

Diabetes Research and Wellness Foundation
(A Company Limited by Guarantee)

Charity Number: 1070607
Company Number: 03496304

Financial Statements
For the year ended
31-Dec-21

Diabetes Research and Wellness Foundation

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Diabetes Research & Wellness Foundation

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REPORT & FINANCIAL STATEMENTS

For the year ended 31 December 2021

Registered Charity Number: 1070607

Company Number: 03496304



2021 – marking the centenary anniversary of the discovery of insulin

Frederick Banting and Charles Best, who successfully isolated the hormone insulin, one of the greatest medical breakthroughs in the treatment of diabetes.

THANK YOU! To everyone who donated or undertook an activity to support us, all over the UK, during the most difficult of times. Your contribution has helped to safeguard our awareness, educational programmes and research funding activities. **THANK YOU!** for being part of a powerful community who are intent on investing in a brighter future for all people with diabetes **#PartofTheNextBigBreakthrough**

Message from our Co-Founder & Chairman – Michael Gretschel



Following the challenges of 2020, we worked hard to maintain focus on returning to 'normal'. This was easier said than done of course, given the continuation of the Covid-19 crisis and the ebb and flow of lockdown restrictions which impacted our ability to run in-person and community engagement activities.

Notwithstanding the continuing challenges of the pandemic, the year gave us the wonderful opportunity to celebrate the centenary anniversary of the discovery of insulin and focus on what is one of the greatest medical breakthroughs in the treatment of diabetes; a treatment that transformed a fatal disease into a manageable condition and prolonger of life.

In celebration of **#100YearsofInsulin**, we ran a week-long programme of online activities which commenced on World Diabetes Day, 14th November. Professor Emeritus David Matthews, Oxford University and past Chairman of the DRWF Research Advisory Board, hosted a panel of diabetes experts who explored the advances of diabetes research past and present, and discussed hopes for the future.

The discovery remains one of the most important medical breakthroughs in history. To the present day, millions of people still rely on insulin. It ignited a century of development in diabetes care and treatment and has undoubtedly saved millions of lives.

At DRWF, we think it is time for the next big breakthrough; our goal is to find a cure for diabetes. In pursuit of this, we fund some of the best and brightest diabetes researchers in the UK and around the world, whose work improves our understanding of diabetes; explores new treatments; develops self-management strategies; and seeks out potential cure pathways.

Existing on voluntary income, the donations that we receive from our supporters are an investment in a brighter future for people with diabetes.

We have learned much throughout the pandemic. We have all seen how worldwide collaboration in the research community can achieve great things at pace. The dedication and commitment of our diabetes research community is second to none. Now is the time for the next big breakthrough!

I would like to thank everyone who has supported our work in the past year. Whilst we may have been more remote than we have ever been, our supporters and beneficiaries have been uppermost in our minds.

Our hope for the future is clear. We are more focused than ever on our goal of a cure for diabetes. You have our word.

Thank you.

Mike Gretschel

March 2022

Report of the trustees for the year ended 31st December 2021

The trustees are pleased to present their report and message from the Chairman together with audited financial statements for the year ended 31st December 2021.

The financial statements comply with the Charities Act 2011; the Companies Act 2006; the Memorandum and Articles of Association and are prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102 Charities SORP) (effective from 1st January 2015).

Our purpose, aims and activities

The objects of the charity are:

- To assist in the relief of persons with diabetes and any similar or related diseases or conditions
- To raise public awareness about diabetes and any similar or related diseases or conditions, their incidence, causes, treatment, avoidance and relief

The focus of our work

There are more than 4 million people diagnosed with diabetes in the UK. This figure has more than doubled in the last 20 years and it is anticipated that if nothing changes, this will rise to 5 million in the next 4 years.

Around 90% of people with diabetes have type 2, which can often be prevented. There are a number of risk factors which increase the likelihood of a type 2 diagnosis, such as being overweight or obese, which puts people at greater risk of a range of chronic health conditions and ultimately increased risk of premature death.

Approximately 10% of people with diabetes have type 1 diabetes which is a chronic autoimmune condition where the body is unable to produce insulin which is required to regulate blood sugar levels. Type 1 diabetes cannot be prevented.

It is estimated that up to 5% of those diagnosed with diabetes have rare types such as MODY (maturity onset diabetes in the young), CFRD (cystic fibrosis related diabetes), LADA (latent autoimmune diabetes in adults) and a small handful of other types.

It is estimated that the care and treatment of diabetes costs the NHS around 10% of its annual spend, which equates to approximately £10 billion per year. This is a staggering £1.1 million per hour.

Whilst all diabetes can lead to significant health challenges, such as increased risk of cardiovascular disease, blindness and amputation, it is important to remember that type 2 diabetes can be prevented, or onset delayed. There is also evidence of people with type 2 diabetes achieving 'remission' where they have had major weight loss through restrictive diets or bariatric surgery.

Self-management of diabetes is central to reducing the risks associated with complications and therefore much of our work is focused on providing information and educational support programmes that empower self-management and seek to encourage a pro-active approach to good self-care. We consider that those with the greatest knowledge of their condition will have a better understanding of the disease and will be better equipped to have an impact on the progression of their diabetes and any associated complications. Our Diabetes Wellness activities in the community provide a great platform for meeting people sharing similar health concerns, making new friends and building peer support networks, all of which serve to enhance both the physical and psychosocial management of diabetes.

The research we fund spans all types of diabetes and related health, helping improve understanding of cause, treatment and management with our goal being to find a cure for what is, considered to be, one of the 21st century's global health challenges. With the commitment of a multi-disciplinary Research Advisory Board, and a rigorous peer review process for applications, we invest in innovative proof of concept Pump Priming projects, Clinical and Non-Clinical Fellowships which we believe will demonstrate impact for people with diabetes in the fastest timeframe. To-date, we have committed almost £13 million to research since our first awards were made in 1999.

Demonstrating public benefit

The trustees confirm that they have referred to the general guidance set out by Charity Commission on public benefit. The trustees are satisfied that the Charity's activities meet the principles of public benefit, defined as providing an identifiable benefit/s to the public, or section of the public, and know of no detriment or harm that may be caused as a result of these activities, which are clearly set out throughout this report.

Volunteers

As a small team delivering numerous activities, we rely on the support of volunteers who, participate by helping with administrative tasks in our office; delivering diabetes awareness and information materials; undertake user involvement exercises to help steer and develop our programme activities; support our educational events and community fundraising programme or sit on one of our expert panels for research or information review. The number of volunteers fluctuates each year but is crucial to helping us spread the word about the work we do and to support local and national community fundraising initiatives. We had hoped to grow our volunteer network through a higher level of community activity in 2021, however the pandemic prevented us from doing so. We hope to be able to resume community activity as soon as Covid-19 allows and plan to build on the number of volunteers who support the charity as soon as possible. In the meantime, we wholeheartedly thank all of our volunteers for their time, expertise and commitment to our work which helps us raise awareness to the charity, maximise income and maintain high standards of work.

Measuring Impact

We use a mixed methods approach to monitor and evaluate our activities in order to ensure that they remain true to purpose and achieve desired outcomes. Stakeholders and beneficiaries are involved in these evaluation processes to ensure the continued relevance, quality, accessibility and effectiveness of activities. We also undertake independent evaluation with specialist partners for specific projects where impartial opinion and/or additional expertise is required.

Beneficiary need is at the heart of our support programmes and research funding. Service users are involved in lay review of our Diabetes Wellness News and patient information literature helping us to meet our commitment to delivering relevant, clinically evidenced and accessible information. Additionally, beneficiaries are invited to participate in Focus Groups which ensures that service users steer our programme development, helping us to demonstrate the impact that our work has on day-to-day management of diabetes and quality of life.

Activities & Achievements in 2021 - *#100YearsofInsulin*


Our impact, through Awareness, information & support





Our Direct Mail programme played a key part in our communications strategy during 2021, enabling us to stay connected with key audiences who do not routinely engage with online channels. We distributed 400,114 campaign packs in 2021 an increase of around 55% on the previous year. The health information contained within each campaign is targeted at beneficiaries who could act on the information, either in a preventative way (type 2 diabetes) or to inform and support those living with diabetes (all types), in their self-management of the condition. Whilst maintaining relationships with existing supporters of our appeals, we also reached out to higher volumes of prospective beneficiaries and supporters of the charity during 2021. We had


an average campaign response rate of 9.5% across 4 streams resulting in over 38,149 responses from across the country. We know from experience that it is likely that many more opened and read the appeal but chose not to make direct contact with us at that time. Historically, we have seen numbers of people respond to communications that have been distributed many months, or even years, before as they have held onto the information provided for future reference. These campaigns also act as a stewardship tool, helping us to stay connected with long-standing supporters of the charity.


 **Health Unlocked Forum:** Our awareness messages are reaching wider audiences than ever before supported by our increased provision of news and articles on our website and social media channels and via our Health Unlocked community forum, the world's largest social network for health. The DRWF Diabetes HU forum has a total 6011 all-time members an increase of 6% on 2020. Around 10% of all members are very active in posting and joining discussions and average session time in the forum has increased by 14% to 4.5 minutes. The forum provides a 'safe space' for people with diabetes to share their experiences, gain support and make a difference to others too.

 We continued to focus a lot of time and attention to online engagement during the year. This was essential in order to maintain our connection with the wider diabetes community when we couldn't engage through in-person activity. We doubled our efforts to generate regular reliable news items, with additional online self-management resources, such as our podcast series and pre-recorded video content. Our website received a total of 416,916 page views from 366,312 unique visitors. This continues the upward trajectory of engagement seen in 2020 by 12% in overall traffic, with a small decline of 1.5% in unique visits.

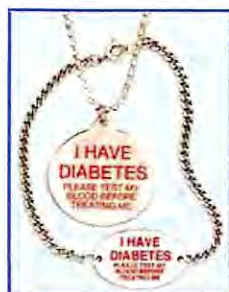
 In 2020 we saw a massive three-fold increase in the volume of patient information resources downloaded from the website. This was as a result of our significant efforts to divert audiences to our site when covid-19 hit. This had reduced in 2021 to what we would consider to be more 'normal' levels with a total of 5124 pdf downloads; 240 audio downloads in addition to the 8100 hard copy resources that were ordered via telephone/email. These resources, whilst still appropriate in content for people with diabetes are currently under review as part of our Wellness Action Group activity to reconsider 'what good looks like' for the diabetes community going forward.

 Whilst in 2020 we saw an increase in the number of visitors to our podcast series 'Living with Diabetes' which resulted in 549 downloads, this had reduced in line with the number of information resource downloads in general, in 2021. There were 380 downloads in total, a reduction of around 30% on the previous year. The podcast programme is a work in progress and another channel through which we can offer support through the sharing of lived experience. We look forward to developing this avenue of our work in the future.

