

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

**Charity Number: 1070607**  
**Company Number: 03496304**

**Financial Statements**  
**For the year ended**  
**31-Dec-23**

# Diabetes Research and Wellness Foundation

## INDEX

	<u>Page</u>
Report of the Trustees	1 to 33
Independent Auditors' Report	34 to 37
Statement of Financial Activities	38
Balance Sheet	39
Statement of Cash Flows	40
Notes to the Financial Statements	41 to 49



# Diabetes Research & Wellness Foundation

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

## REPORT & FINANCIAL STATEMENTS

For the year ended 31 December 2023

Registered Charity Number: 1070607

Company Number: 03496304



**THANK YOU!** To everyone who has donated, volunteered their time, or undertaken an activity to support us. Your contribution makes all the difference, meaning that we can carry out awareness, educational programmes and research funding activities to ensure that people with diabetes are  
*'Staying well until a cure is found...'*

**THANK YOU!** for being part of a powerful community who are intent on investing in a brighter future for all people with diabetes  
**#StrongerTogether #UnitedThroughDiabetes**

Trusted  
Information  
Creator  
  
Patient Information Forum

Registered with  
**FR**  
Financial Reporting  
REGULATOR

Charity Commission



## Message from Co-Founder & Chairman Mike Gretschel

*I am Mike Gretschel a co-founder and Chairman of DRWF.*

*It has been over fifty years since my dear wife called me at the office crying that “our son has type 1 diabetes and there is no cure”. I tried to calm her, but my words were not enough. That was just the beginning. Ten years later, our eldest daughter was also diagnosed with type 1. And now my son’s son has type 1 too.*

***My wife and I have devoted much of our free time, with family and friends, raising awareness and the monies necessary to support vital research. We have been fighting the diabetes battle in the hope of a cure for all these years. We live in hope!***

As DRWF turned 25 years old in 2023, we paused to reflect on the diabetes landscape. Twenty-five years doesn’t seem so very long, but the number of people living with diabetes in the UK has more than doubled in that time.

We have worked tirelessly in that time to raise awareness of the different types of diabetes and provide people with the practical information and tools to support their self-management. As a small team of just 14, we are supported by editorial and research advisory boards, as well as other experts in the field of diabetes and related health, who help us to deliver activities that demonstrate value for money, and most importantly benefit for the diabetes community. The one thing that binds us all together, is the fact that we are all striving for the same thing. Together, we are ***United through Diabetes***.

Over 25 years, we have supported some of the most innovative research in the UK and around the world. The DRWF Islet Isolation Facility at the Churchill Hospital, Oxford is pivotal to the UK Islet Transplant Programme, a clinical treatment that supports a small number of people with type 1 diabetes through transplant of insulin-producing islet cells. Whilst the clinical element of this treatment is funded by the NHS, and the results for many are impressive, there are limitations that hamper long-term results and prevent more people from benefiting.

To address some of these issues, we funded a xenotransplant programme in the US called the Spring Point Project, which was focused on providing an alternative, sustainable supply of islets for human transplant using pigs. Additionally, we have supported a plethora of stem cell-based research projects in the hope of finding ways to develop and sustain the islet transplant programme.

All the while, providing funds for early career researchers and proof of concept awards which are demonstrating impact for the diabetes community. Some of these examples you can read about in our report or on our website.

Whilst we have achieved a lot in our 25 years, there is still so much more to do, and we could not do it without YOU! We are so grateful for the longstanding support that we get from donors, sponsors, and partners and are rightly proud of what we have brought to the table, together, for people with diabetes. From the bottom of my heart...

## Thank you!

Mike Gretschel  
March 2024

## Report of the trustees for the year ended 31<sup>st</sup> December 2023

The trustees are pleased to present their report and message from the Chairman together with audited financial statements for the year ended 31<sup>st</sup> December 2023.

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 1<sup>st</sup> 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

As we entered the charity's 25<sup>th</sup> anniversary year, we took time to reflect on the diabetes landscape and the charity's impact over that time.

Since inception in 1998, the number of people diagnosed with diabetes has more than doubled. Whilst there have been some incredible advances in treatment and technology in more recent times, which improve quality of life and reduce the risk of complications, the number of people living with diabetes continues to rise at an alarming rate. With more than 5 million people now living with diabetes in the UK, our work to provide self-management support, is more important than ever.

Whilst recognising 25 years of raising awareness, providing award-winning Diabetes Wellness support programmes, and funding the research that we hope will one day find a cure, we used this milestone anniversary to reflect, rethink and redouble our efforts to ensure that people with diabetes are *'staying well until a cure is found...'*

Our focus in 2023 was to ensure that we offered Wellness programme activities that met need and delivered impactful outcomes whilst maximising opportunity for DRWF to engage in partnerships that delivered revenue and benefit for all parties.

### To this end, we –

- Reviewed our Research Strategy to ensure that the awards we offer remain attractive, financially sound, fit for purpose and demonstrate impact for the researcher and the diabetes community.
- Re-organised our Diabetes Wellness event programme to deliver ***United Through Diabetes***, a wonderful concept that brings the diabetes community together with healthcare professionals, public health officials, third sector organisations and industry partners. All of whom are invested and intent on creating a brighter future for people with diabetes.
- Restructured our supporter database to ensure that we are taking a personalised approach to stewardship of beneficiaries and donors to improve recruitment and retention rates.
- Re-organised internally to form a Supporter Services Team which helped to create cost efficiencies by enabling us to bring a costly outsourced service in-house.
- Worked hard to diversify fundraising activities to reduce reliance on single income streams – an ongoing process but one which helps to ensure that the charity has sustainable income sources and fit for the future.

## 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 initiatives. In addition to our Trustees, we have an Editorial Advisory Board and a Research Advisory Board. These are panels of diabetes clinicians and scientists, and other relevant professionals and lay people, all of whom offer their time and expertise voluntarily to ensure that we meet the high standards required of us through our Association of Medical Research Charities (AMRC) accreditation and our commitment to producing clinically evidenced health and social care information. We wholeheartedly thank all of our volunteers for their time, expertise and commitment which helps us raise awareness to the charity, maximise income and maintain high standards of work.

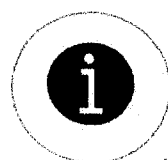
## Measuring Impact

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.

We keep people with diabetes at the heart of what we do. Beneficiaries and supporters are involved in numerous ways to ensure that our support and resources are relevant, accessible and meet needs, helping to steer our research priorities and programme activities.

## Activities & Achievements in 2023 – 25<sup>th</sup> Anniversary Year

### Awareness, information & support



**INFORMATION REACH:** Whilst recognising that a large percentage of existing supporters and beneficiaries engage through offline channels, it was important that we diversify our reach of a wider demographic of the diabetes community in 2023.

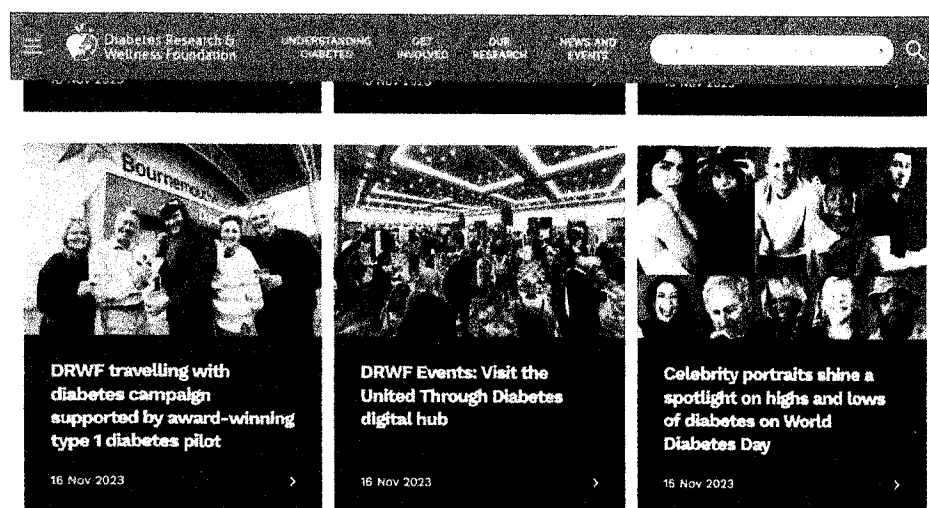
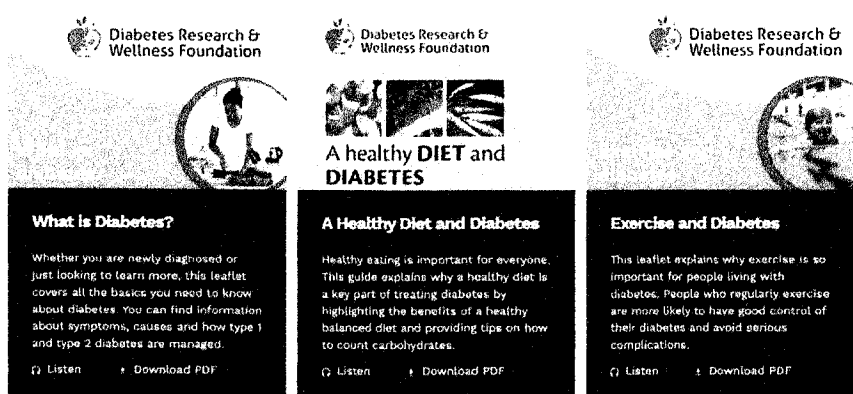
We distributed 192,181 campaign appeals in 2023 to existing supporters through direct mail and reached 29,762 prospective beneficiaries and supporters with new awareness campaigns. These appeals are dual purpose raising awareness and providing information about the charity's activities and funding, whilst seeking financial support. They also act as a stewardship tool, helping us to stay connected with long-standing supporters of the charity. Each campaign provides health information 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. We had an average campaign response rate of 11% across 3 streams resulting in over 24,818 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.



**WEBSITE:** Our online reach was significantly reduced in 2022 following a spike of engagement with our content in 2020/21 due to the pandemic. There were numerous reasons for this, and our goal was to remedy this situation in 2023, which we did most successfully. Visits to our website increased by 58% from 173,992 to 275,000 visits in the year. Traffic was consistently higher throughout the year instigated by news content and social media campaigns in support of our activities.

