on page 30 of the financial statements.

The surplus for the year amounted to £43,518 (2011: £186,284).

Total incoming resources for the year were £1,527,491 (2011: £1,545,745). These were primarily from donations and legacies. In comparison, the resources expended were £1,483,973 (2011: £1,359,461).

This expenditure has been used to support the charity's key strategic aims which have been detailed in section 1. However, key highlights include:

- additional investment in our information and education services.
- continued investment in our communication and campaigning activity, specifically the launch of our three reports.
- additional work undertaken in Scotland and Northern Ireland in raising awareness and supporting those with learning disabilities.

The Charity's spare cash balances have been invested in short term deposits.

Reserves Policy

During the year the Board of Trustees considered the purpose and size of retained income reserves. The review recommended that to allow the Charity to be managed efficiently, an unrestricted reserve equivalent to at least six months operating expenditure 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.

In 2012 the Charity continued to work towards achieving this aim. The Charity now has unrestricted reserves of £386,331 (2011: £389,058). Over the next few years efforts will continue to be made to accumulate reserves whilst still facilitating Bowel Cancer UK's services, public awareness and policy campaigns.

Designated funds are amounts identified by the Trustees for a particular project or use. Within the operational plan for the year until 31 December 2012 the Trustees have set aside designated funds of £20,000 to cover the costs of developing a Northern Ireland awareness programme, and £23,584 to reflect the net book value of the fixed assets. A further £35,000 has been set aside to develop an individual giving programme.

Trading subsidiary

The subsidiary Bowel Cancer UK (Services) Limited continued to remain dormant.

Directors

The Directors retiring by rotation were Linda Clemett, Jerry Luckett and Michelle Scott, all of whom were eligible for re-election and who were reappointed.

6. 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 Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which 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 accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustees are responsible for keeping proper accounting records that 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 as well as by the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

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.

In so far as the Trustees are aware:

- there is no relevant audit 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.

7. Auditors

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

This report was approved by the Council of Management / Board of Trustees on 21st May 2013

...*Linda Clemett*.....

Linda Clemett, Member of Council

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

We have audited the financial statements on pages 30 to 41. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

Respective responsibilities of Trustees and auditors

As explained more fully in the Trustees' Responsibilities Statement, the Trustees (who are also the directors of the 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.

We have been appointed as auditors 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 regulations made under those Acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

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

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the charity's state of affairs as at 31 December 2012 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006


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

Matters on which we are required to report by exception

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

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

Cara Turtington Senior Statutory Auditor



for and on behalf of

Saffery Champness,

Chartered Accountants and Statutory Auditors

Lion House

Red Lion Street

London WC1R 4GB

30 May 2013

Saffery Champness is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Statement of Financial Activities
For the year ended 31st December 2012
(Incorporating the income and expenditure account)

	Note	Unrestricted Fund £	Restricted Fund £	2012 Total £	2011 Total £
INCOMING RESOURCES					
<i>Incoming resources from generated funds</i>					
Voluntary income					
Donations, legacies and similar incoming resources					
		1,422,170	31,000	1,453,170	1,419,270
Investment income	2	2,977	-	2,977	1,712
Incoming resources from charitable activities		-	71,344	71,344	124,763
Total incoming resources		<u>1,425,147</u>	<u>102,344</u>	<u>1,527,491</u>	<u>1,545,745</u>
RESOURCES EXPENDED					
Cost of generating funds:					
Costs of generating voluntary income					
	3a	473,377	-	473,377	510,607
Charitable activities	3b	938,045	56,099	994,144	832,746
Governance costs	3c	16,452	-	16,452	16,108
Total resources expended		<u>1,427,874</u>	<u>56,099</u>	<u>1,483,973</u>	<u>1,359,461</u>
Net incoming resources	4	<u>(2,727)</u>	<u>46,245</u>	<u>43,518</u>	<u>186,284</u>
Net movement in funds		<u>(2,727)</u>	<u>46,245</u>	<u>43,518</u>	<u>186,284</u>
Total funds brought forward		<u>389,058</u>	<u>25,894</u>	<u>414,952</u>	<u>228,668</u>
Total funds carried forward	9	<u>386,331</u>	<u>72,139</u>	<u>458,470</u>	<u>414,952</u>

All of the above results are derived from continuing activities. The Charity has no other recognised gains and losses other than those stated above.

The notes on pages 32-41 form part of these financial statements.

