

BOWEL CANCER UK

England & Wales · Charity number 1071038

Details

Other names	BOWEL CANCER CONCERN, COLON CANCER CONCERN, THE BOWEL CANCER CHARITY
Status	Registered
Legal form	Charitable company
Company number	03409832
Registered	1998-08-17
Register	View on the Charity Commission register

Contact

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Activities

Objects: (A) TO PROMOTE, SUPPORT AND /OR CARRY OUT RESEARCH INTO THE CAUSES, PREVENTION, DIAGNOSIS, TREATMENT, CURE AND EFFECTS OF BOWEL CANCER AND OTHER LOWER GASTROINTESTINAL CONDITIONS (TOGETHER "BOWEL CANCER") FOR THE BENEFIT OF THE PUBLIC;(B) TO PROVIDE SUPPORT, ASSISTANCE AND ADVICE TO PEOPLE AFFECTED BY BOWEL CANCER AND/OR TO THEIR CARERS AND FAMILIES AND OTHER INTERESTED PERSONS;(C) TO ADVANCE THE EDUCATION OF THE PUBLIC AND HEALTH AND SOCIAL CARE PROFESSIONALS ON THE ISSUES RELATING TO BOWEL CANCER;(D) TO PROMOTE AND INFLUENCE EFFECTIVE CARE AND SUPPORT FOR PEOPLE AFFECTED BY BOWEL CANCER AND THE INVOLVEMENT OF THEIR CARERS, FAMILIES AND FRIENDS IN THEIR SUPPORT; AND(E) THE FURTHERANCE OF SUCH OTHER OBJECTS AND PURPOSES IN THE UNITED KINGDOM AS ARE EXCLUSIVELY CHARITABLE ACCORDING TO ENGLISH LAW AND IN ACCORDANCE WITH SECTION 7 OF THE CHARITIES AND TRUSTEE INVESTMENT (SCOTLAND) ACT 2005.

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

Classification

- **How:** Provides Services, Provides Advocacy/advice/information
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£6,626,237	£9,278,791	£3,456,072	95
2023-12-31	£7,067,007	£6,076,316	£6,108,626	82
2022-12-31	£6,258,805	£4,776,698	£5,117,935	55
2021-12-31	£5,307,924	£3,535,951	£3,635,828	41
2020-12-31	£4,590,971	£4,099,657	£2,280,256	55

Trustees

Name	Role	Appointed
Dr Damien Marmion	Chair	2025-03-19
Amit Kotecha		2026-03-25
Benjamin Butler		2022-03-30
Dr Alastair McKinlay		2023-08-23
Duncan Rudkin		2023-08-21
Husna Grimes		2024-07-28
Lindsey Bowser		2026-03-25
Michelle Thompson		2026-03-25
Owen Watson		2023-08-21
Paul Latham		2024-07-28
Tim Kerr		2024-07-28

BOWEL CANCER UK

England & Wales - Charity number 1071038

Accounts



Bowel Cancer UK

Annual Report and Financial Statements

For the year ended 31 December 2024



Bowel Cancer UK
Beating bowel cancer together



Every **12 minutes** someone is diagnosed with bowel cancer in the UK. That's nearly **44,000 people each year.**



Bowel cancer is the UK's fourth most common cancer and the second biggest cancer killer. But it doesn't need to be. The disease is treatable and curable, especially if diagnosed early. Nearly everyone diagnosed at the earliest stage will survive.

We're the UK's leading bowel cancer charity and our vision is a future where nobody dies of bowel cancer.

We're determined to save lives and improve the quality of life of everyone affected by bowel cancer. We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about the disease, and campaign for early diagnosis and access to best treatment and care.

Join us to build a future where nobody dies of bowel cancer.

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“ I was aware of the symptoms of the disease from a Bowel Cancer UK poster campaign I’d seen at work, where they were displayed on the back of the toilet doors. They helped me to join the dots together about my symptoms and I decided to make the call to my GP. I find it hard to put into words how grateful I am to my GP for taking the time to listen to me, as without her swift action and my early diagnosis my story may have taken a different path.

Leigh Wilkinson, bowel cancer patient

”

A message from our Chair of Trustees, Dr Damien Marmion

It's an honour to introduce this year's annual report as the new Chair of Trustees at Bowel Cancer UK, and it's a personal privilege to be able to support a cause that means a great deal to me. Since joining, I've been deeply inspired by the passion and dedication of the bowel cancer community – our incredible staff and volunteers, the healthcare professionals, researchers, policymakers, fundraisers, partners, donors who work alongside us and – above all – those affected by bowel cancer.

Together, we are driving real change. And together, we're moving closer to a future where nobody dies of bowel cancer.

I want to begin by paying heartfelt tribute to our outgoing Chair, Richard Anderson. Richard joined the Board as Trustee in 2013 and took over as Chair of Trustees in 2022. Over more than a decade of dedicated service, he helped shape Bowel Cancer UK into the strong, ambitious charity it is today.

He led the Charity safely out of the pandemic, determined to see it increase its reach and impact for more people affected by bowel cancer. Under his leadership, we launched our current strategy, On a Mission, placing early diagnosis at its heart, and invested in a refocussed research programme, our first behaviour change campaign and a targeted early diagnosis programme, securing innovative partnerships and preparing the Charity for its next phase of growth. We are enormously grateful to him for his wisdom, generosity and tireless commitment.

As we look back on 2024, I am struck by the scale and boldness of what's been achieved. From launching a pioneering behaviour change campaign to scaling up our roadshows across the UK, we've broken new ground to raise awareness, tackle barriers to early diagnosis and bring information directly into communities.

Our research programme continues to grow, with a new five-year strategy now underway and targeted grants funding crucial work into earlier detection and treatment. Our support services, education programmes, and work with healthcare professionals have expanded to meet rising need and help people better navigate life with and beyond bowel cancer.

These efforts take place against a backdrop of growing demand and a rapidly changing health system. But our purpose is clear – and our response is grounded in evidence, collaboration, and the lived experiences of the people we serve. What unites our community is a shared determination to save lives and improve quality of life for everyone affected by this disease.

Whether you've shared your story, championed our campaigns, volunteered your time, or donated in any form – thank you. This progress is yours as much as it is ours.

As we look ahead to 2025, I'm excited to help steer the Charity through its next chapter. We are on a mission – and with your continued support, we're making that mission a reality.



Credit: Bowel Cancer UK

Dr Damien Marmion
Bowel Cancer UK Chair of Trustees

Our year in numbers



We provided over **4,367,000** moments of support to people affected by bowel cancer



We supported almost **200,000** people through our forum, Facebook groups, Peer Support Line, Ask the Nurse service and health information



We shone a spotlight on bowel cancer through partnerships with **Andrex, Celebrity Big Brother, Hollyoaks** and many more



More than **100 volunteers** delivered **190 different volunteering roles**



We visited **10 cities across the UK** with our roadshows, speaking to more than **6,000 people** about bowel cancer



We launched our innovative new behaviour change campaign, **Tell Your GP Instead**



We funded new research grants totalling almost **£500,000**



Every £1 we awarded in research grants led to **a further £8** being invested in research



8,525 people donated and fundraised for us in 2024



Our generous supporters raised more than **£6.6 million** from donations of time, money, goods and services

Financial summary 2024

Income

In a challenging year for fundraising across the sector, we are proud to have raised total income of £6.6 million in 2024. Excluding a one-off £656,000 grant received from the Bowelbabe Fund in 2023, this represents underlying growth of approximately £215,000 (3% increase) year-on-year, driven by gains in individual and corporate giving, and reflecting continued loyalty from our supporter base. This achievement was only possible thanks to the incredible generosity of our supporters, fundraisers, partners and volunteers, who continued to show up and give in so many ways.

Expenditure

This year, we made our most ambitious investment yet to accelerate early diagnosis and build a sustainable future for the Charity. Total expenditure for 2024 was £9.28 million, including £1.9 million drawn from designated reserves. This enabled us to increase the amount spent on charitable activities by 67% year-on-year. Activities included scaling up our awareness roadshows, expanding support services, launching our innovative behaviour change campaign Tell Your GP Instead, and funding nearly £500,000 in new research grants.

We also invested in strengthening our infrastructure – improving IT systems, data security and digital capabilities, to ensure we remain resilient, responsive, and ready for the future.

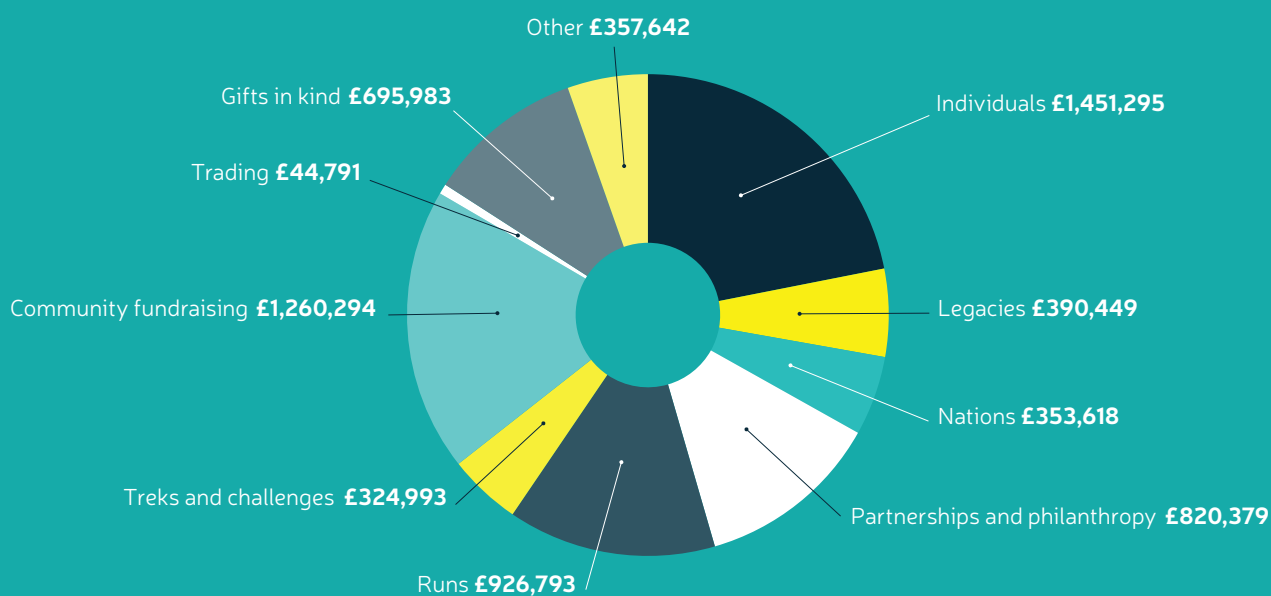
Thank you to all our supporters

We want to thank each and every one of our supporters who helped make 2024 another standout year. We wouldn't exist without you. Everything you do makes a difference – running, swimming, walking, and golfing to raise money, pledging a Gift in your Will, committing to a regular donation, partnering with us, giving awareness talks, sharing personal stories, moderating our forum and Facebook groups, completing surveys and consultations, campaigning with us, and spreading the word about our services to others who need them.

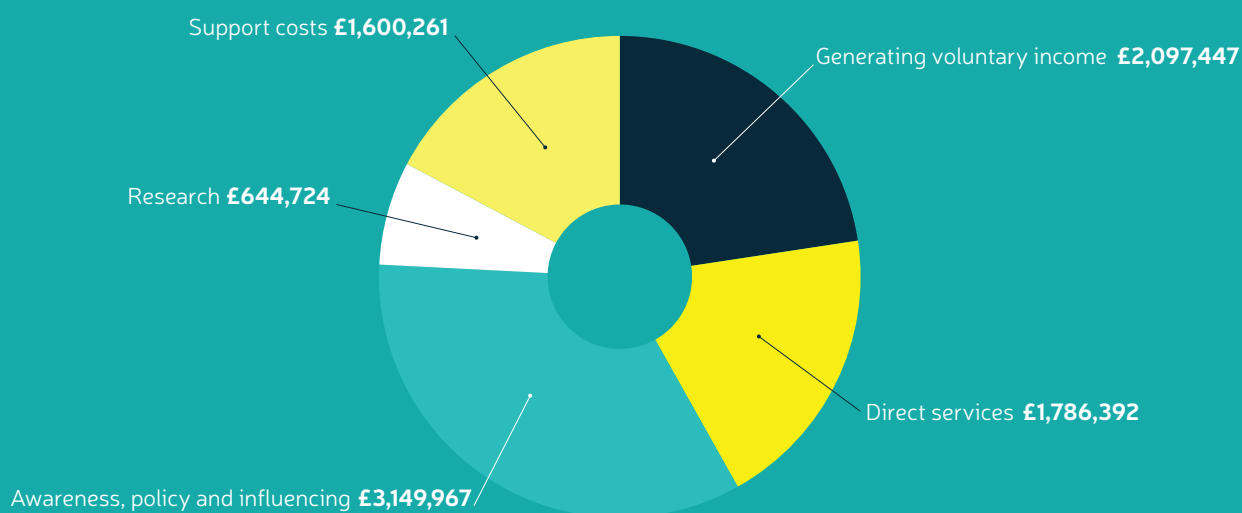
Thank you, all of you, for everything you do. You're truly amazing!



Where our money comes from



How we spend our money



Our strategy: On a Mission

Our vision is a future where nobody dies of bowel cancer. It's an ambitious aim that we're determined to achieve.

And it is possible – bowel cancer is treatable and curable, especially if diagnosed early, when more than 9 in 10 people will survive.

But it's a stark reality that too many people with bowel cancer in the UK are diagnosed at a later stage, when fewer treatment options are available. Fewer than 4 in 10 people are diagnosed at stages 1 and 2.¹ Shockingly, almost 1 in 5 people in England are diagnosed in emergency settings², such as in A&E. For the under 50s, that number rises to more than 1 in 4.

We want to see the proportion of bowel cancers diagnosed at the earliest stages increase to more than 7 in 10 by 2028. Even if we could achieve 'earlier' diagnosis – where every diagnosis happens one stage earlier – we know that around 6,900 bowel cancer deaths could be prevented.³

At the same time, we'll continue to support everyone affected by bowel cancer, no matter where they find themselves pre- or post-diagnosis.

To do this, we have set four ambitious goals:

Goal 1: Increase awareness and understanding of bowel cancer

Goal 2: Remove the barriers to people being diagnosed quickly and at the earliest possible stage

Goal 3: Get the right treatment and care to every patient

Goal 4: Support people to cope better with bowel cancer

Join us to build a future where nobody dies of bowel cancer

¹ Proportion Diagnosed by Stage, Cancer Research UK Early Diagnosis Hub, data from 2018-19

² <https://www.cancerdata.nhs.uk/emergencypresentations>

³ Calculated by the Cancer Intelligence team at Cancer Research UK, using data from:

- NHS Digital, Cancer Survival in England for cancer cases diagnosed between 2016 and 2020 – followed up to 2021
- NHS Digital, Staging Data in England (for 2018)

Highlights from 2024

Goal 1: Increase awareness and understanding of bowel cancer

To make a step change in early diagnosis of bowel cancer, we must increase awareness and understanding of the disease. This means more people knowing what to look for and what to do if they experience symptoms, and people being aware of bowel cancer screening and taking part when invited. Our research also tells us that some communities are more likely to develop and die from bowel cancer than others, so we must do more in these areas.

Awareness is vital for policy makers to ensure they prioritise measures that promote the early diagnosis of bowel cancer. It's critical they understand the prevalence of bowel cancer and the pressures in the system that prevent early diagnosis. That's why we're working with others – from patients and their families to healthcare professionals, politicians and NHS partners – to make early diagnosis a priority.

Roadshows

Following a successful pilot in 2023, we were delighted to roll out our roadshow programme during 2024 to 24 sites in 10 cities⁴ across the UK. These were selected based on analysis showing increased levels of deprivation, low screening uptake and poor bowel cancer outcomes.

Our team of staff and volunteers spoke to more than 6,300 people and handed out more than 20,000 publications, providing information and the chance to ask questions or share any worries about bowel cancer.



Funded by



Bowelbabe Fund
for Cancer Research UK

Our roadshow programme is funded by the Bowelbabe Fund for Cancer Research UK, which was created by our late patron Dame Deborah James in 2022 to fund work she was passionate about. We're honoured to have been awarded funding to create and run targeted roadshows and a GP education programme. We're grateful to everyone who donated to the fund, and to Cancer Research UK and Dame Deborah's family for generously awarding the funding.

⁴ Glasgow, Dundee, Derry/Londonderry, Middlesbrough, Hull, Birmingham, Hackney, Haringey, Newport and Rhyl as well as Belfast, Cardiff and Liverpool the previous year

Bowel Cancer Awareness Month

April is Bowel Cancer Awareness Month (BCAM), and we used this opportunity to spotlight the symptoms of bowel cancer with our #OneThing campaign and symptoms quiz. We broadcast live from our Hull roadshow with Adele Roberts and Dr Amir Khan for ITV's *Lorraine*. More than 28,000 people took our online symptoms quiz with thousands sharing it with friends and family. We're grateful to partners across the spectrum, from charities and NHS trusts to policy makers and patients, who shared information from our online toolkit.

Let's #GetComfortable

Spring 2024 saw the public unveiling of our partnership with Andrex®. We were delighted to work with ITV's *Celebrity Big Brother* including former housemates Henry, Jordan and Yinrun, alongside reality TV royalty Sharon Osbourne, who herself had bowel cancer 22 years ago. From the comfort of a toilet roll chair in the legendary Diary Room, Sharon and the team highlighted the importance of talking about bowel health in a broadcast seen by millions.



Credit: Brendan Foster Photography

At the heart of the partnership is a shared mission to help the UK public overcome embarrassment about toilet habits. In addition to the launch, we've worked together on Andrex®'s brand campaign

#GetComfortable, to create co-branded adverts – which were featured at the iconic Piccadilly lights. And we've collaborated to deliver a pop-up stand at the Manchester Science and Industry Museum, point of sale features in supermarkets and sponsored giveaways – from prize draws to an engagement pack for new MPs following the election.



Credit: Bowel Cancer UK

“

The incredible work Bowel Cancer UK does in campaigning for early diagnosis is so important and it's been so encouraging to see the impact made so far in increasing awareness of symptoms of bowel cancer and helping remove barriers like embarrassment. Together our partnership will help deliver our joint mission of getting people to have a healthier relationship with going to the toilet and ultimately help drive earlier diagnoses of bowel cancer.

**Sophie Ashton, Marketing Manager
Consumer Engagement,
Kimberly-Clark**

”



“

My husband was with me in the meeting when the consultant delivered the news that I had cancer. We were both calm and rational. It was only afterwards that the reality of it hit me – I had cancer, a potentially fatal illness. Everything drew inward – my focus moved from my goals for the next few months and years to just getting through the next few weeks. I was young, energetic, ambitious, active – and I had cancer. It was quite a moment.

Bowel Cancer UK's Never Too Young campaign really spoke to my experience as someone diagnosed in their 30s. The Charity's work to raise awareness of symptoms, campaigning for early diagnosis, and their ongoing research are vital – it's driving the breakthroughs that will save lives.

”

Nick Rogers, bowel cancer patient

We're still rolling

In the summer our #GetOnARoll campaign – printing bowel symptoms on toilet roll packaging – hit its two-year anniversary. We were delighted to mark the moment by welcoming Lidl as our newest partner.

The campaign began in the summer of 2022, when Marks & Spencer employee and bowel cancer patient advocate Cara Hoofe pitched her idea of putting bowel cancer symptoms on M&S own brand toilet roll packaging to CEO Stuart Machin, via an employee suggestion scheme.

Since then, we've teamed up with some of the UK's leading supermarkets and loo roll brands to put lifesaving symptom awareness information in bathrooms across the country, where people might experience red flag symptoms like blood in their poo. Partners now include Aldi, Asda, B&M, Co-op, Lidl, M&S, Morrisons, Ocado Retail, Sainsbury's, Waitrose and Andrex®.

Awareness talks

We continued to develop our awareness programme. We reached more than 6,500 people through talks and stands led by our Awareness Team volunteers, as well as activity from our newly created Community Services Engagement Team. We're grateful to our volunteers for bringing their skills, knowledge and lived experience of bowel cancer to ensure that the awareness programme is as accurate and engaging as possible, and reaches a wide variety of audiences across the four UK nations.

The power of partnerships

In June 2024 we became a member of the newly launched Northern Ireland Cancer Charities Coalition (NICCC), which aims to improve services and outcomes for cancer patients in Northern Ireland. The creation of the group comes after the return of Stormont and brings Northern Ireland in line with other UK nations, who all have similar coalitions of cancer charities to advocate for patients. We've called for an urgent improvement to bowel cancer services in Northern Ireland and through our membership in the NICCC we'll continue to advocate for this.



Credit: Julie Broadfoot

Our roadshow team brought an inflatable bowell to Glasgow town centre in November

Highlights from 2024

Goal 2: Remove the barriers to people being diagnosed quickly, and at the earliest possible stage

Tell Your GP Instead

Around a third of adults in the UK can't name a single symptom of bowel cancer, and we need to change that. But we also know that some people who experience worrying symptoms like blood in their poo can wait six months or more before talking to their GP. So awareness alone isn't enough. We need to tackle the reasons that people don't seek help from their GP.

In May 2024, we launched our innovative behaviour change campaign, Tell Your GP Instead. Running for ten months, the campaign focused on chipping away at the deeply entrenched barriers that prevent people from seeing a GP when they experience symptoms of possible bowel cancer such as fear, fatalism or embarrassment, and gave them the simple language needed to ask for an at-home test.

Throughout the process, we consulted bowel cancer patients, representatives of the target audiences and stakeholders including governments, health system leaders, primary care and sister charities to identify opportunities to collaborate.

In October, we conducted a mid-point review to check we were on course to achieve our goals.

We were delighted to find that

- 6 in 10 people in the target areas recalled seeing at least one campaign element in their local community
- There was a significant uplift in awareness of the key bowel cancer symptoms in areas exposed to the campaign
- 93% of people in our campaign locations said they were likely to contact their GP if they experienced symptoms, with the same proportion likely to complete an at-home test if offered one.

After its conclusion in March 2025, we'll conduct a full evaluation to identify whether the campaign has succeeded in driving more people to act on symptoms and contact their GP for an at-home test.

**Tell your GP instead.
Ask for a simple at-home test.**

Changes like constipation or diarrhoea could be nothing to worry about, but it's worth making sure. Bowel cancer is treatable when found early.

Registered charity number 1070718 (England and Wales) and SC067986 (Scotland)

Cancer Plan for England

Throughout 2024 we campaigned as part of a coalition of cancer charities, known as One Cancer Voice, calling for a long term, fully funded cancer plan for England, as evidence shows this is the best way to improve cancer outcomes. We were delighted when the Government announced its intention to create a Cancer Plan for England in November 2024. In the coming months we'll use the opportunity to ensure patient voices are heard in the process, and to make sure bowel cancer is a priority within the plan.

Lynch syndrome

Lynch syndrome is a genetic condition that increases the risk of bowel cancer, as well as a range of other cancers, including ovarian, stomach and womb cancer.

In January we published our new report Finding the missing 95%: Unlocking the potential of Lynch syndrome services. The report highlights the UK-wide picture for people affected by Lynch syndrome. Using newly obtained Freedom of Information (FOI) findings, we revealed big improvements in testing newly diagnosed bowel cancer patients for Lynch syndrome across the UK. However, significant challenges remain with testing family members, data collection and offering routine surveillance colonoscopies in some parts of the UK, that still require urgent attention.

In February we were delighted to see the NHS in England change how surveillance colonoscopies are managed for people with Lynch syndrome, bringing them within the Bowel Cancer Screening Programme, a global first for people with the condition. We have campaigned for this change for many years alongside patients and the clinical community. Having regular surveillance colonoscopies can reduce the risk of dying of bowel cancer by as

much as 72% and we expect to see a vast improvement in the experience and outcomes for people with the condition.

Screening in Wales

In October the Welsh Government lowered the age of eligibility for bowel screening. We've long campaigned for the change, as well as improvements to the sensitivity of the test used and we supported the process through the Bowel Screening Wales Optimisation Group. The bowel cancer screening programme in Wales now invites everyone from the age of 50 to take part, with a more sensitive test that is more likely to pick up signs of possible bowel cancer. This will help ensure more people are diagnosed at an early stage, when the disease is easier to treat.

We'll continue to campaign for improvements to the bowel cancer screening programme in Wales. This work includes improving participation in screening, addressing growing waiting times and capacity issues, as well as making sure the current FIT sensitivity is further improved to bring it in line with UK National Screening Committee (UKNSC) recommendations.

Research

In autumn 2024 we took some significant steps forward in our research work. We published our new research strategy, Our Roadmap for Research, showing how we will fund research and convene others within the sector to move forward research for early diagnosis and better treatment.

We joined the UK Early Onset Colorectal Cancer Research Consortium, a newly formed group of more than 50 UK academics and patient advocates supported by Bowel Cancer UK and British Society of Gastroenterology who have been brought together by Professor Colin Rees and Dr

Kevin Monahan to discuss the challenges associated with bowel cancer in younger people. The consortium has developed five research workstreams to tackle some of the most important unanswered questions.

In the autumn we awarded three research grants totalling nearly half a million pounds to new projects focusing on improving early diagnosis of bowel cancer. This brings our total investment in research to £2.4 million since 2017.

Each of the new grants is worth £165,000 and will run for up to three years. The projects will each focus on a different way to remove barriers to timely diagnosis – developing a new diagnostic test, improving bowel surveillance and better supporting people with symptoms.

We're also pleased that two of the three projects build on previous pilot grants that we funded, showing how smaller funding awards can pave the way for larger, more impactful studies.

The three projects are:

Professor Katie Robb and Dr Stephen McSorley at the University of Glasgow are investigating the barriers to surveillance colonoscopy faced by people in areas with higher levels of deprivation



Dr Christina Dobson and Dr Laura Woods at Newcastle University are studying the difficulties people may face when asked to complete a faecal immunochemical test (FIT) following a visit to their GP for symptoms of possible bowel cancer



Dr Vladimir Teif and Dr Ralf Zwacka at the University of Essex are developing a blood test to detect early-stage bowel cancer



“

The award of an early diagnosis project grant by Bowel Cancer UK will enable us to progress our research on liquid biopsies based on cell-free DNA from bodily fluids, with the goal to improve diagnosis at early stages of the disease.