 In 2021 we increased our efforts to raise awareness of our activities and services to more people through social media campaigns with most engagement being seen through our Facebook page. Our sponsored content reached almost 1.7 million people with 5,431,690 impressions. There are some fluctuations in our social activity at present, and it is very much a growing area of activity through a platform that enables us to engage in conversation with a diverse audience, often answering general diabetes related self-management queries, addressing confusions about diabetes, and increasingly responding to questions and comments about diabetes research and recent advances. There was less reach in 2021 than in 2020 but we see this partly as a reflection of the knee-jerk reaction to high numbers of people turning to online methods of connection in 2020. By 2021 some of this had dwindled as people were keen to get back to 'real life' engagement.

 We distributed 114,860 copies of our newsletter, Diabetes Wellness News, to subscribers, healthcare professionals and regular givers. This is a 2% decrease in the circulation numbers of 2020. Much of this reduction is related to deceased notifications received from subscribers in the year. The newsletter is distributed to annual subscribers and on a complimentary basis to healthcare providers who share the information with their patient communities. On a quarterly basis the circulation is boosted as we focus on the research element of our work and send a copy to our regular givers. It is difficult to accurately predict the true

readership of the newsletter but through anecdotal evidence, it is much wider than those who have specifically requested to receive it and is seen as a stewardship tool to maintain engagement with a variety of different supporter and beneficiary audiences.



Our Diabetes Awareness Necklace is distributed free of charge to people with diabetes and healthcare professionals for onward distribution. These necklaces provide emergency identification for those with diabetes should they be unable to alert the emergency services to their condition. They carry the wording 'I have diabetes, please test my blood before treating me'. They are distributed along with medical check-up cards that are used to record tests and results to inform self-management strategies. We responded to 1437 specific requests for free necklaces during the year, a small reduction of 1% on the previous year. This is not unexpected given that a large percentage of these resources are distributed at face-to-face events.



Quality in Care Diabetes – award winning Diabetes Wellness educational events

Diabetes structured education aims to provide people with diabetes with the knowledge and confidence to self-manage a long-term condition effectively. The offer of structured education across the country has improved over more recent years. However, the rates of attendance are still very low and vary widely. Self-management is central to diabetes care. Yet, it is reported that high numbers of people with diabetes experience emotional or psychological problems, such as depression, anxiety and diabetes distress, all of which can impact the ability and motivation to self-manage effectively. This leads to poorer health outcomes, reduced quality of life and increased healthcare costs. Being able to access appropriate support is integral to good self-management.

We have been running an annual programme of Diabetes Wellness events since 2001. We work with diabetes, and related healthcare professionals to facilitate workshops that provide relevant, up-to-date, evidence-based information covering all aspects of diabetes and related health. Delegates choose the sessions and talks that they attend meaning that they create their own agenda for the day, improving engagement and supporting better outcomes. These events bring together a wealth of information, expertise and peer support under one roof.

We know that managing diabetes is challenging and effective coping strategies are crucial to support optimal health. These coping strategies are important not just to people living with diabetes but their family, friends and carers. Peer support plays an important part in emotional wellbeing and this in turn can have an obvious impact on the ability to self-manage effectively. For this reason, we feel it is important to include family, friends and carers in workshops and discussions which facilitates discussion around managing diabetes, perceptions and expectations, in an environment where everyone has experienced or is experiencing something similar. These events are relaxed and welcoming in approach. They are inclusive and provide for diverse needs. They also provide an amazing opportunity to spend time with a whole host of health care professionals asking the questions that really matter to the individual, in a relaxed and informal environment.

The continuation of Covid-19 restrictions in the first half of the year meant that we were unable to run our in-person Diabetes Wellness Events. However, every effort was made to ensure that we were still able to connect with the wider diabetes community through offline and online activities. To that end, we hosted a number of digital events throughout the year to ensure that we remained in touch with beneficiaries and supporters of the charity.

Diabetes Wellness Family 'Camp in the Cloud'

There are around 29,000 children and young people in the UK living with Type1 Diabetes. For these young people, quality of life can be adversely affected by isolation and their inability to participate in many of the everyday

activities enjoyed by their friends and peers. This often results in a growing lack of self-esteem and confidence, which can become a barrier to future growth and development.

Having provided a very successful residential Diabetes Wellness Family Camp in partnership with Over The Wall in 2019, we had planned to expand on this offering in 2020 and 2021. The pandemic had a significant impact on this programme but the OTW team, working with digital consultants, devised a unique online platform to enable a virtual **Camp in the Cloud** (CITC) to take place.

This online platform meant that we were able to present a wonderful opportunity for families with children with Type 1 diabetes to connect with others experiencing similar health issues, reducing the feeling of isolation during a particularly isolating period. We recognise that the online experience and associated benefits are somewhat different to an in-person event, but there is opportunity through this platform to reach those children who may not have been eligible to attend an in-person residential event, due to significant health challenges. This potentially widens our reach quite significantly and so we intend to explore the possibility of carrying out online and residential events of this sort, going forward.

Camp in the Cloud enabled us to engage with 68 families in 2021, just over 200 participants in our activities, in total.

Dr Mayank Patel, Consultant in Diabetes and Acute Medicine at University Hospital Southampton NHS Foundation Trust and member of the DRWF Editorial Advisory Board, said: *"I was delighted to be approached by the DRWF to support their virtual Diabetes Wellness Family Camp. To spend some time online, seeing and hearing from kids living with type 1 diabetes and their parents, whilst watching them create their own brilliant array of diabetes related comic characters live was fantastic!"*

*"As co-creators of the **Type 1 Origins** comic series, Professor Partha Kar, Danny at Revolve Comics and I, have been pleased with how well this has been received by those living with type 1 diabetes and those close to them, healthcare professionals and members of the public."*



In the future, we hope to support families of children with type 1 diabetes through a mix of virtual and residential events allowing children to experience the mischief and magic of camp, regardless of the constraints of their illness.

Amy and Sophie along with their parents participated in **Camp in the Cloud**. They thoroughly enjoyed the comic book workshop hosted by Dr Mayank Patel and Revolve Comic's, Jim Lavery.

They were tasked with creating their own Type 1 diabetes cartoon character. There were a whole host of amazing characters designed by the children with one design selected to be transformed into a fabulous piece of cartoon artwork. Amy and Sophie are pictured here with their winning design of **Pancreas Power and Evil Keto**.

As well as the fun element of Camp, all families are invited to participate in a Q&A session hosted by diabetes and related healthcare professionals. In 2021, Dr Shivani Misra, Diabetes

Consultant Physician from Imperial College, London and DRWF Trustee, and Hayley Faulds, diabetes paediatric/transition nurse from University Hospital, Southampton, supported these events sharing their wealth of expertise and experience, answering questions and facilitating discussion amongst the families.

The importance of feeling support with a diagnosis of Type 1 diabetes -

Sophie's story...

"Sophie was diagnosed with type 1 diabetes aged eight around Christmas time in 2020.

We had noticed she wasn't herself on Christmas Eve; she seemed tired and not as excited as she should be before Christmas. This continued for a couple of days and on Boxing Day evening she was sick and became very poorly. After ringing 111 the doctor told us to call for an ambulance as he suspected she had type 1 diabetes. When we got to hospital her blood sugar was 36 and the ketones were too high to measure. It was terrifying to see how poorly Sophie became so quickly. There was also a feeling of tremendous guilt as to why we had not spotted this sooner.

The hospital staff at Leeds Teaching Hospitals were all amazing and we can't thank them enough for the care we received. Sophie spent a night in ICU (intensive care unit) and then moved to the ward where we had a steep and fast learning curve to comprehend how to carb count, monitor blood, give insulin and more so we could manage Sophie's type 1 diabetes and be able to go home.

This learning was further complicated by Covid-19 as only one parent was allowed on the ward so there was a lot of pressure on me while Sophie's dad and older sister Amy were only able to join via video calls which were much tougher for them to hear and understand the information.

The third lockdown gave us some much-needed time together as a family where we could adjust to our new way of life without the pressure of school. The downside was we were quite isolated, and Sophie was not able to meet other children with type 1 diabetes or get support from wider family and friends.

The Leeds Children and Young People's Diabetes Service are a brilliant team who are very supportive and always available to help. But what we soon discovered was that we are the experts. Sophie, like all children, is unique, and although the hospital team helps us with things like school care plans and reviewing CGM data, we are best placed to manage Sophie's care - a statement we couldn't imagine saying only 10 months ago.

We are still learning; we are still dealing with lots of firsts and the variety and combination of variables that impact Sophie's blood sugar levels.

We found out about the 'Camp in the Cloud' and were excited to do it and enjoyed the day participating in activities as a family. Sophie and Amy both love drawing and thoroughly enjoyed the comic book workshop. They were delighted some of their creations were selected for a type 1 comic!

We want to enjoy all the activities we did before and for type 1 diabetes not to dictate our lives. We have learnt that no two days are the same! We know we still have more firsts to come, but we are proud of where we are now, almost a year after diagnosis."

United Through Diabetes - #100YearsofInsulin

As 2021 was the centenary anniversary of the discovery of insulin, much of our awareness and promotional work was hinged on this historical breakthrough in the treatment of diabetes.

To that end, we worked collaboratively with Closer Still Media to run a series of activities which commenced on World Diabetes Day, 14th November.

Our activities began with a panel session, entitled **100 Years of Diabetes Research - Past, Present and Future**. A historic look back at the timeline of diabetes research since the discovery of insulin and key advances to date. Discussion also explored clinical outcomes and patient benefits, and our hopes for the future through the continuation of research.

Professor Emeritus David Matthews, Professor of Diabetic Medicine University of Oxford and past Chairman of the DRWF Research Advisory Board hosted the panel of experts which included, Dr Eleanor Kennedy DRWF Research Manager; Dr David Strain, Senior Clinical Lecturer University of Exeter; Professor John Wilding, Professor of Medicine Institute of Life Course and Medical Sciences, University of Liverpool; Dr Mark Evans, University Lecturer (Clinical) Department of Medicine, University of Cambridge; Dr Shivani Misra, Honorary Clinical Senior Lecturer Department of Metabolism, Digestion and Reproduction Imperial College London and DRWF Trustee; and Dr Chloe Rackham, DRWF Research Fellow, University of Exeter.

Throughout the following week, we hosted a series of live and pre-recorded 1-hour evening workshops, which focused on several aspects of diabetes treatment, management and complications. These sessions were facilitated by numerous diabetes experts and attended by a wide mix of people with type 1 and type 2 diabetes, families, parents, carers and others. Additionally, we referred our audiences to a wealth of supporting resources including video and podcast content for further information.

In total, 530 people participated in the event which was run over a 5-day period. Many of these people also revisited the pre-recorded content that was offered.



Diabetes Professional Care 2021

For the past 6 years, DRWF has been a key supporter of Diabetes Professional Care (DPC), an event that provides free to access CPD accredited education for healthcare professionals delivering diabetes care. As the registration sponsor for this event, we are well positioned to engage with the diabetes specialist teams and industry partners that facilitate and support this event. In 2021, we were able to re-establish a face-to-face connection following the tumultuous year of 2020. A total of 4984 healthcare professionals, from across the primary and secondary care spectrum, attended the event over the course of 2 days, benefitting from an educational programme facilitated by multi-disciplinary teams. The event was opened with a keynote session from Professor Partha Kar OBE, National Specialist Advisor Diabetes, NHS England and Professor Jonathan Valabhji, National Clinical Director for Diabetes and Obesity, NHS England and Improvement.