Updates to our patient information resources started in 2023 with rebranding of our leaflets. These resources are available from our website in pdf and audio format, providing choice of accessibility. We also offer to provide enlarged print versions of all health and social care resources. There were 8671 downloads of patient information leaflets in the year, with 'What is Diabetes?', 'A healthy Diet and Diabetes', and 'Exercise and Diabetes', being the most popular. Additionally, 6905 leaflets were distributed in hard copy during the year to diabetes and related healthcare professionals who order the resources in bulk for dissemination via their clinics.

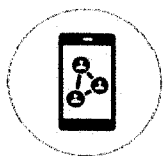


The news section of our website is at the top of the list in generating traffic, followed closely by the '**Living with Diabetes**' section which hosts our information resources. There was also a significant interest in our Wellness Programme and specifically our 25<sup>th</sup> Anniversary event '**United Through Diabetes**'. These three sections alone, accounted for almost 68,000 unique visits in the year.

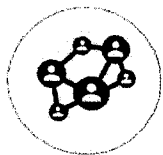
The post-event '**United Through Diabetes**' Digital Hub and subpages, received 2,499 views from 1,550 individual users, who visited more than once. This content was designed to disseminate the workshops and sessions delivered through our Wellness event to a wider audience who access information online.



**LIVING WITH DIABETES PODCASTS & VIDEOS:** We continued to produce our Living with Diabetes podcasts in 2023 which provides another channel through which to access interesting and educational diabetes content. Whilst these channels are still very much a work in progress, we have had reasonably good engagement during the year with 3,800 visits an increase of 30% on 2022. We aim to develop these channels during 2024.



**SOCIAL MEDIA CHANNELS:** Social media channels are a great way to reach a wider audience, quickly, with messages about our activities. Whilst we use multiple social media channels, we get greatest engagement in posts about our community activities via Facebook. Combined Facebook and Instagram reach was up around 15% in 2023 over 2022 with an equivalent increase in spend in the year. These channels also drive traffic to our website which was almost 60% up on 2022.



**DIABETES WELLNESS NETWORK:** We made changes to the way in which we produce and distribute our Diabetes Wellness Newsletter in the year. This is a subscriber activity which has historically been sent out monthly but due to rising production and postage costs, we increased pagination and changed distribution to quarterly. We have had good feedback on the additional content contained within the publication and we have not seen a downward trend in volume of renewals, other than those anticipated each year. Importantly, without decreasing value to our supporters and beneficiaries, we were able to reduce the volume of hard copy newsletters circulated in the year to 52,600 which helped to reduce our costs by around 41%. The intention is to make this newsletter available electronically going forward, but through survey of existing subscribers, this audience wish to continue receiving their printed magazine. This is somewhat due to the demographic profile of subscriber within this programme, and we expect this to change as we reach a wider section of the diabetes community who are familiar and at ease with digital channels.

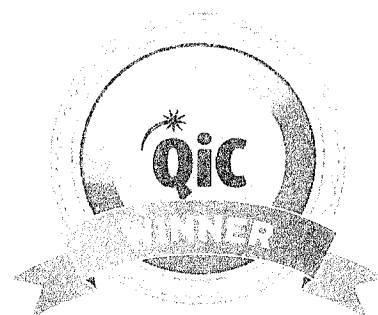


**PATIENT INFORMATION FORUM (PiF) TICK:** As members of the Patient Information Forum, we applied for PiF Tick accreditation on our adult health and social care resources. Following the robust review process operated by PiF we gained the PiF Tick kite mark which is displayed on our information resources. This demonstrates that we are a 'trusted information creator' which is an important way in which people seeking our help can recognise that our information is relevant, up-to-date, clinically referenced and peer reviewed.

## Quality in Care Diabetes – award winning Diabetes Wellness events:

Self-management is the cornerstone of diabetes care, with good self-management skills essential to achieve positive health outcomes and reduce the risk of associated health complications.

For the past 23 years, DRWF has been providing an annual programme of Diabetes Wellness events that are focused on enabling people to access relevant, evidence-based health information throughout the lifetime of their long-term condition. Whilst providing a wide range of diabetes and related-health workshops, interactive sessions and talks, the core principle on which this programme is built is 'peer support.'



Peer support is a valuable resource for people living with diabetes, their family, friends and carers and our Wellness events provide an opportunity to make new contacts and build new relationships through mutual acceptance and understanding, in a safe and inclusive environment.

Our events inform, inspire and empower people to take ownership of and have more control over their health and wellbeing. The diverse learning programme on offer helps people to develop knowledge, skills and confidence to address issues that are affecting their health and diabetes self-management. This is especially beneficial to people who are lonely or isolated and don't have an immediate support network around them.

We believe that this holistic approach supports all round wellbeing and increases learning capacity and resilience, and it is wonderful to see people return to our events year-on-year.

In our 25<sup>th</sup> anniversary year, our focus was on scaling our award-winning Wellness Day to reach a wider and more diverse diabetes audience, increasing footfall and incorporating 'research' into the programme. This gave us the



opportunity to showcase the research that the charity has funded over the last 25 years and demonstrate the impact that this work has had for the diabetes community.

This new event was an opportunity to demonstrate that together, we are **'United Through Diabetes'**.



## **United Through Diabetes – the BIG Diabetes Wellness Day**

On Saturday 16<sup>th</sup> September, we hosted the inaugural **United Through Diabetes** event which saw 443 delegates in attendance. This event was launched to mark the charity's 25<sup>th</sup> anniversary year to provide a one-stop shop of 'everything diabetes'. The event was supported by Industry partners,

and prominent speakers, such as the deputy clinical diabetes lead for England, Professor Partha Kar. The event reached a wide and diverse segment of the diabetes community, including families of children with type 1 diabetes, people with type 1, type 2 and other types of diabetes, as well as people working in diabetes and related healthcare. Just one of the highlights of the event was the opportunity for people to engage with DRWF funded researchers, past and present, to understand how the work we have invested in over the past 25 years has delivered impact/benefit for people with diabetes. Feedback on the quality and variety of workshops and talks on offer was extremely positive and the UTD Digital Hub extended our reach post-event to enable people who couldn't attend to benefit from the programme content.



## **Diabetes Wellness Family Camp**

Family Camp took place on 18<sup>th</sup> August at Whitemoor Lakes in Staffordshire. We received 34 family applications (117 individuals). Whilst our target was to accommodate 60 individuals, we were able to offer places to 86 people from 24 families. There is a robust triage process in place for Family Camp given that many children are living with complex health needs beyond type 1 diabetes. All those that did not meet the criteria for

*"We stepped out of our comfort zone, and it brought us together."*

*"Opportunity to talk to other children/parents who have type 1 diabetes, time as a family."*

Family Camp were offered places at our Autumn virtual **Camp in the Cloud**.

The aim of Camp is to bring families of children with Type 1 diabetes together in a fun, safe and welcoming environment. The emphasis is on providing fun for the children and a little respite for the parents/guardians and perhaps most importantly, providing a platform for meeting families to share similar experiences of life with diabetes so as to build relationships based on mutual understanding and acceptance.

*"Meeting new people. Sharing experiences."*



percentage to previous years. Non-attendance can happen for several reasons, poor health, unable to travel etc., and so families who can't attend for clear reasons are offered places at the next CiTC.

A full programme of online activities was offered, with a box of arts and crafts, and other materials, supplied beforehand to make the day as interactive and fun as possible. DRWF hosted a 'Talking Type1' session for the families where they could raise important questions with our guest speaker, Heather Holland, DSN. Fun was had during the day with the DRWF Dance for Diabetes session which all attendees participated in, led by dance teacher Megan. The day concluded with a closing ceremony and games.



## Diabetes Wellness Morning - Hartlepool

The Diabetes Wellness Morning held in Hartlepool was a new take on the event that the charity has been providing for the last 11 years in the Northeast. Hosted on behalf of DRWF by longtime volunteer, Hayley Hakansson, the event was held to recognise World Diabetes Day and mark the 25th anniversary of the charity.

The Wellness Morning was held at the National Museum of the Royal Navy and was attended by 30 people. The aim of the morning was to support people living with diabetes, their family, and carers, to provide practical information, tools and tips to improve self-management and understanding of the condition whilst providing an opportunity to spend time with diabetes healthcare professionals.

The event was organised with the support of the Hartlepool Diabetes Support Group and colleagues at the North Tees and Hartlepool NHS Foundation Trust. Attendees enjoyed a busy morning featuring presentations on diabetes and a question-and-answer session from guest Diabetes Specialist Nurses Julie Sinclair and Patricia Lowther.

Hayley said: "Everyone attending the event said how warm and welcoming the Wellness Morning was and they felt they had learned something new, in addition to refreshing their knowledge of helpful tips for living with diabetes."

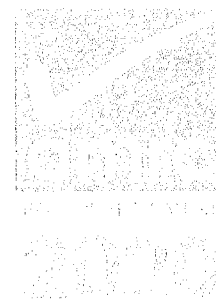
In the build-up to the event Hayley promoted the Wellness Morning with an appearance on the Radio Hartlepool breakfast show, talking to presenter Jason Anderson about her voluntary roles in her local community and encouraging people with diabetes to attend the Diabetes Wellness Morning.



## Research Funding Programme

Each year, we issue Calls for Applications in respect of our 3-year Clinical, Non-Clinical and Pump Priming awards.

DRWF Fellowships provide the necessary funding to support Early Career Researchers (ECR) which is vitally important to ensure that clinical and scientific talent stays and develops within the diabetes medical research community. ECR's represent a young and diverse research population, and provide a constant flow of talent, new ideas and new skills. Some of them will go on to be the senior diabetes researchers of the future, so with very few funding awards available to this vital community, the DRWF awards are lucrative and well positioned to attract the best and brightest young researchers.



Our Pump Priming stream is a proof-of concept funding channel, which aims to produce translational pilot study data that goes on to leverage higher value, longer term funding from other organisations to take the research conducted to the next level.

The DRWF 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.

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 reviewed 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.

We operate a rigorous peer review process by which our Research Advisory Board (RAB), 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.