**Dr Vladimir Teif,
University of Essex**

”

Community support

We created the Community Services Engagement team in early 2024. Their role is to promote and embed services in targeted locations, and to support the organisation in better understanding and reaching diverse communities. We delivered a community support event in Edinburgh, set up lunch-and-learns in Edinburgh and Cardiff, attended primary care and professional conferences across the nations, delivered awareness stands and talks, and built new relationships with community-based organisations.

More than 1,200 professionals took our online learning modules on topics including early diagnosis, the FIT home-test kit, bowel cancer screening, Lynch syndrome, and younger people. Over 95% said they'd apply what they learned in their practice and change their clinical decision-making behaviour.

We delivered symposia sessions to over 160 professionals at three conferences, and delivered two virtual education events which reached more than 100 healthcare professionals in secondary care. We reached thousands more through our newsletters and updates.

Healthcare professionals

We ran a comprehensive programme of support and education for professionals in primary and secondary care.

We attended 16 conferences to support primary care professionals in delivering early diagnosis for those affected by bowel cancer, reaching 5,000 people.

In May we extended our reach to the pharmacy network, attending the Clinical Pharmacy Congress and speaking to almost 600 attendees about our healthcare professional support services and health publications. We were especially excited to introduce a new UK-wide pharmacy toolkit which aims to increase awareness about bowel cancer in pharmacies and provide guidance for staff when discussing bowel health with customers. The toolkits were very popular with visitors to the stand.



Credit: Bowel Cancer UK



“ Raising awareness of bowel cancer symptoms is important, because more than 9 in 10 people survive bowel cancer when it’s diagnosed at the earliest stage. It’s heartbreaking when I hear of people putting off a visit to a GP or ignoring symptoms, either out of embarrassment or through not being symptom aware.

For me the most impactful part of being an awareness volunteer is when people share their own stories. Sometimes, it’s people saying they wished they had acted sooner and encouraging others not to delay seeking help, as they had ignored signs. Often, it’s good news, like screening resulted in early diagnosis. And that’s why I volunteer, because I see that awareness does save lives.

Neil Barker, bowel cancer patient and awareness volunteer



Highlights from 2024

Goal 3: Get the right treatment and care to every patient

We're proud to be a part of the vibrant, supportive bowel cancer community – patients, clinicians and researchers, all striving for each and every patient today, and to secure improvements for patients in the future. We're ambitious for our community and know we're stronger together, so we'll continue to advocate for better treatment and care for patients in our four nations.

High quality health information

We maintained our library of high-quality health information publications and webpages covering topics from diagnosis through treatment for patients and healthcare professionals. Over the year we distributed over 217,000 printed publications and had more than 23,000 downloads of our publications and factsheets. Our health information pages were viewed over two million times.

New and updated publications included our symptoms diary – now available on and offline – and our Simple Steps to Good Bowel Health, pelvic exenteration and stoma reversal booklets. We expanded our patient review panel to include Welsh speakers to support us in translating materials into Welsh.

We were delighted to secure accreditation from the Patient Information Forum (PIF), an independent membership body for people and organisations working in

health information and support. The PIF TICK programme is the only independently assessed quality mark for print and digital health information and helps people identify trusted, evidence-based information.

More than 950 people filled out our annual health information user survey including patients, family and friends, and healthcare professionals. The results offer invaluable insights into what information people want and when, and what formats are most useful. This helps us to identify gaps in our information offering and improve our resources to better meet the needs of our community. As a result, we'll increase our focus on ensuring people can find information quickly at and around the time of their diagnosis.

“

Reading factual information from a reliable source was both reassuring and informative – meaning that I understood and processed what was happening to me a lot better.

Patient responding to our health information user survey

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After using our resources...

9 in 10

healthcare professionals said
they would recommend our
resources to a colleague

9 in 10

patients and family and
friends said they had a better
understanding of bowel cancer
and its treatment, and would
recommend our information to
someone else

The National Colorectal Cancer Nurses Network (NCCNN)

We're passionate about working closely with Colorectal Nurse Specialists (CNSs) to enhance, complement and improve care for people with bowel cancer. We provide coordination and leadership of the NCCNN, updates on the latest research, and innovations to ensure that patients receive the best possible treatment and care. This year we ran face-to-face learning events in Edinburgh and Cardiff, as well as online events focussing on enhanced care service and cancer vaccine launch pads. Attendance resulted in more than 600 hours of learning.

In September we ran our annual face-to-face education event in Manchester, bringing together over 100 CNSs from across the UK

to further their knowledge and understanding of colorectal cancer and improve the care of those affected by the disease. There was the opportunity to learn from experts as well as to meet colleagues and peers. We also launched our brand-new resource for patients newly diagnosed with bowel cancer, which followed extensive co-production with healthcare professionals, patients, staff and volunteers.

After the study day, we announced the winners of the prestigious Gary Logue Colorectal Cancer Nurse Awards. The awards were set up in honour of Gary, a nurse who worked for our Charity, who sadly died in 2014. The awards showcase the achievements of colorectal nurses who make a significant impact to those affected by bowel cancer, provide exceptional care, and show outstanding initiative, and nominations are made by colleagues and patients.

This year's Gary Logue award winners

The winner of the award for a nurse nominated by their colleagues

Caroline Trezise, Colorectal Clinical Nurse Specialist from University Hospital Wales

The winners of the award for a nurse nominated by a patient or their family

Olu Bansenga, Beth Mwangi and Sarah Gosturani, Chemotherapy Nurses from The Ridgeway Hospital



Credit: Rachel Silvester

Professional education

The first cohort of students completed our new MSc course Fundamentals of Colorectal Nursing. Our Clinical Lead Claire Coughlan worked with Lewisham and Greenwich NHS Trust Clinical Academy to develop the curriculum which is designed to support colorectal cancer nurse specialists to increase their knowledge and confidence to deliver service improvements. We were delighted to see 100% pass rate with all students who completed an evaluation saying they would recommend the course and that it had positively impacted their practice.

“

I now know when to do [a] FIT [and] what to do if [someone has a] negative FIT and if ongoing symptoms persist.

Healthcare professional who completed our learning module on the Faecal Immunochemical Test or FIT

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Raising patient voices

We supported patients to make their voice heard as part of the approval process for new drugs on the NHS. The Scottish Medicines Consortium (SMC) and National Institute for Health and Care Excellence (NICE) announced that they approved trifluridine/tipiracil (Lonsurf) with bevacizumab (Avastin) for eligible patients living in England, Scotland and Wales. The Scottish Medicines Consortium (SMC) has also widened access to pembrolizumab for eligible patients living in Scotland.

Sadly, advanced bowel cancer patients often face limited treatment options. These decisions widen people's choices and can improve patients' quality of life, help them cope better with the disease and possibly give them more precious time with their family and loved ones.

Highlights from 2024

Goal 4: Support people to cope better with bowel cancer

People may react to being diagnosed with bowel cancer in many ways. Understanding a cancer diagnosis and the available treatment and support options at each stage after diagnosis can have a real impact on the decisions a patient makes, their outcomes and their emotional wellbeing. And those close to someone with bowel cancer can also need support and information to cope. We've always been there, every step of the way, for everyone affected by bowel cancer with expert information, advice and support. We'll continue to find better ways to support more patients when they need us the most, both UK-wide and at community level, and make it easier and faster for people to access our services.

In 2024 we provided more than 4.5 million moments of support to bowel cancer patients, their families and carers, and to healthcare professionals and others in the bowel cancer community.

Support services

Our Ask the Nurse service provides high quality advice and support in response to direct enquiries by email. This year we promoted the service more widely and had our busiest year ever with 848 enquiries – a 30% increase on 2023.

We launched a brand-new Peer Support Line following a successful pilot. Staffed by trained volunteers, the service gives people the opportunity to speak to someone else who understands what it's like to have a diagnosis of bowel cancer.

“

It was really helpful to talk to somebody who had been through a similar situation and understood the emotional strain of a cancer diagnosis. There is light at the end of the tunnel but sometimes I need to be reminded of that by someone outside the family and circle of friends.

Peer Support Line caller

”

We developed an online tool giving an overview of face-to-face support groups in the UK, enabling people to find a support group local to them. The network has doubled in size since last year with 33 members, and it continues to grow. We developed a support group leaders' pack containing health information and details of our support services. We send these to every new group that joins the network, along with regular email newsletters for support group leaders to keep them informed of updates and resources available from us.

We created a younger people hub on our website bringing together a range of information and support into a single place.

And we continued to run our popular forum and Facebook groups, moderated by volunteers and providing support for everyone affected by bowel cancer.

Our Facebook groups now include dedicated support around stage 4 bowel cancer, pelvic exenteration, immunotherapy, living with a stoma, and a friends, family and carers group.

During the year, we had over 196,000 people access our forum and Facebook groups, viewing pages more than 1.95 million times.

“

Everyone on here has been amazing and so supportive, even when they have an actual diagnosis themselves, they've taken time to go out of their way to comfort someone who did not. It's a brilliant community and a credit to everyone who helps run and participates in it.

Forum user worried about bowel cancer

”



“ Cancer made me feel so isolated and scared and I couldn’t share my concerns with my family because I didn’t want to worry them even more.

That’s when I turned to Bowel Cancer UK. Their health information and advice were crucial in helping me and my family cope with the disease. Their website and leaflets always calmed me down when I was most scared and helped me navigate my treatment. My husband also used the publications to learn how best to support me emotionally.

I spent a lot of time on the forum reading other people’s experiences and asking questions about how others coped with symptoms. Even though I’m a counselling psychologist by profession, cancer made me feel so alone. Speaking to others going through something similar gave me the reassurance that I could get through it too.

Marie Adams, bowel cancer patient

”

Highlights from 2024

Investing in success: Creating strong foundations for the organisation

Fundraising

Our fundraisers were out in force once again, raising millions for people affected by bowel cancer.

In the community

Our community fundraisers organised events including golf days, raffles, charity balls, runs, walks, swims, tea parties, head-shaves and football matches, raising over £1.2 million.

Football team the Witney Royals raised £19,683 by hosting a football tournament in memory of close friend and player Daniel. The annual event has raised over £50,000 to date, with hundreds of people turning out.

The Big Bathe swimming event in West Wittering sees hundreds of swimmers take on an outdoor sea swim challenge. Organised by Georgina Hall in-memory of her sister Victoria Hall-Hulme, the event raised £64,000 in 2024 and has raised over £200,000 to date.

Getting active

In spring, supporters got active every day of the month for ActiveApril – from fishing to Zumba and running to gardening. The event raised just over £111,000, almost a third more than in 2023. And Swim15, our virtual swimming event, saw hundreds of swimmers take on the challenge of swimming 15km over the month of August, raising more than £100,000.

Our London Marathon team exceeded expectations yet again with 170 runners raising over half a million pounds, including Alannah Fellows who raised over £34,000 in memory of her Mum who she lost in 2021.

Hot on its heels was our biggest ever Great North Run with 304 runners raising over £200,000 for the first time.



Credit: Bowel Cancer UK

Walkies Together, our virtual dog walking event, raised over £120,000 as thousands of owners and their pups – in teal branded dog bandanas – walked 43 miles. Dogs have consistently been a big part of our bowel cancer community lives, being a source of comfort during difficult times, as well as helping dog owners to get outside with their fitness goals. We can see why supporters love Walkies Together, and that is why we're investing during 2025 to reach more people to take part in this challenge.



Credit: KAH Productions

“

What an amazing event, thank you so much to everyone at Bowel Cancer UK for the support, and the amazing after party.”

Alannah Fellows who ran the 2024 London Marathon for Bowel Cancer UK

”

As well as our runners, we're grateful to our volunteers who cheer from the sidelines and greet runners at our post event parties.

We're delighted to see the increase in people all over the country getting their trainers on to run and raise money – and in coming years we'll be expanding our running portfolio to include Hackney, Manchester, Brighton and Paris.

An amazing 103 supporters took part in an Ultra Challenge event raising nearly £90,000. The Ultras are a series of 18 routes all over the UK with varying distances (up to 100km) and supporters can choose whether to walk, jog or run. Our biggest event was the Jurassic Coast Challenge with 23 participants, including the incredible Bowelbarians who raised over £5,000.

Our Christmas appeal and partnership with the Big Give raised more than £77,000 for our health information.

Gifts in Wills are particularly special as they allow our work to continue for years to come.

We received more than £350,000 from Gifts in Wills during 2024. In the autumn we launched our new legacy campaign called 'The Greatest Gift', featuring supporters who have pledged to leave a Gift in their Will.

We also invested in our online shop, raising over £44,000. New lines including a range of hoodies proved incredibly popular, selling out in just six weeks.

Highlights from 2024

Fundraising around the UK

In Scotland, Roshan Fernandez completed over 1,000 miles of training in all weathers to enable him to run an incredible seven marathons in seven days, raising more than £15,000.

Our long-standing supporter Dorcas Crawford has led fundraising efforts generating more than £13,000 to fund our work in Northern Ireland. The generosity of individuals and businesses has funded more than half of Professor Mark Lawler's bowel cancer research work at Queen's University Belfast.



Credit: A.L.S Photography

Our inaugural golf day in Wales took place in October, raising £10,000 and further developing our relationships in the corporate sector. Sixteen teams from businesses across the country took part, several of them bolstering their support of the event by contributing to event sponsorship packages – a fantastic event to kick start this series of events in Wales that we aim to build on.

Corporate partnerships, trusts and foundations

Our generous corporate partners, trusts and foundations helped us raise over £800,000.

We were delighted to see our corporate partners showing their support in a variety of ways, including taking part in our fundraising events; hosting their own events; sponsoring our healthcare professional conferences; spreading bowel cancer awareness with their colleagues and customers and offering pro bono opportunities to help spread our message even further.

And this all comes alongside the external launch of our three-year partnership with Andrex and continued commitment from our #GetOnARoll partners, printing bowel cancer symptoms on loo roll packaging.



Essential infrastructure

We continued our programme of transformation to ensure our infrastructure supports the growth and sustainability of the Charity.

In 2023 we launched an ambitious project to adopt new cloud-based solutions to replace outdated infrastructure, facilitate enhanced cyber and data security and support our new hybrid ways of working. This involved rolling out a new device management solution and document management platforms. As a result, we've been able to launch our first intranet, and all staff are fully utilising Microsoft 365, securely accessing and collaborating on documents wherever they are working. We also procured and configured a new cloud-based finance system.

Investing in our people

We're committed to ensuring our staff are motivated, treated fairly and compensated appropriately. We implemented a new applicant tracking system to increase visibility of our vacancies, ensure legal compliance and ultimately improve the recruitment experience for anyone interested in working here. We remain focussed on employee wellbeing and engagement, working closely with staff and employee interest groups to ensure we receive and respond to feedback.

In 2024 more than 100 volunteers delivered 190 different volunteering roles including moderating our forum, delivering awareness talks and roadshows, taking calls on the Peer Support Line, reviewing health information and research proposals, cheering on at fundraising events and engaging with pharmacies.

Without our volunteers we wouldn't be able to fulfil so many activities across the Charity, and we're committed to ensuring volunteers feel valued and supported. We provide regular updates through newsletters and events. We gave access to online training modules and hosted wellbeing initiatives. Thanks to funding from WCVA in Wales we translated core volunteering resources into Welsh, tested wellbeing initiatives and different recruitment methods, attended recruitment fairs, and built networks across the country.

Our volunteer survey showed that 97% would recommend volunteering with us, and a third have been volunteering for more than five years. We were delighted that six volunteers achieved the Room to Reward award in 2024.

Looking ahead to 2025

A message from our Chief Executive, Genevieve Edwards

I am proud of our strong progress in 2024 towards delivering our strategy, On a Mission, which has early diagnosis at its heart. It was a year of transformation and innovation for us, setting firm foundations for our future and finding new ways to encourage people to recognise and act on bowel cancer symptoms and concerns.

We started 2025 with a significant opportunity: the Government had announced it will publish a National Cancer Plan for England, and we've been working hard to help them get it right for bowel cancer against a challenging economic backdrop.

Our behaviour change campaign, Tell Your GP Instead, saw encouraging mid-point results in the autumn (see details on page 15). It concludes at the end of March 2025 and we'll carry out a full evaluation by the summer. Our insight-led approach has attracted much interest from the NHS and other charities, and we're keen to share what we've learned and achieved.

April is Bowel Cancer Awareness Month, and we'll encourage people to share their personal stories of the disease. We know that for people going through their own journey with bowel cancer, hearing and reading the experiences of others who have walked in similar shoes is comforting, empowering and can help fend off isolation or loneliness.

Our roadshow programme will continue to visit communities hardest hit by bowel cancer. Now in their second year, we're evaluating the impact our roadshows are having to inform the development of an integrated communities-based approach to early diagnosis.

We know we could diagnose more people earlier if bowel cancer screening programmes were optimised in line with the UK National Screening Committee's recommendations. What we don't know is how many lives could be saved if we did, how many people could be diagnosed at the earliest stage, and what the impact would be on hard-pressed diagnostic services. We'll work with the University of Bath to model this approach for the screening programmes and present our findings to the NHS in the summer.

We'll be working with UK and global partners on research initiatives to understand and tackle the global increase in early onset colorectal cancer. We'll also bring academics, clinicians and patients together to find solutions to problems faced by patients after bowel cancer treatment – an area that is sorely in need of more focus.

None of this would be possible without our wonderful fundraisers, volunteers and partners who inspire us every day with their incredible support. I'd like to make special mention here of our outgoing Chair, Richard Anderson, who stepped down in March 2025 after years of outstanding leadership and dedicated service to our Charity. And I'd like to extend the warmest of welcomes to our new Chair, Dr Damien Marmion, who joined us in March.

A huge thank you,
to everyone on
#TeamBowelCancerUK.



Credit: Bowel Cancer UK

Genevieve Edwards
CEO of Bowel Cancer UK



“ I was diagnosed with bowel cancer back in 2020. I'd just returned from six weeks in Australia so I just assumed that my body was adjusting, but when I discovered that there was blood on the toilet paper and in my poo, I started to think there may be something wrong.

My GP referred me to hospital and after some tests they found a tumour on the left side of my colon.

I had surgery to remove the tumour and after four days, I was able to go home. I didn't require any further treatment whatsoever. I was not expecting that, and I was obviously over the moon. I did have soreness and tenderness on the right side of my tummy, but overall, I made a good recovery and after six months my blood tests came back clear – the best news ever!

Right now, I am getting on with my life and every day I'm thankful that my experience was so positive. Early diagnosis really does make a difference and that's why I want to make sure that more cases are found early so more people have the same experience that I've had.

”

Sacha Stoye, former bowel cancer patient, now a patient advocate and awareness volunteer

Public benefit

The Charities Act 2011 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its 'Charities and Public Benefit' guidance requires two key principles to be met in order to show that an organisation's aims are for the public benefit: first, there must be an identifiable benefit, and secondly the benefit must be to the public or a section of the public. The Council of Management (which equates to the Board of Trustees and henceforth will be referred to as such) confirms it has regard to the Charity Commission's guidance on public benefit and considers each year how it meets the public benefit objectives outlined in Section 17 (5) of the Charities Act 2011.

It is satisfied that we meet the requirements and conforms to the Act's definition of a charity meeting all elements of the two key principles.

Everything we do is grounded in the belief that lives can, and should, be saved through earlier diagnosis, better treatment, and stronger support. Our beneficiaries are at the heart of everything that we do, and this report demonstrates how our work delivers measurable public benefit across the UK:

1. We raise awareness of bowel cancer through our patient volunteer led awareness and outreach programme and work extensively with patients and their families in all our policy and campaigns activity.
2. Our awareness training programme ensures that key potential lifesaving messages are appropriately cascaded across the UK.
3. We work with patients, alongside policy makers, clinicians and scientists to ensure that the needs of those affected by bowel cancer are identified and addressed.
4. We provide information to bowel cancer patients and their families through developing and disseminating relevant information.
5. We provide a range of training and information materials for healthcare professionals to ensure they have access to latest research and experience to inform their practice.
6. We fund and enable targeted research to ensure more people in the future have access to an early diagnosis and best treatment and care.

Our fundraising practices

We voluntarily subscribe and work with the Fundraising Regulator (previously the Fundraising Standards Board), which assumed responsibility for regulating fundraising from July 2016, and investigates, and takes appropriate action on cases of public concern. Monitoring and control of our fundraising activities, including any external and third-party suppliers we may collaborate with, are vital to ensure that our supporters have a first-class experience and are treated with respect. In the unlikely event we find any cause for concern, we will investigate as a matter of urgency and act where appropriate.

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

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

Regulatory and administrative details

Regulatory compliance statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a charity no. 1071038 in England and Wales and SC040914 in Scotland. The principal office address is Unit 301, Edinburgh House, 170 Kennington Lane, London SE11 5DP, which is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31 December 2024 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Statement of Recommended Practice ("SORP").

Who we are

Established in 1987, we are determined to save lives and improve the quality of life of everyone affected by bowel cancer.

Our main activities include:

1. supporting and funding targeted research
2. providing expert information and support to patients and their friends and families
3. educating the public and professionals about the disease
4. campaigning for early diagnosis and access to best treatment and care

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

Where we are

The London Office (Principal and Registered office): Unit 301, Edinburgh House, 170 Kennington Lane, London, SE11 5DP
Tel: 020 7940 1760
Email: admin@bowelcanceruk.org.uk
Website: bowelcanceruk.org.uk

Board of Trustees

The Board of Trustees comprises the following individuals:

1. Richard Anderson* (Chair, member of Finance and Resources Committee, member of Governance and Nominations Committee, member of Marketing and Community Engagement Committee)
2. Lorraine Lander* (Treasurer, member of Finance and Resources Committee)
3. Katharine Brown (Deputy Chair, member of Finance and Resources Committee, Chair of Governance and Nominations Committee from 20 November 2024)
4. Nita Ares (member of Marketing and Community Engagement Committee, member of Research Committee to 1 April 2024)
5. Stephen Fenwick (Chair of Research Committee)
6. Diana Tait (member of Governance and Nominations Committee, member of Research Committee)
7. Angela Wiles (Chair of Marketing and Community Engagement Committee, member of Governance and Nominations Committee)
8. Benjamin Butler (member of Finance and Resources Committee, member of Marketing and Community Engagement Committee)
9. Duncan Rudkin (member of Finance and Resources Committee from 21 February 2024, member of Research Committee from 3 October 2024)
10. Owen Watson* (member of Finance and Resources Committee from 21 February 2024)
11. Alison Hill (member of Research Committee)

12. Alastair McKinlay (member of Research Committee)
13. Husna Grimes (from 28 July 2024, member of Marketing and Community Engagement Committee from 24 September 2024)
14. Paul Latham (from 28 July 2024, member of Marketing and Community Engagement Committee from 24 September 2024)
15. Tim Kerr (from 28 July 2024, member of Research Committee from 3 October 2024)

*Following the year end, Richard Anderson stepped down as Chair and was succeeded by Damien Marmion in March 2025. Lorraine Lander stepped down as Treasurer and was succeeded by Owen Watson in March 2025. These appointments preceded the review and approval of the 2024 Annual Report and Financial Statements.

Senior Leadership Team

1. Chief Executive (member of Finance and Resources Committee, member of Marketing and Community Engagement Committee, member of Governance and Nominations Committee, member of Research Committee), Genevieve Edwards
2. Director of Services, Catherine Winsor
3. Director of Research, Policy and Influencing, Lisa Wilde (member of Research Committee)
4. Director of Fundraising (member of Finance and Resources Committee), Luke Squires
5. Director of Finance and Resources and Company Secretary (member of Finance and Resources Committee), Siân Dawson, to 31 May 2024
6. Interim Director of Finance and Resources (member of Finance and Resources Committee), Ajay Patel from 27 June 2024
7. Interim Director of Marketing, Communications and Engagement, Jane Clancey from 21 August 2024 to 10 December 2024

Members of our Medical Advisory Board are:

1. Rob Glynne-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
5. Tam Arulampalam, Consultant Laparoscopic Surgeon and Service Director, the ICENI Centre, Colchester General Hospital
6. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
7. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-Executive Director, NHS England
8. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
9. Mark Coleman, Consultant Surgeon, Plymouth; Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery
10. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
11. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
12. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
13. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
14. Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
15. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry

- and Biomedical Sciences, Queen's University Belfast
16. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
 17. Hassan Malik, Consultant Hepatobiliary Surgeon and Clinical Lead, University Hospital Aintree NHS Trust
 18. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London; Honorary Clinical Senior Lecturer, Imperial College London
 19. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
 20. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery, University of Birmingham
 21. Christine Norton, Professor of Clinical Nursing Research, King's College London
 22. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
 23. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
 24. John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre
 25. Bob Steele, Professor of Surgery and Head of Department, University of Dundee
 26. Clare Stephens, GP Board Member, Barnet CCG; Chair, NCL Cancer Commissioning Board
 27. Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust
 28. Mark Taylor, Consultant General and Hepatobiliary Surgeon, Belfast Health and Social Care Trust
 29. Ian Tomlinson, Director of Edinburgh Cancer Research Centre, University of Edinburgh
 30. Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust

31. Katharine Williams, Senior Research Sister, GI and Gynae Cancers, Cancer Clinical Trials Centre, Weston Park Hospital, Sheffield
32. Richard Wilson, Professor of Gastro-Intestinal Oncology, Institute of Cancer Sciences, University of Glasgow

Members of our Scientific Advisory Board are:

1. Suzy Lishman CBE, Consultant Histopathologist, North West Anglia NHS Foundation Trust (Chair)
2. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast (Deputy Chair)
3. Sir John Burn, Professor of Clinical Genetics, University of Newcastle
4. Sunil Dolwani, Consultant Gastroenterologist, Cardiff University School of Medicine
5. Claire Foster, Professor of Psychosocial Oncology and Director of Macmillan Survivorship Research Group, University of Southampton
6. Angus McNair, Consultant Senior Lecturer and NIHR Clinician Scientist, University of Bristol
7. Dion Morton OBE, Barling Professor of Surgery, and Head of Academic Department of Surgery University of Birmingham
8. Caroline Young, Clinical Research Training Fellow, University of Leeds
9. John Rosling, Lay Review Panel representative
10. Peter English, Lay Review Panel representative
11. Nita Ares, Trustee Observer (to 1 April 2024)
12. Duncan Rudkin, Trustee Observer (from 13 October 2024)

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

Auditors, bankers and solicitors

Auditors

Crowe U.K. LLP
R+ Building
2 Blagrove Street
Reading
RG1 1AZ

Bankers

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

Solicitors

Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

Structure, government and maintenance

Governing document and constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles adopted 15 August 2023.