What do people with diabetes really think about remote consultations?

Virtual consultations and telehealth are not new concepts, however in 2020 with the advent of the pandemic, more people than ever were moving to 'remote' consultations. In order to avoid face-to-face contact in all but the most essential circumstances, digital consultation became mandatory rather than optional. Following this wholesale move, healthcare professionals and health organisations started to look at the pros and cons of such consultations and commissioned surveys to assess user satisfaction. DRWF was asked to support Anne Kilvert Diabetes Consultant,

Northamptonshire Community Diabetes Team, Daventry, UK Charles Fox Honorary Senior Lecturer, Leicester Diabetes Centre, Leicester, UK in their work to answer the question, 'what do people with diabetes really think about remote consultations?' The results of the study were published in *Practical Diabetes* Vol 38 No 4, 2021.

Conclusions Without doubt, remote consultations will form a large part of diabetes care in the future. These online and paper surveys demonstrate that many people with access to technology find virtual consultations very acceptable, but there are concerns about confidentiality, safeguarding and ability to communicate or identify emotional distress. The DRWF paper survey provides important information about preferences, irrespective of access to technology. This may partly reflect differences between primary and secondary care, but personal preference was influenced by a wide range of factors, including time and travel; confidentiality and safeguarding; ability to be open and honest in either the virtual or face-to-face setting. There is no 'one size fits all' and individual preferences are not dependent on specific categories, such as type of diabetes or even access to technology. More work needs to be done to ensure that remote clinics meet the needs of the whole diabetes population, in particular the provision of a 'safe space' for all users.

Abstract

In 2017 the diabetes service in Newham reported a positive response to a trial of virtual clinics but their own NHS trust (Barts Health) struggled to expand the number of virtual services offered. When COVID struck in March 2020, the NHS immediately obtained a licence to a secure platform for video consultations; many appointments took place by phone and the number of face-to-face clinics declined dramatically.

Whether people with diabetes prefer face-to-face, telephone or video consultations depends on whom you ask. We summarise the findings of two published online surveys and report the results of our own paper survey, distributed through the Diabetes Research & Wellness Foundation monthly newsletter, *Diabetes Wellness News*. Respondents to the online surveys were positive about the benefits of virtual consultations, although there were concerns about confidentiality, safeguarding and identification of emotional issues. In contrast, the paper survey (n=301) found that 91% of respondents preferred a face-to-face consultation. Although 36% of respondents had access to video technology, only 7.2% had been offered a video consultation (24% with type 1 diabetes and 3.8% with type 2) and 87% of remote consultations had been by phone. While two-thirds of respondents were at least fairly satisfied with their remote consultations, most people preferred to return to face to face when possible, the most common reason being that communication was easier.

In conclusion, remote consultations will remain an important option in the future, but individual preferences must be taken into account; a combination of remote and face to face may be the most effective approach. Copyright © 2021 John Wiley & Sons.

Practical Diabetes 2021; 38(4): 51–56

Key words

remote consultations; diabetes consultations during COVID-19; consultation preferences

KEY POINTS

- The COVID pandemic has prompted a rapid move to remote consultations for people with diabetes
- Online surveys report a positive response to video consultations but exclude the views of people without access to technology
- A paper survey revealed an overwhelming preference for face-to-face appointments when possible, even among those who possessed the technology
- A wide range of factors influence individual choice. These include: time and travel; confidentiality and safeguarding; ability to be open and honest in either the virtual or face-to-face setting
- Remote consultations are an established option but services need to address individual needs when offering remote or face-to-face appointments. Many people may prefer a combination of both

Research Funding Programme

We provide research grants to researchers whose work we consider offers the best hope and most expedient path to improved understanding of all types of diabetes, new and improved treatments and management strategies, and ultimately a cure. Awards are offered as a 3-year Clinical and Non-Clinical Fellowship and 1-year Pump Priming project awards. Institutional and discretionary awards are available when funds allow. Contract funding of key personnel within the DRWF Human Islet Isolation Facility at the Churchill Hospital, Oxford is subject to proposal and review on a multi-year rolling contract basis.

DRWF is a member of the Association of Medical Research Charities (AMRC), a membership body representing the leading medical and health research charities who deliver high-quality research that saves and improves lives. Working with member charities and partners, AMRC aims to support voluntary sector effectiveness and advance medical research by developing best practice, providing information and guidance, improving public dialogue about research and science, and influencing government.

As a member, we subscribe to AMRC's criteria for the use of peer review for allocating funding and support AMRC position statements on the payment of indirect costs in universities and the use of animals in medical research which seeks to replace, refine and reduce the use of animals (3Rs) in research.

Our annual funding round is offered through open competition, and as such, enables funded researchers to access support for both indirect and direct costs of research via the Charity Research Support Fund (CRSF) and NIHR Clinical Research Networks AcoRD agreement.

We operate a rigorous peer review process by which our Research Advisory Board, clinical and scientific experts in the field of diabetes and related health, assess applications and reports to ensure that only the highest quality and most effective research, carried out using good or best practice methodologies, receives DRWF funding.



As an AMRC member we abide by the five principles of peer review –

- Accountability
- Balance
- Independence
- Rotation
- Impartiality

AMRC carry out an audit of member charities and their peer review processes every 5 years. The 2020 scheduled audit was delayed due to the pandemic and subsequently conducted during 2021. We were successful in achieving continued certification for best practice in peer review.



UEA University of East Anglia

2021 Sutherland-Earl Clinical Fellowship

We received 9 pre-applications for funding, from which 4 full applications were submitted. All 4 candidates were invited to interviews which were carried out by video call on 12th November. The Board of Trustees met on 7th December to review the recommendation for funding and subsequently agreed that the 3-year Fellowship be offered to **Dr Tara Lee, University of East Anglia, for a total of £237,007.**

Tara's work – DILIGENT: Use of Diabetes technology on birthweight, Labour, Inpatient and postpartum Glycaemia of pregnant women with Type 1 diabetes.

"Despite increased use of continuous glucose monitoring (CGM) and insulin pumps, most pregnant women with type 1 diabetes struggle to manage their glucose levels in pregnancy. Many deliver large birthweight babies and experience additional challenges managing their diabetes during hospital admissions and after birth. My project will examine how the mother's glucose levels and insulin therapy relate to baby's growth patterns and birthweight. It will also examine which diabetes technologies help pregnant women to achieve their glucose targets during hospital admissions and after birth. I will perform three studies: firstly, focusing on understanding baby's growth patterns, secondly on examining mother's glucose levels during hospital admissions, labour and delivery, and thirdly, during the six months after birth. My project addresses three top priority diabetes pregnancy research questions; (1) use of diabetes technology to improve pregnancy care; (2) women's experiences and choices surrounding labour and delivery and (3) postnatal care and support."

Pump Priming 2021

A total of 27 applications were received for funding. Applications were reviewed by the DRWF Research Advisory Board on 7th April with recommendations for funding approved by the Board of Trustees on 19th May. Six awards were offered totalling **£119,696.00**. Pump Priming project grants are considered 'proof of concept' awards and are funded for a period of 1 year to a maximum of £20,000 per award.



Dr Joanne Boldison, University of Exeter £19,989

Title: Single cell isolations from pancreatic tissue for high-dimensional immune profiling

"Type 1 diabetes occurs when the immune-system attacks a healthy pancreas. Cells of the immune-system, invade the pancreas and insulin-producing cells in the pancreas are destroyed, which results in a loss of blood glucose control. To develop targeted therapy for individuals affected by diabetes, we need to understand the immune cells that invade the pancreas. In humans, access to the pancreas is limited, however the QUOD Bank supports studies by providing tissue samples post-mortem. First, we will setup a new method to separate immune cells from tissue samples of human pancreas to study different cell types, then develop sophisticated analyses to evaluate our data, so we are not bias. To complement our approach, we will use the current method to study pancreatic immune cells from donors with diabetes. This funding will establish a new way, using state-of-the-art technology, to evaluate the invading pancreatic immune cells in more depth."



Dr Yu Hsuan Carol Yang, University of Exeter £20,000

Title: Interventional neurobiology to regulate hormone secretion: The critical role of galanin in pancreatic islet physiology

"Since its discovery, the role of neurons in pancreas biology remains controversial. This is in part due to the lack of tools required for directly controlling pancreatic nerves and assessing the effects in living animals. Zebrafish studies are translatable to human development and disease given the high conservation of organs and physiology. I have established assays necessary for live zebrafish analysis of pancreas neurobiology and plan to implement these tools by targeting neurons that produce the galanin neuropeptide. The pancreatic islets are important for producing the hormones that help regulate blood glucose levels. Following the increase or decrease in galanin signals, we will visualize the effects on pancreatic islet formation and activity. The tools developed from these studies will be used to help us understand neural control of pancreas biology (including the regulation of hormone release) under normal and diseased states."



Dr Nerys Astbury, Nuffield Department of Primary Care Health Sciences, Oxford £19,985

Title: Exploring the Long-term health Outcomes following a Pregnancy with Gestational Diabetes Mellitus (ELOPEGDM)

"Gestational diabetes is a form of diabetes that affects pregnant women. It usually goes away after birth. Getting GDM increases the risk of problems during pregnancy and birth. There is also evidence that women who develop GDM are at much higher risk of developing conditions like type 2 diabetes. But the effect of getting GDM on other conditions as well as on the health of the baby has not been widely investigated."

Using one of the UK's largest databases of routine healthcare records we will measure the effect getting GDM has on health and disease risks in mothers and their babies. Insight into the full effects that GDM has on women and their babies will provide a boost to research efforts for the early detection, prevention and treatment of GDM."



Dr Astrid Hauge-Evans, University of Roehampton £20,000

Title: A novel and sex-specific role for LEAP2 in the regulation of pancreatic islet function

"Both obesity and increased blood sugar are important factors in the development of type 2 diabetes (T2D). They are controlled by hormones such as insulin and ghrelin. Ghrelin stimulates food intake, promotes weight gain and inhibits insulin secretion from islets in the pancreas, which in turn leads to higher blood sugar levels. Targeting ghrelin action may therefore be a way of preventing or treating obesity and/or T2D, but so far no useful pharmaceutical blockers of ghrelin have been discovered.

Importantly, a new protein from the liver and small intestine has now been found to counteract the effects of ghrelin. Our initial experiments suggest that this small protein, Liver-Enriched Antimicrobial Peptide-2 (LEAP2), stimulates insulin secretion. Interestingly, this action differs between males and females. Our study will investigate the role of LEAP2 in regulating blood sugar levels, focusing on sex-specific differences and the way this peptide affects pancreatic islet function."