#### **Claire Levy – living with T2 Diabetes**

*"Funding research into new treatments and new technologies has transformed the lives of people living with all forms of diabetes, including myself as someone with Type 2 Diabetes. DRWF has funded some amazing research over the last 24 years, made possible by the very generous donations of our supporters, which has really advanced our knowledge of the different types of diabetes and how to manage and treat it. We will only find a cure through research and your gift could make all the difference."*

### **Research Advisory Board Strategy Day**

The charity's Research Advisory Board (RAB) met in March to review current funding streams and consider whether awards are delivering value for money, for DRWF, the researcher/institution, and perhaps most importantly for the diabetes community. Past and currently funded researchers were invited to present to the RAB from across Fellowship, Pump Priming and Contract Funding streams. The RAB were impressed by the results that have been seen in all strands of funding whether that be Pump Priming funding collecting translational pilot study data which has gone on to prove a new concept and leveraged additional funding for a wider body of work to be undertaken, or career progression which has helped develop and retain expertise in the diabetes research arena, whilst leveraging higher value multi-year funding for further work. The Strategy Day resulted in a recommendation to the charity's Board of Trustees to uplift Fellowship awards to ensure that they remain attractive and competitive with increasing salaries and consumable costs. This was approved by the Board and will be offered with the next call for applications for Fellowship grants. The discussions and information collected at the Strategy Day enabled the update and publication of the charity's Research Strategy for 2024-26.



# Diabetes Research & Wellness Foundation

## Research Strategy 2024-26



amrc

## Pump Priming Awards

Calls for applications were issued in September 2023 for Pump Priming Awards to be taken up in 2024. A total of 20 applications were received from which six research awards were made with a total value of £119,982.

The DRWF research programme is designed to support bright young researchers, as well as established institutions, as they strive to make the kind of life-changing breakthrough our diabetes community is hoping for.

Pump Priming awards considered 'proof of concept' and are either Clinical or Non-Clinical in nature. Successful projects are funded for up to two year's duration, to the value of £20,000. No-cost extensions to the term may be considered.



Nottingham Trent University  
Dr Adaikala Antonysunil  
Nottingham Trent University  
£20,000

**Title:** *Integrated omics to identify the epitranscriptomic interactions between methyl modifications of mature miRNAs and transcriptome in placenta due to micronutrient (B12) deficiency promoting diabetes in pregnancy*

**Lay Summary:** Obesity in pregnancy has adverse effects on both mother and baby and predisposes them to heart diseases later in life. Women of child-bearing age, pregnant, lactating and women adhering to vegan diet are at much higher risk of B12 deficiency, and their offspring are at elevated risk of low birth weight and preterm birth. This led to significant interest in understanding the maternal diet during pregnancy.



My research showed that pregnant women with low B12 have higher sugar and fat levels in the blood and develop more body fat, which are signs of higher risk for heart diseases in later life. However, the causal reason is unknown.

B12 is one of the key micronutrients turning the biological switch on/off for the methylation process, which is responsible for efficient functioning of small RNA molecules called microRNA that control genes and cellular process.

Here I propose that when B12 levels are deficient, the methyl groups normally added to the microRNA are reduced. This results in dysfunctional microRNAs which could profoundly change gene/protein products and contribute to disease development. The aim is to characterise the methylation sites and identify the gene targets of microRNAs at the tissue level caused by low B12 using advanced technologies.

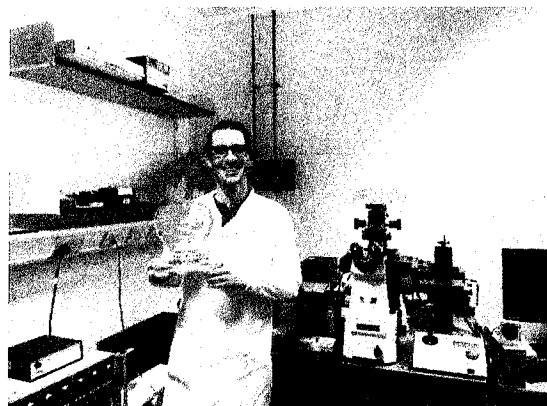
This approach will identify new pathways affected and detect new targets that could enable tailored therapies in specific patient subgroups to treat diabetes. Benefits are anticipated to enhance the potential for the individualized health care and management of patients with diabetes during pregnancy.



**Dr Steven Millership**  
Imperial College London £20,000

**Title:** *Repurposing epidrugs for functional enhancement of human pancreatic beta cells*

**Lay Summary:** Insulin-secreting beta cells of the pancreas are what are destroyed or become dysfunctional in diabetes. To restore this functionality, methods have previously included to transplant isolated islets from donor patients, however this has been met with problems of survival of lifelong immune suppression for the patient, and the survival of the implanted islets themselves.



Several research groups have made pioneering progress over the last decade by using stem cells originally from the patient, that have a capacity to become any cell in the body and generating beta cell “like” cells using a cocktail of various compounds over multiple stages of beta cell development in the laboratory. What these cells lack however is their “incomplete” levels of maturity to become a fully functional beta cell, as measured by the amount of insulin produced and their capacity to secrete it into the bloodstream.

We hypothesise that the missing element are pathways that regulates the expression of key beta cell genes (and therefore beta cell maturation) in the body, known as epigenetic pathways. We will screen a large number of commercially available compounds that target these epigenetic pathways known as “epidrugs” and assess their ability to enhance human beta cell maturation in a cellular model system.

Our goal is to interrogate the role that these novel epigenetic pathways have on beta cell functional maturation and ultimately to assess their ability to enhance the functionality of stem cell-derived beta cells prior to transplantation into patients with diabetes.

**Dr Elizabeth Haythorne**  
Edinburgh University £20,000

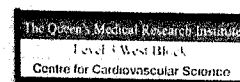


**Title:** *Does partial inhibition of glucokinase protect human pancreatic beta-cells against glucotoxicity and glucolipotoxicity?*

**Lay Summary:** All forms of diabetes are characterised by a chronically elevated level of blood glucose (chronic hyperglycaemia, or high blood glucose), which results from insufficient secretion of insulin from the  $\beta$ -cells of the pancreas. Type 2 diabetes is a progressive disease in which elevated blood glucose gradually damages the  $\beta$ -cell so that they release even less insulin, which leads to higher blood glucose levels and therefore further  $\beta$ -cell damage.

At time of type 2 diabetes diagnosis, it is often found that an individual’s capacity to produce adequate amounts of insulin to maintain healthy blood glucose levels has declined by as much as 50%. This inexorable decline in  $\beta$ -cell function leads to devastating secondary complications, such as heart, eye and kidney disease.

Although the current therapeutic strategies available for type 2 diabetes can reduce blood glucose either by enhancing insulin release (sulphonylureas, GLP-1 receptor agonists) or by increasing glucose clearance from the blood (insulin, metformin), none of these therapies provide any long-term benefit regarding maintaining  $\beta$ -cell health and insulin secretion.



In people without diabetes, a rise in blood glucose causes glucose from the blood to be taken up by the  $\beta$ -cell where it is broken down by metabolism to produce a molecule called adenosine triphosphate (ATP), which is needed to stimulate insulin release. In contrast, when blood glucose is chronically elevated, too much glucose is metabolised by the  $\beta$ -cell and eventually causes “blockages” in the metabolic pathway.

These “blockages” mean that glucose can no longer be metabolised to produce enough ATP to cause insulin secretion. Thus, this proposal will investigate if the  $\beta$ -cell can be protected against the detrimental effects of chronic hyperglycaemia by lowering the amount of glucose which is metabolised by the cell down to the same level as which occurs in people without diabetes. This novel approach will prioritise maintaining, or restoring,  $\beta$ -cell health and insulin secretion which will greatly reduce the risk of developing debilitating secondary complications.

**James Russ-Silby**  
University of Exeter £20,000



**Title:** *Gene discovery in transient neonatal diabetes to gain new insights into beta-cell development and function*

**Lay Summary:** Pancreatic beta cells make insulin, which controls blood sugar levels. When beta cells cannot make enough insulin, it leads to diabetes, a chronic and common condition affecting millions worldwide.

The aim of our project is to provide a deeper understanding of how beta cells function and develop. We will study individuals with rare types of diabetes caused by a single genetic defect. This helps us to better understand how beta-cells work by allowing us to look at what happens when a single pathway is broken, offering a window into the broader functioning of beta cells.

The type of diabetes we will investigate is transient neonatal diabetes mellitus (TNDM). TNDM is diagnosed in babies who are unable to produce enough insulin during their development before birth and in early life. Uniquely, these children temporarily regain the ability to produce enough insulin in childhood but are then re-diagnosed with diabetes later, usually in adolescence or early adulthood.

Studying these babies, therefore, allows us to gain new information on the function and development of beta-cells through time. We will look for new genetic defects causing TNDM to find the key genes responsible for the disease. We will use a powerful genetic technique called whole genome sequencing. This allows us to read all of the person's DNA, meaning we can comprehensively look for the defects that cause the diabetes in people with TNDM. We have already ruled out all the known causes and selected individuals who have the strongest features of TNDM, meaning we are very likely to find new genes.

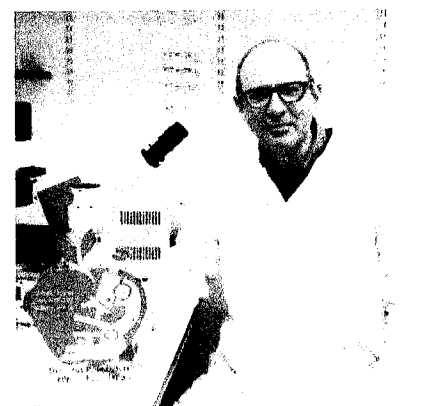
Our findings will provide key new information on the pathways that govern beta cell function and development. This is the crucial first step towards identifying new drug targets for diabetes, bringing us a step closer to better management and treatment of this condition.



**Dr Lazaros Foukas**  
University College London  
£19,997

**Title:** *Novel molecular determinants of brown adipose tissue inflammation in obesity and glucose dysmetabolism*

**Lay Summary:** Poor nutrition and population ageing are the main contributors to the current global epidemic of obesity and type 2 diabetes. A pathological process underlying the development of these conditions is chronic inflammation of the adipose tissue.