All the Members of the Charitable Company are Trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the Trustees are also Directors of the Charitable Company for the purposes of the Companies Act.

Trustees appointment, recruitment, training and induction

Trustees are appointed by resolution of the Trustees in line with the Articles of Association. Trustees may serve up to nine years, or up to 12 years where acting as Chair, Deputy Chair or Treasurer on the condition that the members have undertaken a thorough and rigorous review of the appointment. A review of performance is held prior to the third and sixth anniversary of a Trustee's appointment.

Several changes to the members have taken place since 1 January 2024. These are detailed alongside the full list of members on pages 33 and 34. All Trustees are unremunerated and are voluntary.

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

Organisation structure and decision-making

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Trustees meet four times a year. Our Senior Leadership Team (SLT) meets once per month and reports to the Trustees. The members of the group are shown on page 34.

Alongside the Board of Trustees, which holds overall responsibility for the governance and strategic direction of the Charity, there are several committees to support and strengthen its work. These committees have designated areas of responsibility, with each committee meeting four times a year and being staged between main Trustee meetings. They make recommendations both to the SLT and to the main Board of Trustees.

The committees are as follows:

- The Finance and Resources Committee (FRC) is a formal committee of the Board of Trustees which provides strategic oversight of the Charity's finances, people, resources, risk management and compliance.
- The Governance and Nominations Committee is a formal committee of the Board of Trustees which supports, advises and provides assurance on governance and people matters relating to Trustees and senior staff, including nominations and remuneration.
- The Research Committee is a formal committee of the Board of Trustees which has responsibility for oversight of the development and management of the research programme and strategy.
- The Marketing and Engagement Committee is a formal committee

of the Board of Trustees which has responsibility for oversight of the development of our on- and off-line marketing, communications, supporter and community engagement activities.

Membership is detailed on pages 33 and 34.

Pay policy for senior staff

The Directors consider that the Board of Directors, who are the Charity's Trustees, and the SLT comprise the key management personnel of the Charity in charge of directing and controlling, running and operating the Charity on a day-to-day basis. All Trustees give of their time freely and no Director received remuneration in the year. Details of Trustees' expenses are disclosed in note 6 to the accounts and related party transactions in note 14.

The Chair of the Board makes a proposal annually on the remuneration of the Chief Executive to the Board of Trustees for its agreement. The Chief Executive makes recommendations on remuneration levels for the senior leadership team in line with the pay policy to the Board of Trustees for its approval.

The Charity has a pay and remuneration strategy for all staff, which was revised on 1 January 2023. Changes to senior leadership pay in 2023 were completed in line with this new strategy, a comprehensive pay review and benchmarking of salaries.

Risks and uncertainties

Achievement of our aims and objectives entails taking risks. The Trustees are satisfied that appropriate internal control systems and risk management processes are in place. They consider that the following framework provides us with adequate measures to reduce the impact of identified risks:

1. The SLT reviews key strategic and operational risks on a regular basis. It considers progress on mitigating actions, new and emerging risks, and opportunities.
2. The SLT prepares a risk register, with all risks graded based on their likelihood and impact, the controls and mitigations in place, and the required actions to further manage the risk.
3. The FRC reviews the risk register and accompanying fraud risk register at each meeting.
4. The Board of Trustees approves the risk registers annually.
5. The FRC reviews the Charity Commission internal financial control checklist (CC8) and charity fundraising Trustee duty checklist (CC20).

A summary of our key risks, and associated mitigations, is shown in the following table.

Risk	Mitigations
Loss (financial, data, reputational, access to systems) due to cyber-attack	- Operational and technical controls in place - Policies and procedures in place, including whistleblowing policy - Continuing programme of data and IT transformation to enhance our IT infrastructure and security - Service delivery partnerships and external experts to supplement in-house capabilities - Monitoring of finance and IT environments; investigation and remediation of issues identified - Cyber insurance in place - All staff have completed data protection and cyber awareness training, and regular phishing simulations are undertaken
Insufficient data insights/ analytics impacts our ability to measure impact or to tailor services to meet the evolving priorities and needs of our service users and supporters	- Continuing programme of data transformation to enhance our data infrastructure, including investment in internal and external expertise and the implementation of a new CRM planned for 2025 - Data strategy to be launched in 2025 - Impact reporting framework in place
Breach of UK data protection laws	- Data strategy in development, and data protection, privacy and data retention policies in place - IT security provision enhanced including multi-factor authentication and firewalls to protect data - IT access restrictions applied to electronic data - Cyber security training completed for all staff

Financial review

The results for the year ended 31 December 2024 are set out on page 45 of the financial statements.

Overall results for the year were incoming funds of £6,626,237 and expenditure of £9,278,791, resulting in a planned deficit of £2,652,554.

Income decreased by £440,770 (6%) compared to the prior year. This reduction was anticipated following the one-off £656,000 restricted grant received in 2023 from the Bowelbabe Fund. In 2024, legacy income declined by 21% to £390,449, returning to more typical levels following an exceptional prior year. Despite a challenging external environment, donations from individuals grew by 22% to £1,451,295, reflecting a strong recovery in regular giving and the continued loyalty of our supporter base. Corporate donations also increased significantly to £1,220,268 (up 27%) as our strategic partnerships deepened and expanded. Community fundraising remained strong, generating £1,613,912.

As part of our strategic plan, we significantly increased expenditure by £3,202,475 (53%) to accelerate delivery of our mission and lay the foundations for long-term impact. Investment in charitable activities rose by £2,610,620 (67%) to £6,532,817, including continued delivery of our awareness campaign, enhanced support and information services, and new research commitments. We awarded nearly £500,000 in research grants this year. The cost of generating income increased by £591,855 (27%) as we invested in income generation to support long-term growth and financial

sustainability. Support costs rose by £685,090 (75%) to £1,600,261, reflecting continued investment in infrastructure, including increased staff costs and lease commitments, alongside one-off transformation projects to support future growth and resilience.

As a result of the above, the Charity finished the year with total reserves of £3,456,072, of which £813,368 are restricted funds.

Reserves

Our free reserves (“General Fund”) relate to un-designated unrestricted reserves. The Board of Trustees considers it appropriate to maintain free reserves to protect the financial sustainability of the organisation, allowing it to mitigate financial risks and support ongoing delivery of key activities in support of its community. In setting the target level of reserves, the Board of Trustees considers financial risk and existing liabilities alongside the Charity’s latest strategic and operational plans. The target level of free reserves is reviewed annually by the FRC. The current target level for free reserves is £1,420,000 – £1,700,000.

As at 31 December 2024, the Charity had free reserves of £1,160,688, falling short of the target range. This was anticipated, reflecting the planned investment in infrastructure during the year, as part of the Charity’s strategic priorities.

In addition, the Charity held £1,482,016 of designated funds. Designated funds are amounts identified by the Trustees for a particular project or use.

Designated funds		
Early diagnosis campaign	£127,763	Funds to support the delivery of our major early diagnosis campaign, designed to help ensure more than 50% of people are diagnosed at stages 1 and 2. Planning and preparation work began in 2023. In 2024, £1,274,788 was utilised to deliver campaign activity across public awareness, GP education and community outreach. The remaining designated fund will support final delivery into 2025.
Research	£507,309	Underwriting of research grants for 2025. In 2024, £264,691 was drawn from the fund to support new research awards.
Infrastructure	£701,491	Designated for investment in our digital, IT and data infrastructure to provide a secure, efficient operating environment. In 2024, £290,800 was utilised to progress a number of major projects including the procurement of a new CRM, further cyber security enhancements and the rollout of a cloud-based finance system.
Fixed assets	£145,453	Reflecting the net book value of the Charity's tangible fixed assets.

Statement of Trustees' responsibilities

The Trustees (who are also Directors of Bowel Cancer UK for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

Company law requires the Trustees to prepare financial statements for each financial year.

Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

1. select suitable accounting policies and then apply them consistently
2. observe the methods and principles in the Charities SORP
3. make judgements and estimates that are reasonable and ensure prudent standards have been followed, subject to any material departures disclosed and explained in the financial statements
4. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment

(Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the Charity's constitution. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditors

In so far as the Trustees are aware:

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

Staff and volunteers

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

Auditors

Crowe LLP were reappointed as external auditors during the year.

This report has been prepared in accordance with the special provisions of s415A of the Companies Act 2006 relating to small companies.

This report was approved by the Board of Trustees on 25 June 2025 and signed on their behalf by



Owen Watson, Treasurer

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

Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2024 which comprise the Statement of Financial Activities, 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 Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of 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 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

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

Our responsibility is to read the other information and, in doing so, consider

whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to 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 our audit:

- the information given in the Trustees' report, which includes the Directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the Directors' report included within the Trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

- adequate and proper accounting records have not been kept; or

- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the Trustees' and the Directors' reports and from the requirement to prepare a strategic report.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 40, the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial

statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were employment legislation and General Data Protection Regulations (GDPR).

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

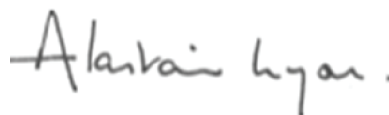
We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the recognition of certain income streams and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finances and Resources Committee about their own identification and assessment of the risks of irregularities, sample testing on income, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that

we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's Trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Alastair Lyon
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor

Reading

Date: 1 July 2025

Statement of financial activities for the year ended 31 December 2024 (incorporating the income and expenditure account)

	Note	Unrestricted funds £	Restricted funds £	Total 2024 £	Total 2023 £
Income					
Donations and legacies	2	4,459,747	739,271	5,199,018	5,715,124
Other trading activities	2	1,294,288	2,289	1,296,577	1,245,897
Income from investments		130,134	-	130,134	104,248
Income from charitable activities	3	508	-	508	1,738
Total income		5,884,677	741,560	6,626,237	7,067,007
Expenditure					
Expenditure on raising funds	4	2,645,603	100,371	2,745,974	2,154,119
Expenditure on charitable activities	4	5,554,880	977,937	6,532,817	3,922,197
Total expenditure		8,200,483	1,078,308	9,278,791	6,076,316
Net income and movement in funds	5	(2,315,806)	(336,748)	(2,652,554)	990,691
Total funds brought forward		4,958,510	1,150,116	6,108,626	5,117,935
Total funds carried forward	12 & 13	2,642,704	813,368	3,456,072	6,108,626

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 48-65 form part of these financial statements.

Balance sheet as at 31 December 2024

Company number 3409832 (England and Wales)

	Note	2024 £	2023 £
Fixed assets			
Tangible assets	7	145,453	164,751
Intangible assets	8	-	-
		145,453	164,751
Current assets			
Debtors and prepayments	9	623,360	1,142,921
Cash at bank and in hand		2,410,967	3,488,443
Short term deposits		2,000,000	2,500,000
		5,034,327	7,131,364
Creditors: amounts falling due within one year	10	(1,703,014)	(1,167,711)
Net current assets		3,331,313	5,963,653
Provisions: amounts due in more than one year	11	(20,694)	(19,778)
Net assets		3,456,072	6,108,626
Funds			
Unrestricted funds			
Designated		1,482,016	3,331,593
General funds		1,160,688	1,626,917
	12	2,642,704	4,958,510
Restricted funds	12	813,368	1,150,116
Total funds	13	3,456,072	6,108,626

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

The financial statements were approved and authorised for issue by the board and were signed on its behalf on 25 June 2025 by



Owen Watson, Treasurer

The notes on pages 48-65 form part of these financial statements.

Statement of cash flows for the year ended 31 December 2024

	2024	2023
	£	£
Cash generated by operating activities	(1,660,119)	539,775
Cash flows from investing activities		
Interest income	130,134	104,248
Purchase of fixed assets	(47,491)	(138,338)
Change in cash and cash equivalents at the end of the year	(1,577,476)	505,685
Cash and cash equivalents at the beginning of the year	5,988,443	5,482,758
Movement	(1,577,476)	505,685
Total cash and cash equivalents at the end of the year	4,410,967	5,988,443

Reconciliation of net movement in funds to net cash flow from operating activities

Net movement in funds	(2,652,554)	990,691
Depreciation and amortisation	64,825	40,505
Decrease/(increase) in debtors	519,561	(531,839)
Increase in creditors	535,304	215,496
Increase/(decrease) in provisions	916	(70,830)
Loss on disposal of fixed assets	1,963	-
Interest income	(130,134)	(104,248)

Net cash generated by operating activities	(1,660,119)	539,775

Analysis of cash and cash equivalents

Cash in hand	2,410,967	1,204,463
Notice deposits (less than three months)	-	2,283,980
Short term deposits (more than three months)	2,000,000	2,500,000
Total cash and cash equivalents at the end of the year	4,410,967	5,988,443

	At 1 January 2024	Cash flows	At 31 December 2024
	£	£	£
Analysis of changes in net funds			
Cash and cash equivalents			
Cash	3,488,443	(1,077,476)	2,410,967
Short term deposits	2,500,000	(500,000)	2,000,000
Total	5,988,443	(1,577,476)	4,410,967

Notes to the financial statements

For the year ended 31 December 2024

1 Accounting policies

1.1 Basis of preparation

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

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

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Unit 301, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

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

In their assessment of going concern the Directors have considered the ongoing high rate of inflation and cost of living crisis.

As at 31 December 2024 Bowel Cancer UK is in a strong financial position, with free reserves of £1.16 million, liquid cash reserves of £2.4 million and no borrowing. As such the Charity has sufficient reserves

and liquidity to mitigate any financial risks that may materialise.

Further, the Directors have updated their annual budgets and three-year forecasts based on current estimates. These have been reviewed and will continue to be updated to ensure that they have sufficient facilities in place to meet their operating cash requirements for the foreseeable future.

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

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on pages 33-34. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Income

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

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

Legacy income is recognised in the year that entitlement and probability of receipt are established. Receipt is normally probable when there has been grant of probate, the executors have established that there are

Notes to the financial statements

For the year ended 31 December 2024

sufficient assets in the estate, and any conditions attached to the legacy are either within the control of the Charity, or have been met. Residuary legacies subject to a life interest held by another party are not included in income until the conditions associated with payment have been fulfilled.

Donated services totalling £695,983 are included as a gift in kind and an associated expense. These are included at their estimated value to the Charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the Trustees' annual report for more information about their contribution.

1.4 Expenditure

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

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

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

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

Grants payable are charged to the statement of financial activities in the year in which the offer is approved and conveyed to the recipient, except in those cases where the offer is conditional and entitlement is yet to be earned. Such grants are recognised as expenditure when the relevant conditions are fulfilled.

1.5 Fund accounting

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

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

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

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

1.6 Tangible fixed assets and depreciation

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

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

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

- Computer equipment and software – over four years
- Fixture and fittings – over five years
- Office refurbishment – over three years

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Short term deposits

Short term deposits are highly liquid investments that include cash on deposit and cash equivalents with a maturity between three months and one year.

1.11 Operating leases

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

1.12 Pension costs

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

1.13 Creditors and provisions

Creditors and provisions are recognised

where the Charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

1.14 Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.15 Critical accounting judgements and key sources of estimation uncertainty

Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are as follows:

- Dilapidation provision – the Charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in note 11.
- Residuary legacies – the Charity recognises residuary legacies once conditions set out in 1.3 have been met and a reliable estimate of assets due has been received.

The estimates and underlying assumptions

Notes to the financial statements

For the year ended 31 December 2024

are reviewed on an on-going basis. In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

1.16 Contingent assets

The Charity discloses a contingent asset where it has a reasonable expectation of future benefit arising, but the existence or valuation of these benefits is uncertain at the balance sheet date. Contingent assets are not recognised in the balance sheet but are disclosed in note 16.

Notes to the financial statements

For the year ended 31 December 2024

2. Income from generated funds	2024	2023
	£	£
Donations and legacies		
Donations from individuals	1,451,295	1,186,805
Legacies	390,449	490,949
General grants	523,094	1,273,533
Corporate donations	1,220,268	962,873
Community fundraising	1,613,912	1,800,964
	5,199,018	5,715,124
Other trading activities		
Runs	926,793	899,114
Treks and challenges	324,993	309,064
Trading income	44,791	37,719
	1,296,577	1,245,897
3. Income from charitable activities	2024	2023
	£	£
Training and events	508	1,738
	508	1,738

Notes to the financial statements

For the year ended 31 December 2024

4. Resources expended	Direct costs		Support costs		Total 2024
	Staff	Other	Staff	Other	
Expenditure on raising funds	£	£	£	£	£
Costs of generating voluntary income	1,048,525	1,048,922	222,568	425,959	2,745,974
	1,048,525	1,048,922	222,568	425,959	2,745,974
Expenditure on charitable activities					
Direct services	1,249,881	536,511	153,196	293,192	2,232,780
Awareness, policy and influencing	1,185,628	1,964,339	165,722	317,164	3,632,853
Grants	118,168	526,556	7,708	14,752	667,184
	2,553,677	3,027,406	326,626	625,108	6,532,817
Total costs 2024	3,602,202	4,076,328	549,194	1,051,067	9,278,791
Total costs 2023	2,690,518	2,470,627	588,585	326,586	6,076,316

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

Total governance costs for the year, included in support costs, are £18,645 (2023: £16,950) comprising an audit fee of £18,645 (2023: £16,950).

	Direct costs		Support costs		Total 2023
	Staff	Other	Staff	Other	
	£	£	£	£	£
Expenditure on raising funds					
Costs of generating voluntary income	922,764	860,470	238,532	132,353	2,154,119
	922,764	860,470	238,532	132,353	2,154,119
Expenditure on charitable activities					
Direct services	867,241	534,698	164,184	91,100	1,657,223
Awareness, policy and influencing	835,798	927,717	177,608	98,549	2,039,672
Research	1,767,754	1,610,157	350,053	194,233	3,922,197
Total costs 2023	2,690,518	2,470,627	588,585	326,586	6,076,316
Total costs 2022	1,845,893	2,359,970	390,923	179,912	4,776,698

Notes to the financial statements

For the year ended 31 December 2024

5. Net income is stated after charging:	2024	2023
	£	£
Depreciation	64,825	40,505
Operating lease payments	449,952	191,708
Auditors' remuneration:		
- Audit fee for the current period	18,645	16,950

6. Staff costs	2024	2023
	£	£
Wages and salaries	3,590,973	2,863,100
Social security costs	358,045	281,027
Pension contributions	172,381	134,976
Redundancy costs	30,000	-
	4,151,399	3,279,103

During the year Bowel Cancer UK paid £30,000 redundancy costs (2023: £nil).

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

	2024	2023
	Number	Number
£60,001 - £70,000	1	-
£70,001 - £80,000	-	4
£80,001 - £90,000	4	-
£90,001 - £100,000	-	-
£101,001 - £110,000	-	-
£110,001 - £120,000	-	-
£120,001 - £130,000	-	-
£130,001 - £140,000	1	1
	6	5

Pension contributions of £26,047 (2023: £17,824) were paid in respect of the higher paid individuals.

The Charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the Charity in independently administered funds. The pension charge represents contributions payable by the Charity to the fund. Pension contributions outstanding at 31 December 2024 amounted to £28,450 (2023: £23,094).

Notes to the financial statements

For the year ended 31 December 2024

The key management personnel of the Charity comprise the Trustees, the Chief Executive, the Director of Research and External Affairs, the Director of Finance, the Director of Fundraising and the Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the Charity were £562,756 (2023: £518,947). Key management had an average FTE of 4.4 compared with 5 from the year before.

The average number of staff analysed by function was:

	2024 Number	2024 FTE	2023 Number	2023 FTE
Fundraising	25	24	24	22
Awareness and Direct Services	30	28	23	21
Communications and Campaigning	23	22	20	19
Central Support	15	13	13	11
Research	2	2	2	2
	95	89	82	75

Trustees

No Trustees received emoluments during the year (2023: £nil).

Three of the Trustees received reimbursed expenses totalling £1,661 during the year (2023: 2 Trustees £2,189).

Notes to the financial statements

For the year ended 31 December 2024

7. Tangible fixed assets	Office refurbishment	Fixture and fittings	Computer equipment and software	Total
	£	£	£	£
Cost				
At 1 January 2024	51,284	41,904	172,675	265,863
Additions	4,113	16,078	27,300	47,491
Disposals	-	-	(20,330)	(20,330)
At 31 December 2024	55,397	57,982	179,645	293,024
Depreciation				
At 1 January 2024	5,699	12,889	82,524	101,112
Charge for the period	18,580	8,764	37,481	64,825
Disposals	-	-	(18,366)	(18,366)
At 31 December 2024	24,279	21,653	101,639	147,571
Net book value as at 31 December 2024	31,118	36,329	78,006	145,453
Net book value as at 31 December 2023	45,585	29,015	90,151	164,751

All fixed assets are used for charitable purposes.

8. Intangible fixed assets	Website £	Total £
Cost		
At 1 January 2024	4,763	4,763
At 31 December 2024	4,763	4,763
Amortisation		
At 1 January 2024	4,763	4,763
At 31 December 2024	4,763	4,763
Net book value as at 31 December 2024	-	-
Net book value as at 31 December 2023	-	-

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

Notes to the financial statements

For the year ended 31 December 2024

9. Debtors and prepayments	2024	2023
	£	£
Legacy debtor	47,312	281,428
Other debtors	53,303	128,987
Prepayments and accrued income	522,745	732,506
	623,360	1,142,921

10. Creditors	2024	2023
	£	£
Trade creditors	199,524	271,246
Accruals	1,457,436	784,981
Taxes and social security costs	2,682	80,797
Other creditors	43,372	30,687
	1,703,014	1,167,711

11. Provisions	Property provision 2024	Income provision 2024	Total 2024	Property provision 2023
	£	£	£	£
At 1 January 2024	19,778	-	19,778	90,608
Utilised in year	-	-	-	(90,607)
Additions in year	-	916	916	19,777
At 31 December 2024	19,778	916	20,694	19,778

The dilapidation provision relates to amounts provided to reflect the cost of restoring the condition of the leased property in accordance with the lease agreement.

Notes to the financial statements

For the year ended 31 December 2024

12. Statement of funds	Balance 1 January 2024 £	Income £	Expenditure £	Transfers £	Balance 31 December 2024 £
Total Designated funds					
Fixed assets	164,751	47,491	(66,789)	-	145,453
Research	772,000	-	(264,691)	-	507,309
Early diagnosis	1,402,551	-	(1,274,788)	-	127,763
Infrastructure upgrades	992,291	-	(290,800)	-	701,491
	3,331,593	47,491	(1,897,068)	-	1,482,016
Total General funds	1,626,917	5,837,186	(6,303,415)	-	1,160,688
Total Unrestricted funds	4,958,510	5,884,677	(8,200,483)	-	2,642,704

Designated funds

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

Fixed assets

£145,453 (2023: £164,751) has been set aside from the Charity's unrestricted funds by the Trustees to reflect the net book value of the fixed assets.

Research

£507,309 (2023: £772,000) has been committed to underwrite the funding of new research grants over the next two to three years.

Early diagnosis

£127,763 (2023: £1,402,551) has been committed by Trustees to fund an early diagnosis campaign, which will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly.

Infrastructure

£701,491 (2023: £992,291) has been committed by Trustees to fund a multi-year programme of digital, IT and data transformation to enhance our infrastructure and provide an efficient, secure operating environment.

Notes to the financial statements

For the year ended 31 December 2024

12. Statement of funds (continued)	1 January 2024 £	Income £	Expenditure £	Transfers £	31 December 2024 £
Restricted funds:					
General patient services	5,213	12,500	(7,713)	-	10,000
General work in Northern Ireland	94,240	61,634	(87,922)	-	67,952
General work in Scotland	22,758	21,335	(31,260)	-	12,833
Services officer Scotland	26,153	-	(25,906)	-	247
General work in Wales	-	12,000	(8,588)	-	3,412
Moondance Foundation	18,852	-	(18,852)	-	-
Never Too Young	72,657	21,707	(43,539)	-	50,825
Never Too Young patient group	60,218	1,044	(3,396)	(27,720)	30,146
Patient information	17,349	21,386	(34,025)	-	4,710
Patient services - general	-	23,500	(22,322)	-	1,178
Research	167,877	28,115	(218,630)	27,720	5,082
Research – Lucy Ogilvie	4,392	-	(4,392)	-	-
Surgical Chair Scotland	73,708	-	(13,913)	-	59,795
Awareness talks	-	5,000	(5,000)	-	-
VWG small grant	11,239	11,058	(20,210)	-	2,087
Early diagnosis	-	137,000	(47,000)	-	90,000
Healthcare professional education and engagement - general	34,395	28,500	(52,895)	-	10,000
Healthcare professional education and engagement – Expert Explores	5,491	-	(4,481)	-	1,010
Bowelbabe Fund – awareness roadshows	323,182	227,000	(221,601)	-	328,581
Bowelbabe Fund – primary care education	150,512	-	(150,512)	-	-
Volunteer coordinators	41,880	25,047	(6,374)	-	60,553
APPG	20,000	-	(20,000)	-	-
Peer support	-	48,000	(24,128)	-	23,872
Healthinformation booklet Eating Well	-	4,500	-	-	4,500
Health information booklet Your Operation	-	6,950	(5,649)	-	1,301
Health information work (Christmas appeal)	-	45,284	-	-	45,284
Total Restricted funds	1,150,116	741,560	(1,078,308)	-	813,368

Restricted funds

Restricted funds are where the donor has imposed restrictions on the use of the funds or by the purpose of appeals.

General patient services

Funding has been received to sustain and support our programme of support services for people affected by bowel cancer.

General work in Northern Ireland

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

General work in Scotland

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

Services officer Scotland

Funding has been received to employ a Scotland services officer to support services offering in the region.

General work in Wales

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

Moondance Foundation

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

Never Too Young

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

Never Too Young patient group

Funding has been raised by this group to support activities related to younger bowel cancer patients.

Patient information

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

Research

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

Surgical Chair Scotland

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

Awareness talks

Funding has been received to support our bowel cancer awareness talks.

VWG small grant

Funding has been received from the Wales Council for Voluntary Action to support a volunteer officer in Wales.

Early diagnosis

Funding has been received to support our work to ensure more people are diagnosed early through bowel cancer awareness campaigns and training healthcare professionals to identify symptoms and refer people for appropriate diagnostic tests.

Healthcare professional education and engagement - general

Funding has been received to support our work with healthcare professionals.

Healthcare professional education and engagement – Expert Explores

Funding has been received to support an episode of the Expert Explores series.

Bowelbabe Fund

Funding has been received from the Bowelbabe Fund, managed by Cancer Research UK, for a three-year programme of awareness roadshows and a one-year GP education programme.