University of Nottingham
UK | CHINA | MALAYSIA

Dr Richard Hulse, Nottingham Trent University £19,760

Title: Functional significance of HIF1 α activated dorsal horn sensory neurons in the manifestation of type 2 diabetic neuropathic pain

"We have shown that in type 1 and 2 diabetes, if the spinal cord sensory neurons fail to receive blood, they become damaged and long-lasting pain develops. We think that pain develops in diabetes as reduced blood flow prevents oxygen getting to the spinal cord. Pain signals are generated in our hands and feet, travel along sensory nerves until they reach the spinal cord, where pain information is filtered. Spinal cord sensory neurons normally turn this signal down or off. In diabetes these neurons lose their ability to turn pain signals off, resulting in people with diabetes feeling pain. It is currently unknown why these neurons change their function. HIF1 α is found in neurons when there is reduced oxygen. A mouse model of Type 2 diabetes will be used and, in these animals, I will stop them producing HIF1 α in the neurons, to prevent diabetic neuropathic pain from developing."



Dr Guy Taylor, Newcastle University £19,962

Title: REBEL – CV study: Does Residual β -cell function and exercise offer synergistic protection against hyperglycaemic induced Circulating Vaso protective dysfunction in type 1 diabetes?

"For people with T1D, exercise is beneficial, potentially reducing the progression of diabetes-related complications. Many people (up to 80%) with T1D still release small amounts of insulin together with C-peptide, a molecule involved in the creation of insulin, from the pancreas. This may also help protect against diabetes complications, although exactly how is currently unknown. One possible way is through endothelial progenitor cells (EPCs), which circulate in the blood and repair blood vessels; with T1D associated with having lower numbers of these important cells. We have recently discovered that individuals who no longer produce any insulin/C-peptide are not able to increase the number of EPCs after exercise, compared to those who still produce insulin/C-peptide from the pancreas. We propose exploring how having some ability to still make insulin/C-peptide may influence how well EPCs work in normal and high blood glucose conditions, and whether this works in combination with exercise."



Islet Cell Research & Transplant

DRWF has made a considerable contribution to the funding of islet cell research and transplant in the UK and around the world. The DRWF Human Islet Isolation Facility at Churchill Hospital, Oxford plays a pivotal role in providing islets for research and transplant as part of a national treatment programme, the clinical element of which is funded by the NHS.

Three personnel are funded within the facility (around 30% of facility staff):

- Lab Manager
- Deputy Lab Manager (post doc researcher)
- Islet Transplant Co-ordinator

During the year, we renewed our commitment to the Lab Manager post with a further 3 years funding totalling £228,752. Dr Stephen Hughes, long-standing Lab Manager retired in October having been funded by DRWF since the facility was launched in 2006. Dr Rebecca Spiers takes up this position with the ongoing commitment of DRWF funding.

Additionally, we agreed a no-cost extension to funding in place for the Deputy Lab Manager post which remained vacant in 2021. We expect this post to be filled in early 2022. The funding for the Islet Transplant Co-ordinator position will be revisited when the current award terminates on 30th April, 2022.

Impact report from the Director of the DRWF Islet Isolation Facility Churchill Hospital, Oxford by Professor Paul Johnson

During the pandemic, the University closed many of its research facilities for various periods of time. This has limited our research activity, but the team has continued to be research active whenever this has been possible. We continue to undertake novel research into the development of physiological islet scaffolds and islet macro-capsules, design of a novel islet culture, and optimisation of islet oxygenation including proteomic characterisation during islet isolation. We were a key partner in a Horizon 20/20 European Grant and continue to be central to two themes (Surgical & Diabetes) of the Oxford Biomedical Research Centre.

The Oxford DRWF Isolation team have continued to be highly recognised in the islet transplant and islet research fields. Professor Paul Johnson has continued to Chair the NHSBT UK Islet Transplant Steering Group throughout this difficult time. This has involved close liaising with the NHS and difficult decisions about keeping islet transplant recipients safe. He has continued to give invited lectures to learned societies, albeit increasingly in a virtual format. Team members have continued to present at international scientific meetings and continue to publish work regularly in peer-reviewed journals with appropriate DRWF acknowledgement.

We have already started to see the return of normal islet isolation activity and have started to reactivate our islet transplant recipient list. We have just started an exciting new initiative with NHSBT called 'Increasing the Number of Organs Available for Research' (INOAR). This important project will enable donor organs from donors with diabetes to now be retrieved routinely from across the UK for research purposes. Up until now, this has been very sporadic and there has been no infrastructure for research retrievals. The Oxford DRWF Islet Isolation Facility will lead an 'Islet Platform' with responsibility for isolating and distributing islets for research from these rare pancreases. This will be a unique resource for researchers as they try to find a cure for diabetes. The 'Islet Platform' has only been made possible as a result of DRWF's long-term partnership with the Oxford Facility.

The impact of an Islet Transplant -

The journey of a transplant recipient –

"I became diabetic at the age of 19 following a viral infection, it came as a shock as there was no history of diabetes in my family. However, once diagnosed I was determined that diabetes would not define my life and I ensured I had good control and lead a full and active life.

Once I had my children, my diabetes control became challenging, particularly in recognising hypos. Suddenly I was not getting the symptoms, and this was leaving me vulnerable. This was life changing for myself and for my family, it began to limit what we felt it was safe for me to do. Eventually, the lack of hypo awareness led to a seriously low episode where I ended up in A&E. After this we self-funded a CGM which helped me stay safe and manage my glucose control.

I was under the care of Good Hope Hospital, and I will always be grateful to my consultant at the time. He acknowledged my struggle with hypo-unawareness and talked to me about an islet transplant, which was ground-breaking at the time. My husband and I met with him several times before deciding to speak to Professor Johnson and his team, who gave us a detailed explanation of the procedure, the benefits and the risks. After careful consideration, I decided that it was the correct course of action for me, as my life had become very limited, and I had a strong fear of losing my future independence. I welcomed the opportunity to explore this exciting prospect.

After comprehensive testing to ensure I was physically fit enough to have the transplant I was put on the waiting list in 2012 and had my first Islet transplant in October 2012. This saw a reduction in insulin, and I began to get my hypo awareness back. The process is not easy, and I initially struggled with the immunosuppression tablets, but the level of support and care from the Birmingham and Oxford team was phenomenal. In April 2013, I had my second transplant, and this was the life changing transplant for me. Slowly, but surely working very closely with the Oxford team, (who were there for me, even at the weekends), I took my first steps to being Insulin free. I cannot describe the immense elation that bought me and my family. To eat a sandwich and to see my islet self-correct my glucose was life changing. I ensured I looked after the islets well and was very careful about what I ate, ensuring I did not over stress the islets. My islet transplants brought me as well as my family newfound freedom, and for the first time in a long time my husband could go to work without worrying about me and I could forget about being diabetic. It truly was amazing.

I was a Deputy Head Teacher at a Primary school at the time of my transplant and believed that because of my poor hypo awareness, I would not be able to take the step into headship. However, following my transplant I had the confidence in my health to apply for the position and have been in that role for nearly six years.

I had five wonderful years insulin free, but slowly my islet function slowed down and overtime, I had to move onto using more insulin. Having recently had COVID, this led to a significant loss of function, and I am now back on an insulin pump. Although this did bring some heartache at the time, I am full of gratitude for my time without insulin and to the wonderful team who supported me. My life is still much better than it was back in 2012, I am independent and still have hypo awareness, which was the main goal of the transplants.

I feel blessed to have been given this opportunity and hope that many diabetics like myself get the same chance."

Ann

How we raised our money in 2021

Our approach to fundraising – The Trustees are aware of their responsibility and accountability to ensure that the charity fundraises legally, responsibly and effectively.

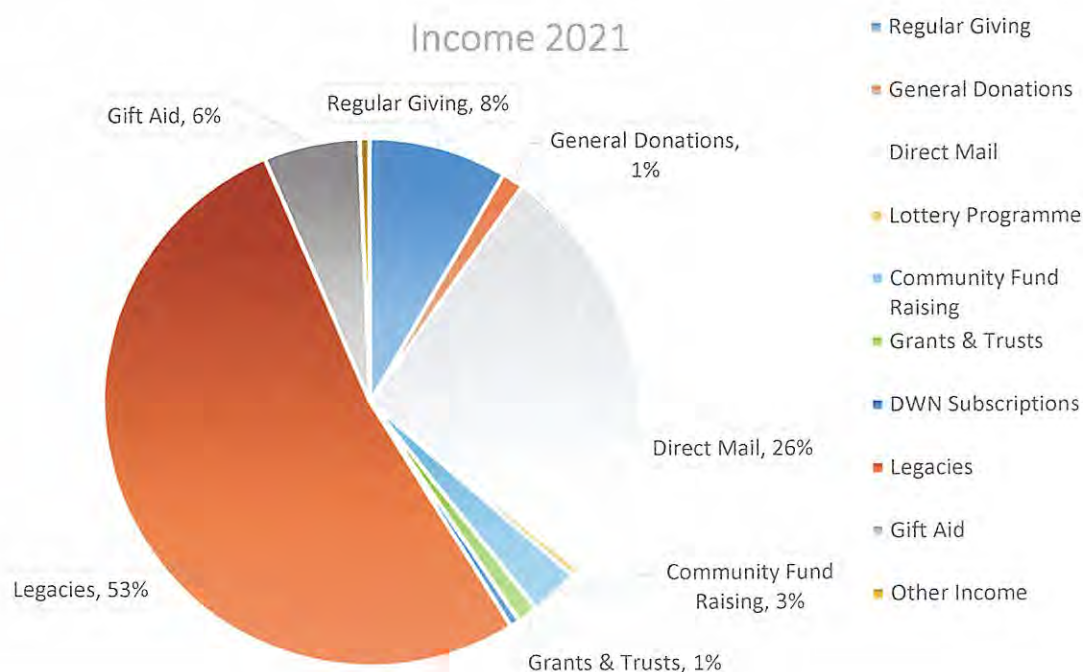
Our plan for 2021 was to maintain focus on building resilience and sustainability for the future through succession planning, diversification of income streams and delivery of purposeful programs that continue to meet the ever-changing needs of people with diabetes.

In the hope of returning to more normal levels of activity in 2021, we set our sights on an ambitious income expectation. This was to support a higher level of expenditure that would occur in the year, particularly in the payment of research grants which had seen an unprecedented level of no-cost extension requests, due to the inability to carry out research work in 2020.

However, it was clear early in the year that our activities would continue to be impacted by Covid-19. Community engagement was still affected with our inability to run both in-person Wellness Day programme activities and fundraising events in any meaningful way until late July/early August, when we started to see a marked increase in interest. Additionally, there was the global impact of supply and shipping issues to navigate which had a significant effect on our Direct Mail programme, causing us to refine the volume of campaigns distributed during the year and manage a few delays in campaigns being mailed.