There are two main types of adipose tissue: white adipose tissue that stores energy in the form of fat, and brown adipose tissue that contains a unique type of mitochondria (cellular organelles that produce energy), which can dissipate the energy from fat and glucose as heat. Inflammation affects both the white adipose tissue and the brown adipose tissue.

Our research has shown that dietary fatty acids activate innate immune signalling pathways associated with inflammation and it aims to demonstrate that certain innate immune pathway components can be manipulated in a manner that promotes the energy dissipating activity of the brown adipose tissue.

This demonstration would provide proof-of-principle that pharmacological interventions altering the activity of innate immune inflammatory pathways can be used therapeutically to promote energy expenditure in a way that reduces body weight, improves insulin sensitivity and prevents or ameliorates type 2 diabetes.

**Dr Kleopatra Alexiadou**  
Imperial College London  
£19,985



**Title: *Semaglutide improves atherosclerosis via an anti-inflammatory action independent of weight loss***

**Lay Summary:** The majority of people with type 2 diabetes live also with overweight or obesity. One third of people living with diabetes are affected by cardiovascular disease, namely heart attacks and strokes. This is due to build up of atherosclerosis plaques (accumulations of fats, cholesterol and immune cells) in artery walls. These plaques can cause arteries to narrow, blocking the blood flow and leading to a lack of blood supply e.g. to the heart (causing heart attacks) or to the brain (causing strokes).

Semaglutide is a medication based on gut hormones and it was initially approved for the treatment of diabetes. Semaglutide is now also licensed for weight loss.

Some studies have shown beneficial effects for the cardiovascular system although the exact mechanism is not fully understood. Inflammation, where the immune system is activated to get rid of irritants and infection, is a normal process that exists to get rid of these irritants. Low grade inflammation is also associated with obesity, type 2 diabetes and atherosclerosis.

My hypothesis is that semaglutide has a beneficial cardiovascular profile via reducing inflammation and thereby slowing down atherosclerosis and that this is a direct effect of semaglutide and not merely a consequence of weight loss.



## 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 Facility Manager (post doc researcher)
- Islet Transplant Administrator

We maintained our contract funding awards at the DRWF Islet Isolation Facility, Churchill Hospital, Oxford. These

posts are funded for between 3-5 years, giving continuity and stability to the individual post holders and wider facility/teams. This is vitally important to ensure sustainability of expertise within the research group, given that this facility works on rotation to isolate islet cells for human transplant, as well as supply islets for research across the UK and Europe. The Deputy Facility Manager post became vacant in the early part of 2023 with the new post-holder recruited from 1<sup>st</sup> December.

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

2023 saw pancreas donor rates in the UK return to similar numbers to pre-COVID levels, and many of the COVID-precautions being relaxed. Our hospital maintained strict mask-wearing for part of the year and our team has adapted well to the benefits of hybrid working with online working for many of our meetings having become the norm. As observed in many scientific institutions currently, retention of junior staff was a challenge, but we were fortunate to maintain an enthusiastic and able workforce for our clinical isolation and research programmes. In December 2023, we were delighted to appoint Ahmad Kobiita as our new Deputy-Facility Manager. Ahmad came to us from Zurich, where he gained considerable experience as a post-doctoral scientist in islet biology.

This report provides a summary of our islet allo-transplant, islet auto-transplant, and islets-for-research programmes, as well as providing an update of our involvement with the Vertex Stem-Cell derived islet transplant trials.

### **Islet Allo-transplantation**

Our allo-isolation programme had a successful year overall. We maintained our established alternate weekly rota with King's in London for the first 5 months of the year, but unfortunately from June 2023, the King's lab had to temporarily close due to a contamination issue and remained closed for the rest of the year. This unexpected closure increased the pressure on Oxford and Edinburgh Islet Isolation Facilities. However, between January 2023 and December 2023, the DRWF Islet Isolation Facility performed 19 clinical islet isolations for allogenic use, 10 of which met the UK agreed release criteria for transplantation. This is a conversion rate of 53% (international average conversion is about 30%). During 2023, we established a new satellite beta-cell replacement clinic in Leicester which has been productive for islet referrals. This covers the East Midlands catchment area and complements our long-established clinic in Birmingham which covers the West Midlands. We are looking to establish a similar satellite arrangement at the Royal Free in London. We continued to promote strongly the importance of an individual patient-tailored approach to beta-cell replacement, offering an integrated clinical service comprising state-of-the-art insulin technology, whole pancreas transplantation, and islet transplantation. This enables every patient to be offered the very best treatment available for them.

### **Islet Auto-transplantation**

Our NHS-commissioned total pancreatectomy with islet auto-transplantation (TPIAT) programme for chronic pancreatitis is well established now and we have achieved excellent outcomes. Indeed, we presented our optimised TPIAT islet isolation protocol at the International Pancreas and Islet Transplant Association (IPITA) Congress in San Diego in October 2023. We aim to undertake one TPIAT per month. However, the recurrent industrial action during the year impacted service delivery. In 2023 therefore, the DRWF Islet Isolation Facility performed 4 clinical islet isolations for autologous use. All 4 of these islet preparations were transplanted. We are now in the process of applying for NHS-commissioning for TPIAT in children, something that our expertise in Oxford makes us well placed to provide for the UK.

## Research Islet Provision

The DRWF Isolation Facility in Oxford continues to be the UK Islet Resource Centre providing human islets for research to a network of type 1 and type 2 diabetes researchers. In 2023, our team distributed 2.2 million islet equivalents (IEQ - the international standardised way of counting islets) from 11 islet preparations. The ***'Increasing the Number of Organs Available for Research'*** (INOAR) initiative is now established, enabling donor organs from donors with diabetes to be retrieved routinely from across the UK for research purposes. The Oxford DRWF Islet Isolation team continues to lead the 'Islet Platform' for the related Quality in Organ Donation (QUOD) with responsibility for isolating and distributing islets for research from these rare pancreases. During the year, the team has had a substantial number of research outputs, including 6 presentations at the 2023 IPITA Congress.

## Vertex Stem-Cell Derived Islet Trials

In September 2023, Oxford was opened as the first site in the UK (and one of only a handful in Europe) for the Vertex 880 and Vertex 264 stem-cell derived islet transplant trials. The initial international data for these trials is encouraging, and this technology could be a game-changer for people with type 1 diabetes. The key role that the Oxford DRWF Isolation Facility team are playing in these and other 'state of the art' studies, demonstrates that we remain at the leading edge of the islet isolation and islet transplantation fields internationally.

Finally, I would like to reiterate my immense gratitude to the DRWF Trustees for their ongoing generosity in funding the Oxford Programme. I can reconfirm my team's full commitment to maintaining our successful collaboration and partnership with DRWF for many years to come, and to ensure that we will continue to take every opportunity to promote the DRWF mission in all that we do.

**Professor Paul Johnson**

**Professor of Paediatric Surgery, University of Oxford**

**Director of the Oxford Islet Transplant Program & DRWF Human Islet Isolation Facility**

## Research impact

Each year, our funded researchers deliver interim and annual reports to demonstrate that their work aligns with the award criteria and progress updates are provided throughout the term of funding. These reports are reviewed by the Research Advisory Board, from which we publish articles in our quarterly Diabetes Wellness News to update our beneficiaries and supporters on the impact that our funding is having for people with diabetes.

*Here are two such examples –*

### Unlocking the mystery of Down's syndrome and diabetes

**Professor Kathleen Gillespie, Professor of Molecular Medicine, University of Bristol, was awarded an £18,000 Pump Priming Grant for the study *Does a leaky gut increase the risk of diabetes in children with Down's syndrome?***

While most people are familiar with Down's syndrome, many are unaware that children with the condition are four times more likely to develop type 1 diabetes. In addition, when they do, it tends to strike earlier in their lives.

People with Down's syndrome have an additional copy of chromosome 21; however, from available previous research it has not been clear why this causes them to be at such a heightened risk for developing diabetes.



A DRWF-funded study of 116 babies with Down's syndrome, led by Professor Kathleen Gillespie in Bristol, set out to explore the connection.

For parents and guardians of children with Down's syndrome, the findings could offer invaluable insights.

#### Key findings of the study

- **Presence of specific antibodies**

The research found that antibodies to bovine serum albumin (BSA), a food antigen, were more prevalent in children with Down's syndrome. Simply put, these antibodies might indicate an increased gut permeability or "leaky gut," which some theories suggest might be related to autoimmunity and the development of type 1 diabetes.

- **Genetic predisposition**

Interestingly, children with Down's syndrome and diabetes possess fewer genetic risk factors for type 1 diabetes compared to age-matched children without Down's syndrome. This challenges our understanding of the usual genetic predispositions for diabetes.

- **Increased autoimmunity to insulin**

Children with Down's syndrome exhibited a heightened autoimmunity to insulin, another indicator of their increased risk of type 1 diabetes.

The research has reinforced the understanding that children with Down's syndrome are more susceptible to type 1 diabetes and other autoimmune conditions like thyroid autoimmunity. It has further deepened the knowledge on the unique ways this vulnerability manifests in Down's syndrome compared to the general population.

#### Why are these findings important?

Knowing that children with Down's syndrome have a higher propensity for type 1 diabetes provides an avenue for early intervention and tailored healthcare. Beyond that, these findings might give clues about the broader mechanics of diabetes and autoimmunity.

## Implications and future directions

For decades, autoimmunity in children with Down's syndrome was a niche topic. However, over the past five years, the scientific community's interest in understanding the unique health profile of Down's syndrome has surged.

There are suggestions that children with Down's syndrome have a heightened response to interferons – proteins that play a critical role in our immune reactions.

This heightened response might be the key to their increased risk of autoimmunity. Moreover, this could also explain why some children with Down's syndrome develop autoimmune reactions while others do not.

The research journey was not without its challenges. The study faced a temporary halt due to Covid-19.

However, this time was productively used for genetic analysis.

The researchers also encountered difficulties with certain laboratory tests, particularly the fatty acid binding protein 3 test. However, they are committed to overcoming these challenges and reattempting the test.

Looking forward, the research team is gearing up to answer a critical question:

***Why do some Down's syndrome children develop autoimmunity while others do not?***

This is at the heart of an upcoming grant application and is set to become a focal point for future studies.