Notes to the financial statements

For the year ended 31 December 2024

Volunteer coordinators

Funding has been received to hire volunteer coordinators, to support the growth of our pool of volunteers across the UK.

APPG

Intuitive Surgical Ltd provided financial support and sponsorship for the Bowel Cancer APPG (All Party Parliamentary Group).

Peer support

Funding has been received to sustain and support our peer support services.

Health information booklet Eating Well

Funding has been received to support the printing of Eating Well publication.

Health information booklet Your Operation

Funding has been received to support redesign, review and production of Your Operation publication.

Health information work (Christmas appeal)

Funding has been received to contribute to the cost of creating, developing and delivering our health information.

Notes to the financial statements

For the year ended 31 December 2024

12. Statement of funds (continued)	Balance 1 January 2023 £	Income £	Expenditure £	Transfers between funds £	Balance 31 December 2023 £
Total Designated funds					
Fixed assets	66,918	138,338	(40,505)	-	164,751
Research	772,000		-	-	772,000
Early diagnosis	1,586,800	-	(169,249)	(15,000)	1,402,551
Infrastructure upgrades	314,600		(131,309)	809,000	992,291
	2,740,318	138,338	(341,063)	794,000	3,331,593
Total General funds	1,686,116	5,684,416	(4,949,615)	(794,000)	1,626,917
Total Unrestricted funds	4,426,434	5,822,754	(5,290,678)	-	4,958,510

Restricted funds	Balance 1 January 2023 £	Income £	Expenditure £	Transfers between funds £	Balance 31 December 2023 £
General patient services	13,911	68,986	(77,684)	-	5,213
General work in Northern Ireland	72,468	62,934	(41,162)	-	94,240
General work in Scotland	16,981	60,466	(28,536)	-	48,911
General work in Wales	5,000	-	(5,000)	-	-
Moondance Foundation	37,475	98,482	(117,105)	-	18,852
Never Too Young	76,243	20,684	(24,270)	-	72,657
Never Too Young patient group	54,539	8,792	(3,113)	-	60,218
Patient information	20,443	38,500	(41,595)	-	17,348
Research	188,334	112,146	(128,210)	-	172,270
Surgical Chair Scotland	78,341	5	(4,638)	-	73,708
Awareness	7,931	-	(7,931)	-	-
VWG small grant	10,887	24,806	(24,454)	-	11,239
Early Diagnosis	65,604	15,000	(80,604)	-	-
Healthcare professional education & engagement	43,344	5,571	(9,029)	-	39,886
Policy officer Wales	-	10,000	(10,000)	-	-
Bowelbabe Fund	-	656,000	(182,306)	-	473,694
Volunteer coordinators	-	41,880	-	-	41,880
APPG	-	20,000	-	-	20,000
Total Restricted funds	691,501	1,244,252	(785,637)	-	1,150,116

Notes to the financial statements

For the year ended 31 December 2024

13. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds 2024 £
Funds balances at 31 December 2024 are represented by:			
Fixed assets	145,453	-	145,453
Net current assets	2,517,945	813,368	3,331,313
Provisions	(20,694)	-	(20,694)
Charity funds at 31 December 2024	2,642,704	813,368	3,456,072

	Unrestricted funds £	Restricted funds £	Total funds 2023 £
Funds balances at 31 December 2023 are represented by:			
Fixed assets	146,751	-	146,751
Net current assets	4,831,537	1,150,116	5,981,653
Provisions	(19,778)	-	(19,778)
Charity funds at 31 December 2023	4,958,510	1,150,116	6,108,626

14. Related party transactions

Five Trustees made a donation to the Charity in aggregate of £5,015 (2023: three Trustees with donations in aggregate of £10,785).

Notes to the financial statements

For the year ended 31 December 2024

15. Operating leases

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

	2024 Office equipment	2024 Land and buildings	2024 Total	2023 Total
	£	£	£	£
< One year	1,791	178,111	179,902	171,660
One - five years	7,163	91,227	98,390	276,501
> Five years	-	-	-	1,791
	8,954	269,338	278,292	449,952

16. Capital commitments

At 31 December 2024, the Charity had the following capital commitments:

	2024 £	2023 £
Contracted but not provided for	-	2,983

The capital commitments relate to office equipment.

Notes to the financial statements

For the year ended 31 December 2024

17. Statement of financial activities – comparative figures by fund type

Year ended 31 December 2023

	Unrestricted funds £	Restricted funds £	2023 Total £
Income			
Donations and legacies	4,488,625	1,226,499	5,715,124
Other trading activities	1,228,143	17,754	1,245,897
Income from investments	104,248	-	104,248
Income from charitable activities	1,738	-	1,738
Total income	5,822,754	1,244,253	7,067,007
Expenditure			
Expenditure on raising funds	2,154,119	-	2,154,119
Expenditure on charitable activities	3,136,559	785,638	3,922,197
Total expenditure	5,290,678	785,638	6,076,316
Net income and movement in funds	532,076	458,615	990,691
Fund balances brought forward	4,426,434	691,501	5,117,935
Fund balances carried forward	4,958,510	1,150,116	6,108,626

Thanks to our supporters

We would like to thank all our supporters for their generosity

Corporate partners, trusts and foundations

18 Week Support
Asda
Dentsu
EBM Charitable Trust
Gordons LLP
Irwin Mitchell
Kimberly-Clark (Andrex)
Morrison & Foerster (UK) LLP
Muller Marketing Department
Nicklin Accountancy Services
Prowting Charitable Foundation
RE Pilkington Trusts
SkyDemon
Takeda Oncology
The E M Whittome 2013 Charitable Trust
The Eveson Trust
The HSWJ Trust
The James Tudor Foundation
The Peacock Charitable Trust
The Simon Gibson Charitable Trust
The Steel Charitable Trust
The Tom and Sheila Springer Charity
United Rental Group Ltd. With donations from
United Rental System licensees, suppliers and
staff
Virgin Unite
Welsh Government's Volunteering Wales Main
Grants Scheme, administered by WCVA
Winvic Construction

A special thanks to our #GetOnARoll partners who help us spread awareness by including our potentially life-saving signs and symptoms on their toilet roll packages.

Sponsors

Bristol Myers Squibb gave financial support to our peer support programme.

Merck gave financial support to our health information programme.

Servier Laboratories Ltd gave financial support to our health information programme.

None of our sponsors influenced the content of our resources or events.



Credit: KAH productions

**Together we can build a future
where nobody dies of bowel cancer**

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

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

To donate or find out more visit
bowelcanceruk.org.uk

 [/bowelcanceruk](https://www.facebook.com/bowelcanceruk)

 [/bowelcanceruk](https://www.linkedin.com/company/bowelcanceruk)

BOWEL CANCER UK

England & Wales - Charity number 1071038

Accounts



Bowel Cancer UK
Annual Report and
Financial Statements
For the year ended 31 December 2023



Bowel Cancer UK
Beating bowel cancer together



Every **15 minutes** someone is diagnosed with bowel cancer in the UK. That's nearly **43,000 people each year.**

About **268,000** people living in the UK today have been diagnosed with the disease.



Bowel cancer is the UK's fourth most common cancer and the second biggest cancer killer. But it doesn't need to be. The disease is treatable and curable, especially if diagnosed early. Nearly everyone diagnosed at the earliest stage will survive.

We're the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by bowel cancer by championing early diagnosis and access to best treatment and care.

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

Our vision is a future where nobody dies of bowel cancer

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“ Mum was diagnosed with terminal bowel cancer in December 2021. The following April, my sister and I decided to take part in ActiveApril to support Bowel Cancer UK. During that month however, she sadly passed away. Mum never gave up, and this inspired us to keep going with the challenge and we raised £1,000. In 2023, I decided to take part in ActiveApril once more in her memory and I’m doing it again in 2024. I feel very connected to Mum when taking part in this challenge. She’ll always be my inspiration and I’ll keep living on in her memory, forever and always.

Becky Harris and her mum on a walk for ActiveApril

”

Statement from Bowel Cancer UK's Chair of Trustees

In opening our annual review for 2022, I was delighted to be able to say that it had been the most successful year for Bowel Cancer UK.

I'm over the moon to be able to share that in 2023, we achieved new heights again. Not only did we provide more support than ever before to people affected by bowel cancer, but we fundraised over £7 million for the first time in our history.

On top of all this, 2023 saw the launch of our new five-year strategy, 'On a mission' where we restated our vision of a world where nobody dies of bowel cancer. To achieve this, we've placed early diagnosis at the heart of our work. We want to see the proportion of bowel cancers diagnosed at the earliest stages increase from 4 in 10 today to more than 7 in 10 by 2028. At the same time, we'll continue to support everyone affected by bowel cancer, no matter where they find themselves pre- or post-diagnosis.

Sadly, that vision still feels a fair way off. Bowel cancer touches so many people. 46 people die from bowel cancer every day. We were saddened to lose our good friend and supporter George Alagiah to bowel cancer in 2023. Such a well-respected and trusted figure of the BBC, George did so much to use his diagnosis of bowel cancer to help others, including campaigning to lower the starting age for bowel screening.

One big success for 2023 was the beginning of our new awareness roadshow and GP support programme, generously funded by the Bowelbabe Fund for Cancer Research UK, which our late patron Dame Deborah James established in her final weeks. Over the next few years, the roadshows will travel up and down the UK to provide information about bowel cancer, to encourage people to seek help when experiencing symptoms, and to complete their bowel screening test when invited. Three pilots ran in the autumn of 2023, landing in Liverpool, Belfast and Cardiff, ahead a full roll out in 2024.

Alongside this, our #GetOnARoll campaign celebrated its first anniversary in June 2023, with ten supermarkets and toilet roll manufacturers supporting us by putting bowel cancer symptoms information on their packaging. We were also delighted to receive two awards for the impact this work has had. And it continues to deliver, with a new strategic partnership with Andrex agreed in 2023, ready to launch an important new campaign to the public in 2024.

We've continued to work with governments and health systems across the UK to deliver improvements in bowel screening and services. Our Healthcare Professional Engagement and Education programme launched in 2023, alongside a new MSc module for colorectal nurses.

This and so much other work doesn't happen by itself. Our incredibly hardworking staff increased in numbers in 2023 as our charity continued to grow in both size and impact.

On their shoulders are our incredible volunteers who dedicate so much time delivering awareness talks, cheering on our fundraisers, and sharing their stories. I also want to give my heartfelt thanks to my fellow trustees who are as dedicated to our cause as I am.



Richard Anderson, Chair of Trustees

Our year in numbers



We provided over **five million** moments of support to people affected by bowel cancer



More than **230,000** people used our forum, viewing pages over **3 million** times between them



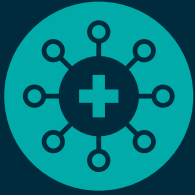
89% of bowel cancer patients using our services **feel better supported** as a result



More than **100 volunteers** delivered 130 volunteering roles and gave over **5,000 hours** of their time



We sent out over **177,000** health information booklets to patients and healthcare professionals, an **increase of 50% on 2022**, driven mainly by increased engagement with health professionals



We ran education events attended by more than **800 healthcare professionals**



94% of colorectal nurses accessing our education programme intend to use their learning in their clinical practice



We funded new research grants totalling more than **£122,000**



Donations of money, goods and services exceeded **£7 million** for the first time in our history



We marked one year since the launch of our **#GetOnARoll** campaign, bringing ten partners together to put vital information about bowel cancer symptoms in households across the UK, and **winning two awards**

Financial summary 2023

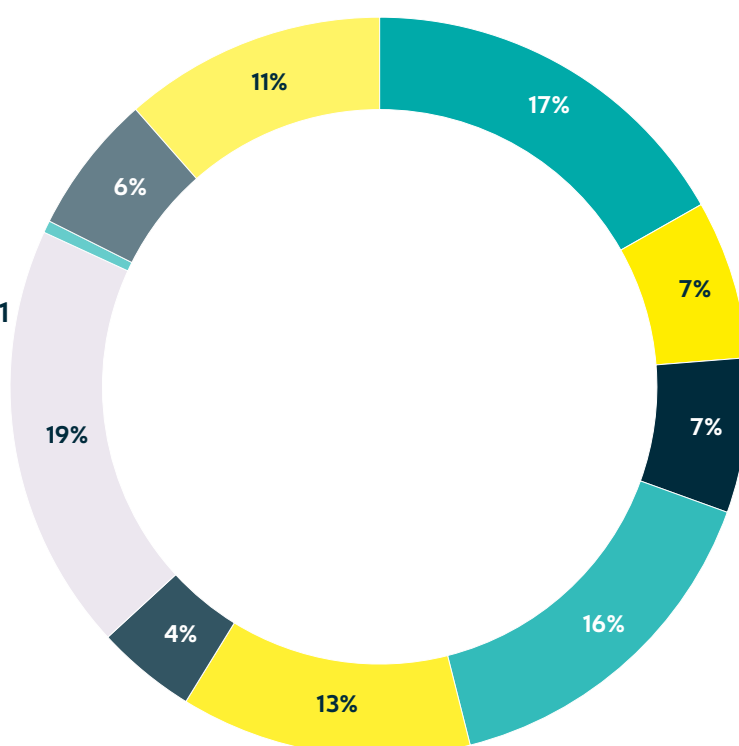
Income

For the first time in our history, donations of money, goods and services exceeded £7 million. This was almost £800,000 higher than in 2022. This rise in income has only been made possible by the generosity of our community and partners who have given in so many ways across the UK. These included, but are not limited to, a rise in legacy income, a record-breaking London Marathon total and funding from the Bowelbabe Fund for Cancer Research UK for our roadshow and GP education programme.

Our expenditure was £6,076,316, of which £3,377,911 was spent on direct charitable activities – an increase of £727,591 (23%) compared to the prior year as we rolled out new and expanded services including awareness roadshows, GP education, Ask the Nurse support services, and enhanced support for the bowel cancer community in each of the UK nations.

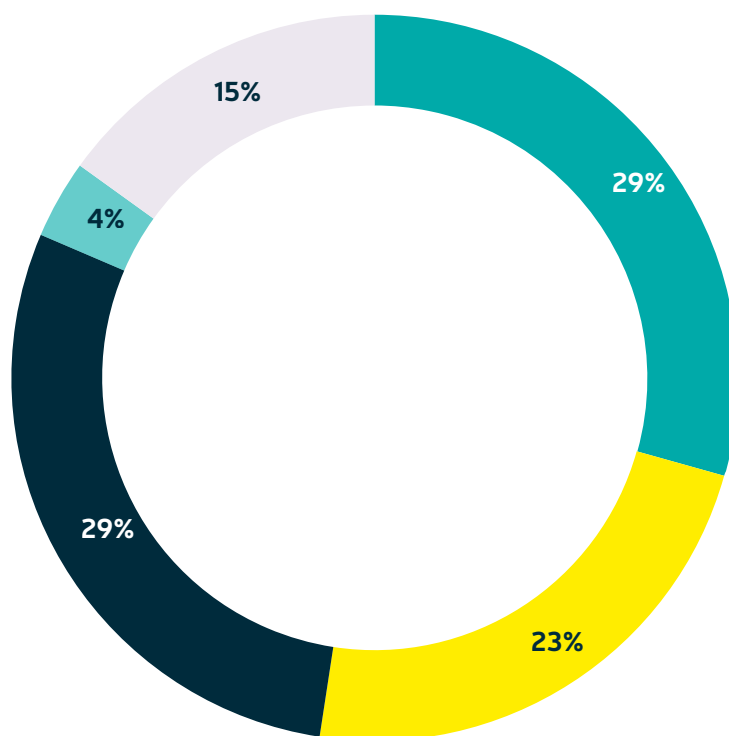
Where our money comes from

- Individuals **£1,186,805**
- Legacies **£490,949**
- Nations **£478,713**
- Philanthropy & Partnerships **£1,098,531**
- Runs **£899,114**
- Treks & Challenges **£309,064**
- Community **£1,322,251**
- Trading **£37,719**
- Gifts in Kind **£432,589**
- Other **£811,272**



How we spend our money

- Generating Voluntary Income
£1,783,234
- Direct Services **£1,401,939**
- Awareness, Policy and Influencing
£1,763,515
- Research **£212,457**
- Support costs **£915,171**



Thank you to all our supporters

This has been an incredible year. We want to thank each and every one of our supporters who have helped us end the year with an income total of more than £7 million including donations of money, goods and services – making 2023 our strongest fundraising result in the charity's history. We wouldn't exist without our supporters. Everything you do makes a difference – fundraising and donating, raising awareness, helping us deliver services, sharing personal stories, volunteering, completing surveys and consultations, taking campaign actions, using our services and telling others about them, and following us on social media.



Thank you all.

'On a mission' – our new five-year strategy

In 2023 we launched our new five-year strategy, as we look to take a major step towards a future where nobody dies of bowel cancer. We consulted with patients, volunteers, clinicians and researchers to develop an ambitious plan that puts early diagnosis at its heart, while ensuring we continue to support anyone affected by bowel cancer. The resulting strategy, [On a mission: making sure bowel cancer is diagnosed early to save lives](#), sets out a roadmap for the next five years.

It's a stark reality that too many people with bowel cancer in the UK are diagnosed at a later stage, when fewer treatment options are available. Fewer than 4 in 10 people are diagnosed at stages 1 and 2.¹ Shockingly, almost 1 in 5 people in England are diagnosed in emergency settings², such as in A&E. For the under 50s, that number rises to more than 1 in 4. A diagnosis in an emergency setting is not only much more likely to be a later stage bowel cancer, but it also represents a missed opportunity across the diagnostic pathway – whether that's down to someone not recognising they have symptoms or acting on them, GPs not suspecting bowel cancer quickly enough, or delays due to capacity constraints in diagnostic services.

Even if we could just achieve 'earlier' diagnosis – where every diagnosis happens one stage earlier – we know that around 6,900 bowel cancer deaths could be prevented.³

By 2028, we want to see more than 7 in 10 bowel cancers diagnosed at stage 1 or 2.

To do this, we've set four ambitious goals:

Goal 1: increase awareness and understanding of bowel cancer

Goal 2: remove the barriers to people being diagnosed quickly and at the earliest possible stage

Goal 3: get the right treatment and care to every patient

Goal 4: support people to cope better with bowel cancer

We want to see a future where nobody dies of bowel cancer. It's an ambitious aim, and one we're determined to achieve.

¹ Proportion Diagnosed by Stage, Cancer Research UK Early Diagnosis Hub, data from 2018-19

² <https://www.cancerdata.nhs.uk/emergencypresentations>

³ Calculated by the Cancer Intelligence team at Cancer Research UK, using data from:

- NHS Digital, Cancer Survival in England for cancer cases diagnosed between 2016 and 2020 - followed up to 2021
- NHS Digital, Staging Data in England (for 2018)

Towards our goals – highlights from 2023

Goal 1: increase awareness and understanding of bowel cancer

According to our research, in 2022 fewer than 6 in 10 people could name a symptom of bowel cancer,⁴ and spotting the symptoms is not always enough. We know that some people who experience worrying symptoms like blood in their poo can wait six months or more before talking to their GP.⁵ Some groups in society are hit harder by bowel cancer than others, particularly people from more deprived areas, as well as ethnic minorities. We need to do more in these areas than others.

This year we took a significant step forward as we kicked off a number of major projects to increase awareness and understanding of bowel cancer.

Raising awareness

April is Bowel Cancer Awareness Month (BCAM) and we used this opportunity to spotlight the symptoms of bowel cancer with our #KnowTheHigh5 campaign. We started the month with TV star and bowel cancer patient Adele Roberts and her partner Kate Holderness joining our CEO Genevieve Edwards on the BBC Breakfast sofa to talk about the importance of seeing your GP if you experience symptoms. We also reached almost 5,000 people with our programme of in-person and online awareness events, and more than 32,000 people took our

online symptoms quiz. We put forward nine questions that were asked in parliaments across the UK, and recruited seven new members to our new All-Party Parliamentary Group (APPG) on Bowel Cancer. We were then delighted when our survey in May⁶ showed that the number of people who could name at least one symptom of the disease had risen by ten percentage points to 74%.

We were honoured to partner with the Rangers Charity Foundation for the 2022/23 season to raise awareness of bowel cancer. This was an amazing opportunity to raise awareness of the signs and symptoms of bowel cancer to the 45,000 Rangers season ticket holders culminating in attending their match against St Mirren on 15 April 2023. We also worked with Crystal Palace FC displaying posters and delivering awareness to fan groups through the Community Foundation.



In June, we marked one year since the launch of our #GetOnARoll campaign, which saw information about bowel cancer symptoms

⁴ <https://www.bowelcanceruk.org.uk/news-and-blogs/news/more-than-four-in-ten-cannot-name-a-single-bowel-cancer-symptom/>

⁵ Whitelock, V., (2023) Cancer Research UK's September 2023 Cancer Awareness measure (CAM) PowerPoint Presentation ([cancerresearchuk.org](https://www.cancerresearchuk.org))

⁶ *Source: YouGov Plc. Total sample size was 2073 adults. Fieldwork was undertaken between 2nd-3rd May 2023. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

featuring on the loo roll packaging of major retailers and toilet roll brands. The addition of new partner B&M brought the total to ten, alongside the partners who joined us in 2022: Aldi, Andrex®, Asda, Co-op, M&S, Morrisons, Ocado, Sainsburys, and Waitrose. These partners shone a light on our work across BCAM from hosting awareness talks for staff to featuring our work in publications and across social media channels.

We were thrilled to win Charitable Campaign of the year at the Communiqué awards and Corporate National Partnership of the Year with a Retailer at the Charity Times awards for the #GetOnARoll campaign.



We attended the launch of 'Operation Ouch! Food, Poo and You', an exhibition at the Science and Industry Museum in Manchester sponsored by Andrex®, where we created a family-focused quiz activity about bowel habits. Andrex® also incentivised our Bowel Cancer Awareness Month 2023 #KnowTheHigh5 quiz. In the autumn, we agreed a new three-year partnership with Andrex® and we're excited to launch this publicly in early 2024.

Outreach – targeted roadshows

In the autumn of 2023, we piloted the first events in our brand-new programme of roadshows. Funded by the Bowelbabe Fund for Cancer Research UK, the roadshows will head out across the UK to areas that our analysis shows have increased levels of deprivation, low screening uptake and poorer outcomes from the disease.

The pilot events took place in Liverpool in September, Belfast in October, and Cardiff in November. We took our giant inflatable bowel – an interactive experience that's big enough to walk through – to demonstrate the various stages of bowel cancer, and raise awareness of symptoms, the importance of taking part in screening and good bowel health.



©David J Colbran

With our pilot events, we reached more than 1,500 people with information and the chance to ask questions or share any worries about bowel cancer with our team of friendly and experienced staff and volunteers, whether it's about themselves, or a loved one or friend. Across the roadshows, an average of 60% of these conversations included more in-depth discussion providing more support to those worried about or affected by bowel cancer.

We've taken the learnings from these pilot events and are expanding the programme to cover 10 locations across the UK in 2024, and further locations in 2025.



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I absolutely loved attending the roadshow in Cardiff as a volunteer, the response from the public was amazing. A really powerful way of getting the message out there and raising awareness

Awareness Volunteer

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Our roadshow programme is funded by the Bowelbabe Fund for Cancer Research UK, which was created by our late patron Dame Deborah James when she announced her end of life care in 2022 to fund work she was passionate about. We're honoured to have been awarded funding to create and run targeted roadshows, and a GP education programme due to launch in 2024, and we want to thank everyone who donated to the fund.

Outreach – awareness talks and volunteers

We continued to develop our awareness programme, reaching more than 2,800 people through our programme of volunteer-led talks. We updated our materials, created new support resources for volunteers, returned to a programme of face-to-face talks, and produced Welsh translations of our suite of materials to enable more people to access this vital information in their preferred language. We also provided talks to groups of adults with learning difficulties and to the deaf community.

Changing behaviour

We know awareness of symptoms will never be enough if we want to shift the dial on early diagnosis. There are many more barriers faced by people in getting that first GP appointment to speak about their symptoms, including a fear of cancer, embarrassment, fatalism, difficulty getting a GP appointment, among others. These barriers are not felt equally across communities either.

That's why we're developing a nationwide behaviour change campaign launching in May 2024. This is one of the biggest activities we've undertaken in our history and will encourage people to contact their GP when they experience symptoms.

The time between first experiencing symptoms and getting a GP appointment is longer across the UK nations than comparable countries with better bowel cancer survival.⁷ By addressing this with a strong behaviour change approach, we can help tackle some of the key barriers getting in the way of improving early diagnosis.

This year, we've made great strides towards launching the campaign. We've worked with behaviour change experts Claremont Communications and media experts Yonder Media to develop a campaign strategy that ensures we'll reach the right people with the right message. And we've brought on board creative agency Nice & Serious to develop the final creative.

Throughout the process, we've consulted bowel cancer patients, representatives of the target audiences and stakeholders including governments, health system leaders, primary care and sister charities to let them know about the campaign, get their input and identify opportunities to collaborate.

⁷ Weller D, Menon U, Zalounina Falborg A, et al, Diagnostic routes and time intervals for patients with colorectal cancer in 10 international jurisdictions; findings from a cross-sectional study from the International Cancer Benchmarking Partnership (ICBP)BMJ

Political engagement

In April, we held a launch event for the first All-Party Parliamentary Group (APPG) on Bowel Cancer chaired by Ben Lake MP, Member of Parliament for Ceredigion, and Plaid Cymru's Spokesperson on Health and Social Care. At the launch event attendees heard from the Chair, from Bowel Cancer UK's CEO Genevieve Edwards and from bowel cancer patient Carla Mitchell about the importance of the APPG in keeping bowel cancer high on the political agenda.

In the autumn we took our early diagnosis message to the Labour, Conservative, SNP, DUP and Sinn Féin annual party conferences. Our CEO Genevieve Edwards spoke at

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All-Party Parliamentary Groups, or APPGs, are a great way for parliamentarians from all political parties to come together with campaign groups, charities, and other non-governmental organisations to discuss specific topics and policy areas that they are interested in. The newly launched APPG on Bowel Cancer will provide a much-needed space for MPs from the different political parties to consider the issues important to those affected by bowel cancer and ensure they are kept right at the forefront of the Government's thinking.

Ben Lake MP, Chair of the APPG on Bowel Cancer

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panel events on screening co-hosted with other cancer charities at the Labour and Conservative party conferences. These set out the importance of the national screening programmes and how the bowel cancer screening programmes could be even better by inviting everyone over 50 in every UK nation to take part, as well as improving the sensitivity of the test and increasing informed uptake by making sure everyone who's eligible can take part.