Direct Mail continues to be the mainstay of our donation related fundraising activity along with Regular Giving and associated Gift Aid. Whilst we saw an increase in the number of deceased notifications received in the year, our committed supporters continued to contribute in response to direct mail appeals with net average gifts maintaining pre-covid levels. Attrition in our Regular Giving programme was stable at around 7%, as has been the case for the past 5 years with most of the attrition relating to deceased notification rather than direct cancellation of support. Whilst unpredictable in nature, legacies increased significantly in the year and accounted for around 53% of total income.

We have identified numerous opportunities to diversify and develop our income streams and are focused on implementing new strategies to strengthen income through all channels.



Corporate Partnerships:

We do not endorse products, but we will support initiatives that increase awareness to DRWF and our activities, and where there is an appropriate message, product or service for people with diabetes. To this end, we have worked to explore meaningful partnership and corporate sponsorship opportunities, where there is a synergy in mission, vision and values. Any potential partnership is assessed for feasibility, compatibility with our own objectives, and risk to ensure there is no detrimental effect to our reputation or fundraising potential. Robust risk assessment supports our desire to only engage in suitable and best value partnerships. Detailed discussion and negotiation ensure that the aims of both parties are complementary and mutually beneficial. This maintains transparency and integrity in all partnerships.

Professional Fundraisers:

We did not work with a professional fundraiser during the year. Commercial participation agreements are in place where necessary.

We can't do this without our amazing supporters!

With the continuation of the pandemic and associated restrictions, much of our planned community fundraising activity was curtailed until the summer months. In August and September, when Covid restrictions had become less stringent, people slowly started to undertake activities outside of their computers and gardens. We continued to rely on committed supporters coming up with novel fundraising ideas, to generate awareness and financial support for our ongoing operations.

Susan Dixon, self-confessed adrenalin junkie abseils the Spinnaker Tower.

Susan Dixon celebrated her 70th birthday by taking on a 100-metre abseil down the Spinnaker Tower, Portsmouth's iconic landmark, with two friends to raise funds for DRWF.

Susan, a retired WREN, said she loved the experience: "I always wanted my family to look up to me. It went far too quickly for me, and I think I'll have to do it again!"

On her reasons for supporting DRWF, Susan said: "I know too many people living with diabetes, and I wanted to raise the profile of this locally based charity and boost their funds to help more people."



Susan abseiled with good friends Dotty Jackson and Charlene Pirie as part of a team to fundraise for DRWF. Susan is no stranger to attempting new challenges on landmark anniversaries. It started with a parachute jump when she was 40 and a trip on the Route 66 across the United States aged 66. The Spinnaker Tower abseil has now got her thinking about doing a tandem parachute jump next.

Penny Durrant and her daughter Sophia decided to go for a close shave and keep a cool head in support of son, Charles, who has type 1 diabetes.



A mother and daughter shaved their heads to raise money for DRWF to raise awareness about type 1 diabetes. Like many people living with type 1 diabetes, Charles Durrant, has experienced some difficulty keeping control of his blood sugar levels during warmer weather. His mother and sister, Penny and Sophia Durrant, felt one way to combat the heat, in solidarity with Charles, would be to keep a cool head – and so they shaved off their hair.

Charles was diagnosed with type 1 diabetes when he was aged 12 – he is now 25. Penny said: "Sophia and I shaved our heads and wore DRWF t-shirts. We are both loving how easy it is to not have much hair. My son, Charles, was diagnosed with type 1 diabetes aged 12. He had been constantly thirsty and urinating frequently – recognised symptoms of type 1 diabetes. I took him to the GP and we were sent straight to hospital. His blood sugars were so high that the hospital couldn't get a reading on them.

Charles stayed in for two or three days learning how to do his insulin injections. We were given an emergency insulin pen and I was told how to use it and warned of the risks that Charles could possibly go into a coma if not in control of the condition. Charles has been really

struggling lately with his blood sugars going too high and then dropping down low into a hypo (hypoglycaemic episode – low blood glucose levels). I think the heat is to blame."

Fundraising Regulator: We are a levy-paying member of the Fundraising Regulator and subscribe to the associated fundraising codes of practice. The charity suppresses individual supporter records against the Mailing Preference Service, Telephone Preference Service and the Fundraising Preference Service, which helps to ensure that we do not approach individuals who have expressly requested that we do not contact them. During the year, we were notified of 21 FPS requests, which are suppressed from all contact, 20% less than received in 2020.

Complaints: The charity has a published complaints procedure, available on its website, and endeavours to respond to enquiries and complaints within the stated timeframe. Most contacts tend to be a request to opt-out of charity communications by existing supporters and we monitor the basis on which people request this i.e. content of appeal, volume of contact; type of contact; method of contact to inform our campaigns with the aim of reducing any perception of unreasonable intrusion, persistent approach or undue pressure to support. We received 1 complaint about our fundraising practices during the year, which was satisfactorily resolved.

GDPR and Data Protection: We are committed to protecting the personal information and privacy of individuals that we engage with and comply with relevant legislation and codes of practice, whilst carrying out our essential work of raising awareness of diabetes, providing information and support, and raising funds. Our privacy policy, published at drwf.org.uk sets out how we capture, process, manage and retain personal information.

Additional security measures were put in place to ensure that remote working practices remained GDPR compliant. The team also undertook GDPR refresher training during the year, facilitated by Hybrid Legal.

Financial Review

Principal income streams in the year were direct mail campaigns; regular giving via direct debit; legacy income and gift aid associated with voluntary donations.

During the pandemic, we adopted a short-term reactive, medium term pro-active and long-term strategic approach to manage the many challenges that we encountered across the year. Income and expenditures were monitored on a weekly basis with budgets/forecasts adjusted accordingly.

Total income was £1,686,061. This was a decrease of 20% on budgeted income but an increase of 0.8% on income received in 2020. Voluntary donations including gift aid receipts at £1,665,724 was up by 1% on 2020. Legacy income, having been budgeted for very cautiously on notes of intent only, was £882,536, down by 3.5% on budgeted income, and £132,726 (17.7%) more than received in 2020.

Total expenditure in the year at £1,900,422 was 12.0% below budget but an increase of 13.5% on expenditure in 2020. At year-end we were showing a deficit of £214,361. This was £162,206 more than the deficit we had budgeted at £52,155.

Direct charitable expenditure was 84p in every £1 spent (84p in 2020).

Government Grants

The charity made use of the Government's Kickstart Scheme to fund digital jobs for six months for 16- to 24-year-olds on Universal Credit. £20,336 was claimed under this scheme. A £212 SSP Covid-19 rebate was also claimed to claim back employees' statutory sick pay related to Covid-19.

Investment Policy

Under the Memorandum and Articles of Association, the charity has the power to invest in any way the trustees see fit. The trustees, in order to minimise risk and having regard to the liquidity requirements of the charity, and to the reserves policy, have historically operated a policy of keeping available funds in a higher interest-bearing deposit account seeking to achieve a rate of deposit interest which matches or exceeds inflation as measured by the retail prices index.

The trustees have regularly reviewed opportunities to increase investment return from short-term, easy access, options bearing in mind the desire to ensure that we can react quickly to appropriate requests for additional research support as they arise.

The trustees are also conscious of on-going cash-flow requirements during a challenging time where historical fundraising methods are raising less income and where new methods of fundraising are being tested at higher cost.

All things considered, the trustees believe it appropriate to continue to explore investment opportunities as they present themselves, with a view to maximising return on its deposits.

Reserves Policy

To safeguard the need for sufficient funds to cover on going management, administration and support costs, as well as respond to further grant requests that might arise, the Board aims to maintain unrestricted, free reserves at a level that equals 3-6 months of operating and charitable expenditures, which equates to between £558,993 and £1,117,986.

During financial year 2021, total expenditure was £1,900,422. Allowing for adjustments and forward research commitments, the charity's expenditures for financial year 2022 are likely to be in the region of £2,235,970. At 31st

December 2021, the charity held free reserves (unrestricted reserves less fixed assets) of £2,751,693. This is the equivalent of approximately 15 months operating and charitable expenditures.

The trustees are committed to strengthening existing income streams whilst diversifying fundraising activities to reduce reliance on single sources. It is accepted that this will take investment in activities where the accuracy of predicting response rates, in terms of volume or value of gift, will be more challenging in the first instance.

Current reserves, whilst in excess of those anticipated, will enable us to navigate these more challenging times whilst diversifying income generation and developing the charity's objective activities, for future sustainability.

Going concern

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of the approval of these financial statements having considered known commitments, forecasts and projections and possible pressures on income generation. After making these considerations, the trustees conclude that there is a reasonable expectation that the charitable company has adequate resources to continue in operational existence for the foreseeable future. The charitable company therefore continues to adopt the going concern basis in preparing the financial statements.

Our focus in 2022 and beyond

The pandemic period of 2020/21 has shown us the need to be agile, integrated and adaptive in our approach. Whilst the past year has been incredibly challenging, we have been resourceful where possible and gained invaluable experience that will help us reconfigure our approach to 'what good looks like' for DRWF, our supporters and beneficiaries.

To this end, we have scoped out a 3-year growth strategy which clearly defines our vision, mission and values and the direction that we will take to build a robust organisation that is well-positioned for the future.

Through the work of our Core Fundraising Group, we have identified numerous ways in which to refine and develop existing fundraising activities to enable us to strengthen and diversify income streams.

Through our Wellness Action Group, we have engaged with a broad spread of beneficiaries to discuss current DRWF service/support provision; the availability of support and resources in the wider diabetes community; opportunities and threats to current activities and ways in which to develop and expand on our portfolio of programmes.

Whilst current reserves are in-excess of the operating and direct charitable expenditures required to meet the stated 3–6-month policy, it is expected that investment will be required to test and develop new income streams over time, whilst allowing us to navigate fluctuations in current activities and remain responsive to requests for discretionary research funding. The Trustees will consider designating a percentage of current reserves to support investment in our growth strategy in 2022.

Our focus is very much on ensuring that we have the necessary funds to build a resilient and sustainable organisation that can meet the ongoing, and ever-changing, needs of our beneficiaries.

Reference and Administrative Details

Charity Number:	1070607
Company number:	03496304
Registered Office:	Building 6000 Langstone Technology Park Havant, Hampshire PO9 1SA Tel: 023 92 637808 Website: drwf.org.uk
Trustees & Directors:	Mr W. Michael Gretschel (Chairman) Mr John Alahouzos Mr Jeffrey Harab Mrs Valerie Hussey Mr Steve Jones (elected October 2019) Dr Shivani Misra (elected January 2020)
Chief Executive:	Mrs Sarah Tutton (Bone)

Advisers

Bankers:	Barclays Bank Plc 1 Churchill Place London E14 5HP
Solicitors:	Blake Morgan LLP New Kings Court Tollgate Chandlers Ford Eastleigh SO53 3LG
Secretary:	Blake Morgan Company Secretary Services
Auditors:	Moore Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD

Structure, Governance & Management

Governing Document - The Diabetes Research and Wellness Foundation, also known as DRWF, is a registered charitable company (Registered Charity No.1070607 and Company No 03496304) limited by guarantee and governed by its Memorandum and Articles of Association dated 15 January 1998 and amended by special resolutions passed on 15th June 1998, 2nd December 2001 and 24th April 2005.