Balance Sheet as at 31st December 2012

	Note	2012	2011
		£	£
Fixed assets			
Tangible assets	5	23,584	15,908
Investments	6	1	1
		<u>23,585</u>	<u>15,909</u>
Current assets			
Debtors and prepayments	7	61,556	63,702
Short term deposits		200,000	300,000
Cash at bank and in hand		313,486	213,025
		<u>575,042</u>	<u>576,727</u>
Creditors: amounts falling due within one year	8	<u>(140,157)</u>	<u>(177,684)</u>
Net current assets		<u>434,885</u>	<u>399,043</u>
NET ASSETS		<u>458,470</u>	<u>414,952</u>
Funds			
Unrestricted funds			
Designated		78,584	35,908
General funds		307,747	353,150
		<u>386,331</u>	<u>389,058</u>
Restricted funds		72,139	25,894
TOTAL FUNDS	9	<u>458,470</u>	<u>414,952</u>

Approved by the Council of Management on 21st May 2013 and signed on its behalf by:

Linda Clemett

Linda Clemett

Member of Council

The notes on pages 32-41 form part of these financial statements.

Company number 3409832 (England and Wales)

Notes to the Financial Statements
For the year ended 31st December 2012

1. Accounting policies

1.1 Basis of preparation

The financial statements have been prepared under the historical cost convention. The accounts have been prepared in accordance with the Companies Act 2006 and the Statement of Recommended Practice "Accounting and reporting by Charities (SORP 2005)".

These financial statements have been prepared on a going concern basis.

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 22. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Incoming resources

All income is accounted for on a receivable basis.

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.

Legacies are credited to income when the Charity becomes entitled to the income if there is certainty of receipt and the amount is quantifiable.

Donated services 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.

1.4 Expenditure

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

- expenditure incurred directly on charitable activities;
- expenditure incurred in generating voluntary income, including fundraising; and
- expenditure incurred in the governance of the charity, which are the costs of statutory compliance and trustee meetings.

Wherever possible, costs are allocated directly to the appropriate activity. Support costs incurred in the general running of the charity are 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 9).

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.

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

1.6 Tangible fixed assets and depreciation

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

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

Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost on a straight-line basis over their expected useful economic lives as follows:

Office equipment - over 3-5 years.

1.7 Investments

The Charity owns the entire share capital of Bowel Cancer UK (services) Ltd. The Company is dormant and therefore consolidated accounts are not prepared.

Investments are stated at historic cost.

1.8 Leases

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

Notes to the Financial Statements
For the year ended 31st December 2012

2. Investment income

	2012	2011
	£	£
Interest received	2,977	1,712
	<u>2,977</u>	<u>1,712</u>

3. Resources expended

3a Costs of Generating Voluntary Income

	Direct costs		Support costs		Total	Total
	Staff	Other	Staff	Other	2012	2011
Fundraising/ Community Events	215,248	203,908	39,087	15,134	473,377	510,607
	<u>215,248</u>	<u>203,908</u>	<u>39,087</u>	<u>15,134</u>	<u>473,377</u>	<u>510,607</u>

3b Charitable Activities

					2012	2011
					£	£
Information and Education	234,193	93,456	47,412	18,354	393,415	356,103
Communications and Campaigning	154,341	221,477	20,460	7,921	404,199	338,898
Scotland	57,503	54,369	18,344	7,101	137,317	111,900
Northern Ireland	15,371	20,354	16,933	6,555	59,213	25,845
	<u>461,408</u>	<u>389,656</u>	<u>103,149</u>	<u>39,931</u>	<u>994,144</u>	<u>832,746</u>

Notes to the Financial Statements
For the year ended 31st December 2012

3. Resources expended (continued)

3c Governance costs

	Direct costs		Support costs		Total 2012	Total 2011
	Staff	Other	Staff	Other	£	£
Bank charges	-	1,364	-	-	1,364	1,617
Legal and Professional Fees	-	5,908	-	-	5,908	4,491
Audit and Accountancy Fees	-	9,180	-	-	9,180	10,000
	-	16,452	-	-	16,452	16,108
Total costs	676,656	610,016	142,236	55,065	1,483,973	1,359,461

4. Net incoming resources is stated after charging:

	2012 £	2011 £
Depreciation	6,777	4,691
Auditors' remuneration:		
- Audit fee for the current period	9,180	10,000
- Non Audit fee for the current period	150	-

Notes to the Financial Statements
For the year ended 31st December 2012

5. Tangible fixed assets

	Total - Office Equipment £
Cost	
At 1 st January 2012	24,466
Additions	15,365
Disposals	(3,941)
	<hr/>
At 31st December 2012	35,890
	<hr/>
Depreciation	8,558
At 1 st January 2012	6,777
Charge for period	(3,029)
Disposals	
	<hr/>
At 31st December 2012	12,306
	<hr/>
Net book value as at 31st December 2012	23,584
	<hr/>
Net book value as at 31st December 2011	15,908
	<hr/>

All fixed assets are used for charitable purposes.