The lack of a functioning Executive in Northern Ireland persisted throughout 2023, holding back delivery of the critical Cancer Strategy for Northern Ireland. To stress the urgency of funding and implementing the strategy, we took our message to Stormont in October during our pilot roadshow event in Belfast. The event was sponsored by members of the All-Party Group on Cancer and included updates from the clinical, research and patient communities in Northern Ireland, as well as CEO Genevieve Edwards.



©Aaron McCracken

We didn't just talk, we listened. We met with and heard speeches from senior politicians, representatives of medical professionals, leaders of patient groups, medical device companies and other health charities.

The sight of a giant inflatable bowell on the steps of Stormont made a powerful image, and the event generated considerable print and social media interest, and led the evening news on BBC NI and UTV, publicising how the lack of an implemented cancer strategy is having a disastrous impact on those at risk of bowel cancer and bowel cancer patients in Northern Ireland.

Towards our goals – highlights from 2023

Goal 2: remove the barriers to people being diagnosed quickly, and at the earliest possible stage

While we're fortunate to have a screening programme for bowel cancer across the UK, just 1 in 10 bowel cancers are diagnosed this way. We want to see this change. To do this, we need to optimise screening programmes, lowering the eligible age of invitation to 50 for everyone across the UK and making the test more sensitive so it can detect more cancers at an early stage, or spot pre-cancerous polyps so that bowel cancer can be prevented from developing in the first place. Alongside this, we need to see an increase in the number of people taking part in bowel screening when invited. This includes tackling the health inequalities and other barriers that mean some groups in society are less likely to take part in screening.

For those who are at high risk of developing bowel cancer, like people with Lynch syndrome, it's important to receive coordinated, timely and high-quality care and to be offered interventions that reduce their risk.

And where people experience symptoms, we know that patients sometimes delay seeking help, and when they do, they can face barriers to getting swift answers. These barriers can include a fear of cancer, embarrassment, access to a GP, fatalism, awareness of symptoms, among others. Such barriers are not felt equally across society, contributing to a sustained inequality gap in bowel cancer diagnosis and survival. We need to tackle these barriers if we are to make a meaningful shift in earlier diagnosis of bowel cancer.

New research funding

This year we awarded funding worth £122,000 to five new research projects, all with a focus on early diagnosis of bowel cancer. The five pilot projects will investigate different areas that have the potential to improve early diagnosis – from researching new ways to diagnose inherited conditions that increase the risk of bowel cancer, to looking at improving responses to screening.

Since 2017 we've invested over £1.9 million in research. Our pilot grant programme opens the door to future research opportunities by allowing researchers to develop and investigate innovative research ideas and generate high quality data to support larger grant applications in the future. Ultimately, this leads to more important bowel cancer research taking place.

We also started work on our new research strategy which we'll launch in 2024.

Primary care

We supported the learning and professional development of thousands of healthcare professionals through our primary care engagement and education programme. We attended a range of conferences to exhibit and deliver symposia sessions focused on increasing earlier diagnosis, and we provided direct education and training to more than 800 primary care professionals in partnership with external providers and through our own online training modules.

In April, we relaunched our popular pharmacy toolkit in Wales, with more than

35% of all community pharmacies in Wales ordering a pack.

Improving community engagement

In early 2023, we commissioned and completed a report to help us better understand accessibility and inclusivity across all our services to ensure our support is as equitable as possible for everyone affected by bowel cancer. The report also delivered an evidence-based approach on how we should prioritise our next steps on reaching a wider audience in established and new services, and detailed barriers to healthcare access, across a diverse range of communities. The outcomes of this report were shared across the organisation and have been integral to our plans for 2024 to expand our reach and impact.

Working with others

In February we learned that the UK Government had replaced its commitment to a 10-Year Cancer Plan for England with a Major Conditions Strategy. While we welcome the focus on whole-person care, we have concerns that the decision to scrap the 10-Year Cancer Plan could result in a diluted, less ambitious plan for improving cancer care at a time when committed action and clear direction is required. We know a targeted and funded strategy for cancer is the best way to improve outcomes for bowel cancer patients.

We joined with over 60 cancer charities as part of the One Cancer Voice coalition to call on the Prime Minister to take action and publish an ambitious, fully funded, long-term strategy for cancer. More than 75,000 people joined the call for action - including almost 4,000 Bowel Cancer UK supporters who responded to our campaign

email. We joined partners, cancer patients, campaigners and advocates at the petition hand in at No. 10 in March.

We've also worked with the Scottish Cancer Coalition and the Wales Cancer Alliance to keep cancer high on the list of those nations' government's agenda, particularly around workforce, early diagnosis and other areas of common interest.

We've taken up membership of the Scottish Cancer Coalition's subgroups on Early Diagnosis and Screening and Medicines. We also sit on the Wales Cancer Alliance subgroups on Cancer Quality Statement Delivery and Workforce.

We supported the development of a similar coalition for Northern Ireland and look forward to working as part of this group when it launches in 2024 as the NI Executive gets back up and running.

We worked with members of fellow charities linked to national screening programmes in Scotland to inform the creation of the Scottish Equity in Screening Strategy, a vital plan that includes enhanced data collection to capture information, for the first time, relating to race/ethnicity, disability, faith/religion, sexual orientation, gender reassignment, Gypsy-Traveller communities, and how these may impact on access to screening.

Keeping bowel cancer on the agenda

Across the year, alongside colleagues from other cancer charities, we attended events and roundtables with MPs and Peers from all the main UK political parties. We did this to better understand their policies and to put forward advice and information on issues including the future of the NHS, the NHS Workforce Plan and the Major Conditions Strategy, the relationship between health and

business, and the role of financial incentives in increasing capacity in cancer services.

In July we hosted an APPG on Bowel Cancer roundtable event with leading clinicians, NHS England (NHSE), MPs, Peers and a patient representative on the topic of the NHS Long Term Workforce Plan and whether it's sufficient to improve the screening programme and early diagnosis. We used the outputs to create a briefing for MPs and Peers to inform debates and parliamentary questions.

Ahead of the Autumn Statement, we worked with Ben Lake MP, Chair of the APPG on Bowel Cancer, to write to the Chancellor on behalf of the group asking him to provide additional funding for the NHS to deliver early diagnosis of bowel cancer.

We were delighted to see bowel cancer named as one of three priority cancers for the initial cancer action plan that sits under the ten-year cancer strategy in Scotland, thanks to our engagement with the Scottish Government. We were proud to sit on the development and review groups for the creation of the Scottish Equity in Screening Strategy, the new Core Screening Standards and the updated Bowel Screening Standards for Scotland.

We attended the Senedd Health and Social Care Committee in February to provide our perspective on the delivery of the National Endoscopy Action Plan, and to ensure key outstanding issues were raised with members of the committee, particularly around Lynch syndrome services and the need to look beyond the current objectives for bowel cancer screening optimisation.

Campaign success! Speaking out, changing policy



We were delighted to see several critical policy changes in areas where we have long campaigned for change to benefit people living with and affected by bowel cancer. As part of the changes, we provided evidence to consultations and raised the voices of patients to make sure their opinions were heard.

• A Cancer Improvement Plan for Wales

At the end of January, we welcomed NHS Wales' publication of a Cancer Improvement Plan for Wales. Following the creation of the Cancer Quality Statement, we worked through the Wales Cancer Alliance to push for a more detailed action plan that identifies key objectives to improve cancer services in Wales. The three-year plan will seek to deliver objectives that move cancer services towards the levels set out in the Cancer Quality Statement.

• Lynch syndrome testing for newly diagnosed bowel cancer patients

In April, NHSE rolled out a national programme for a lifesaving test for Lynch syndrome, an inherited condition that increases the risk of certain cancers, to those diagnosed with bowel cancer. This will help people with the condition to be offered more personalised cancer treatment and enable their families and relatives to be offered testing too so they can have regular surveillance and preventative interventions. We've been campaigning for more consistent testing for this condition for many years and we helped inform the National Institute for Health and Care Excellence (NICE) guidance on testing bowel cancer patients.

- Northern Ireland took its first steps on the road to bowel cancer screening optimisation

The bowel screening programme in Northern Ireland reduced the FIT sensitivity threshold from 150µg/g to 120µg/g in April. This change was made following our continuous campaigning for improvements to the programme, despite the absence of a functioning NI Executive and the resultant lack of funding to deliver key objectives in the cancer strategy, such as an optimised bowel cancer screening programme.

- Scottish Cancer Strategy

In June we saw the publication of the new ten-year cancer strategy for Scotland. This overarching strategy sits above three consecutive action plans, the first of which names bowel cancer as one of its three priority cancers. This will see an optimal diagnostic pathway developed for bowel cancer in 2024 and recommits the Scottish Government to delivery of the Endoscopy and Urology Recovery and Renewal Plan from 2021. We influenced the Scottish Government strongly during the development of the strategy, and while we would have welcomed more ambition, we were pleased to see many of our calls included in the final document.

- Introduction of the Faster Diagnosis Standard

In August, NHSE changed the way it measures cancer waiting times, streamlining the previous nine performance metrics into three key targets. We responded to the consultation in 2022 which shaped this move, removing the target for patients to see a specialist within two weeks if their GP suspects they may have cancer, and introducing the Faster Diagnosis Standard to measure whether patients have cancer ruled out or receive a diagnosis with 28 days from being urgently referred for suspected cancer. The new cancer waiting time targets should improve patient experience, and ultimately increase early diagnosis of bowel cancer.

- Guidance on using the faecal immunochemical test (FIT) in primary care

In the autumn, NICE published new guidance on the use of FIT in primary care, bringing NICE in line with other national guidance recommended across the UK. We helped inform the development of this guidance which advises GPs to offer everyone with signs or symptoms of suspected bowel cancer an at-home test. The aim is to reduce waiting times for diagnostic tests like a colonoscopy or flexible sigmoidoscopy by identifying those who urgently need to be seen.

Towards our goals – highlights from 2023

Goal 3: get the right treatment and care to every patient

We're proud to be a part of the vibrant, supportive bowel cancer community – patients, clinicians and researchers, all striving for each and every patient today, and to secure improvements for patients in the future. We're ambitious for our community and know we're stronger together, so we'll continue to advocate for better treatment and care for patients in our four nations.

Announcing our new Surgical Research Chair

In April we were delighted to announce that along with the Royal College of Surgeons of Edinburgh (RCSEd), we'd jointly appointed Professor Farhat Din as Scotland's first-ever Colorectal Cancer Surgical Research Chair. Surgery is the most common treatment for bowel cancer and is central to curing the disease, especially when diagnosed early.

In the new role, Professor Din and her team will drive forward studies and trials aimed at early detection and prevention of bowel cancer, whilst developing treatment strategies that help prevent the disease. The position will also create partnerships to increase the number of surgical clinical trials, and ensure more patients have greater access to such trials.

This appointment was only possible thanks to our funders who generously donated to our 'Improving Surgery, Saving Lives' appeal.

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This is a fantastic opportunity to consolidate colorectal cancer research across Scotland and develop new studies that focus on early detection and prevention of bowel cancer. This commitment from Bowel Cancer UK and RCSEd will drive cancer research forward while providing the best possible options to patients. It's an honour to accept this role as Scotland's first Colorectal Cancer Surgical Research Chair.

**Professor Farhat Din,
Bowel Cancer UK-Royal College of Surgeons of Edinburgh Colorectal Cancer Surgical Research Chair**

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Education and engagement for secondary care professionals

In September we were thrilled to launch our brand-new MSc course, 'Fundamentals of Colorectal Nursing'. Our Clinical Lead Claire Coughlan worked with Lewisham and Greenwich NHS Trust Clinical Academy to develop the curriculum. The first cohort consisted of ten students, of which we funded six places through education bursaries. The course will support colorectal cancer nurse specialists (CNSs) to increase their knowledge and confidence to deliver service improvements.

We also delivered four online education events to support secondary care health professionals across the UK, providing updates on the latest research and innovations to ensure that patients receive the best possible treatment and care. We are delighted that 94% of secondary care health professionals supported through our education programme plan to apply their learning in clinical practice.

The National Colorectal Cancer Nurses Network (NCCNN)

We're passionate about working closely with colorectal nurses to enhance, complement and improve care for people with bowel cancer. We provide co-ordination and leadership of the NCCNN and in September we ran a face-to-face education event bringing together CNSs from across the UK to further their knowledge and understanding of colorectal cancer to improve the care of those affected by the disease. There was the opportunity to learn from experts as well as to network with colleagues and we covered topics including low anterior resection syndrome,

health inequalities, sexual wellbeing and genomics. 97% of attendees found the event useful and 99% gained new knowledge relevant to their role.



©Ross Fairgrieve

After the study day, we announced the winners of the prestigious Gary Logue Colorectal Cancer Nurse Awards. The awards were set up in honour of Gary, a nurse who worked for our charity, who sadly died in 2014. The awards showcase the achievements of colorectal nurses who make a significant impact to those affected by bowel cancer, provide exceptional care, and show outstanding initiative, and nominations are made by colleagues and patients.

This year's winners

- Louise Foley and Clara Dennis from Warrington and Halton Hospitals NHS Trust won the award for nurses nominated by their colleagues
- Jennifer Rayner from St Mary's Hospital, Newport, Isle of Wight won the award for a nurse nominated by a patient or their family

Campaign success! Lifting the ban on treatment breaks



In June NHSE removed a rule that prevented patients with advanced bowel cancer from taking a break from their treatment for longer than six weeks if they were receiving the drugs cetuximab and panitumumab. We were delighted to see this change after campaigning for five years in partnership with patients and the clinical community.

Treatment breaks are vital to improving a patient's quality of life. The prolonged use of cetuximab and panitumumab can cause serious side effects. Patients have

spoken about the psychological impact that continuous treatment has for people with advanced bowel cancer, with many describing how their side effects have left them feeling debilitated, isolated and self-conscious. The treatment break rule left patients in a difficult situation, potentially left struggling to self-fund their medication if their funding was removed after taking an extended break and we heard from patients who felt forced to remain on continuous treatment. The lifting of the ban allows patients time to recover from side effects, and for others enables a return to some level of normality such as returning to work or taking a holiday with family.



It's really important for cancer patients to be able to retain some control over their lives in this difficult period being on treatment. The flexibility to allow a break from treatment, whether that be for a rest, a holiday with family, a bucket list opportunity or for further medical treatment, gives patients a little more choice which is a great benefit.

Tim Maughan, Emeritus Professor of Clinical Oncology, University of Oxford, who was integral to the campaign to lift the ban on treatment breaks



Approval of regorafenib (Stivarga) for use in Scotland

The Scottish Medicines Consortium (SMC) reviewed regorafenib (Stivarga), across late summer, for approval for use in Scotland for patients with previously treated metastatic bowel cancer. The initial recommendation, prior to our appearance at the Patient and Clinical Expert (PACE) meeting, was for this treatment to be refused for use by NHS Scotland. This would have led to unacceptable variation in access to regorafenib across the UK. Thanks to our strong submission and the clear and passionate case we made at the PACE hearing, alongside Medical Advisory Board member Richard Wilson, we were able to secure approval for this treatment by the SMC Committee.

Towards our goals – highlights from 2023

Goal 4: support people to cope better with bowel cancer

People may react to being diagnosed with bowel cancer in many ways. Understanding your cancer diagnosis and the available treatment and support options at each stage after diagnosis can have a real impact on the decisions a patient makes, their outcomes and their emotional wellbeing. We know that those close to someone with bowel cancer can also need support and information to cope. We've always been there, every step of the way, for everyone affected by bowel cancer with expert information, advice and support. We'll continue to find better ways to support more patients when they need us the most, both UK-wide and at community level, and make it easier and faster for people to access our services.

In 2023 we provided more than five million moments of support to bowel cancer patients, their families and carers, and to healthcare professionals and others in the bowel cancer community. This is the largest delivery of support in the charity's history.

Health information

Our Ask the Nurse service provides high quality advice and support in response to direct enquiries by email. We recruited new nurses to join the team, and over the year we responded to more than 650 queries, a 17% increase on 2022.

We continued to produce and maintain a library of health information publications and webpages covering topics from

diagnosis through treatment for patients and healthcare professionals. Over the year we received orders for over 177,000 printed publications, a 50% increase on 2022, and had more than 28,000 downloads of our publications and factsheets. Our health information pages were viewed over 1.3 million times.

Support services

We brought together a network of local support group partners, putting information about bowel cancer support groups into a single place and supporting groups to run successfully. We created a facilitator pack for the leaders of groups joining the network, built a library of resources to support their meetings and published an online map and listings page where people can find a local group near them. By the end of the year, 16 groups had joined the network, with more to follow in 2024.

Responding to the needs of our community, we introduced a new Facebook group for stoma patients. The group had 96 members by the end of the year, and this brings the total of Facebook groups that we manage and moderate to five, with others providing support for living with stage 4 bowel cancer, pelvic exenteration, immunotherapy, and a friends, family and carers group.

In the course of the year, we had 239,246 people use our forum and other online communities, viewing pages more than three million times.

We ran our first in person community support events since 2019. The events in Wrexham and Belfast covered a range of

topics on living with and beyond bowel cancer for patients and their loved ones. In Wales we worked with patients in the Cardiff area to create an in-person support group partnership with Maggie's Cardiff and Velindre Cancer Centre. The group was co-produced with patients and has gone from strength to strength, meeting monthly since April and providing support to people from across south Wales.

As part of our work supported by the Moondance Cancer Initiative, we co-created with our community a friends, family and carers hub on our website: bringing together key information, support and signposting.

In Wales, our Voices Cymru group, a diverse group of people affected by bowel cancer, took part in 27 activities across the year, to help shape and improve our services, as well as bowel cancer services across Wales such as a project around the Cancer Key Worker scheme in Wales, for the Wales Cancer Network. This will be used to shape a revised policy for all of Wales.

In Scotland we appointed our first dedicated Scotland Services post which was funded as part of our partnership with the Rangers Charity Foundation. The role expands our ability to promote, embed and amplify all our Services across Scotland and to ensure the voice our community in Scotland can feed into our programmes of work in their scope and development.



“ Bowel Cancer UK’s website is amazingly informative and well laid out. Before my diagnosis, I read about the process and procedures which made my diagnosis easier to handle. I ordered a couple of booklets from the charity for my partner to read in her own time, one was about surgery which arrived quickly and the layout and information were brilliant.

The icing on the cake has to be the amazing online community, with everyone sharing their experiences and knowledge, and everyone getting a warm welcome. I’ve even started to share my experience so far with people who’ve joined, and hopefully I’m making a small difference to someone’s life by sharing.

Mark, bowel cancer patient

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Towards our goals – highlights from 2023

Investing in success: creating strong foundations for the organisation

Fundraising

For the first time since 2019 the London Marathon was held in April, and our team exceeded our expectations yet again with 150 runners raising over half a million pounds. We were thrilled to have the oldest competitor in the event, 90-year-old David Picksley, taking part for us, in memory of his sister.



We continued to run our flagship fundraising events, ActiveApril, Swim 15 and Walk Together. In 2023 we refreshed the events, bringing in a bold new look and feel for all the materials as well as changing the name of Step up for 30 to ActiveApril. Our

Walk Together events were bigger and better than ever with an in-person event in London for the first time since 2019, and the introduction of Walkies Together, a challenge for our four-legged supporters and their owners. In total more than 1,300 participants raised over £100,000.

It was also a fantastic year for our treks, challenges and ultra challenge with over 250 supporters taking part in activities including skydives, hiking Snowdon at night, completing Ironmen Triathlons from Bolton to Lanzarote, and participants even going as far as Nepal and Kenya. Closer to home, a team of 31 supporters took on the Thames Path Challenge and a further 12 completed the Jurassic Coast Challenge. Overall, these events raised over £309,000.

Planning a funeral can be an incredibly difficult time for anyone so we're humbled and grateful when so many supporters organise a fundraising collection on our behalf. This year, more than 500 funeral collections raised over £340,000 for the charity.

We continued to see income from legacies increase, with almost £500,000 received from gifts in Wills during 2023. Legacy gifts are particularly special as they allow our work to continue for years to come, giving the bowel cancer patients and their loved ones of the future the support they need.

This year we also invested in our online shop, introducing new merchandise like our branded socks, keychains and bookmarks. We raised over £37,000 and a highlight was selling out our Christmas collection, with our cards and decorations being snapped up by supporters.

Fundraising around the UK

In Wales, almost 100 supporters joined us at the beautiful Cornerstone venue in Cardiff for a dinner event with Welsh rugby legend, Dan Biggar in August. They enjoyed a delicious two course meal and were entertained with stories from Dan's illustrious career along with live music. The proceeds from the evening, raffle and auction raised a fantastic £15,000.

Catrin Davis, Sioned Morris and Sian Edwards dedicated their Welsh Three Peaks Challenge to their sister, Betsan, who sadly died from bowel cancer aged just 44. In a little over a week, they recruited friends and family to join them in raising over £20,000 to support our work.

In Scotland, John Coyne and his friends completed the Go Swim Loch Lomond 1,500 metre swim raising £1,989 and a lot of awareness. They said that friendship, determination and gratitude for John's ongoing recovery from bowel cancer enabled them to complete the challenge.

In England, Charlotte Kjelstrom shaved her head to support her dad after his bowel cancer diagnosis, raising an incredible £5,806.

In Northern Ireland more than 400 people attended the Ulster Consort's Christmas by Candlelight concert in Belfast. Guests enjoyed beautiful music and festive readings and raised over £13,000.

Corporate partnerships, trusts and foundations

Our generous corporate partners, trusts and foundations helped us raise over £1 million for the second year in a row.

Our #GetOnARoll partners continued to show their support through celebrating the

campaign's one-year anniversary, expanding our symptoms messaging to new product lines and being instrumental in raising awareness and vital funds. This year, the campaign was shortlisted for multiple awards, winning Corporate National Partnership of the Year with a Retailer at the Charity Times Awards and Charitable Campaign of the Year at the Communiqué Awards, and featured on a leading fundraising podcast.

In the autumn, we agreed a new three-year partnership with one of these partners, Andrex®, that includes pledged support of more than £2.3 million - £300,000 in donations and £2 million worth of marketing spend. The partnership will launch externally in spring 2024 with the aim of shaping a national conversation about the public's toilet habits and easing embarrassment around seeking help from health professionals when people are worried about their bowel health.

We had our biggest ever Charity of the Year partnership with The Bioindustry Association (BIA). Events included a glamorous gala dinner and a wonders-of-the-world fitness challenge raising over £70,000 and paying tribute to Bowel Cancer UK's late trustee Aisling Burnand CBE. Aisling had been a previous CEO of the BIA during her esteemed career and sadly died of bowel cancer in 2022.

Clarksons nominated us as one of their chosen charities for their annual Charity Giving Day. Teams across the globe took part in a rowing challenge, raising more than £42,000 for us in memory of their colleague Remco Hemmings, donated through The Clarkson Foundation.

United Rentals held a record-breaking black-tie dinner with suppliers, friends and family, raising over £37,000 in support of CEO Bob Baillie's daughter Emily, who has stage 3 bowel cancer.

In November we were notified of a gift of £100,000 from a trust after one of their



“Over the past couple of years, my dad has undergone surgeries and chemotherapy due to bowel cancer. For someone who is so active and healthy, this came as a shock to us all. No one is ever prepared for a situation like this, but you end up somehow finding a way to get through it together. Throughout this all my dad has been incredibly brave and I couldn't be more proud of him. I have felt extremely helpless, so I'd love to raise some money for Bowel Cancer UK to help support research into this horrible disease.

Charlotte Kjelstrom, who shaved her head to support her dad after his bowel cancer diagnosis



trustees very sadly received a bowel cancer diagnosis, taking our trust and foundations fundraising above target for 2023.

In November we ran a new stewardship event for supporters including legacy pledgers, high value event fundraisers, corporate partners, trusts and major donors. Chaired by Genevieve Edwards, guests heard from speakers including Professor Sir Mike Richards, chair of the UK national screening committee, Professor David Jayne, Bowel Cancer UK and the RCS' English Surgical Chair, Dr Anisha Patel, bowel cancer patient, campaigner and GP, and Andy Glyde, Bowel Cancer UK's early diagnosis campaign strategy lead.

Essential infrastructure

We've begun a programme of transformation to ensure our infrastructure will enable the continued growth and sustainability of the charity. We're starting projects to provide the secure, efficient and effective operating environment required to support the delivery of all our activities from back-office support to frontline services.

In 2023 we launched 'Project Nimbus', our ambitious project to adopt new cloud-based solutions to replace outdated infrastructure, facilitate enhanced cyber and data security and support our new hybrid ways of working. This involved rolling out a new device management solution and document management platforms. As a result, we've been able to launch our first intranet, and all staff are fully utilising Microsoft 365, securely accessing and collaborating on documents wherever they are working. We also procured and configured a new cloud-based finance system ready to go live in January 2024.

In September we moved to a smaller office space as most of our staff now work either fully remotely or split their time between working from home and in the office. The

savings we'll make will allow us to put more money towards research and supporting everyone affected by bowel cancer.

Investing in our people

We're committed to ensuring our staff are motivated, treated fairly and compensated appropriately. We developed a new HR strategy and during the year, we implemented a new pay policy and job grading framework and designed a new competency framework for implementation as part of our performance management cycle in 2024.

We've updated and relaunched our suite of HR policies, placing equity, diversity and inclusion at their heart to provide enhanced support to staff. We've also updated our safeguarding policies and procedures and trained all staff in how to use them.

We introduced a new learning and development platform providing a range of online training for our staff and launched a new intranet to keep staff up to date and connected to their colleagues.

A tribute to our supporter, George Alagiah OBE

We were deeply saddened when our long-time supporter George Alagiah OBE died in July.

From the point he shared the news of his diagnosis in 2014, George, one of the BBC's most iconic and well-loved broadcasters, became a huge advocate of our work. He supported our campaign calling on the NHS to lower the bowel cancer screening age to 50, shared his experience of the disease to raise lifesaving awareness of the symptoms, as well as speaking openly about living with advanced bowel cancer at events that raised thousands of pounds for the charity.

We were delighted and deeply honoured that he hosted our popular podcast series, giving the benefit of not only his time but his phenomenal broadcasting skills, his incredible warmth and his personal insight into living with the disease.

We're truly grateful to have known and worked with George and we'll never forget how much of his precious time he gave to the charity and the kindness he showed to our supporters during a very difficult time in his life.