Recruitment & Appointment of Trustees - The charity trustees are also the directors of the company for the purposes of company law.

As dictated by the charity's Articles of Association, directors are appointed by the Company Members. Any person desiring to be admitted to the membership of the company is required to apply in writing. No person shall be admitted until approved by resolution passed in accordance with the Articles of Association by the existing members, who hold absolute discretion as to the admission of any person.

The Trustees of the charity, being mindful that the board should offer a diversity of skills to fulfil statutory and fiduciary duties, are open to recommendations for new board members.

The business and medical/health related skills within the existing board member pool are supported by personal experience of diabetes, which assists the board in ensuring that objective activities meet beneficiary need.

Additionally, the board is supported in its decision-making processes by a Research Advisory Board, which has an independent Chairman. The RAB members review applications and make recommendation for research funding awards. An Editorial Advisory Board provides support to the provision of health and social care information. Both boards are made up of clinicians, scientists and other 'experts' in the field of diabetes and related health and strengthen the services that the charity offers its beneficiaries.

All board members are subject to 'conflict of interest' policies and processes.

Trustee Induction and Training – Newly elected Trustees receive an Induction Pack that outlines the role and responsibilities of the Trustee, along with a history of the structure and purpose of the charity.

The pack includes a copy of the governing document and contact details of all board members. There is also an outline of the Chairman of the Board's role and responsibilities along with details of the executive officer taking responsibility for the daily management of the charity. Trustees are required to comply with the eligibility requirements set out by Charity Commission and to review and update an annual Register of Interests.

Trustees are kept up to date with various governance publications and notices from appropriate professional advisory memberships. Additionally, trustees might be advised of appropriate governance courses that they may benefit from attending to ensure diversity and continuity of knowledge and skills within the Board.

Newly elected trustees are invited to attend a Review Meeting with the chair, after an agreed time lapse, in order to feedback their first impressions and address any concerns. Trustees are actively encouraged to participate in the charity's outreach programme of educational events.

Organisation - The strategic direction and policy of the charity is the responsibility of the Board of Trustees. During 2021 six trustees served on the Board, from a variety of professional backgrounds relevant to the work of the charity. Ordinarily, the Board meets at least once each year in person and holds quarterly teleconference meetings with additional meetings organised as required. Due to the continuation of coronavirus and ever-changing restrictions, the Board continued to conduct meetings via Zoom. There were no meetings in-person during the year.

The Chief Executive carries out the daily operations of the charity and is responsible to the Board of Trustees.

Connected & Related Parties – DRWF co-operates on several intellectual matters including sharing articles and reports with the Diabetes Research and Wellness Foundation Inc., a 501C3 Not for Profit Company operating in the United States; Association pour la recherche sur le diabete (A-rd) in France; Insamlingsstiftelsen Diabetes Wellness Network Sverige (Sweden); Diabetes Wellness Suomi (Finland) and Diabetes Wellness Norge (Norway). These organisations are completely autonomous and independent with no legal connections.

- Mr. W. Michael Gretschel is the Chairman of the Board of Trustees of the Diabetes Research and Wellness Foundation and is the volunteer President of the Diabetes Research and Wellness Foundation Inc (USA) but does not serve on its board of directors. He is also a Board member of A-rd (France), DWNS (Sweden), DWS (Finland) and DWN (Norway).
- Mr. John Alahouzos is the Chairman of the Diabetes Research and Wellness Foundation Inc (USA) and serves on the Board of Trustees of the Diabetes Research and Wellness Foundation. He also is a Board member of A-rd (France), DWNS (Sweden), DWS (Finland) and DWN (Norway).
- Mr. Jeffrey Harab sits on the Board of Trustees of the Diabetes Research & Wellness Foundation and is also a Board member of A-rd (France).
- Mrs. Valerie Hussey sits on the Board of Trustees of Diabetes Research & Wellness Foundation and is also an 'alternate member' on the Board of DWNS (Sweden).
- The Chief Executive of the Diabetes Research & Wellness Foundation, Sarah Tutton, sits on the Board of DWN (Norway).

Links between these independent organisations, has proved invaluable to the charity in helping to strengthening it's international presence, for the purpose of supporting diabetes research programmes and global awareness activities.

A Register of Interests for Board Members and Key Management Personnel is maintained and reviewed on an annual basis.

Remuneration Policy for senior staff - The Trustees, who are also the directors, and the Chief Executive Officer 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 their time freely and no trustee received remuneration in the year. Details of trustees' expenses and related party transactions are disclosed in note 13 to the accounts.

The salary of all staff, including the chief executive officer, is reviewed annually and normally increased in accordance with average earnings. In view of the nature of the charity, its size and structure, the trustees undertake a benchmarking exercise, using online research/tools, comparing the charity's salaries against pay levels offered for similar roles within other charities and companies.

The benchmark is the mid-point of the range paid for these similar roles with consideration given to workload, level of responsibility, anticipated rate of inflation and other published research on third sector rates of pay.

The charity considers that its remuneration policy –

- Ensures delivery of the charity's objectives
- Attracts and retains a motivated workforce with the skills and expertise necessary to ensure organisational effectiveness
- Is equitable and coherent across the organisation
- Reflects the purposes, aims and values of the charity
- Ensures that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries

Risk Management – The Trustees have examined the major strategic, business, reputational and operational risks that the charity faces. This involves identifying specific risks; assessing their likelihood of occurrence and potential impact; determining what steps could be taken to mitigate those risks and delegating responsibility to key staff for overseeing management of the associated controls. The risk register is reviewed annually to ensure the adequacy of internal control mechanisms. The trustees consider that the Charity has robust internal procedures, systems and processes and believe that risk assessment is embedded throughout the organisation.

The risk register was reviewed and scored in September and resulting risks discussed by the Board at a meeting held on 28th October.

There were several risks which ranked as **MEDIUM** (3 – 5 amber) where additional control measures or alternative methods of working may be required, and these are being monitored. There were no high-level risks (score 6-9) identified during the review. The higher-ranking risks identified in 2020 were largely related to business-continuity during the initial pandemic period. These risks have now reduced in score.

The Board considers that the major risks facing the charity at present, are –

- Fundraising and dependency on single income streams
- Data security including loss of data
- Loss of key staff
- Reserves policy and cash flow sensitivity
- Government policy
- Disaster recovery

The charity is focused on diversifying activities to reduce reliance on unpredictable or single income streams with a ‘Core Fundraising Group’ meeting monthly to review and develop strategy to support this. We are conscious that any major fluctuations in our biggest key streams will impact on our reserves and potentially affect our ability to deliver on purpose-related activities. As a small team of staff, the loss of any one of the team would have a considerable impact on our ability to carry out certain activities. To support retention, we have implemented several ‘motivational mapping’ exercises over the last few years to ensure that we play to individual strengths and retain expertise. Equally our remuneration policy is designed to ensure that we attract and retain staff. However, we are putting in additional contingency measures by way of out-sourced service support where appropriate. We continue to monitor external factors through business continuity planning.

Covid-19 risk assessment/business continuity

When the impact of Covid-19 hit in 2020, we developed a pandemic response/business continuity checklist that outlined key considerations to help us manage –

- Health and safety of employees
- Critical activities
- Dependencies – staffing
- Key suppliers/contractors (disaster recovery/business continuity plans)
- Communications strategy
- Technology requirements
- Activation plans

This has served as an effective way to manage the risk and potential impact on employees, stakeholders, beneficiaries and our key activities and we continue to work within this risk management framework.

Trustees' responsibilities in relation to the financial statements – The trustees, who are also directors of Diabetes Research and Wellness Foundation for the purposes of company law, are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice.)

Company law requires trustees to prepare financial statements for each financial year that give a true and fair view of the state of the affairs of the charitable company and of the outgoing 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.
- 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 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. 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 auditor is 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 auditor is aware of that information.

Auditors – Moore Kingston Smith LLP have indicated their willingness to continue in office and are deemed to be reappointed in accordance with section 487(2) of the Companies Act 2006.

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

On Behalf of the Trustees



Michael Gretschel Chairman

04-05-2022

Dated

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DIABETES RESEARCH & WELLNESS FOUNDATION

Opinion

We have audited the financial statements of Diabetes Research & Wellness Foundation ('the company') for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2021 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.

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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.

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 course of 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 themselves. 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 the audit:

- 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; and
- the trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

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

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

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

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

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We are also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from

error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity (FRS102) SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.

- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

Date: 6 May 2022

Devonshire House
60 Goswell Road
London
EC1M 7AD

Diabetes Research and Wellness Foundation
Statement of Financial Activities (Incorporating the Summary Income and Expenditure Account)
For the year ended 31 December 2021

		Unrestricted Funds £	Restricted Funds £	2021 TOTAL £	Unrestricted Funds £	Restricted Funds £	2020 TOTAL £
Income	Note						
Donations and Legacies	2	1,530,774	15,286	1,546,060	1,494,220	24,525	1,518,745
Charitable Activities	3	119,664	-	119,664	131,303	-	131,303
Other Charitable Trading Activities	4	15,219	-	15,219	8,004	-	8,004
Investments		250	-	250	6,101	-	6,101
Income from Charitable Activities		1,665,907	15,286	1,681,193	1,639,628	24,525	1,664,153
Other Income	5	4,868	-	4,868	8,232	-	8,232
Total Income		<u>1,670,775</u>	<u>15,286</u>	<u>1,686,061</u>	<u>1,647,860</u>	<u>24,525</u>	<u>1,672,385</u>
Expenditure On:							
Raising Funds	6	311,127	-	311,127	265,996	-	265,996
Charitable Activities	7	1,589,295	-	1,589,295	1,392,125	16,269	1,408,394
Other		-	-	-	-	-	-
		<u>1,900,422</u>	<u>-</u>	<u>1,900,422</u>	<u>1,658,121</u>	<u>16,269</u>	<u>1,674,390</u>
Net Income		<u>(229,647)</u>	<u>15,286</u>	<u>(214,361)</u>	<u>(10,261)</u>	<u>8,256</u>	<u>(2,005)</u>
Transfer between Funds	20	-	-	-	-	-	-
Net Movement in Funds		<u>(229,647)</u>	<u>15,286</u>	<u>(214,361)</u>	<u>(10,261)</u>	<u>8,256</u>	<u>(2,005)</u>
Total Funds brought forward		2,981,340	8,256	2,989,596	2,991,601		2,991,601
Total funds carried forward at 31 December 2021		<u>2,751,693</u>	<u>23,542</u>	<u>2,775,235</u>	<u>2,981,340</u>	<u>8,256</u>	<u>2,989,596</u>

There were no recognised gains or losses other than the deficit reported for the financial year. All activities in the year relate to continuing operations.

The accompanying notes form an integral part of these financial statements.