## Conclusion

The puzzle of Down's syndrome and diabetes is complex, but we are starting to fit the pieces together. This study has shed light on some critical aspects of why these children are at a higher risk for type 1 diabetes.

As research progresses, we are not only understanding Down's syndrome better but also getting deeper insights into the enigma that is diabetes.

For children with Down's syndrome and their families, this knowledge offers hope and a path to better, more-informed care.

## Could our genes hold the key to future diabetes treatments?

**Dr Sarah Finan, Clinical Senior Lecturer in Diabetes and Honorary Consultant in Diabetes, Blizard Institute, Queen Mary University of London, was awarded a £19,771 Pump Priming Grant for the study *Uncovering novel, rare genetic causes of type 2 diabetes in people of Bangladeshi and Pakistani heritage participating in East London Genes and Health.***

Diabetes affects millions of people worldwide and its prevalence is particularly high among certain communities, such as the British Bangladeshi and Pakistani populations.



While most are familiar with type 2 diabetes, the underlying causes and the intricate science behind it can be complex.

Dr Finan's recent DRWF-funded study delved deep into the question: what if our genes could offer clues to understanding, preventing and even treating this condition?

## **The *Genes and Health* study**

The ***Genes and Health*** study is a large-scale research project focusing on British Bangladeshi and Pakistani volunteers. Historically, these communities have been underrepresented in research studies.

The primary goals of this study are twofold:

- **Address the health inequalities faced by these communities, such as higher rates of type 2 diabetes and heart disease.**
- **Increase the representation of these communities in scientific research.**

With more than 55,000 volunteers already participating, the study aims to gather insights from 100,000 individuals in total.

### **The role of “knockout genes”**

Imagine genes as tiny instruction manuals within our cells. Sometimes, a gene might have a “misprint” or error, causing it not to work properly.

These are called “knockout genes”. By studying individuals with these genes, researchers have been trying to understand how these rare genetic changes can provide insights into how our body functions and why certain diseases develop.

One of the significant findings from the study revolves around a gene called MC3R (melanocortin 3 receptor). This gene plays a crucial role in how our brain controls our body’s development, puberty and growth during childhood.

One volunteer with a “knocked out” MC3R gene had delayed puberty, obesity, type 2 diabetes, and was shorter in height. This discovery could help understand the causes of delayed puberty and the potential roles of this gene in obesity as well as diabetes.

### **The potential for future treatments**

The study findings are not just academic. By understanding the role of these genes in diabetes and metabolism, researchers hope to identify potential targets for future drug treatments. For example, if a specific gene is found to play a significant role in diabetes, drugs could be developed to target that gene’s function, potentially offering a new treatment avenue.

The study is currently exploring other genes related to diabetes and obesity.

Researchers hope their investigations will reveal more genetic causes of these conditions and possibly identify new targets for future drug treatments.

### **Challenges and implications**

Like all scientific endeavours, the study faced its share of challenges. From changes in scientific collaboration to the global Covid-19 pandemic, the research team had to adapt and pivot.

However, despite these challenges, the study’s implications are vast:

- **Scientific discovery**

The study has uncovered new areas of biology, providing insights into how our bodies work and the potential mechanisms behind diseases like diabetes.

- **Drug development**

The findings could lead to advances in drug development, offering hope for more effective treatments in the future.

- **Broadening research**

The success of the ***Genes and Health*** study has paved the way for other research projects, expanding our understanding of various diseases and conditions.

## The bigger picture

The **Genes and Health** study is a testament to the power of genetic research. By understanding our genes, we can gain invaluable insights into diseases like diabetes, offering hope for better treatments and a healthier future.

For the British Bangladeshi and Pakistani communities, this research represents a step towards addressing health inequalities and ensuring that medical advancements benefit everyone equitably.

Dr Sarah Finer, principal investigator of the study, said: “The generous Pump Priming Award made to me by DRWF at a critical juncture of my career has been invaluable and highly successful.

“I am very grateful to the DRWF team and those supporting its work financially for making this award possible.”

## Global consensus statement endorsement

In 2023, we were asked to endorse a Global Consensus Statement **‘Towards standardization of person-reported outcomes (PRO’s) in diabetes research’**. This project was to address the lack of standardization/harmonization of PRO’s, limiting the comparability of findings across studies in a space where too often, patient’s perspectives of their lived experience with diabetes are lacking as primary or even secondary outcomes in clinical trials.

We considered this to be an interesting and important piece of work given that clinical outcomes in diabetes are intimately tied to how the person living with diabetes reacts to and implements treatment recommendations.

Whilst DRWF did not fund or participate in the data review project itself, we hosted a Type 2 diabetes patient panel to ensure that people with lived experience were given the opportunity to contribute to the narrative around the importance of person reported experiential and clinical outcomes, and therefore the global consensus statement itself. The panel consisted of: Professor Richard Holt (clinician) – *‘Importance of PRO’s in clinical care and optimizing outcomes’*; Dr Mark Evans (researcher) – *‘The importance of PRO’s in clinical research studies which are integral to design and evaluation to ensure relevance to people with diabetes’*; Claire Levy (T2D) & Chris Edwards (T2D) – *‘How lived experience and psychosocial health impacts on day-to-day self-management of diabetes’*.

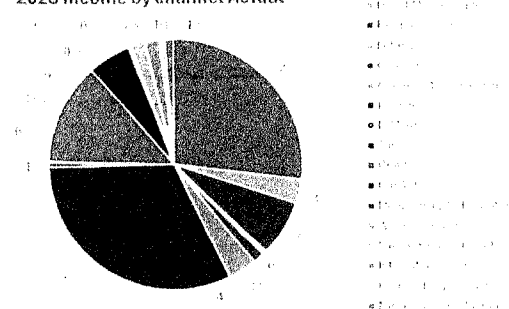
## How we raised our money in 2023

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

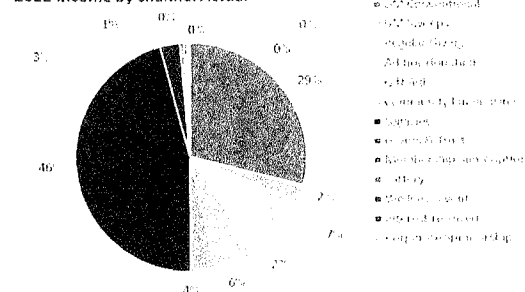
Our plan for 2023 was to maintain focus on building resilience and sustainability for the future through succession planning, diversification of income streams and delivery of purposeful programs that continue to meet the ever-changing needs of people with diabetes.

Fundraising continued to be challenging in 2023 and this affected our actual income in the year which was £1,658,853 a shortfall of 6% on our budget expectation of £1,760,147 and 6% lower than income received in FYE 2022 at £1,765,756. This was largely related to the reduced volume of direct mail campaigns that we distributed in the year, which we anticipated would be higher, resulting in a lower response rate/value of donations alongside a reduction in legacy income in the year.

2023 Income by channel Actual



2022 Income by channel Actual



## 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 explored 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:

Whilst we use the services of fundraising consultants, as and when needed, to advise on some of our activities, we did not work with a professional fundraiser during the year. Commercial participation agreements are in place where necessary.

## YOU make ALL the difference!

As a charity that exists almost entirely, at this time, on voluntary donations and fundraised income, we are always humbled and heartened by the support that we receive.

Here is a snapshot of some of the community activities that took place in 2023 that helped raise awareness of diabetes, the charity and its services, as well as vital funds to support all our charitable activities -





## Kathrine takes on daring abseil challenge...

***A daring mother has supported her family member's living with diabetes by completing a fundraising abseil in support of DRWF.***

***Kathrine was inspired to become an enthusiastic fundraiser for DRWF following recent diagnoses of type 1 diabetes in her immediate family. She recently took part in a fundraising abseil challenge and her efforts raised £1,878.13 in support of DRWF and the charity's activities.***

***Six years ago, Kathrine's husband John Wallis was diagnosed with type 2 diabetes at the age of 50. This type of diabetes is usually influenced by lifestyle, particularly in later life as increased weight can result in lower levels of insulin production.***



***It was not until their 10 year-old son Jonty was diagnosed with type 1 diabetes a year ago that specialists thought perhaps he had a late onset of the auto-immune form of the condition, which proved to be the case.***