©Ken Jack via Getty Images



George Alagiah OBE

Introducing our founding patron, Christina Lakin

In October we were delighted to announce our founder's daughter, Christina Lakin, as founding patron. Christina's father, Patrick Dolan, set up The Britta Dolan Memorial Cancer Fund after his wife, Britta Dolan, died from bowel cancer on 7 October 1987.

Patrick was frustrated with the lack of treatment options, information and support for patients with the disease in the UK, which meant he had to turn to specialists in America for his wife's treatment.

The Fund was founded to develop treatments for bowel cancer and with the support of colleagues and friends, Patrick raised the equivalent of half a million pounds in donations of chemotherapy supplies and hepatic artery pumps, which Britta was one of the first to benefit from in 1986. Patrick also obtained financial support for consultant surgeon Professor Tim Allen-Mersh and a research nurse to undertake clinical trials in the UK.

Thirty six years on, and now known as Bowel Cancer UK, the charity continues to further Patrick's vision of a world where nobody dies of bowel cancer.

"I'm deeply honoured to be announced as the founding patron for Bowel Cancer UK. My father's unwavering commitment to this cause and his dedication to improving treatment options for my mother and those affected by advanced bowel cancer have always inspired me. I'm proud to carry on his legacy and work alongside this incredible charity to continue our shared vision of a future where nobody dies from the disease."



Christina Lakin, founding patron of Bowel Cancer UK

Looking ahead to 2024

Statement from Bowel Cancer UK's Chief Executive Officer, Genevieve Edwards

I was so excited to see our new five-year strategy, *On a mission*, launch in the summer of 2023. It set out, in no uncertain terms, our renewed commitment to bring about a future where nobody dies of bowel cancer. To get there, we've placed early diagnosis at the heart of our organisation. We've set out how we're going to do that by delivering new initiatives, which will be the biggest we've delivered as a charity.

Firstly, in March, our Bowelbabe Fund for Cancer Research UK funded Awareness Roadshow will be launching after our successful pilot roadshows in 2023. Beginning in Hackney in London, the roadshow will arrive at ten locations in all four UK nations, reaching into those communities that need to hear our message about bowel cancer symptoms and bowel screening.

Also in April, we'll launch an exciting new major partnership with Andrex®. Evolving from #GetOnARoll, Andrex® and Bowel Cancer UK will be working together to tackle the nation's embarrassment about going to the toilet and talking about poo. Embarrassment is a key barrier to early diagnosis, contributing to delays in people contacting their GP even when they have bowel cancer symptoms.

And then in May, we'll launch a new behaviour change campaign about bowel cancer symptoms. Targeting those people least likely to seek help from their GP when they have symptoms, we'll deliver a campaign across digital, press, radio, and out-of-home adverts. We've worked hard in 2023 to develop an effective strategy for this campaign and I'm hugely excited to see it in action.

Our theory of change is starting to take shape. Reaching people before they experience symptoms, and when they first notice they have them, will help shift the dial on early diagnosis. But our work won't finish there. Our forthcoming Newly Diagnosed pack will be an important resource and support for anyone at the point they receive the news that they have bowel cancer. And then, all through their journey, we'll be holding their hand, including with a new Peer Support Line launching in 2024.

We also know that 2024 will be a year of significant political change, with a General Election on the horizon, the NI Executive returning to Stormont, and a new First Minister in Wales. We'll be working hard to make sure that bowel cancer is front of mind for our political leaders, committing to ensuring the NHS has the capacity to test more people, while optimising bowel screening, so that we can diagnose more bowel cancers earlier.

But we cannot do all this alone. We need to work together with our volunteers and supporters, healthcare professionals, patients, governments, business partners, researchers, and the rest of the cancer charity sector. In doing so, I believe we can see the change that we know people affected by bowel cancer demand of us all.



Genevieve Edwards

Looking ahead to 2024

Highlights for 2024:

- 1.** We'll publicly launch our new partnership with Andrex®, aiming to shape a national conversation about the public's toilet habits and ease their embarrassment around seeking help from health professionals if they're worried about their bowel health.
- 2.** We'll start our nationwide behaviour change campaign, reaching the groups who most need our support to encourage them to see a GP when experiencing symptoms.
- 3.** We'll roll out our awareness roadshows to ten targeted areas of need across the UK, alongside a comprehensive programme of primary care education and support.
- 4.** We'll publish our new research strategy which will provide a roadmap for our investment in research for the next five years and develop an implementation plan to deliver on its objectives.
- 5.** We'll publish the findings of a pan-cancer research initiative to better understand how to improve the way we use and collect health data, to inform targeted and actionable recommendations for each UK nation on how to reduce inequalities in bowel cancer diagnosis, treatment and care.
- 6.** We'll publish a new UK wide report on Lynch syndrome services outlining where improvements have been made in testing newly diagnosed patients, and where challenges remain with testing family members, data collection and offering routine surveillance colonoscopies in some parts of the UK.
- 7.** We'll continue to invest in our staff and volunteers. We'll create an organisation-wide wellbeing strategy and action plan and develop the ways we support our volunteers to deliver services, fundraising events and back-office functions, providing them with an excellent volunteering experience.
- 8.** We'll cement our commitment to diversity, equity and inclusion (DEI) with the creation of our first DEI strategy.
- 9.** We'll improve how we deliver services and information and how we manage relationships with supporters by strengthening our core infrastructure including our website and customer relationship management (CRM) system and processes.

Public benefit

The Charities Act 2011 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its 'Charities and Public Benefit' guidance requires that there are two key principles to be met in order to show that an organisation's aims are for the public benefit: first, there must be an identifiable benefit, and secondly the benefit must be to the public or a section of the public. The Council of Management (which equates to the Board of Trustees and henceforth referred to as such) confirm they have regard to the Charity Commission's guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 17 (5) of the Charities Act 2011.

They are satisfied that Bowel Cancer UK meets the requirements and conforms to the Act's definition of a charity meeting all elements of the two key principles.

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

1. We raise awareness of bowel cancer through our patient volunteer led awareness and outreach programme, and work extensively with patients and their families in all our policy and campaigns activity.
2. Our awareness training programme ensures that key potential lifesaving messages are appropriately cascaded across the UK.
3. We work with patients, alongside policy makers, clinicians and scientists to ensure that the needs of those affected by bowel cancer are identified and addressed.
4. We provide information to

bowel cancer patients and their families through developing and disseminating relevant information.

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

Our fundraising practices

Bowel Cancer UK voluntarily subscribes and works with the Fundraising Regulator (previously the Fundraising Standards Board), which assumed responsibility for regulating fundraising from July 2016, and investigates, and takes appropriate action on cases of public concern. Monitoring and control of our fundraising activities, including any external and third-party suppliers we may collaborate with, is vital to ensure that our supporters have a first-class experience and are treated with respect. In the unlikely event we find any cause for concern, we will investigate as a matter of urgency and act where appropriate.

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

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

Regulatory and administrative details

Regulatory compliance statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a charity no. 1071038 in England and Wales and SC040914 in Scotland. The principal office address is Unit 301, Edinburgh House, 170 Kennington Lane, London SE11 5DP, which is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31 December 2023 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Statement of Recommended Practice ("SORP").

Who we are

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

The main activities of the organisation include:

1. supporting and funding targeted research
2. providing expert information and support to patients and their friends and families
3. educating the public and professionals about the disease
4. campaigning for early diagnosis and access to best treatment and care

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

Where we are

The London Office (Principal and Registered office): Unit 301, Edinburgh House, 170 Kennington Lane London, SE11 5DP
Tel: 020 7940 1760
Email: admin@bowelcanceruk.org.uk
Website: bowelcanceruk.org.uk

Board of Trustees

The Board of Trustees comprises the following individuals:

1. Richard Anderson (Chair, member of FRC, member of Nominations Committee, member of Marketing and Community Engagement Committee)
2. Lorraine Lander (Treasurer – member of FRC)
3. Katharine Brown (Deputy Chair, member of FRC)
4. Nita Ares (member of Marketing and Community Engagement Committee, member of Research Subcommittee to 1 April 2024)
5. Stephen Fenwick (Chair of Research Subcommittee)
6. Joe Higgins (to 31 December 2023, member of FRC)
7. Mauro Mattiuzzo (to 31 December 2023, member of FRC)
8. John Stebbing (to 10 October 2023)
9. Diana Tait (member of Nominations Committee, member of Research Subcommittee)
10. Angela Wiles (chair of Marketing and Community Engagement Committee, member of Nominations Committee)
11. Benjamin Butler (member of FRC, member of Marketing and Community Engagement Committee)
12. Duncan Rudkin (from 21 August 2023, member of FRC from 21 February 2024)
13. Owen Watson (from 21 August 2023, member of FRC from 21 February 2024)
14. Alison Hill (member of Research Subcommittee from 23 August 2023)
15. Alastair McKinlay (member of Research Subcommittee from 23 August 2023)

Senior Leadership Team

1. Chief Executive (member of FRC, member of Marketing and Community Engagement Committee), Genevieve Edwards
2. Director of Services, Catherine Winsor
3. Director of Research and External Affairs, Lisa Wilde (member of Research Subcommittee)
4. Director of Fundraising (member of FRC), Luke Squires
5. Director of Finance and Resources and Company Secretary (member of FRC), Siân Dawson (resigned 31 May 2024)

Members of our Medical Advisory Board are:

1. Rob Glynn-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
5. Tam Arulampalam, Consultant Laparoscopic Surgeon and Service Director, the ICENI Centre, Colchester General Hospital
6. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
7. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-executive Director, NHS England
8. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
9. Mark Coleman, Consultant Surgeon, Plymouth, Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery
10. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
11. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
12. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
13. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
14. Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
15. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
16. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
17. Hassan Malik, Consultant Hepatobiliary Surgeon and Clinical Lead, University Hospital Aintree NHS Trust
18. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
19. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
20. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
21. Christine Norton, Professor of Clinical Nursing Research, Kings College London
22. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
23. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
24. John Stebbing, Consultant Surgeon,

- Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre
25. Bob Steele, Professor of Surgery and Head of Department, University of Dundee
 26. Clare Stephens, GP Board Member Barnet CCG, Chair, NCL Cancer Commissioning Board
 27. Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust
 28. Mark Taylor, Consultant General and Hepatobiliary Surgeon, Belfast Health and Social Care Trust
 29. Ian Tomlinson, Director of Edinburgh Cancer Research Centre, University of Edinburgh
 30. Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust
 31. Katharine Williams, Senior Research Sister, GI and Gynae Cancers, Cancer Clinical Trials Centre, Weston Park Hospital, Sheffield
 32. Richard Wilson, Professor of Gastro-Intestinal Oncology, Institute of Cancer Sciences, University of Glasgow

Members of our Scientific Advisory Board are:

1. Suzy Lishman CBE, Consultant Histopathologist, North West Anglia NHS Foundation Trust (Chair)
2. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast (Deputy Chair)
3. Sir John Burn, Professor of Clinical Genetics, University of Newcastle
4. Sunil Dolwani, Consultant Gastroenterologist, Cardiff University School of Medicine
5. Gareth Evans, Professor of Medical Genetics and Cancer Epidemiology, University of Manchester
6. Claire Foster, Professor of Psychosocial Oncology and Director

- of Macmillan Survivorship Research Group, University of Southampton
7. Angus McNair, Consultant Senior Lecturer and NIHR Clinician Scientist, University of Bristol
 8. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
 9. Caroline Young, Clinical Research Training Fellow, University of Leeds
 10. John Rosling, Lay Review Panel representative
 11. Peter English, Lay Review Panel representative
 12. Nita Ares, Trustee observer

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

Auditors, bankers and solicitors

Auditors

Crowe U.K. LLP
Aquis House
49-51 Blagrove Street Reading
RG1 1PL

Bankers

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

Solicitors

Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

Structure, government and maintenance Governing document and constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles adopted 15 August 2023.

All the Members of the Charitable Company are Trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the Trustees are also Directors of the Charitable Company for the purposes of the Companies Act.

Trustees appointment, recruitment, training and induction

Trustees are appointed by resolution of the Trustees in line with the Articles of Association. Trustees may serve up to nine years, or up to twelve years where acting as Chair, Deputy Chair or Treasurer on the condition that the members have undertaken a thorough and rigorous review of the appointment. A review of performance is held prior to the third and sixth anniversary of a Trustee's appointment.

A number of changes to the members have taken place since 1 January 2023. These are detailed alongside the full list of members on page 35. All Trustees are unremunerated and are voluntary.

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

Organisation structure and decision-making

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Trustees meet four times a year. Our Senior Leadership Team (SLT) meets once per month and reports to the Trustees. The members of the group are shown on page 35.

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee (FRC) which review management accounts,

and the progress of the annual audit, as well as personnel and recruitment policies and compliance with the regulatory environment within which the organisation operates. The FRC meets four times a year with its meetings being staged between main Trustee meetings. It makes recommendations both to the SLT and to the main Board of Trustees. Membership is detailed on page 35.

Pay policy for senior staff

The Directors consider that the Board of Directors, who are the Charity's Trustees, and the SLT comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day-to-day basis. All Trustees give of their time freely and no Director received remuneration in the year. Details of Trustees' expenses are disclosed in note 6 to the accounts and related party transactions in note 14.

The Chair of the Board makes a proposal annually on the remuneration of the Chief Executive to the Board of Trustees for its agreement. The Chief Executive makes recommendations on remuneration levels for the senior leadership team to the Board of Trustees for its approval.

The charity has a pay and remuneration strategy for all staff, which was revised on 1 January 2023. Changes to senior leadership pay in 2023 was completed in line with this new strategy, a comprehensive pay review and benchmarking of salaries.

Risk and uncertainties

Achievement of our aims and objectives entails taking risks. The Trustees are satisfied that appropriate internal control systems and risk management processes are in place. They consider that the following framework provides Bowel Cancer UK with adequate measures to reduce the impact of identified risks:

1. SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities.
2. SLT prepare a risk register, with all risks graded based on their likelihood and impact, the controls and mitigations in place, and the required actions to further manage the risk.
3. The FRC reviews the risk register and accompanying fraud risk register at each meeting.
4. The Board of Trustees approve the risk registers annually.
5. FRC review the Charity Commission internal financial control checklist (CC8) and charity fundraising trustee duty checklist (CC20).
6. A summary of our key risks, and associated mitigations, is shown in the following table.

Risk	Mitigations
Loss, reputation damage or disruption to services as a result of fraud, cyber-security breach, GDPR breach, IT infrastructure failure or other control failure.	-Operational and technical controls in place. -Policies and procedures in place, including whistleblowing policy. -Continuing programme of data and IT transformation to enhance our IT infrastructure and security. -Service delivery partnerships and external experts to supplement in house capabilities. -Monitoring of finance and IT environments; investigation and remediation of issues identified. -Business continuity plans in place. -Cyber insurance in place. -All staff have completed GDPR and cyber awareness training, and regular phishing simulations are undertaken.
Insufficient data insights/analytics impacts our ability to tailor services to meet the evolving priorities and needs of our service users and supporters.	-Continuing programme of data transformation to enhance our data infrastructure, including investment in internal and external expertise and a implementation of a new CRM planned for 2024. -Data Strategy to be launched 2024. -Impact reporting framework in place.
Failure to recruit or retain sufficient staff to deliver our strategy and business plan, mitigate risks arising from single points of failure in small teams. The wellbeing of staff is also at risk if we are not adequately resourced.	-Pay and reward review undertaken in 2022, with a new pay policy implemented from 1 January 2023. -New employee value proposition includes increased holiday, flexible working and a wellbeing programme. -Offering remote working to remove the geographic boundary to recruitment wherever possible. -Targeted recruitment of new roles is continuing.
Inadequate or ineffective safeguarding practices leads, or contributes to, harm to a vulnerable adult or child in our community.	-New safeguarding policy and procedures rolled out to all staff in 2023. -All staff have completed level 2 safeguarding for adults and children. -Safeguarding risk considered in all event risk assessments. -Volunteers receive safeguarding training.

Financial review

The results for the year ended 31 December 2023 are set out on page 47 of the financial statements.

Overall results for the year were incoming funds of £7,067,007 and expenditure of £6,076,316, resulting in a surplus of £990,691.

Income grew by £808,202 (13%) compared to the prior year. This was predominantly due to a restricted £656,000 grant from the Bowelbabe Fund for Cancer Research UK, which is funding a 2-year programme of awareness roadshows and a 1-year GP education programme. Legacy income increased by 50% to £490,949 due to the generosity of our legacy benefactors. However, donations from individuals reduced by 12% to £1,186,805 – reflecting the one-off donations received in the prior year linked to the passing of our late patron, Dame Deborah James.

Successive years of income growth has supported us to expand our charitable services, invest in our staff team and undertake a programme of critical infrastructure transformation. As such, expenditure has grown by £1,299,618 (27%) compared to the prior year. This included increased investment of £562,321 (67%) in our direct services and £425,877 (32%) in our awareness, policy and influencing work. Research spend reduced by £260,636 (55%) due to the one-off Scottish Surgical Chair research grant awarded in the prior year. The cost of generating income increased by £227,691 (15%) as we invest in income generation to support long-term growth and financial sustainability.

Support costs increased by £344,336 (60%) in 2023 as we build and develop the required infrastructure to enable delivery of our strategy and long-term success – this includes reinstating roles necessarily made redundant during the pandemic and investing in one-off transformation programmes.

As a result of the above, the charity finished the year with total reserves of £6,108,626, of which £1,626,917 are unrestricted General funds.

Reserves

Our free reserves (“General Fund”) relate to un-designated unrestricted reserves. The Board of Trustees consider it appropriate to maintain free reserves to protect the financial sustainability of the organisation, allowing it to mitigate financial risks and supporting ongoing delivery of key activities in support of its community. In setting the target level of reserves, the Board of Trustees takes into account financial risk and existing liabilities alongside the Charity’s latest strategic and operational plans. The target level of free reserves is reviewed annually by the FRC. The current target level for free reserves is £1,420,000 - £1,700,000.

As at 31 December 2023, the charity has free reserves of £1,626,917 which is within the target range.

In addition, the charity has £3,331,593 of designated funds. Designated funds are amounts identified by the Trustees for a particular project or use.

Designated funds		
Early Diagnosis Campaign	£1,402,551	Funds for an early diagnosis campaign, which will be critical to achieving our ambitious goal of ensuring more than 50% of people will be diagnosed at stages 1 and 2. The campaign will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly. Planning and preparation work commenced in 2023, with £169k already utilised from the fund in year (in addition to a further £80,604 restricted funds). The remaining designated fund will support the roll-out of the campaign over the next 18 months.
Research	£772,000	Underwriting of new research grants for the next two years. Successful fundraising in 2023 allowed all research grants awarded in year to be funded from restricted philanthropic donations. This has enabled the existing designated fund balance to be retained to secure the continuation of our research programme over the next two to three years.
Infrastructure	£992,291	Investment in a two-to-three-year programme of digital, IT and data transformation to enhance our infrastructure and provide an efficient, secure operating environment. £131,309 was spent in 2023 on projects including Project Nimbus – our project to adopt new cloud-based solutions to replace outdated infrastructure, facilitate enhanced cyber and data security and support our new hybrid ways of working. The designated fund also supported investment in a new cloud-based finance system and completion of a CRM options appraisal to support the procurement of a new CRM in 2024. Trustees approved an increase to the infrastructure designated fund of £809,000, relating to additional essential infrastructure projects.
Fixed Assets	£164,751	Reflecting net book value of fixed assets.

Statement of Trustees' responsibilities

The Trustees (who are also Directors of Bowel Cancer UK for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

Company law requires the Trustees to prepare financial statements for each financial year.

Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

1. select suitable accounting policies and then apply them consistently.
2. observe the methods and principles in the Charities SORP.
3. make judgements and estimates that are reasonable and prudent standards have been followed, subject to any material departures disclosed and explained in the financial statements.
4. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment

(Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditors

In so far as, the Trustees are aware:

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

Staff and volunteers

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

Auditors

Crowe U.K. LLP were reappointed as external auditors during the year.

This report has been prepared in accordance with the special provisions of s415A of the Companies Act 2006 relating to small companies.

This report was approved by the Board of Trustees on 19 June 2024 and signed on their behalf by



Lorraine Lander, Treasurer

AUDITORS REPORT

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

Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2023 which comprise the Statement of Financial Activities, 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2023 and of 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 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially

inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to 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 our audit

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

- adequate and proper accounting records have not been kept; or
- the financial statements are not

in agreement with the accounting records and returns; or

- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' directors' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 42, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that

have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were employment law and General Data Protection Regulations (GDPR). Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the recognition of certain income streams and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finances and Resources Committee about their own identification and assessment of the risks of irregularities, sample testing on income, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Alastair Lyon
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor

Reading

Date:

Statement of Financial Activities for the year ended 31 December 2023 (Incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	Total 2023 £	Total 2022 £
Income					
Donations and legacies	2	4,488,625	1,226,499	5,715,124	4,626,139
Other trading activities	2	1,228,143	17,754	1,245,897	1,612,844
Income from investments		104,248	-	104,248	9,252
Income from charitable activities	3	1,738	-	1,738	10,570
Total income		5,822,754	1,244,253	7,067,007	6,258,805
Expenditure					
Expenditure on raising funds	4	2,154,119	-	2,154,119	1,786,882
Expenditure on charitable activities	4	3,136,559	785,638	3,922,197	2,989,816
Total expenditure		5,290,678	785,638	6,076,316	4,776,698
Net income and movement in funds	5	532,076	458,615	990,691	1,482,107
Total funds brought forward		4,426,434	691,501	5,117,935	3,635,828
Total funds carried forward	12 and 13	4,958,510	1,150,116	6,108,626	5,117,935

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 50-66 form part of these financial statements.

Balance Sheet as at 31 December 2023

Company number 3409832 (England and Wales)

	Note	2023 £	2022 £
Fixed assets			
Tangible assets	7	164,751	66,918
Intangible assets	8	-	-
		164,751	66,918
Current assets			
Debtors and prepayments	9	1,142,921	611,082
Cash at bank and in hand		3,488,443	5,482,758
Short term deposits		2,500,000	-
		7,131,364	6,093,840
Creditors: amounts falling due within one year	10	(1,167,711)	(952,215)
Net current assets		5,963,653	5,141,625
Provisions: amounts due in more than one year	11	(19,778)	(90,608)
Net assets		6,108,626	5,117,935
Funds			
Unrestricted funds			
Designated		3,331,593	2,740,318
General funds		1,626,917	1,686,116
	12	4,958,510	4,426,434
Restricted funds	12	1,150,116	691,501
Total funds	13	6,108,626	5,117,935

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

The financial statements were approved and authorised for issue by the board and were signed on its behalf on 19 June 2024 by



Lorraine Lander, Treasurer

The notes on pages 50-66 form part of these financial statements

Statement of Cash Flows for the year ended 31 December 2023

	2023	2022
	£	£
Cash generated by operating activities	539,775	1,929,424
Cash flows from investing activities:		
Interest income	104,248	9,252
Purchase of fixed assets	(138,338)	(68,749)
Change in cash and cash equivalents at the end of the year	505,685	1,869,927
Cash and cash equivalents at the beginning of the year	5,482,758	3,612,831
Movement	505,685	1,869,927
Total cash and equivalents at the end of the year	5,988,443	5,482,758

Reconciliation of net movement in funds to net cash flow from operating activities

Net movement in funds	990,691	1,482,107
Depreciation and amortisation	40,505	35,640
(Increase)/decrease in debtors	(531,839)	123,697
(Decrease)/increase in creditors	215,496	238,245
Increase in provisions	(70,830)	58,608
Loss on disposal of fixed assets	-	379
Interest income	(104,248)	(9,252)

Net cash generated by operating activities	539,775	1,929,424

Analysis of cash and cash equivalents

Cash in hand	1,204,463	1,126,244
Notice deposits (less than three months)	2,283,980	4,356,514
Short term deposits (more than three months)	2,500,000	-
Total cash and cash equivalents at end of the year	5,988,443	5,482,758

	At 1 January 2023	Cash Flows	At 31 December 2023
	£	£	£
Analysis of changes in net funds			
Cash and cash equivalents			
Cash	5,482,758	(1,994,315)	3,488,443
Short term deposits	-	2,500,000	2,500,000
Total	5,482,758	505,685	5,988,443

Notes to the Financial Statements

For the year ended 31 December 2023

1 Accounting policies

1.1 Basis of preparation

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

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

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Unit 301, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

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

In their assessment of going concern the Directors have considered the ongoing high rate of inflation and cost of living crisis.

As at 31 December 2023 Bowel Cancer UK is in a strong financial position, with free reserves of £1.6m (in line with target levels), liquid cash reserves of £3.5m and no borrowing. As such the charity has

sufficient reserves and liquidity to mitigate any financial risks that may materialise.

Further, the Directors have updated their annual budgets and three-year forecasts based on current estimates. These have been reviewed and will continue to be updated to ensure that they have sufficient facilities in place to meet their operating cash requirements for the foreseeable future.

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

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 35. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Income

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

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

Legacy income is recognised in the year that entitlement and probability of receipt is established. Receipt is normally probable when there has been grant of probate, the

Notes to the Financial Statements

For the year ended 31 December 2023

executors have established that there are sufficient assets in the estate, and any conditions attached to the legacy are either within the control of the charity, or have been met. Residuary legacies subject to a life interest held by another party are not included in income until the conditions associated with payment have been fulfilled.

Donated services totalling £432,589 are included as a gift in kind and an associated expense. These are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the Trustees' annual report for more information about their contribution.

1.4 Expenditure

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

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

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

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

Grants payable are charged to the statement of financial activities in the year in which the offer is approved and conveyed to the recipient, except in those cases where the offer is conditional and entitlement is yet to be earned. Such grants

are recognised as expenditure when the relevant conditions are fulfilled.

1.5 Fund accounting

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

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

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

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

1.6 Tangible fixed assets and depreciation

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

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

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

- Computer equipment and software - over four years

Notes to the Financial Statements

For the year ended 31 December 2023

- Fixture and fittings – over five years
- Office refurbishment – over three years

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Short term deposits

Short term deposits are highly liquid investments that include cash on deposit and cash equivalents with a maturity between three months and one year.

1.11 Operating leases

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

1.12 Pension costs

The company operates a defined contribution group personal pension scheme. The charge in the Statement of Financial Activities (SOFA) is the amount

of contributions payable to the pension scheme in respect of the accounting year.

1.13 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

1.14 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.15 Critical accounting judgements and key sources of estimation uncertainty

Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are as follows:

- Dilapidation provision – the charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in Note 12.
- Residuary legacies – the charity recognises residuary legacies once

Notes to the Financial Statements

For the year ended 31 December 2023

conditions set out in 1.3 have been met and a reliable estimate of assets due has been received.