6. Fixed asset investments

Investment in subsidiary

	Shares in group undertakings and participating interests
	£
Cost	
At 1 st January 2012 & at 31 st December 2012	<u>1</u>
Net book value	
At 31 st December 2012	<u>1</u>
At 31 st December 2011	<u>1</u>

The charitable company holds more than 20% of the share capital in the following company:

	Country of registration or incorporation	Class	Shares held %
Subsidiary undertakings			
Bowel Cancer UK (Services) Limited	England	Ordinary	100

The aggregate amount of capital and reserves and the results of this undertaking for the last relevant financial year were as follows:

	Principal activity	Capital & Reserves 2012 £	Profit/(loss) for the year 2012 £
Bowel Cancer UK (Services) Limited	Dormant	<u>-</u>	<u>-</u>

Notes to the Financial Statements
For the year ended 31st December 2012

7. Debtors and Prepayments

	2012	2011
	£	£
Other Debtors	3,490	-
Prepayments and accrued income	58,066	63,702
	<u>61,556</u>	<u>63,702</u>

8. Creditors

	2012	2011
	£	£
Trade creditors	68,683	62,727
Accruals	20,639	64,011
Taxes and social security costs	22,835	21,124
Other creditors	28,000	29,822
	<u>140,157</u>	<u>177,684</u>

Notes to the Financial Statements
For the year ended 31st December 2012

9. Statement of funds

	Balance 1 st January 2012 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 st December 2012 £
Designated funds -NI Awareness Programme	20,000	32,181	(35,100)	2,919	20,000
Fixed Assets	15,908	-	-	7,676	23,584
Individual Giving	-	-	-	35,000	35,000
Total	35,908	32,181	(35,100)	45,595	78,584
Designated Funds					
General funds	353,150	1,392,966	(1,392,774)	(45,595)	307,747
Total - Unrestricted Funds	389,058	1,425,147	(1,427,874)	-	386,331
Restricted funds					
Scottish Govt. LD pack		12,216	(12,216)	-	-
Dept Health GP Pack	21,698	-	(21,436)	-	262
Breast Cancer Care	4,196	6,128	(6,448)	-	3,876
Dept. Health GP Training	-	50,000	(15,999)	-	34,001
Diet Resource	-	14,000	-	-	14,000
Policy Post	-	20,000			20,000
Total restricted funds	25,894	102,344	(56,099)	-	72,139
Total funds	414,952	1,527,491	(1,483,973)	-	458,470

Notes to the Financial Statements
For the year ended 31st December 2012

10. Analysis of group net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds £
Funds balances at 31 st December 2012 are represented by:			
Tangible fixed assets	23,584	-	23,584
Net current assets	362,747	72,139	434,886
Total net assets	<u>386,331</u>	<u>72,139</u>	<u>458,470</u>

11. Staff costs

	2012 £	2011 £
Wages and salaries	726,291	593,481
Social security costs	75,012	59,332
Pension Contributions	10,923	-
	<u>812,226</u>	<u>652,813</u>
Seasonal freelance staff	4,465	45,228
Redundancy fees	2,200	15,200
	<u>818,891</u>	<u>713,241</u>

The average number of employee earning over £60,000:

	2012 Number	2011 Number
£60,000 - £69,999	1	1
	<u>1</u>	<u>1</u>

Pension Contributions of £2,700 (2011:£ nil) were paid in respect of higher paid individuals.

The average number of FTEs analysed by function was:

	2012 Number	2011 Number
Fundraising	6	6
Information and Education	6	6
Communications and Campaigning	4	3
Scotland and Northern Ireland	3	2
Central Support	4	2
	<u>23</u>	<u>19</u>

Notes to the Financial Statements
For the year ended 31st December 2012

12. Staff costs (continued)

Trustees

The council members neither received nor waived any emoluments during the year (2011: £Nil).

There were no out of pocket expenses for Trustees during the year (2011: £ Nil).

13. Related party transactions

There were no related party transactions during the year.

14. Operating Leases

	2012	2011
	£	£
Office equipment – 2-5 years	<u>2,017</u>	<u>2,017</u>