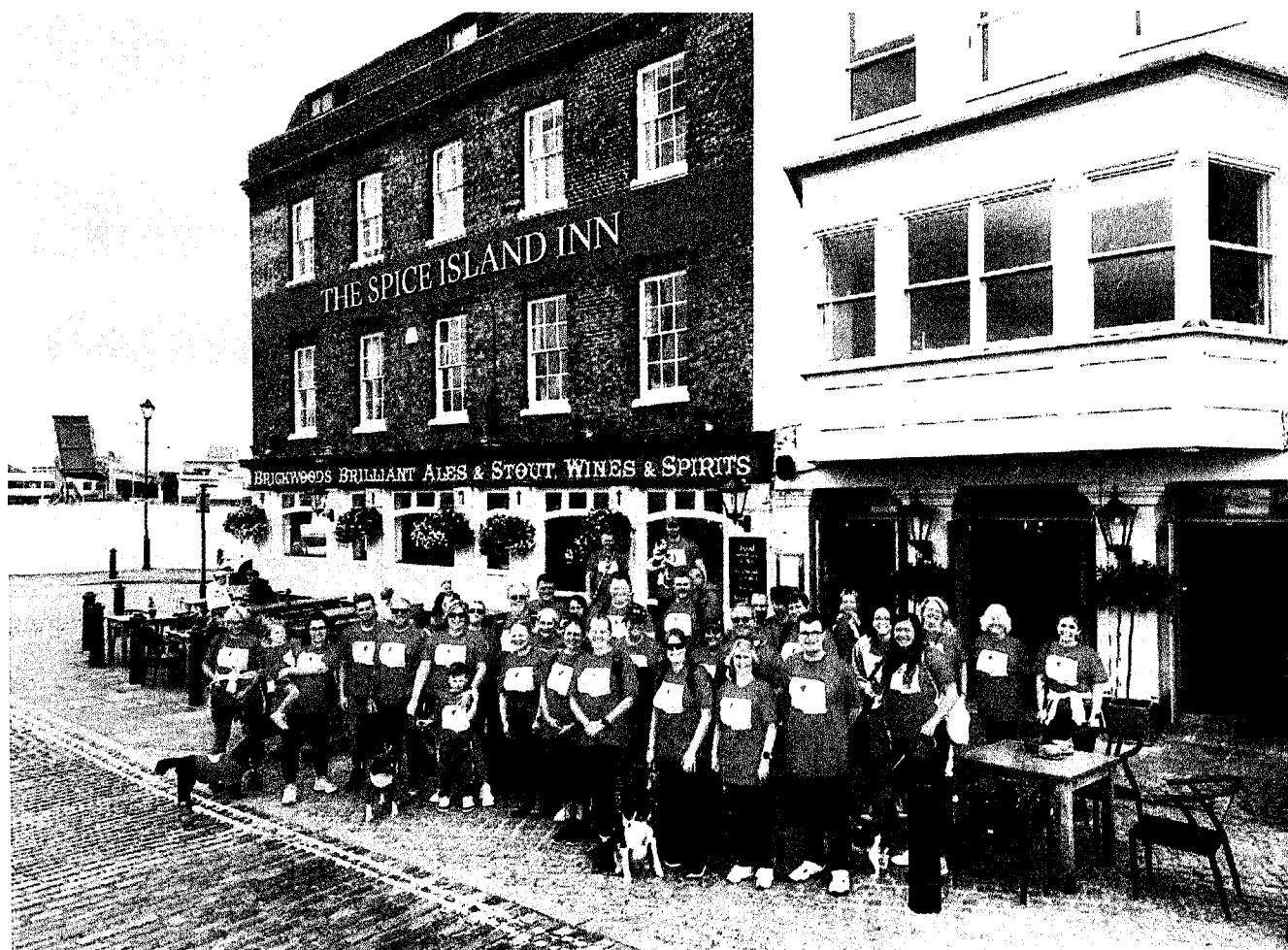
***Kathrine who spotted the symptoms a year ago took him to the family GP after checking his blood sugars. It came as a big surprise when her husband's diagnosis was changed to type 1 diabetes. She said: "I had been looking after John's diabetes through diet, however this change in diagnosis was quite a shock.***

***"John and Jonty really support each other in their diabetes journey, especially as they both use the latest continuous glucose monitoring (CGM) technology to help their control."***

***Kathrine has earned something of a "daredevil" identity after embracing more white-knuckle sponsorship activities, including a skydive as well as her recent 85m (278 feet) abseil down the Portsmouth Spinnaker Tower.***

***Kathrine said: "I was just pleased to be able to use these challenges to help DRWF fund more research into type 1 and type 2 diabetes and tools to help people to stay as well as possible when living with all forms of diabetes."***

## ‘Diabetes Dawdle II’ Sponsored Walk in Portsmouth



On Saturday 28th September 2023, following a successful inaugural walk a year prior, thirty-eight passionate and enthusiastic fundraisers arrived at The Spice Island Inn, Old Portsmouth, to walk the coast in Portsmouth.

Over the next few hours, walkers from all ages (... and 5 dogs!) made their way through historic Portsmouth walking the circular 4 or 7 mile route. The route was designed to take in sights such as the Iconic Spinnaker Tower, Nelsons Column, and the beautiful Royal Garrison Church, which was built around 1212. There was even a designated halfway point, to grab refreshments or skim some stones into the sea – something which was enjoyed by the younger members of the walk!

The event was a huge success with all walkers finishing in good form and collectively raising a fabulous £2,723 for DRWF through sponsorship and donations.

## ***‘Dance for Diabetes’ takes Portsmouth by storm with 2,839 children dancing for a cure!***

Dance for Diabetes returned for its second year as the relationship between DRWF, Hampshire based afterschool provider ‘Funkidz Dance’ and schools across Hampshire continued to strengthen.

On Friday 26<sup>th</sup> May 2023, ten schools consisting of 2,839 participating children took part in DRWF’s annual danceathon fundraiser prior to Easter Half Term. The children spent around 15 minutes per week (for 5 weeks) learning the choreographed dance to a popular song during school hours.



The event was a ground shaking success, raising £16,685 in total. This event has a fundraising split 60/40% between DRWF and participating schools. This format is appreciated by the schools that take part providing their children an opportunity to fundraise in support of a local charity, whilst raising some much-needed income for the schools themselves. DRWF collected £10,011 with the remaining £6,674 shared between the participating schools. Great fun was had by all.



***Dance for Diabetes*** will host a performance week in 2024, giving participating schools more flexibility around their academic timetable.

The date has been confirmed as Monday 20<sup>th</sup> – Friday 24<sup>th</sup> May 2024. More information can be found at [www.dancefor.org.uk/news-and-events/2024/](https://www.dancefor.org.uk/news-and-events/2024/).



**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 18 FPS requests, which are suppressed from all contact, 22% lower than received in 2022.

**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 didn't receive any complaints about our fundraising practices during the year.

**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](http://drwf.org.uk) sets out how we capture, process, manage and retain personal information.

## 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.

Management accounts are prepared on a quarterly basis and forecasting reviewed mid-way through the year.

### Income:

Total income was £1,658,853. This was 6% below budgeted income (£1,760,147) and 6% less than income received in 2022 (£1,765,756). Voluntary donations including gift aid receipts at £777,930 was 10.5% less than income received in 2022 (£868,766). Legacy, In Memory & Trust income, having been budgeted for on a 3-year average was £524,625 which was 36% lower than received in 2022 (£820,553), as expected given the volume and value of legacies received and accounted for in the previous year.

### Expenditure:

Total expenditure was £1,855,067 which was 2% below budget (£1,899,576), and 9% less than expenditure in 2022 (£2,030,351).

At year-end we had a deficit of £196,214. This was 41% more than we had anticipated when budgeting for the year where we had predicted a deficit of £139,156. Whilst expenditure in the year was under budget, the deficit was impacted quite significantly by the reduction in voluntary donations and fundraised income received in the year.

Direct charitable expenditure was 80p for every £1 spent (81p in 2022). We believe this demonstrates our commitment to spending income on delivering the services for which we exist to provide.

## Government Grants

The charity received £122,458 from the Government's Covid Medical Research Charity Support Fund (BEIS) to support existing funding commitments of identified early career researchers.

## 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 are aware and mindful of the Charity Commission CC14 guidance on investments. The trustees,

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.

In 2023, the Board considered opportunities to deposit surplus cash into short-term, higher interest-bearing bank accounts to maximise investment return. Multiple deposits were made into the CAF Charity Deposit platform to the maximum value of £85,000 over a 3–4-month term during the year.

## 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 (£476,056 - £952,112).

At 31<sup>st</sup> December 2023, the charity held free reserves of £2,231,566 (unrestricted funds less tangible fixed assets). This equates to approximately 14 months of anticipated 2024 operating and charitable expenditures. Whilst this is significantly more than the policy level, 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. Therefore, these additional reserves will enable us to explore avenues of diversification of income streams, and to develop 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 2024 and beyond

Our focus for 2024 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.

Whilst we recognise that the charity sector is a challenging space, with ongoing impact from the cost-of-living crisis and recession, things do appear to be improving a little and this gives us hope.

We are intent on reversing the negative impact that both the pandemic and the economic climate have had on our ability to diversify and develop our fundraising portfolio and deliver Wellness programmes that meet the needs of the diabetes community and the healthcare professionals that look after them.

To do this effectively, we plan to –

- Review current operations, processes and procedures to ensure that we are maximising opportunity to create sustainable income streams and beneficiary services.
- Develop our Wellness Programme activities to ensure that they meet need and deliver impactful outcomes whilst maximising opportunity for DRWF to engage in partnerships that deliver revenue and benefit for all parties.
- Continue to identify ways in which to create cost-efficiencies and effect organisational change within the charity to make for an organisation that can navigate the ongoing challenges and is robust and fit for the future.

## Reference and Administrative Details

Charity Number:	1070607
Company number:	03496304
Registered Office:	Building 1000 Langstone Park Havant, Hampshire PO9 1SA Tel: 023 92 637808 Website: drwf.org.uk
Trustees & Directors:	Mr W. Michael Gretschel (Chairman) Mr John Alahouzos Mrs Valerie Hussey Mr Steve Jones Dr Shivani Misra (retired February 2024) Mr Christian Gretschel Mr Adrian Durelli (elected March 2024)
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 6 <sup>th</sup> Floor, 9 Appold Street London EC2A 2AP

## 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 15<sup>th</sup> June 1998, 2<sup>nd</sup> December 2001 and 24<sup>th</sup> 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 2023 six trustees served on the Board, from a variety of professional backgrounds relevant to the work of the charity. The Board meets routinely throughout the year post-quarter end to review activities and management accounts. Additional meetings are organised as required. Historically, the Board would meet at least once per year in person however this changed during the Covid-19 pandemic due to travel restrictions, with all meetings being held virtually. This has continued during 2023 and 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 (UK). He is also Chairman of the Board of A-rd (France), and a Board member of DWNS (Sweden), DWS (Finland) and DWN (Norway).
- Mrs. Valerie Hussey serves on the Board of Trustees of Diabetes Research & Wellness Foundation (UK) and is also an 'alternate member' on the Board of DWNS (Sweden).
- Mr. Christian Gretschel is a Board member of Diabetes Research & Wellness Foundation (UK) and also serves on the Board of A-rd (France)
- The Chief Executive of the Diabetes Research & Wellness Foundation, Sarah Tutton, serves on the Board of DWN (Norway).

Links between these independent organisations, has proved invaluable to the charity in helping to strengthen 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 are disclosed in note 13 to the accounts. Related party transactions are disclosed in note 21 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.

Our approach to risk assessment and management is evidenced across the organisation and throughout our activities. The risk register was circulated to the Trustees for review and scoring in July and resulting risks discussed at a Board meeting held on 19<sup>th</sup> October.

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

- Fundraising and dependency on single income streams
- Reserves
- Competition for support
- Business continuity
- IT risk/loss of data
- Program development including activities outside of objectives

The past few years have been incredibly challenging for all charities, with clear impact on fundraising activities and attrition in channels that, historically, have been very solid in their return. The charity is focused on diversifying activities to reduce reliance on unpredictable or single income streams.