The estimates and underlying assumptions are reviewed on an on-going basis. In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

1.16 Contingent assets

The charity discloses a contingent asset where it has a reasonable expectation of future benefit arising, but the existence or valuation of these benefits are uncertain at the balance sheet date. Contingent assets are not recognised in the balance sheet but are disclosed in note 16.

Notes to the Financial Statements

For the year ended 31 December 2023

2. Income from generated funds	2023	2022
	£	£
Donations and legacies		
Donations from individuals	1,186,805	1,352,119
Legacies	490,949	326,448
General grants	1,273,533	597,970
Corporate donations	962,873	938,077
Community fundraising	1,800,964	1,411,525
	5,715,124	4,626,139

Other trading activities		
Runs	899,114	887,802
Treks and challenges	309,064	680,677
Trading Income	37,719	44,365
	1,245,897	1,612,844

Income from generated funds includes gifts in kind as follows:

	2023	2022
	£	£
Direct Services Support	22,966	3,040
Marketing and Communications Support	348,644	379,584
Legal and Administrative Support	60,979	30,000
	432,589	412,624

3. Income from charitable activities		
Training and Events	1,738	10,570
	1,738	10,570

Notes to the Financial Statements

For the year ended 31 December 2023

4. Resources expended	Direct costs		Support costs		Total
Expenditure on raising funds	Staff	Other	Staff	Other	2023
	£	£	£	£	£
Costs of generating voluntary income	922,764	860,470	238,532	132,353	2,154,119
	922,764	860,470	238,532	132,353	2,154,119
Expenditure on charitable activities					
Direct Services	867,241	534,698	164,184	91,100	1,657,223
Awareness, Policy and Influencing	835,798	927,717	177,608	98,549	2,039,672
Grants	64,715	147,742	8,261	4,584	225,302
	1,767,754	1,610,157	350,053	194,233	3,922,197
Total Costs 2023	2,690,518	2,470,627	588,585	326,586	6,076,316
Total costs 2022	1,845,893	2,359,970	390,923	179,912	4,776,698

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

Total governance costs for the year, included in support costs, are £16,950 (2022: £17,700) comprising an audit fee of £16,950 (2022: £14,750).

	Direct costs		Support costs		Total
	Staff	Other	Staff	Other	2022
	£	£	£	£	£
Expenditure on raising funds					
Costs of generating voluntary income	782,289	773,254	158,427	72,912	1,786,882
	782,289	773,254	158,427	72,912	1,786,882
Expenditure on charitable activities					
Direct Services	502,759	336,859	109,047	50,186	998,851
Awareness, Policy and Influencing	539,569	798,040	117,963	54,289	1,509,861
Research	21,276	451,817	5,486	2,525	481,104
	1,063,604	1,586,716	232,496	107,000	2,989,816

Notes to the Financial Statements

For the year ended 31 December 2023

5. Net income is stated after charging:	2023	2022
	£	£
Depreciation	40,505	35,640
Amortisation	-	-
Operating lease payments	191,708	191,127
Auditors' remuneration:		
- Audit fee for the current period	16,950	14,750

6. Staff costs	2023	2022
	£	£
Wages and salaries	2,863,100	1,954,693
Social security costs	281,027	206,553
Pension Contributions	134,976	75,570
	3,279,103	2,236,816

During the year Bowel Cancer UK paid no redundancy costs (2022: £nil).

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

	2023	2022
	Number	Number
£60,001 - £70,000	-	1
£70,001 - £80,000	4	3
£80,001 - £90,000	-	-
£90,001 - £100,000	-	-
£101,001 - £110,000	-	1
£110,001 - £120,000	-	-
£120,001 - £130,000	-	-
£130,001 - £140,000	1	-
	5	5

Pension Contributions of £17,824 (2022: £15,702) were paid in respect of the higher paid individuals.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2023 amounted to £23,094 (2022: £30,114).

Notes to the Financial Statements

For the year ended 31 December 2023

The key management personnel of the charity comprise the Trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources, Director of Fundraising and Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £518,947 (2022: £455,490). Key management had an average FTE of 5 compared with 4.9 from the year before.

The average number of staff analysed by function was:

	2023 Number	2022 FTE	2022 Number	2022 FTE
Fundraising	24	22	19	13
Awareness and Direct Services	23	21	13	12
Communications and Campaigning	20	19	14	10
Central Support	13	11	8	5
Research	2	2	1	-
	82	75	55	40

Trustees

No Trustees received emoluments during the year (2022: £nil).

Two of the Trustees received reimbursed expenses totalling £2,189 during the year (2022: £nil).

Notes to the Financial Statements

For the year ended 31 December 2023

7. Tangible fixed assets	Office Refurbishment	Fixture and Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2023	206,244	13,444	129,149	348,837
Additions	51,283	30,903	56,152	138,338
Disposals	(206,243)	(2,443)	(12,626)	(221,312)
At 31 December 2023	51,284	41,904	172,675	265,863
Depreciation				
At 1 January 2023	206,244	11,372	64,303	281,919
Charge for the period	5,698	3,960	30,847	40,505
Disposals	(206,243)	(2,443)	(12,626)	(221,312)
At 31 December 2023	5,699	12,889	82,524	101,112
Net book value as at 31 December 2023	45,585	29,015	90,151	164,751
Net book value as at 31 December 2022	-	4,659	64,846	66,918

All fixed assets are used for charitable purposes.

8. Intangible fixed assets	Website £	Total £
Cost		
At 1 January 2023	4,763	4,763
At 31 December 2023	4,763	4,763
Amortisation		
At 1 January 2023	4,763	4,763
At 31 December 2023	4,763	4,763
Net book value as at 31 December 2023	-	-
Net book value as at 31 December 2022	-	-

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

Notes to the Financial Statements

For the year ended 31 December 2023

9. Debtors and Prepayments

	2023	2022
	£	£
Legacy Debtor	281,428	277,654
Other Debtors	128,987	78,569
Prepayments and accrued income	732,506	254,859
	1,142,921	611,082

10. Creditors

	2023	2022
	£	£
Trade creditors	271,246	144,316
Accruals	784,981	720,292
Taxes and social security costs	80,797	49,496
Other creditors	30,687	38,111
	1,167,711	952,215

11. Provisions

	Property provision 2023	Property provision 2022
	£	£
At 1 January 2023	90,608	32,000
Utilised in year	(90,607)	-
Additions in year	19,777	58,608
At 31 December 2023	19,778	90,608

The dilapidation provision relates to amounts provided to reflect the cost of restoring the condition of the leased property in accordance with the lease agreement.

Notes to the Financial Statements

For the year ended 31 December 2023

12. Statement of funds	Balance 1 January 2023 £	Income £	Expenditure £	Transfers £	Balance 31 December 2023 £
Total Designated funds:					
Fixed Assets	66,918	138,338	(40,505)	-	164,751
Research	772,000	-	-	-	772,000
Early Diagnosis	1,586,800	-	(169,249)	(15,000)	1,402,551
Infrastructure upgrades	314,600	-	(131,309)	809,000	992,291
	2,740,318	138,338	(341,063)	794,000	3,331,593
Total General funds	1,686,116	5,684,416	(4,949,615)	(794,000)	1,626,917
Total Unrestricted funds	4,426,434	5,822,754	(5,290,678)	-	4,958,510

Designated funds

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

Fixed assets

£164,751 (2022: £66,918) has been set aside from the charity's unrestricted funds by the Trustees to reflect the net book value of the fixed assets.

Research

£772,000 (2022: £772,000) has been committed to underwrite the funding of new research grants over the next two to three years.

Early Diagnosis

£1,402,551 (2022: £1,586,800) has been committed by Trustees to fund an early diagnosis campaign, which will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly.

Infrastructure

£992,291 (2022: £314,600) has been committed by Trustees to fund a multi-year programme of digital, IT and data transformation to enhance our infrastructure and provide an efficient, secure operating environment.

Notes to the Financial Statements

For the year ended 31 December 2023

12. Statement of funds (continued)	1 January 2023 £	Income £	Expenditure £	Transfers £	31 December 2023 £
Restricted Funds:					
General Patient Services	13,911	68,986	(77,684)	-	5,213
General Work in Northern Ireland	72,468	62,934	(41,162)	-	94,240
General Work in Scotland	16,981	60,466	(28,536)	-	48,911
General Work in Wales	5,000	-	(5,000)	-	-
Moondance Foundation	37,475	98,482	(117,105)	-	18,852
Never Too Young	76,243	20,684	(24,270)	-	72,657
Never Too Young Patient Group	54,539	8,792	(3,113)	-	60,218
Patient Information	20,443	38,500	(41,595)	-	17,348
Research	188,334	112,146	(128,210)	-	172,270
Surgical Chair Scotland	78,341	5	(4,638)	-	73,708
Awareness	7,931	-	(7,931)	-	-
VWG Small Grant	10,887	24,806	(24,454)	-	11,239
Early Diagnosis	65,604	15,000	(80,604)	-	-
Healthcare professional education and engagement	43,344	5,571	(9,029)	-	39,886
Policy Officer Wales	-	10,000	(10,000)	-	-
Bowelbabe Fund	-	656,000	(182,306)	-	473,694
Volunteer Coordinators	-	41,880	-	-	41,880
APPG	-	20,000	-	-	20,000
Total Restricted Funds	691,501	1,244,252	(785,637)	-	1,150,116

Restricted funds

Restricted funds are where the donor has imposed restrictions on the use of the funds or by the purpose of appeals.

General Patient Services

Funding has been received to sustain and support our programme of support services for people affected by bowel cancer.

General Work in Northern Ireland

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

General Work in Scotland

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

General Work in Wales

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

Moondance Foundation

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

Notes to the Financial Statements

For the year ended 31 December 2023

Never Too Young

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

Never Too Young: Patient Group

Funding has been raised by this group to support activities related to younger bowel cancer patients.

Patient Information

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

Research

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

Surgical Chair Scotland

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

Awareness

Funding has been received to support our bowel cancer awareness activities.

VWG Small Grant

Funding has been received from the Wales Council for Voluntary Action to support a volunteer officer in Wales.

Early Diagnosis

Funding has been received to support our work to ensure more people are diagnosed early through bowel cancer awareness campaigns and training health care professionals to identify symptoms and refer people for appropriate diagnostic tests.

Healthcare professional education and engagement

Funding has been received to support our work with healthcare professionals.

Policy Officer Wales

Funding has been received from Simon Gibson Trust to support a policy officer for Wales.

Bowelbabe Fund

Funding has been received from the Bowelbabe Fund for Cancer Research UK, for a 2-year programme of awareness roadshows and a 1-year GP education programme.

Volunteer Coordinators

Funding has been received to hire volunteer coordinators, to support the growth of our pool of volunteers across the UK.

APPG

Intuitive Surgical Ltd provided financial support and sponsorship for the Bowel Cancer APPG (All Party Parliamentary Group).

Notes to the Financial Statements

For the year ended 31 December 2023

12. Statement of funds (continued)	Balance 1 January 2022 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2022 £
Total Designated funds:					
Fixed Assets	34,188	68,749	(36,019)	-	66,918
Research	100,000	672,000	-	-	772,000
Early Diagnosis	-	1,586,800	-	-	1,586,800
Infrastructure upgrades	-	314,600	-	-	314,600
	134,188	2,642,149	(36,019)	-	2,740,318
Total General Funds	2,883,176	2,672,565	(3,869,625)	-	1,686,116
Total Unrestricted funds	3,017,364	5,314,714	(3,905,644)	-	4,426,434

Restricted Funds:	Balance 1 January 2022 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2022 £
BeWel Project	2	-	(2)	-	-
General Patient Services	-	104,222	(90,311)	-	13,911
General Work in Northern Ireland	-	83,037	(10,569)	-	72,468
General Work in Scotland	-	41,605	(24,624)	-	16,981
General Work in Wales	-	5,000	-	-	5,000
Moondance Foundation	51,240	96,860	(110,625)	-	37,475
Never Too Young	66,777	17,306	(7,840)	-	76,243
Never Too Young Patient Group	34,807	31,437	(11,705)	-	54,539
Patient Information	16,323	26,016	(21,896)	-	20,443
Research	94,011	162,623	(68,300)	-	188,334
Surgical Chair	103,693	-	(103,693)	-	-
Surgical Chair Scotland	251,611	197,730	(371,000)	-	78,341
Awareness	-	10,250	(2,319)	-	7,931
VWG Small Grant	-	11,249	(362)	-	10,887
Early Diagnosis	-	65,604	-	-	65,604
Education and Campaigns	-	27,162	(27,162)	-	-
Healthcare professional education and engagement	-	63,990	(20,646)	-	43,344
Total Restricted funds	618,464	944,091	(871,054)	-	691,501

Notes to the Financial Statements

For the year ended 31 December 2023

13. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds 2023 £
Funds balances at 31 December 2023 are represented by:			
Fixed assets	146,751	-	146,751
Net current assets	4,831,537	1,150,116	5,981,653
Provisions	(19,778)	-	(19,778)
Charity funds at 31 December 2023	4,958,510	1,150,116	6,108,626

	Unrestricted funds £	Restricted funds £	Total funds 2022 £
Funds balances at 31 December 2022 are represented by:			
Fixed assets	66,918	-	66,918
Net current assets	4,450,124	691,501	5,141,625
Provisions	(90,608)	-	(90,608)
Charity funds at 31 December 2022	4,426,434	691,501	5,117,935

14. Related party transactions

Three Trustees made a donation to the charity in aggregate of £10,785 (2022: four Trustees with donations in aggregate of £3,308).

Notes to the Financial Statements

For the year ended 31 December 2023

15. Operating Leases

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

	2023 Office Equipment	2023 Land and Buildings	2023 Land and Buildings	2022 Total
	£	£	£	£
< One year	1,791	169,869	171,660	191,708
One - five years	7,163	269,338	276,501	-
> Five years	1,791	-	1,791	-
	10,745	439,207	449,952	191,708

16. Capital Commitments

As 31 December 2023, the charity had the following capital commitments:

	2023 £	2022 £
Contracted but not provided for	2,983	-

The capital commitments relate to office equipment.

Notes to the Financial Statements

For the year ended 31 December 2023

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

Year ended 31 December 2022

	Unrestricted funds £	Restricted funds £	2022 Total £
Income			
Donations and legacies	3,710,298	915,841	4,626,139
Other trading activities	1,594,594	18,250	1,612,844
Income from investments	9,252	-	9,252
Income from charitable activities	570	10,000	10,570
Other income	-	-	-
Total income	5,314,714	944,091	6,258,805
Expenditure			
Expenditure on raising funds	1,786,882	-	1,786,882
Expenditure on charitable activities	2,118,762	871,054	2,989,816
Total expenditure	3,905,644	871,054	4,776,698
Net income and movement in funds	1,409,070	73,037	1,482,107
Fund balances brought forward	3,017,364	618,464	3,635,828
Fund balances carried forward	4,426,434	691,501	5,117,935

Thanks to our supporters

We would like to thank all our supporters for their generosity including

Corporate partners, trusts and foundations

Asda
B&M
Christos Lazari Foundation
Dentsu
Dere Street Barristers Trust
EBM Charitable Trust
G&H Group Building Services
Kimberly-Clark (Andrex®)
Langdale Trust
Margaret's Charitable Trust
Moondance Foundation
Morrison and Foester
Penguins Against Cancer
Seagen
SkyDemon
The BioIndustry Association
The BNA CIO
The Clarkson Foundation
The de Laszlo Foundation
The E M Whittome 2013 Charitable Trust
The Eveson Charitable Trust
The February Foundation
The Forrester Family Trust
The HSWJ Trust
The John Raymond Tijou Charitable Trust
The Light Fund Company
The Medicash Foundation
The Norah and Fred Roberts Memorial Trust
The P F Charitable Trust
The Peacock Charitable Trust
The Simon Gibson Charitable Trust
United Rental System Ltd. Licensees, Suppliers and Staff
Veritas
Welsh Government funding administered by WCVA
Wignalls

Sponsors

Intuitive Surgical Ltd provided financial support and sponsorship for the Bowel Cancer APPG.

Merck gave financial support to our health information programme.

Norgine gave financial support to our health information programme.

Seagen gave financial support to our health information programme.

None of our sponsors influenced the content of our resources or events.

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

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

To donate or find out more visit
bowelcanceruk.org.uk

 [/bowelcanceruk](https://www.facebook.com/bowelcanceruk)

 [@bowelcanceruk](https://twitter.com/bowelcanceruk)

Accounts

Bowel Cancer UK Annual Report and Financial Statements

For the year ended 31 December 2022



Bowel Cancer UK
Beating bowel cancer together





Every **15 minutes** someone is diagnosed with bowel cancer in the UK. That's nearly **43,000 people each year.**

About **268,000** people in the UK are currently living with bowel cancer.



Bowel cancer is the UK's fourth most common cancer and the second biggest cancer killer. But it doesn't need to be. Bowel cancer is treatable and curable, especially if diagnosed early. Nearly everyone diagnosed at the earliest stage will survive.

We're the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by bowel cancer by championing early diagnosis and access to best treatment and care.

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

Our vision is a future where nobody dies of bowel cancer

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“ I was diagnosed with bowel cancer in 2003 and I’ve been an awareness talk volunteer for the charity for six years now. There’s a moment in every talk when something clicks with the audience, and it’s amazing. These talks both change and save lives. ”

Neil

Statement from Bowel Cancer UK Chair of Trustees, Richard Anderson

As you're about to read in these pages, 2022 was Bowel Cancer UK's most successful year ever. We reached and supported more people than we've done before, we shone a spotlight on bowel cancer and its red-flag symptoms, and we raised more money to support our work. This success story has its roots in people, and as Chair of the charity's Trustee Board, I'm delighted to celebrate and share their considerable – and much-needed – achievements in this report.

Our guiding star is always the needs of people living with and affected by bowel cancer. This remarkable, passionate and vocal community is a powerful catalyst for change, and a source of mutual support for thousands of people each year. Our campaigners help us improve the bowel cancer screening programme in the four nations, ensure new treatments for advanced bowel cancer are available through the NHS and improve the pathway for people at high risk of the disease.

Even so, bowel cancer still kills more people than almost any other cancer, and in 2022, it claimed the lives of our patron, Dame Deborah James and our trustee, Aisling Burnand CBE. Both were truly inspirational women who did so much to raise awareness and to advocate for research to ensure the best treatment and care for people affected by bowel cancer. We miss them both, and I count us fortunate to have known and worked with Aisling and Deborah.

I also want to recognise the significant contribution of our volunteers, without whom, we could not have the impact that we do. For every member of staff, there are two volunteers at our shoulders, delivering awareness talks, moderating our forum and Facebook groups, and supporting our research programme and work with GPs and pharmacists. I'm delighted to see that network strengthened in 2022.

Our talented staff team have delivered an impressive programme of work, as ever, rising to challenges and opportunities with energy and enthusiasm. Our task is not always easy, and I thank them for the care and sensitivity they bring to everything we do.

We worked closely with clinical colleagues during the year, and I'm pleased to see us further develop our own clinical services and health information to support patients as they are diagnosed and going through treatment. We've redoubled our commitment to funding research. We've also extended our support to healthcare professionals through the National Colorectal Cancer Nurse Network and by developing a pharmacy toolkit and GP education module on bowel cancer in the under 50s.

Lastly, but by no means least, my heartfelt thanks to our wonderful supporters who went the extra mile – often literally – to raise money for our work. I'm always astonished by your ingenuity and determination, and we're truly grateful to have you as part of our team. This year, our #GetOnARoll campaign brought eight new corporate partners to Bowel Cancer UK, and the potential to save lives together in the years ahead is considerable.



Richard Anderson, Chair of Trustees

Our year in numbers



We provided over **1.8 million** moments of support to people affected by bowel cancer and their loved ones



We funded new research grants totalling **£464,300**, including four projects looking at a range of ideas to improve early diagnosis and the appointment of our first Colorectal Surgical Research Chair in Scotland



Our digital patient information was downloaded over **38,000 times**



We sent out nearly **119,000** health information booklets to patients and healthcare professionals



Over **12,000** individuals and nearly **200** partners and institutions helped us to raise **£6.3 million**



Our Ask The Nurse service responded to **563 enquiries**



Our healthcare professionals network **almost doubled** and we ran five virtual education events attended by more than **330 professionals**



Our forum grew to more than **7,000 active members** and was visited over **half a million times** over the course of the year



Our **#GetOnARoll** campaign inspired every major supermarket to raise awareness of bowel cancer symptoms. We secured eight partners by the end of the year - including toilet roll brand **Andrex®** - bringing lifesaving information into more than one in three households in the UK



We shared the **voice of 100 patients** and their families to help secure NICE approval for regorafenib, a new treatment for advanced bowel cancer patients



More than **100 pharmacies** in Wales requested our brand-new pharmacy toolkit to encourage people experiencing symptoms to seek help faster

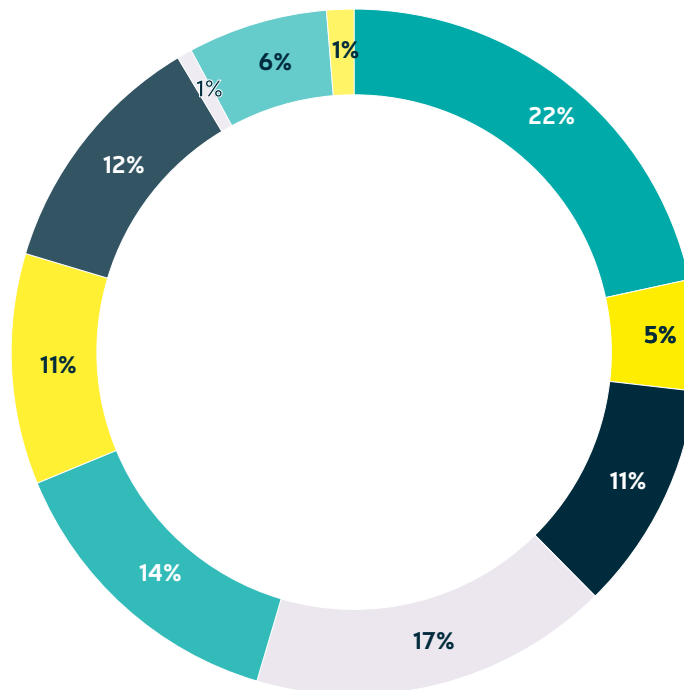


Thanks to almost **650 campaigners** writing to their local politicians, **88 local politicians attended** our events in Holyrood, the Senedd and Westminster during Bowel Cancer Awareness Month

Financial summary 2022

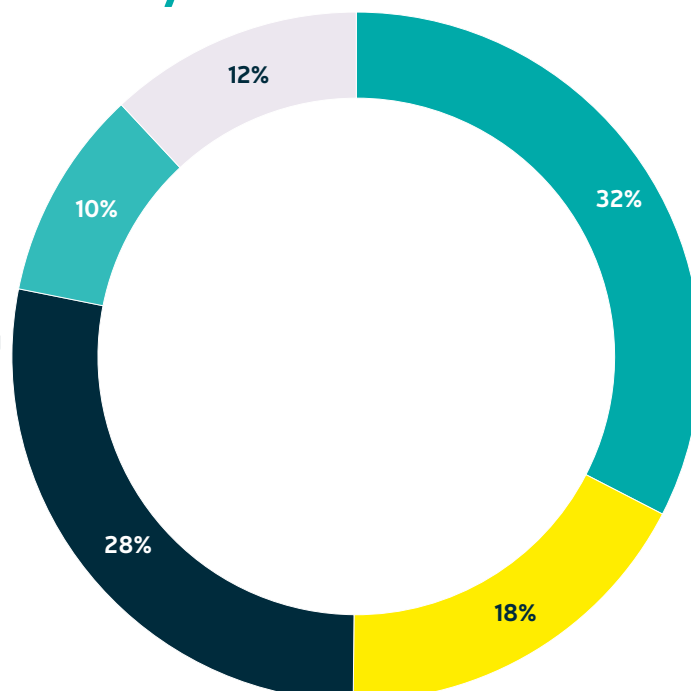
Where our money comes from

■ Individuals	£1,352,119
■ Legacies	£326,448
■ Nations	£674,593
■ Philanthropy & Partnerships	£1,062,652
■ Runs	£887,802
■ Treks & Challenges	£680,677
■ Community	£736,933
■ Trading	£44,365
■ Pro Bono	£412,624
■ Other	£12,058



How we spend our money

■ Generating Voluntary Income	£1,555,543
■ Direct Services	£839,618
■ Awareness, Policy & Influencing	£1,337,609
■ Research	£473,093
■ Support costs	£570,835





“

A year after my bowel cancer diagnosis, I shared my story with Bowel Cancer UK. Since then, I've had some fantastic opportunities to raise awareness of the disease and talk about my journey in the press, and on the charity's website and social media channels. I've been really grateful for these opportunities and hope that they will help give hope to others in a similar situation to myself.

Mohammad

”

Our achievements in 2022

1. Raising awareness of bowel cancer

Raising awareness of bowel cancer is vital. Nine in ten people (92%) diagnosed at the earliest stages will survive the disease, yet our research from March 2022 showed that almost half of adults in the UK (45%) couldn't name any symptoms of bowel cancer.

We've worked tirelessly to raise awareness in many different ways - from high visibility campaigns during Bowel Cancer Awareness Month and with our #GetOnARoll partners, to collaborating with celebrities and patrons, holding awareness talks, hosting roadshows and distributing pharmacy toolkits.

Bowel Cancer Awareness Month

In April we delivered a high impact campaign focussing on raising awareness of bowel cancer.

Under the banner of #ThisIsBowelCancer, we highlighted the first-hand experiences of more than 160 supporters. Their stories were seen by over 6,700 people and more than 200,000 people visited our site to find information about symptoms and to read real life stories of people with bowel cancer.

We ran volunteer-led awareness talks throughout the month and trialled a successful pilot programme of in-person awareness roadshows in Suffolk and Essex accompanied by an eye-catching inflatable bowel. Reaching over 600 people in four days, this approach has laid the ground-work for activity in 2023 and beyond.

We were delighted to announce professional rugby player, former junior hurdler, personal trainer and Rugby World Cup winner Vicky Fleetwood as our new patron. Vicky lost her mum, Pam, to bowel cancer in 2016 at the age of 62. She said, "Becoming a patron for Bowel Cancer UK is so important to me. Lots of people know very little about bowel cancer or its symptoms and I really want to raise awareness so people stop dying of this disease."