Diabetes Research and Wellness Foundation
Balance Sheet
As at 31 December 2021

	Note	2021 £	2021 £	2020 £	2020 £
Fixed Assets					
Tangible Assets	16		6,535		4,800
Current Assets					
Debtors	17	541,825		139,465	
Cash at bank and in hand		<u>2,708,728</u>		<u>3,160,905</u>	
		3,250,553		3,300,370	
Creditors : Amounts falling due within one year	18	<u>(481,853)</u>		<u>(315,574)</u>	
Net Current Assets			<u>2,768,700</u>		<u>2,984,796</u>
Total Net Assets			<u><u>2,775,235</u></u>		<u><u>2,989,596</u></u>
Reserves					
Restricted Fund	20		23,542		8,256
General Reserve	20		<u>2,751,693</u>		<u>2,981,340</u>
			<u><u>2,775,235</u></u>		<u><u>2,989,596</u></u>

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime within Part 15 of the companies Act 2006 and with the Financial Reporting Standard FRS 102 SORP (effective January 2015)

The financial statements were approved, and authorised for distribution, by the Trustees on 04-05-2022 and signed on their behalf by:


..... Trustee
Michael Gretschel

The accompanying notes form an integral part of these financial statements

Company number: 03496304

Diabetes Research and Wellness Foundation
Statement of Cash Flows
For the year ended 31 December 2021

	Note		2021 £		2020 £
Cash used in Operating Activities	24		(448,411)		(104,230)
Cash Flows from Investing Activities	Interest on Bank Deposit	250		6,101	
	Fixed Assets	(4,016)	(3,766)	(3,225)	2,876
Cash Flows from Financing Activities			0		0
Change in cash and cash equivalents in the year			(452,177)		(101,354)
Cash and cash equivalents brought forward 1st January			3,160,905		3,262,259
Cash and cash equivalents at 31st December 2021			<u>2,708,728</u>		<u>3,160,905</u>

Diabetes Research and Wellness Foundation
Notes to the Financial Statements
For the year ended 31 December 2021

1 Accounting Policies

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charitable Company is a public benefit company for the purposes of FRS 102 and therefore the Charity also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and the Charities Act 2011.

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The charity has given due consideration for the effects of the Covid-19 outbreak. The charity will continue with a full programme of direct mail campaigns to ensure continuity of its major income streams in the next financial year. The annual programme of Awareness Events and Fund Raising Events will be a combination of online and traditional events and it is anticipated the income streams will increase in the next financial year. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections and have taken account of pressures on donations income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest pound. The financial statements have been prepared on the historical cost convention, modified to include certain financial instruments at fair value. The principal accounting policies adopted are set out below.

Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

The principal accounting policies of the company are set out below:

Income

Income is included on an accruals basis except that donations under gift aid together with the associated income tax recoveries are credited as income when the donations are received. Membership Subscriptions are apportioned across the membership subscription period.

Legacies

Legacies are recognised following probate and once there is sufficient evidence that receipt is probable and the amount of the legacy receivable can be measured reliably. Where entitlement to a legacy exists but there is uncertainty as to its receipt or the amount receivable, details are disclosed as a contingent asset until the criteria for income recognition are met.

Public Donations and Gifts-in-Kind

Incoming resources in the form of Gifts-in-Kind are included in the Statement of Financial Activities only when assets donated to the charity are distributed. Gifts-in-Kind are donations of commodities directly usable in charitable programmes, such as food, blankets, books, agricultural and medical supplies. The Charity has an internationally recognised and accepted monitoring programme in place to ensure that commodities are appropriately valued at wholesale or less, culturally appropriate for the designated programme, and can be both properly shipped and distributed gratis to the designated beneficiaries.

Gift Aid Repayments

Income from gift aid repayment claims is only included for claims which have been submitted for tax periods ending on or before the year end and when the receipt of this income is certain.

**Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021**

1 Accounting Policies (continued)

Expenditure

Expenditure, which is charged on an accruals basis, is allocated between:

- expenditure incurred directly in the effort to raise voluntary contributions (cost of generating funds);
- expenditure incurred directly to the fulfilment of the charity's objectives (charitable expenditure);

Charitable expenditure comprises all the expenditure incurred by the charity in meeting its charitable objectives and is further analysed between:

- grants payable in the furtherance of the charity's objectives
- costs of activities in furtherance of the charity's objectives
- support costs of the charity

Cost Apportionment

Where items of expenditure involve more than one cost category these costs have been apportioned on a reasonable basis as determined by the trustees. One particular area where the cost is material to the charity is in the production and distribution of direct mailings.

One of the purposes of the mail shot is to develop a database of names of people with a particular interest in the activities of the charity and its charitable objects. It is held that individuals who make a £10 or greater donation, in response to the mailing, have a degree of interest in diabetes. They are interested because they suffer from diabetes, know somebody who does or could themselves be at risk of developing the condition. These are precisely the people whom the charity is trying to help and consequently they receive the benefits of the educational material provided by the charity. These high interest individuals constitute 25% of the total responses; so the charity allocates 25% of the cost of the mailing to costs in furtherance of the charity's objects.

Furthermore the remaining expenditure has been allocated on the basis of whether the educational content of the individual mailing is significantly high enough so as to be material. When this holds true the remaining cost of the mailing is allocated on a pro-rata basis comparing the educational content (costs in furtherance of the charity's objects) to the fund raising content (costs of generating funds). The educational content is determined by the amount of text and space on each mailing that is dedicated to material of an educational nature.

Telemarketing expenditure is allocated in a consistent manner with mailings, as described above, hence the charity allocates 25% of the cost of the telemarketing calls to costs in furtherance of the charity's objectives, with the remaining expenditure allocated on the basis of whether the time spent during the telephone call is in accordance with the charity's objects or otherwise.

Fund raising expenditure i.e. Text that may induce a donation from the recipient, is allocated upon the basis of the volume of the text and space that is not related to text of an educational nature.

Support costs comprise all other overhead costs for the running of the charity as an organisation.

Fund Accounting

Designated funds are unrestricted funds earmarked by the Trustees for particular purposes. The aim and use of each fund is set out in the notes to the financial statements.

Unrestricted funds are donations and other incoming resources received or generated for expenditure on the general objectives of the charity.

Restricted funds are donations received from a donor who has specified a particular area of the charity's work to which the donation should be allocated.

Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021

1 Accounting Policies (continued)

Grants Payable

Grants are recognised when they become due for payment. Included within the Statement of Financial Activities is the cost of grant instalments that are payable to charitable organisations / individuals in accordance with the charity's governing instruments, together with any grants payable for the year, but not paid by the year end date. The value of grants awarded which are subject to the completion of a future year's performance is disclosed as a Financial Commitment in Note 18.

Tangible Fixed Assets and Depreciation

Depreciation is calculated to write down the cost less estimated residual value of all tangible fixed assets held for charity use by equal annual instalments over their expected useful economic lives. The rates generally applicable are:

Office equipment, fixtures and fittings	5-7 years straight line
---	-------------------------

All tangible fixed assets costing more than £250 are capitalised at their cost to the charity.

Foreign Currencies

Transactions in foreign currencies are translated at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities in foreign currencies are translated at the rates of exchange ruling at the balance sheet date. All exchange differences are dealt with through the statement of financial activities.

Leasing Commitments

Rentals payable under operating leases are charged against income on a straight line basis over the lease term.

Other Financial Instruments

i. Cash and cash equivalents

Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and Creditors

Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021

2 Donations and Legacies		2021	2020		
		£	£		
Donations		654,919	760,750		
Lottery Programme		8,605	8,185		
Legacies Received		882,536	749,810		
		<u>1,546,060</u>	<u>1,518,745</u>		
Included in the above are restricted donations of £15,286 (2020: £24,525)					
3 Charitable Activities		2021	2020		
		£	£		
Grants Received		20,548	22,721		
Gift Aid Receipts		99,116	108,582		
		<u>119,664</u>	<u>131,303</u>		
4 Other Charitable Trading Activities		2021	2020		
		£	£		
Membership Subscriptions		10,223	6,216		
Event Fees and Sponsorship		4,996	1,788		
		<u>15,219</u>	<u>8,004</u>		
5 Other income		2021	2020		
		£	£		
Miscellaneous Income		4,868	8,232		
		<u>4,868</u>	<u>8,232</u>		
6 Fund Raising Costs		2021	2020		
		£	£		
Caging		139,103	125,046		
Carriers		1,064	1,535		
Computer Charges		5,489	3,038		
Lettershop and Data		10,183	3,179		
Postage and Shipping		34,346	16,510		
Printing		7,996	1,654		
Publicity		2,286	2,331		
Marketing Costs		7,539	7,602		
Mail Pack Premiums		15,491	14,995		
Lottery Costs		3,866	7,175		
Staff Costs (see Note 12)		70,353	68,431		
Sweepstake Winners		13,411	14,500		
		<u>311,127</u>	<u>265,996</u>		
7 Charitable Activities		2021	2021	2021	2021
	Direct	Grants	Gifts in	Support	Total
	Expenditure	Awards	Kind	Costs	
	(Note 10)	(Note 8)	(Note 9)	(Note 11)	
	£	£	£	£	£
Research into the Relief of Diabetes	-	372,177	-	415,457	787,634
Raising Public Awareness of Diabetes	801,661	-	-	-	801,661
	<u>801,661</u>	<u>372,177</u>	<u>-</u>	<u>415,457</u>	<u>1,589,295</u>
	2020	2020	2020	2020	2020
	Direct	Grants	Gifts in	Support	Total
	Expenditure	Awards	Kind	Costs	
	(Note 10)	(Note 8)	(Note 9)	(Note 11)	
	£	£	£	£	£
Research into the Relief of Diabetes	-	289,471	-	407,605	697,076
Raising Public Awareness of Diabetes	711,318	-	-	-	711,318
	<u>711,318</u>	<u>289,471</u>	<u>-</u>	<u>407,605</u>	<u>1,408,394</u>

Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021

8 Grant Awards	2021 £	2020 £
University of Oxford	122,386	103,351
University of Exeter (previously Kings's College London) – Non Clinical Fellowship 2018	64,978	64,978
Cardiff University - Non Clinical Fellowship 2021	64,978	
Association pour la Recherche sur la Diabete	900	864
Diabetes Wellness Network Canada		(700)
Diabetes Research Institute Foundation – University of Miami		50,415
University of Bristol - 2020 Pump Priming Award		18,000
University of Cambridge - 2020 Pump Priming Award		20,000
University of Strathclyde - 2020 Pump Priming Award		19,926
University of Exeter - 2020 Pump Priming Award		20,000
University of Dundee - 2020 Pump Priming Award		19,693
University of Exeter - 2020 Pump Priming Award		19,600
University of Exeter - 2021 Pump Priming Award	19,989	
University of Exeter - 2021 Pump Priming Award	20,000	
University of Oxford - 2021 Pump Priming Award	19,985	
University of Roehampton - 2021 Pump Priming Award	20,000	
Nottingham Trent University - 2021 Pump Priming Award	19,760	
Newcastle University - 2021 Pump Priming Award	19,962	
	<u>372,938</u>	<u>336,127</u>
Less: Unclaimed grants written back	(761)	(46,656)
	<u><u>372,177</u></u>	<u><u>289,471</u></u>

Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021

9 Gifts-in-Kind

The following donations made during the year were claimed as Gifts-in-Kind and are valued in accordance with current market conditions prevailing when the gift was made.