The fundraising landscape is highly competitive at present, with more charities than ever applying for grant funding; individual donors reviewing their financial commitments because of the rising cost of living; and legacy income, which is an entirely unpredictable income source, contributing a high percentage of overall income.

We are mindful that fluctuations in income could impact on our ability to deliver direct charitable activities, and so remain agile in our approach to protect our aims and objectives. We are monitoring income and expenditure very closely and endeavour to scale back expenditure in line with income generation where possible.

Remote working through the pandemic, as well as diversifying our fundraising activities and provision of beneficiary programmes through multiple channels, has heightened our sensitivity to the impact that a cyber breach could have on the charity. We rely on public trust and generosity to support our activities, so are mindful of the financial and reputational risk a cyber breach could have.

We believe that we have strong IT systems in place that are fit for purpose but are aware of the ever changing digital/cyber landscape that we are operating in, as well as third sector reports of the volume of cyber breaches that take place in the UK charity sector. Cyber awareness information and training is routinely shared across the organisation as we expand the channels through which we engage with the diabetes community and the wider public.

New projects/activities are reviewed to ensure that they are consistent with our objectives, powers and terms of restricted funding (if applicable), but we are more aware of this more than ever as we develop the charities activities to ensure that we remain relevant to the diabetes community and its needs.

The trustees consider that the Charity has robust internal procedures, systems and processes and believe that risk assessment is embedded throughout the organisation.

**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.

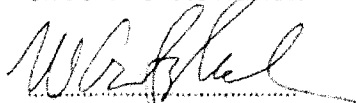
In so far as the trustees are aware:

- 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

12/06/2024

Dated

## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DIABETES RESEARCH AND WELLNESS FOUNDATION**

### **Opinion**

We have audited the financial statements of Diabetes Research and Wellness Foundation ('the company') for the year ended 31 December 2023 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 2023 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 have 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 33, 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 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 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

.....

**Samir Chandoo (Senior Statutory Auditor)**

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

Date: 18 June 2024

6<sup>th</sup> Floor  
9 Appold Street  
London  
EC2A 2AP

**Diabetes Research and Wellness Foundation**  
**Statement of Financial Activities (Incorporating the Summary Income and Expenditure Account)**  
**For the year ended 31 December 2023**

		Unrestricted Funds £	Restricted Funds £	2023 TOTAL £	Unrestricted Funds £	Restricted Funds £	2022 TOTAL £
<b>Income</b>	<b>Note</b>						
Donations and Legacies	2	1,191,928	21,974	1,213,902	1,536,268	8,665	1,544,933
Charitable Activities	3	96,546	253,613	350,159	149,478	43,319	192,797
Other Charitable Trading Activities	4	44,960	-	44,960	12,865	-	12,865
Investments		29,057	-	29,057	2,704	-	2,704
Income from Charitable Activities		1,362,491	275,587	1,638,078	1,701,315	51,984	1,753,299
Other Income	5	20,775	-	20,775	12,457	-	12,457
<b>Total Income</b>		<b>1,383,266</b>	<b>275,587</b>	<b>1,658,853</b>	<b>1,713,772</b>	<b>51,984</b>	<b>1,765,756</b>
<b>Expenditure On:</b>							
Raising Funds	6	378,648	-	378,648	390,936	-	390,936
Charitable Activities	7	1,262,851	213,568	1,476,419	1,572,554	66,861	1,639,415
Other		-	-	-	-	-	-
		<b>1,641,499</b>	<b>213,568</b>	<b>1,855,067</b>	<b>1,963,490</b>	<b>66,861</b>	<b>2,030,351</b>
<b>Net Income</b>		<b>(258,233)</b>	<b>62,019</b>	<b>(196,214)</b>	<b>(249,718)</b>	<b>(14,877)</b>	<b>(264,595)</b>
<b>Transfer between Funds</b>	20	-	-	-	-	-	-
<b>Net Movement in Funds</b>		<b>(258,233)</b>	<b>62,019</b>	<b>(196,214)</b>	<b>(249,718)</b>	<b>(14,877)</b>	<b>(264,595)</b>
<b>Total Funds brought forward</b>		<b>2,501,975</b>	<b>8,665</b>	<b>2,510,640</b>	<b>2,751,693</b>	<b>23,542</b>	<b>2,775,235</b>
<b>Total funds carried forward at 31 December 2023</b>		<b>2,243,742</b>	<b>70,684</b>	<b>2,314,426</b>	<b>2,501,975</b>	<b>8,665</b>	<b>2,510,640</b>

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.

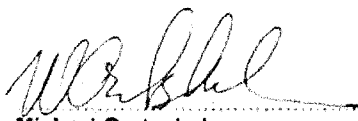


**Diabetes Research and Wellness Foundation**  
**Balance Sheet**  
**As at 31 December 2023**

	Note	2023 £	2023 £	2022 £	2022 £
<b>Fixed Assets</b>					
Tangible Assets	16		12,175		5,841
<b>Current Assets</b>					
Debtors	17	808,379		1,205,599	
Investments		424,258		-	
Cash at bank and in hand		<u>1,463,331</u>		<u>1,703,863</u>	
		2,695,968		2,909,462	
<b>Creditors : Amounts falling due within one year</b>	18	<u>(393,717)</u>		<u>(404,663)</u>	
<b>Net Current Assets</b>			<u>2,302,251</u>		<u>2,504,799</u>
<b>Total Net Assets</b>			<u><u>2,314,426</u></u>		<u><u>2,510,640</u></u>
<b>Reserves</b>					
Restricted Fund	20		70,684		8,665
General Reserve	20		<u>2,243,742</u>		<u>2,501,975</u>
			<u><u>2,314,426</u></u>		<u><u>2,510,640</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 FRS 102 Charity SORP.

The financial statements were approved, and authorised for distribution, by the Trustees on 12/06/2024 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 2023**

	Note		2023 £	2022 £
Cash used in Operating Activities	24		164,519	(1,005,546)
Cash Flows from Investing Activities		Interest on Bank Deposit	29,057	2,704
		Investments	(424,258)	-
		Fixed Assets	<u>(9,850)</u>	<u>(2,023)</u>
			(405,051)	681
Cash Flows from Financing Activities			-	-
Change in cash and cash equivalents in the year			<u>(240,532)</u>	<u>(1,004,865)</u>
Cash and cash equivalents brought forward 1st January			1,703,863	2,708,728
Cash and cash equivalents at 31st December 2022			<u>1,463,331</u>	<u>1,703,863</u>

**Diabetes Research and Wellness Foundation**  
**Notes to the Financial Statements**  
**For the year ended 31 December 2023**

**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 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. 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.

**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.

**Diabetes Research and Wellness Foundation**  
**Notes to the Financial Statements (Continued)**  
**For the year ended 31 December 2023**

**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 2023**

**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. Investments**

Current asset investments include deposits with a maturity date of more than three months.

**iii. 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 2023**

<b>2 Donations and Legacies</b>				<b>2023</b>	<b>2022</b>
				<b>£</b>	<b>£</b>
Donations				681,335	759,181
Lottery Programme				7,942	8,518
Legacies Received				524,625	820,553
				<u>1,213,902</u>	<u>1,588,252</u>
Included in the above are restricted donations and legacies of £21,974 (2022: £8,665)					
<b>3 Charitable Activities</b>				<b>2023</b>	<b>2022</b>
				<b>£</b>	<b>£</b>
Grants Received				261,504	48,231
Gift Aid Receipts				88,655	101,247
				<u>350,159</u>	<u>149,478</u>
Included in the above are restricted grants of £253,613 (2022: £43,319)					
<b>4 Other Charitable Trading Activities</b>				<b>2023</b>	<b>2022</b>
				<b>£</b>	<b>£</b>
Membership Subscriptions				7,392	9,336
Event Fees and Sponsorship				37,568	3,529
				<u>44,960</u>	<u>12,865</u>
<b>5 Other income</b>				<b>2023</b>	<b>2022</b>
				<b>£</b>	<b>£</b>
Miscellaneous Income				20,775	12,457
				<u>20,775</u>	<u>12,457</u>
<b>6 Fund Raising Costs</b>				<b>2023</b>	<b>2022</b>
				<b>£</b>	<b>£</b>
Caging				171,167	185,106
Carriers				3,474	2,086
Computer Charges				6,034	5,811
Lettershop and Data				5,629	6,353
Postage and Shipping				38,176	42,000
Printing				11,665	6,153
Publicity				1,163	1,533
Marketing Costs				-	3,025
Community Fundraising				16,005	16,259
Mail Pack Premiums				11,220	31,949
Lottery Costs				3,570	3,847
Staff Costs (see Note 12)				95,745	72,089
Sweepstake Winners				14,800	14,725
				<u>378,648</u>	<u>390,936</u>
<b>7 Charitable Activities</b>	<b>2023</b>	<b>2023</b>	<b>2023</b>	<b>2023</b>	<b>2023</b>
	<b>Direct</b>	<b>Grants</b>	<b>Gifts in</b>	<b>Support</b>	<b>Total</b>
	<b>Expenditure</b>	<b>Awards</b>	<b>Kind</b>	<b>Costs</b>	
	<b>(Note 10)</b>	<b>(Note 8)</b>	<b>(Note 9)</b>	<b>(Note 11)</b>	
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Research into the Relief of Diabetes	-	311,343	-	404,867	716,210
Raising Public Awareness of Diabetes	760,209	-	-	-	760,209
	<u>760,209</u>	<u>311,343</u>	<u>-</u>	<u>404,867</u>	<u>1,476,419</u>
	<b>2022</b>	<b>2022</b>	<b>2022</b>	<b>2022</b>	<b>2022</b>
	<b>Direct</b>	<b>Grants</b>	<b>Gifts in</b>	<b>Support</b>	<b>Total</b>
	<b>Expenditure</b>	<b>Awards</b>	<b>Kind</b>	<b>Costs</b>	
	<b>(Note 10)</b>	<b>(Note 8)</b>	<b>(Note 9)</b>	<b>(Note 11)</b>	
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Research into the Relief of Diabetes	-	275,857	-	402,394	678,251
Raising Public Awareness of Diabetes	961,164	-	-	-	961,164
	<u>961,164</u>	<u>275,857</u>	<u>-</u>	<u>402,394</u>	<u>1,639,415</u>