Number of Shipments	Gifts-in-Kind value	Shipping Costs	2021 Total	2020 Total
	-	-	-	-
	-	-	-	-

10 Direct Charitable Expenditure

	2021 £	2020 £
Staff Costs (see Note 12)	378,118	373,572
Postage	163,383	141,033
Printing	87,870	42,629
Publicity	15,183	13,247
Mail Pack Premiums	119,918	107,114
Carriers	8,241	10,962
Grant Costs	819	1,165
Lettershop and Data	28,129	21,596
	<u>801,661</u>	<u>711,318</u>

11 Support Costs

	2021 £	2020 £
Other Staff Costs	2,051	5,643
Professional Costs	29,665	22,012
Management Charge	141,810	141,483
Office Expenses	84,748	82,792
Establishment Expenses	43,881	44,278
Bank Charges and Interest Paid	3,444	3,298
Foreign Exchange (Loss)	3,998	5,175
Depreciation	2,281	1,675
Irrecoverable VAT	65,877	70,801
Amounts paid to Auditors	15,022	17,644
Company Secretarial Fees	350	350
Other Overhead Costs	22,330	12,454
	<u>415,457</u>	<u>407,605</u>

Support Costs are allocated to the Charitable expenditure of the charity in proportion to the direct cost of the activity

12 Wages and Salaries

	2021 £	2020 £
Wages and Salaries	404,366	398,678
Social Security Costs	31,241	31,138
Pension Costs	12,864	12,187
	<u>448,471</u>	<u>442,003</u>

The key management personnel of the charity are the Trustees and the CEO. The total amount paid for key management personnel was £70,339 (2020: £66,941).

2021 No.	2020 No.
-------------	-------------

The number of higher paid employees was in the band:

£60,000 - £70,000

1 -

Pension contributions payable for the above individual was £2,722 (2020: £2,592).

The average number of full-time equivalent employees during the year was 12.5 (2020: 11.5).

Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021

13 Payments to Trustees

No trustee or person with a family or business connection with a trustee, received remuneration in the year, directly or indirectly, from the charity.

Trustee Expenses for Travel and Meeting Costs were £nil (2020: £nil) of which £nil (2020: £nil) was reimbursed directly to nil (2020: nil) Trustees.

14 Surplus of Income over Expenditure	2021	2020
	£	£
The surplus of income over expenditure is stated after charging:		
Auditors' Remuneration:		
- Audit Fee relating to the Financial Year	15,500	15,250
- In respect of non audit services	1,965	1,965
Operating Lease rentals		
- Plant & Machinery	3,081	3,126
- Other Assets	28,000	28,001
Foreign Exchange Loss	3,998	5,175
Depreciation	<u>2,281</u>	<u>1,675</u>

15 Taxation

The company, being a registered charity, is not liable for corporation tax in respect of its operations for the year.

16 Tangible Fixed Assets for Charity Use

	Office equipment, fixtures and fittings
	£
Cost	
At 1 January 2021	30,988
Additions in Year	4,016
Disposals in Year	-
At 31 December 2021	<u>35,004</u>
Depreciation	
At 1 January 2021	26,188
Provided in the year	2,281
Eliminated on Disposal	-
At 31 December 2021	<u>28,469</u>
Net Book Value	
At 31 December 2021	<u>6,535</u>
At 31 December 2020	<u>4,800</u>

17 Debtors	2021	2020
	£	£
Trade Debtors	6,000	-
Other Debtors	25,013	9,111
Prepayments and Accrued Income	<u>510,812</u>	<u>130,354</u>
	<u>541,825</u>	<u>139,465</u>

All Debtors except prepayments are financial instruments and are measured at settlement value

Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021

18 Creditors : Amounts falling due within one year

	2021 £	2020 £
Trade Creditors	71,390	45,101
Grants Payable (see below)	336,236	205,741
Accruals and Deferred Income	61,650	50,929
Tax and Social Security	12,577	12,414
Other Creditors	-	1,389
	<u>481,853</u>	<u>315,574</u>

Included within other creditors is a pension creditor of £nil (2020: £nil)

All Creditors except deferred income are financial instruments and are measured at settlement value

Reconciliation of Grants Payable:

Commitments at 1 January 2021	205,741	309,784
Grants Payable for the Year (see Note 8)	372,177	289,471
Grants Paid during Year	<u>(241,682)</u>	<u>(393,514)</u>
	<u>336,236</u>	<u>205,741</u>

In addition to the amounts committed and accrued noted above, the trustees have also authorised the continuation of certain grants which are subject to the recipient fulfilling certain conditions. The details of these further commitments can be found in Note 22.

19 Deferred Income

	2021 £	2020 £
Deferred Income B/FWD 1st January 2021	4,040	4,303
Released to Income in Year	(4,040)	(4,303)
Income Deferred In Year	5,972	4,040
Deferred Income C/FWD 31st December 2021	<u>5,972</u>	<u>4,040</u>

Deferred Income comprises:

- Newsletter Membership Subscriptions which are renewable annually on a rolling 12 monthly basis
- Event Registration and Exhibition Fees received in advance of the event taking place
- Restricted Grants Received that will not be utilised until future periods

20 Reserves

	Balance at 1 January 2021 £	Transfer from General Reserve In £	Income in Year £	Expenditure in Year £	Net Movement in Year £	Balance at 31 December 2021 £
Restricted Fund relating to Diabetes Research	-	-	-	-	-	-
Restricted Fund relating to The Big Give Christmas Challenge	8,256	-	14,786	-	14,786	23,042
Restricted Fund relating to Diabetes Wellness Day Hartlepool	-	-	500	-	500	500
Designated Growth Fund	150,000	-	-	-	-	150,000
General Reserve	2,831,340	-	1,670,775	(1,900,422)	(229,647)	2,601,693
	<u>2,989,596</u>	<u>-</u>	<u>1,686,061</u>	<u>(1,900,422)</u>	<u>(214,361)</u>	<u>2,775,235</u>
	Balance at 1 January 2020 £	Transfer from General Reserve In Year £	Income in Year £	Expenditure in Year £	Net Movement in Year £	Balance at 31 December 2020 £
Restricted Fund relating to Diabetes Research	-	-	1,000	(1,000)	-	-
Restricted Fund relating to The Big Give Christmas Challenge	-	-	8,256	-	8,256	8,256
Restricted Fund relating to 2020 Pump Priming Award	-	-	15,269	(15,269)	-	-
Designated Growth Fund	-	150,000	-	-	150,000	150,000
General Reserve	2,991,601	(150,000)	1,647,860	(1,658,121)	(160,261)	2,831,340
	<u>2,991,601</u>	<u>-</u>	<u>1,672,385</u>	<u>(1,674,390)</u>	<u>(2,005)</u>	<u>2,989,596</u>

In 2021 a bequest of £500 was made to benefit the people of Hartlepool.

During 2021 the charity participated in the Big Give Christmas Challenge 2021 to raise funds for the 2022 programme of Educational Events. The funds received in the year was £14,786 (2020 £8,256)

Net Assets by Fund	Unrestricted £	Restricted £	Total £
Tangible Assets	6,535	-	6,535
Current Assets	3,227,011	23,542	3,250,553
Current Liabilities	(481,853)	-	(481,853)
	<u>2,751,693</u>	<u>23,542</u>	<u>2,775,235</u>

Diabetes Research and Wellness Foundation
Notes to the Financial Statements (Continued)
For the year ended 31 December 2021

21 Payments to Connected Charities

Connected Charity	Nature of Relationship	2021		2020		Nature of Transactions
		£ Total transactions in the year	£ Balance at the year end	£ Total transactions in the year	£ Balance at the year end	
Diabetes Research and Wellness Foundation Inc.	1	141,810	-	141,483	-	Management charges in relation to the sharing of articles and staff.
Association pour la recherche sur la diabete	2	900	-	864	-	This grant was made to assist with the funding of the Association's awareness and educational programmes.
Diabetes Wellness Network Canada	3	-	-	(700)	-	This grant was made to assist in the funding of the Network's set up costs, this is the refund of an overpayment.

Nature of Relationships

- 1 Diabetes Research and Wellness Foundation Inc. is completely separate and independent with no legal connections, but Mr. John Alahouzos sit on the Board of Trustees of the associated charity in the United States.
- 2 Association pour la recherche sur la diabete is completely separate and independent with no legal connections, but Mr W.M. Gretsche, Mr J. Alahouzos and Mr J. Harab sit on the Board of Trustees of the associated charity in France.
- 3 Diabetes Wellness Network Canada is completely separate and independent with no legal connections, but Mr W M Gretsche and Mr J Alahouzos also sit on the Board of Trustees of the associated charity in Canada.

Further details regarding the relationship can be found in the Trustees Report.

22 Financial Commitments

The charity has financial commitments of £575,884 (2020: £488,272) for grants authorised but not accrued as expenditure for the year ended 31 December 2021, as they are subject to the recipient fulfilling certain conditions. The amounts payable are as follow:

	2021 £	2020 £
Payable in 2021	-	329,241
Payable in 2022	248,667	94,054
Payable in 2023	221,995	64,977
Payable in 2024	105,222	-
	<u>575,884</u>	<u>488,272</u>

23 Operating Leases

At 31st December 2021, the charity has commitments under operating leases as follows:

	2021 £ Within one Year	2021 £ Two to Five Years	2020 £ Within one Year	2020 £ Two to Five Years
Land and Buildings	28,000	49,633	22,167	-
Other Assets	2,946	4,598	2,484	974
Total	<u>30,946</u>	<u>54,231</u>	<u>24,651</u>	<u>974</u>

During 2018 year the charity moved its business office and Registered Office to new premises.
The new lease commenced on the 9th October 2018 with a term of six years at a rent of £28,000.25p per annum.
The lease includes a break clause allowing the tenant to terminate after three years.
The lease provides for two discounted periods of 10 months each during which the rent payable is reduced by 50%.

24 Reconciliation of Net Movement in Funds to Net Cash Flow from Operating Activities

	2021 £	2020 £
Net Movement in Funds - Surplus/(Deficit)	(214,361)	(2,005)
Add back Depreciation Charge	2,281	1,675
Deduct Interest Income shown in Investing Activities	(250)	(6,101)
Decrease (Increase) in Debtors	(402,360)	50,218
Increase (Decrease) in Creditors	166,279	(148,017)
Net Cash used in Operating Activities	<u>(448,411)</u>	<u>(104,230)</u>

25 Members' Liability

The Foundation is a company limited by guarantee. On the event of winding up, the member's (5) (2020 - 5) liability is limited to £1.