**Diabetes Research and Wellness Foundation**  
**Notes to the Financial Statements (Continued)**  
**For the year ended 31 December 2023**

<b>8 Grant Awards</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
University of Oxford	126,407	133,024
Cardiff University - Non Clinical Fellowship 2021	64,977	59,563
Association pour la Recherche sur la Diabete	-	200
University of East Anglia - Clinical Fellowship 2021	79,002	72,418
University College London - Non Clinical Fellowship 2022	66,853	10,722
	<hr/>	<hr/>
	337,239	275,927
Less: Unclaimed grants written back	(25,896)	(70)
	<hr/>	<hr/>
	<u>311,343</u>	<u>275,857</u>

**Diabetes Research and Wellness Foundation**  
**Notes to the Financial Statements (Continued)**  
**For the year ended 31 December 2023**

<b>9 Direct Charitable Expenditure</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Staff Costs (see Note 12)	371,825	396,767
Postage	156,848	203,382
Printing	68,964	68,803
Publicity	1,505	11,726
Mail Pack Premiums	44,461	194,318
Educational Events	81,099	49,752
Carriers	13,766	12,684
Grant Costs	2,570	2,083
Lettershop and Data	19,171	21,649
	<u>760,209</u>	<u>961,164</u>
<b>10 Support Costs</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Other Staff Costs	3,278	2,048
Professional Costs	29,097	16,755
Management Charge	156,408	159,771
Office Expenses	72,997	66,995
Establishment Expenses	33,194	47,123
Bank Charges and Interest Paid	5,283	3,984
Foreign Exchange (Loss)	5,853	5,265
Depreciation	3,516	2,717
Irrecoverable VAT	66,292	72,333
Amounts paid to Auditors	22,975	22,284
Company Secretarial Fees	513	350
Board Meeting Expenses & Trustee Expenses	180	-
Other Overhead Costs	5,281	2,769
	<u>404,867</u>	<u>402,394</u>

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

<b>11 Wages and Salaries</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Wages and Salaries	419,169	419,928
Social Security Costs	34,355	35,139
Pension Costs	14,047	13,789
	<u>467,571</u>	<u>468,856</u>

The key management personnel of the charity are the Trustees and the CEO. The total amount paid for key management personnel was £71,732 (2022: £72,124).

<b>2023</b>	<b>2022</b>
<b>No.</b>	<b>No.</b>

The number of higher paid employees was in the band:

£60,000 - £70,000	1	1
-------------------	---	---

Pension contributions payable for the above individual was £2,776 (2022: £2,776).

The number of employees at the end of the year was 13 (2022: 15).



**Diabetes Research and Wellness Foundation**  
**Notes to the Financial Statements (Continued)**  
**For the year ended 31 December 2023**

**12 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.

Reimbursement to Trustees for Travel and Meeting Costs were £nil (2022: £nil).

<b>13 Surplus of Income over Expenditure</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
The surplus of income over expenditure is stated after charging:		
Auditors' Remuneration:		
- Audit Fee relating to the Financial Year	22,900	21,090
- In respect of non audit services	1,250	1,140
Operating Lease rentals		
- Plant & Machinery	3,066	1,824
- Other Assets	16,719	24,090
Foreign Exchange Loss	5,853	5,265
Depreciation	<u>3,516</u>	<u>2,717</u>

**14 Taxation**

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

**15 Tangible Fixed Assets for Charity Use**

	<b>Office equipment, fixtures and fittings £</b>
<b>Cost</b>	
At 1 January 2023	37,027
Additions in Year	11,203
Disposals in Year	<u>(29,274)</u>
At 31 December 2023	<u>18,956</u>
<b>Depreciation</b>	
At 1 January 2023	31,186
Provided in the year	3,516
Eliminated on Disposal	<u>(27,921)</u>
At 31 December 2023	<u>6,781</u>
<b>Net Book Value</b>	
At 31 December 2023	<u>12,175</u>
At 31 December 2022	<u>5,841</u>

<b>16 Debtors</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Trade Debtors	68,777	1,920
Other Debtors	27,424	19,144
Prepayments and Accrued Income	712,178	1,184,535
	<u>808,379</u>	<u>1,205,599</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 2023**

**17 Creditors : Amounts falling due within one year**

	2023 £	2022 £
Trade Creditors	44,805	124,587
Grants Payable (see below)	248,706	210,955
Accruals and Deferred Income	82,274	54,852
Tax and Social Security	17,932	14,269
Other Creditors	-	-
	<u>393,717</u>	<u>404,663</u>

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

**Reconciliation of Grants Payable:**

Commitments at 1 January 2023	210,955	336,236
Grants Payable for the Year (see Note 8)	311,343	275,857
Grants Paid during Year	<u>(273,592)</u>	<u>(401,138)</u>
	<u>248,706</u>	<u>210,955</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.

**18 Deferred Income**

	2023 £	2022 £
Deferred Income B/FWD 1st January 2023	3,360	5,972
Released to Income in Year	(3,360)	(5,972)
Income Deferred in Year	<u>54,287</u>	<u>3,360</u>
Deferred Income C/FWD 31st December 2023	<u>54,287</u>	<u>3,360</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

**19 Reserves**

	Balance at 1 January 2023 £	Transfer from General Reserve In Year £	Income in Year £	Expenditure in Year £	Net Movement in Year £	Balance at 31 December 2023 £
Restricted Fund relating to Diabetes Research	-	-	253,613	(204,903)	48,710	48,710
Restricted Fund relating to The Big Give Christmas Challenge	8,665	-	21,974	(8,665)	13,309	21,974
Restricted Fund relating to Diabetes Wellness Day Hartlepool	-	-	-	-	-	-
Designated Growth Fund	-	-	-	-	-	-
General Reserve	<u>2,501,975</u>	-	<u>1,383,266</u>	<u>(1,641,499)</u>	<u>(258,233)</u>	<u>2,243,742</u>
	<u>2,510,640</u>	-	<u>1,658,853</u>	<u>(1,855,067)</u>	<u>(196,214)</u>	<u>2,314,426</u>
	Balance at 1 January 2022 £	Transfer from General Reserve In Year £	Income in Year £	Expenditure in Year £	Net Movement in Year £	Balance at 31 December 2022 £
Restricted Fund relating to Diabetes Research	-	-	43,319	(43,319)	-	-
Restricted Fund relating to The Big Give Christmas Challenge	23,042	-	8,665	(23,042)	(14,377)	8,665
Restricted Fund relating to Diabetes Wellness Day Hartlepool	500	-	-	(500)	(500)	-
Designated Growth Fund	150,000	(150,000)	-	-	(150,000)	-
General Reserve	<u>2,601,693</u>	<u>150,000</u>	<u>1,713,772</u>	<u>(1,963,490)</u>	<u>(99,718)</u>	<u>2,501,975</u>
	<u>2,775,235</u>	-	<u>1,765,756</u>	<u>(2,030,351)</u>	<u>(264,595)</u>	<u>2,510,640</u>

During 2023 the charity participated in the Big Give Christmas Challenge 2023 to raise funds for a Pump Priming Research Grant. The funds received in the year was £21,974 (2022 £8,665).

During 2023 the charity received a £131,155 grant from Diabetes Wellness Network Sweden for research of which £48,710 will be spent in 2024.

In 2020 The trustees designated £150,000 to support the growth and diversification of activities, this was no longer required in 2022 and reverted to general reserve.

**Net Assets by Fund**

	Unrestricted £	Restricted £	Total £
Tangible Assets	12,175	-	12,175
Current Assets	2,625,284	70,684	2,695,968
Current Liabilities	<u>(393,717)</u>	-	<u>(393,717)</u>
	<u>2,243,742</u>	<u>70,684</u>	<u>2,314,426</u>

**Diabetes Research and Wellness Foundation**  
**Notes to the Financial Statements (Continued)**  
**For the year ended 31 December 2023**

**20 Payments to Connected Charities**

Connected Charity	Nature of Relationship	2023		2022		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	156,408	-	159,771	-	Management charges in relation to the sharing of articles and staff.
Association Pour La Recherche Sur La Diabete	2		-	200	-	This grant was made to assist with the funding of the Association's awareness and educational programmes.

**Nature of Relationships**

- 1 Diabetes Research and Wellness Foundation Inc. is completely separate and independent with no legal connections, but Mr. John Alahouzos sits 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. Gretschel and Mr J. Alahouzos sit on the Board of Trustees of the associated charity in France.

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

**21 Financial Commitments**

The charity has financial commitments of £404,517 (2022: £621,775) for grants authorised but not accrued as expenditure for the year ended 31 December 2023, as they are subject to the recipient fulfilling certain conditions. The amounts payable are as follow:

	2023 £	2022 £
Payable in 2023	-	381,522
Payable in 2024	382,270	218,006
Payable in 2025	22,247	22,247
	<u>404,517</u>	<u>621,775</u>

**22 Operating Leases**

At 31st December 2023, the charity has commitments under operating leases as follows:

	2023 £ Within one Year	2023 £ Two to Five Years	2022 £ Within one Year	2022 £ Two to Five Years
Land and Buildings	24,950	26,932	28,000	21,633
Other Assets	2,433	1,852	2,946	3,946
Total	<u>27,383</u>	<u>28,784</u>	<u>30,946</u>	<u>25,579</u>

The Charity's office lease commenced on 31st January 2023 with a term of three years and a discounted period of the first three months during which the rent payable was £nil.

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

	2023 £	2022 £
Net Movement in Funds - Surplus/(Deficit)	(196,214)	(264,595)
Add back Depreciation Charge	3,516	2,717
Deduct Interest Income shown in Investing Activities	(29,057)	(2,704)
Decrease (Increase) in Debtors	397,220	(663,774)
Increase (Decrease) in Creditors	(10,946)	(77,190)
Net Cash used in Operating Activities	<u>164,519</u>	<u>(1,005,546)</u>

**24 Members' Liability**

The Foundation is a company limited by guarantee. In the event of winding up, the 5 members' liability is limited to £1.