Our Policy and Influencing team held drop in events in Holyrood, the Senedd and Westminster, engaging with 88 local politicians to build and strengthen our relationships with those who hold the power to influence health legislation and policy.

We launched our brand-new pharmacy toolkit in Wales. At the forefront of healthcare and often the first port of call, pharmacy teams are ideally placed to raise awareness about bowel cancer symptoms and the NHS Bowel Screening Programme. There are more than 700 pharmacies in Wales and we were delighted to see more than 15% request our toolkit.

For the second year running, bowel cancer featured in a key daytime TV slot on ITV's Lorraine. Their 'No Butts' campaign highlighted symptoms of the disease, with experts and supporters affected by bowel cancer appearing on the show, playing a huge part in helping to raise awareness with new audiences.

Awareness programme

Our awareness programme continued to go from strength to strength. We reached more than 2,800 people through 86 volunteer-led bowel cancer awareness talks for workplaces and community groups. Nine out of ten participants said that as a result of the talks, they were more likely to contact their GP if they experienced symptoms.

We were honoured to be shortlisted for a Moondance Cancer Award in the category of 'Public Awareness and Engagement'. The awards celebrate exceptional people who have worked across all stages of cancer detection, diagnosis and treatment pathways, and to showcase improvements. Our team in Wales were delighted to have their public awareness and engagement work recognised. The programme included having a team of volunteers with personal experience of bowel cancer delivering free online bowel cancer awareness talks to more than 300 people in workplaces and community groups across Wales, including talks delivered in Welsh.

In September, we once again partnered with Norgine for the company's third 'Stay on Track' campaign, aiming to improve levels of public awareness of bowel cancer symptoms and the importance of seeing your GP if you have symptoms to enable early diagnosis. The campaign was supported by our patron and England rugby hero Matt Dawson MBE, and Merlin Griffiths from Channel 4's 'First Dates', speaking publicly about his diagnosis and treatment for the first time. A survey commissioned for the campaign showed some people would wait three months or longer before seeing their GP with potential symptoms.

In the autumn, we again partnered with NHS England to support their 'Help Us, Help You' campaign encouraging people with potential abdominal and urological cancer symptoms to come forward for lifesaving checks. The campaign used TV adverts, digital

advertising and social media to urge people to speak to their GP if they are experiencing symptoms including diarrhoea, bloating or bleeding when going to the toilet. We provided case studies to speak to the media and promoted co-branded assets across our communication channels.

We're 'on a roll' with raising awareness

#GetOnARoll is a ground-breaking campaign to get supermarkets and brands to print bowel cancer symptoms on toilet roll packaging. Putting this vital information in the bathroom where people might experience red flag symptoms like blood in their poo could be lifesaving.

In May 2022, leading retailer M&S approached us with a simple, but powerful partnership idea – to print bowel cancer symptoms on their own brand loo roll packs. This brilliant collaboration was sparked by M&S employee and bowel cancer patient Cara Hoofe. M&S understood the importance of spreading symptom awareness far and wide, so used our launch to call on all other supermarkets to follow their lead. Just three weeks later, we launched our #GetOnARoll campaign, asking our supporters and the public to take to Twitter and call on other retailers to sign up. Our supporters leapt into action, with more than 730 Tweets tagging one or more supermarkets.

Within two months, seven more partners had announced their support of #GetOnARoll: Aldi, Asda, Co-op, Morrisons, Sainsburys and Waitrose, as well as the UK's biggest toilet roll brand, Andrex®, with co-branded packaging hitting the shelves from the autumn.

The campaign has been incredibly well received by partners and the public and we look forward to announcing new partners as they join our movement.

A huge thank you to Cara for sparking the idea, to M&S for kick-starting a sector-wide moment, and to our campaigners for adding their voice and making it a reality.

“

I find it hard to express what this campaign means to me. To have the signs and symptoms out there on such a large scale is just the beginning.

There's so much more that needs to be done to ensure that we're moving towards a world where no one dies from bowel cancer, but just for a moment, I'm pausing to reflect, to remember those in our community that have died from this disease, hoping that I have done them proud.

Cara Hoofe

”

2. Being there for everyone affected by bowel cancer

Our services make a real difference to the lives of people affected by bowel cancer. We support people living with and beyond the disease, as well as their loved ones, providing a vital lifeline for so many.

Online support events

We held eight live online events for people affected by bowel cancer, covering topics including living with a stoma, living well with advanced bowel cancer and living with bowel cancer as a younger person. There were 350 attendees and more than 2,600 follow up views on YouTube. 97% of those attending would recommend our online events and 84% said they felt more informed about living with bowel cancer.

“

It was brilliant from start to finish. Everyone who spoke was warm, friendly, approachable, expert and reassuring...

Online support event attendee

”



“ I fundraised for Bowel Cancer UK in memory of my sister Sharan, who passed away from bowel cancer, in order to keep her memory alive and to raise awareness of the disease. I chose to support this charity so that they can continue the incredible work they do, as I don't want anyone to have to experience what my sister or my family have been through. ”

Manisha, pictured with her sister Sharan

Colonoscopy confidence campaign

After research showed that almost 6 in 10 people would be worried if they had to undergo a colonoscopy, we launched our brand-new 'Colonoscopy Confidence' campaign, supported by Norgine, encouraging people to attend their colonoscopy appointment if referred and not delay due to anxiety over the procedure.

Colonoscopies are very common – thousands are carried out across the UK every week. They give clinicians a close-up view of the inside of the bowel to clearly see if there's anything wrong. During a colonoscopy, if the doctor sees anything that needs further investigation, photographs and samples (biopsies) can be taken and polyps, which could turn cancerous in the future, can be removed. Our campaign provided information about the procedure including the support provided to patients, as well as real life testimonies from people who've had a colonoscopy, to dispel myths and provide practical tips and reassurance. The campaign film was viewed more than 3,300 times during the year, and the campaign page was in the top 25 pages on our website, with more than 22,000 visits.

'Ask the Nurse' service

Our 'Ask the Nurse' email service provides information from qualified healthcare professionals and signposts people to further support when they have questions or concerns about bowel cancer. This year, we grew the service by recruiting two new nurses and responded to 563 enquiries. 83% of users would recommend the service to someone else.

“

The nurse was so incredibly thorough and helpful in addressing all my concerns. I felt totally reassured and could not be more grateful.

'Ask the Nurse' service user

”

Digital resources

During the year, we improved and expanded the resources available on our website. In February we launched an online bereavement hub with information and bereavement support for adults, children and young people, as well as real life stories, and links to our private forum section just for those who have experienced loss. The hub was visited more than 1,500 times during the year. We also launched a chatbot to improve website navigation and signposting to key information and support.

Health information

Our health information resources are available for free for everyone affected by bowel cancer, as well as the general public. We work with healthcare professionals, as well as patients and their family and friends, to ensure our information is scientifically accurate, up to date and fit for patients.

This year we launched a new video and factsheet about robotic-assisted surgery, which is a new type of surgery for those with bowel cancer. We saw over 38,000 downloads of our publications and received orders for over 119,000 physical copies – an increase of over a third from 2021.

Our community have told us that they value our health information because it provides detailed information that is reassuring and gives them peace of mind. It also helps empower many to ask the right questions in their appointments. In our survey, 90% of people with bowel cancer told us they had a better understanding of bowel cancer and its treatment after using our health information. 69% felt that they were better supported.

“

It's really comprehensive and easy to understand. It doesn't scare me with statistics and jargon. It's realistic and encouraging. It gave me the answers to some of my questions about after effects and gave me more confidence to ask my treatment team about things that concerned me, both symptoms and ways to access help.

Website service user

”

Peer support

We now have four Facebook groups providing a safe space for people to access help, support and a place to talk with others experiencing similar issues. The four groups cover living with stage 4 bowel cancer, help and support for caregivers, immunotherapy support, and our newest group for patients who have had, or are considering having, pelvic exenteration surgery. There are more than 1,500 members across the four groups, with 700 people joining this year.

Our online forum, a friendly place to find out more about bowel cancer and connect with others, continued to provide support 24 hours a day, 365 days a year. We welcomed over one thousand new members, growing our membership to 7,368 people. Members and guests made more than half a million visits to the forum across the year. 75% of forum users in a survey said they found it useful and almost 90% would recommend it to others.

“

Made me feel less alone when mum was diagnosed. The support was overwhelming. Non-judgemental and it was so helpful to be able to ask for practical advice. Felt I could be honest, and I have made some good friends who have really supported me.

Forum user

”

Our online support programme, Chat Together, had 16 groups lasting up to six weeks each, supporting over 180 people. The themes covered included stomas, bowel cancer and younger people, and friends and family. Feedback from running these groups will help shape our planning for a face to face support programme in 2023.

Volunteering

We had almost 100 volunteers taking on different roles for us, including moderating our forum and Facebook groups, giving awareness talks, fundraising, supporting our research network and helping us engage with GPs and pharmacies across Wales.

We developed new streamlined processes, procedures and resources for the volunteer journey, making sure the experience is as smooth and efficient as possible, and volunteers have all the support and information they need for their roles.

This includes delivering a quarterly volunteer newsletter, with high open rates of over 65%, including updates about the charity, volunteering roles, and a special volunteer spotlight.

We also had moments to celebrate and recognise volunteer achievements and contributions such as Volunteer's Week in June, engagement events in December, and awarding volunteers with an overnight stay in a hotel through the Room to Reward Scheme.

We were successful in applying for funding to provide a dedicated Volunteer Officer for Wales to help us further expand our volunteering programme and develop our volunteer wellbeing offer.

Working with healthcare professionals

Our networks bring together healthcare professionals to share knowledge and improve the treatment, care and support for people with bowel cancer in the UK. In 2022 our network grew by 42% to more than 800 members. We utilised a range of engagement opportunities, attending conferences and events, writing journal articles and putting on exhibition stands. We also formed a National Colorectal Cancer Nurse Network Advisory group to inform our education and support.

We held five virtual education events for healthcare professionals and started building our network of expert speakers. More than 330 professionals attended these events with over 2,000 follow up views on YouTube. 100% of attendees found it useful and 99% said they would apply the learning to their clinical practice.

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All of the speakers were great! Looking forward to another one next year.

Healthcare professional virtual education event attendee

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“Bowel Cancer UK’s website was incredible therapy for me after my diagnosis as it educated me and put my mind at ease. It was really useful to read all the various stories of other people going through this at the same time as me - I would encourage anyone to read this.”

Tom

In September we announced the winners of our annual Gary Logue Colorectal Cancer Nursing Awards that celebrate the very best achievements in colorectal cancer nursing. The winner of the award for a nurse nominated by their colleagues was Linda Sherwood from Western General Hospital, NHS Lothian and the winner for the award for a nurse nominated by a patient and their families was Chloe Pearce from Milton Keynes University Hospital NHS Foundation Trust.

Working together to champion people with bowel cancer

This year saw us partnering effectively with both colleagues across the charity sector, and with the NHS.

We sit on the steering group of One Cancer Voice, a coalition of over 60 cancer charities collectively supporting millions of people living with cancer in England. As part of this coalition, we worked to ensure that cancer was a priority for the new Prime Ministers, including supporting a joint letter to the two final Conservative candidates urging them to take bold action to improve cancer outcomes. We continue to press the Government on the importance of long term, fully funded cancer and workforce strategies to ensure NHS services can effectively deliver for the one in two people who will get cancer in their lifetime.

We successfully teamed up with over 100 health and care organisations in England to campaign for a long-term, fully funded workforce plan to help address chronic staff shortages in the NHS and cancer services. During the Chancellor's Autumn Statement, Jeremy Hunt went on to commit to publishing a workforce plan in Spring 2023 with independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in five, 10 and 15-years' time.

Through our work with the Wales Cancer Alliance, we met with Health Minister, Eluned Morgan MS to press for the Cancer Quality Statement's implementation plan to be finalised and put into effect, as well as calling for a comprehensive workforce strategy. Towards the end of 2022 we joined a small working group of the Alliance to organise patient engagement in the development of this implementation plan – now named the Wales Cancer Improvement Plan – using online surveys and face to face events. The Welsh Government published the plan, and a workforce plan, on the same day, 31 January 2023.

As a member of the Scottish Cancer Coalition, we pushed for much-needed improvement to the draft version of the Scottish Cancer Strategy, due to be published in 2023. In May, the coalition were made aware that Systemic Anti-Cancer Therapy services were at 'at breaking point' and were considering deprioritising chemotherapy for palliative patients; an extremely concerning development. We raised urgent questions with the Scottish Government to understand their plans to mitigate the impact on patients. The Scottish Government have been made aware on a number of occasions, by ourselves and the wider coalition, that oncology capacity must be given priority within the cancer strategy.

3. Reinstating our commitment to research

Research is key to improving diagnosis, treatment, and care for bowel cancer. Over the last five years, we've invested £1.3 million in bowel cancer research, helping us to better understand the disease, and ultimately save lives. Throughout 2022 we continued to support our 11 ongoing research projects and were delighted to announce our first new research investments since 2019.

Research grants

We awarded grants worth over £93,000 to four new research projects beginning in 2023, aimed at increasing early diagnosis of bowel cancer. The new research projects will be looking into a range of different areas that have the potential to improve early diagnosis – from researching new methods of diagnosing early-stage bowel cancer, to looking at reasons people don't take part in screening.

The four funded projects are:

- a team led by Professor Nathalie Juge from Quadram Institute Bioscience will look to develop a new blood test that could be used in combination with faecal immunochemical testing (FIT) to improve the effectiveness of bowel cancer screening
- Dr Christina Dobson from Newcastle University will be exploring the reasons why people don't complete FIT after visiting their doctor with potential symptoms and looking at ways to support more people to complete the test
- Dr Annie Baker at The Institute of Cancer Research, London will be investigating when a limited resection (removal of part of the bowel) can safely prevent cancer in

patients with inflammatory bowel disease (IBD), who have an increased risk of developing bowel cancer

- Professor Joanne Edwards at the University of Glasgow will look at predicting the probability of cancer spread (metastasis) in patients with early-stage bowel cancer, which could lead in the future to earlier diagnosis and improved treatment options for bowel cancer patients

Surgical chairs

In partnership with the Royal College of Surgeons in Edinburgh, we appointed our first Colorectal Surgical Research Chair in Scotland, specialising in developing and promoting colorectal surgical trials in the UK. Farhat Din, at the University Edinburgh, is a colorectal cancer surgeon whose research focus explores the interaction between obesity, environment genetics and cancer, with a strong focus on early diagnosis. Farhat was awarded the Hunter Doig Medal, which is awarded every two years by the Royal College of Surgeons of Edinburgh to recognise women who have made exceptional contributions to surgery.

Farhat joins David Jayne, University of Leeds, as our Bowel Cancer UK/Royal College of Surgeons of England (RCS Eng) Colorectal Research Chair in strengthening the charity's commitment to surgical research. Now in the fourth year of his Chair, David has used our investment to leverage an additional £9 million in research funding and opened four new colorectal cancer-focused clinical trials.



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I'm lucky enough to have been a moderator on Bowel Cancer UK's forum for about four years. It's very humbling to realise that from people's feedback, you can help with all kinds of questions and comments. As part of our great moderating team, I also help ensure that the forum continues to be a safe and supportive online community. It can be challenging, sometimes emotionally draining, but I truly get as much out of it as I put in.

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Kim

4. Influencing the change needed to improve early diagnosis, treatment and care

Ensuring people are diagnosed at the earliest possible stage and get the right treatment and care for them remains a top priority for the charity. To help us achieve this, our policy and influencing activity focuses on securing optimal bowel cancer screening programmes in all four nations, making desperately needed improvements to the NHS cancer workforce, alongside pushing for innovative changes to the bowel cancer pathway to improve outcomes for patients.

Early diagnosis initiatives

We supported efforts to produce clear guidance on the use of quantitative FIT (qFIT) in primary care for people with symptoms of bowel cancer. Firstly, with the publication of guidance jointly published by the British Society of Gastroenterology and the Association of Coloproctology of Great Britain and Ireland, followed by guidance issued from NHS England later in the year. NHS Scotland also reached a national consensus on the use of qFIT for patients with signs or symptoms of bowel cancer and we joined a working group seeking to develop patient and health professional information resources.

In Wales, a pilot of colon capsule endoscopy began, with the first patients entering the new pathway in June. We supported the initiative with patient information and await comprehensive rollout of the technology, with updated diagnostic pathways, when the pilot ends in spring 2023.

We submitted evidence to the Senedd's Health and Social Care Committee in January, regarding delays in diagnosis and

treatment. In December, we submitted evidence to an inquiry into the success of the Endoscopy Action Plan and the work of the Endoscopy Programme Board.

We continued to participate in the work of the Endoscopy and Urology Diagnostic Programme Board in Scotland to support efforts to deliver on the objectives of the Endoscopy and Urology Recovery and Renewal Plan (from November 2021). Key objectives of this group were to deliver consensus on the use of qFIT in symptomatic patients, develop new and improved training and recruitment pathways into endoscopy to tackle waiting times, and improve patient experience and outcomes.

Inequalities in bowel cancer

Our move to address inequalities in bowel cancer treatment and care took a step forward when we funded a commissioned policy research project, with four other major cancer charities, on understanding and improving the data landscape on cancer inequalities. This UK-wide research project will focus on all inequalities across the cancer pathway, with a major focus on the four most common cancers, including bowel cancer. This will inform our work to help address inequalities across the pathway in the coming years. In Scotland, we're part of a working group on screening that will seek to understand the health inequalities present within screening programmes and propose actions that can reduce them. The resulting 'Equity in Screening' strategy is set to be published in Scotland in Spring 2023.

Keeping bowel cancer on the political agenda

Bowel Cancer Awareness Month gave us the opportunity to conduct a tour of the Parliaments at Holyrood, the Senedd and

Westminster, meeting 88 politicians at our drop-in events, where we raised issues affecting bowel cancer patients and the services they rely on.

The drop in event in Westminster was also a chance to discuss our plans for the very first All-Party Parliamentary Group (APPG). In Scotland, Edward Mountain MSP announced his bowel cancer diagnosis the evening before our event and this encouraged many of his colleagues to attend.

Due to the impending Northern Ireland Assembly elections in May, we were unable to host a drop-in event for MLAs. Instead, we engaged directly with all candidates across each constituency, seeking their support as Bowel Cancer Champions if they succeeded in being elected. We also provided our supporters with questions they could ask candidates if they were canvassed for support.

We were delighted to launch the very first APPG on Bowel Cancer. The APPG, chaired by Ben Lake MP for Ceredigion, has cross-party representation and was formally established on 25 October 2022. We're working with the APPG to significantly raise the profile of bowel cancer issues within parliament and help to improve patient outcomes, promote best practice and encourage better collaboration between patients, parliamentarians, government and the NHS.

In Northern Ireland, we held several meetings throughout the year raising the need for the NI cancer strategy, published in March, to be implemented. Alongside other cancer charities, we met with the Executive Office in January to ask for a prioritisation of funding for the Strategy. In November, our CEO Genevieve Edwards met with the Permanent Secretary for Health, to discuss the Cancer Strategy and the urgent need for its implementation, particularly with the commitment to optimise the bowel screening programme.

In June we met with the Scottish Cabinet Secretary for Health to discuss the issues facing bowel cancer patients and how the upcoming 10-Year Scottish Cancer Strategy, to be published in 2023, should include commitments to optimise the screening programme and increase earlier diagnosis to improve outcomes for bowel cancer patients in Scotland. We also raised the issue of genomics, specifically an audit of Lynch syndrome testing and surveillance, and a genomics strategy to ensure personalised treatments can be accessed quickly and are not held up by lack of capacity in Scotland's genomics laboratories.

Screening

We were delighted to see bowel cancer screening made available to more people in both England and Wales this year, as home testing was expanded to include younger age groups, a key campaigning issue for the charity for many years.

Bowel screening in Wales was expanded to include 55–57-year-olds in October, which will result in 172,000 more people in Wales being invited. The move is part of a phased approach to lowering the screening age to 50 by October 2024. Home testing kits introduced in 2019 have helped improve screening uptake to 65% in Wales and have improved sensitivity to better detect those at risk of bowel cancer. Bowel cancer screening was also made available to more people in England, when home testing expanded from April to include most people from age 56. Almost 70% of people aged 60 to 74-years old are taking part when invited.

In Scotland we accepted membership of the Bowel Screening Standards Review Group in December and took up the invitation to be one of two third sector organisations to sit on the Core Screening Standards Development Group. This latter group seeks to embed core principles across all of



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As a Facebook group moderator for Bowel Cancer UK, I find helping others actually helps me! The ‘mod’ community is like a little family and by sharing tips with other patients, you also help yourself to learn how to cope. The support within the Facebook community is invaluable as it reduces feelings of isolation and we all understand how everyone feels.

Helen

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Scotland's screening programmes. Through our membership of several NHS Bowel Screening programme boards across the UK we continue to push for further improvements to the screening programmes.

Long term cancer plans

In February our Chief Executive Genevieve Edwards, along with sector leaders, met with the Secretary of State for Health and Social Care Sajid Javid to celebrate World Cancer Day. The former Minister announced a 'war on cancer' and a new 10-Year Cancer Plan for England with a focus on prevention, early diagnosis and treatment and care.

We provided a robust, evidence-based submission to influence the development of the plan, consulting with patients, and the medical and scientific communities on their priorities and personal experiences of the bowel cancer pathway. The expected 10-Year Cancer Plan will now be replaced by a new Major Conditions Strategy, but as part of the One Cancer Voice coalition, we continue to highlight the importance of a long term, fully funded cancer specific plan. We have engaged in the development of the next 10-year Scottish Cancer Strategy, due to be published in 2023, as well as the three-year Cancer Improvement Plan in Wales (published January 2023).

In Northern Ireland we welcomed the publication of the 10-year cancer strategy in March but have been frustrated by the political stalemate at Stormont that has stifled any progress. Without a functioning Executive there can be no funding allocated to the strategy and much needed reforms cannot be implemented. We continue to make the case for a fully funded strategy to save lives and transform bowel cancer services in Northern Ireland.

Improved treatment options for advanced bowel cancer patients

The National Institute for Clinical Excellence (NICE) approved a new treatment for bowel cancer that can slow the progression of the disease and improve overall survival for patients with advanced bowel cancer in England and Wales. Regorafenib (also known as Stivarga) has been shown in trials to slow down the growth and spread of cancer cells and cut off the blood supply that keeps cancer growing. We contributed to the NICE approval process, gathering the voices of nearly 100 patients and carers who shared their experience of being treated for, or caring for someone with, advanced bowel cancer.

5. Ensuring we have robust financial resources, systems, and tools to deliver our ambitions

Announced new chair of trustees

Richard Anderson was named as our new Chair of Trustees. He took over from Patrick Figgis who stepped down from the role on 31 December 2021 after eight years of service on the Board.

Richard has been a trustee of Bowel Cancer UK since 2013, joining shortly after his father-in-law passed away from bowel cancer. Since then, he's witnessed and supported our journey from being a much smaller charity, to one that's taking a leading role in supporting all those affected by bowel cancer in the UK. In business, he has over 30 years' experience advising innovative organisations in healthcare and life science communications and he's also a trustee of a leading social justice charity.

Infrastructure

Developing our people and infrastructure is vital as it underpins the delivery of our charitable and fundraising activities.

Our people continue to be the driving force behind all we do – we're incredibly proud and grateful to them for all their hard work and everything they achieved in 2022. Thanks to the generosity of our community, we were in a privileged position to grow and invest in our staff throughout 2022, with headcount growing from 44 to 60. As we continued to embrace new ways of working, we've been able to increase the

number of staff working remotely, allowing us to welcome talented new colleagues from across the UK – 50% of our workforce are now based outside of London.

We remain committed to ensuring our staff are motivated, treated fairly and compensated appropriately, particularly in light of the ongoing cost of living crisis. We undertook a full pay and benefits review in the year to ensure we reward our people in line with sector benchmarks. A new pay framework was developed, providing a fair and transparent structure to be implemented from the start of 2023. We also focused on providing an enhanced working environment for staff, with a particular focus on wellbeing and mental health. We progressed our work on equality, diversity and inclusion – gathering baseline data and insights on the current make-up of the organisation and rolling out training to all staff.

We completed a review of our data and IT environment, risks and opportunities which has informed a transformative programme of works for 2023 – 2025.

Fundraising

None of this work would be possible without our amazing community of supporters who have fundraised tirelessly throughout the year.

Our flagship fundraising events exceeded all expectations. More than 525 people took part in Step up for 30 in April, raising more than £165,000. Almost 400 people took part in Walk Together events across the country in June, raising £135,000.

We launched a new virtual event, Swim15, calling on people to take to the water for 15 miles, 15 minutes, or 15 lengths. The event was a huge success, raising over £65,000 in its first year. And in October we had our most successful team ever running in the

London Marathon, with 189 participants raising more than £500,000.

September was Free Wills Month and we put on events for supporters including a visit to the laboratory of one of our researchers, Dr Alexander Greenhough, and a reception event with talks from CEO Genevieve Edwards and our Nurse Advisor Charlotte Dawson.

We were thrilled to welcome 60 supporters to walk the Rhossili Bay Path early in September for our Sunset Trek. We had fundraisers taking part in memory of loved ones, in support of people living with the disease, and even survivors of bowel cancer, and together they raised a fantastic £18,000.

Our supporters also showed they have ideas of their own and walked, ran, climbed and putted their way to fundraising success.

Long standing supporter Emily Pike has been fundraising for us since losing her close friend Karl to bowel cancer in 2018, aged 30. This year she held a golf event at Dudley Golf Club. The golfers braved the April elements, including an occasional snow flurry, for a day on the golf course followed by a dinner which raised an amazing £17,000.

Supporter Rashik Parmar raised more than £1,700 for us by collecting donations to mark both his birthday and his retirement. He said, "If it were not for the help of the charity at the most difficult time of my life, I would not be able to celebrate my 60th birthday, or retire."

Scott Stevenson got creative with his fundraising in Scotland. His brother is having treatment for bowel cancer and Scott ran five miles carrying a mannequin on his back, to show that he's going through the journey with him. It was tough going, but Scott raised over £1,500.

In Northern Ireland, Laura McEldowney walked 174 miles in September. Each mile represented a day between her mum's bowel cancer diagnosis and when she sadly died. Laura raised an incredible £2,600.

In Wales, Steve Lewis and 20 of his friends, family and colleagues trekked 22 miles from Cwmbran to Velindre Cancer Centre in Cardiff where his daughter, Carrie, is currently undergoing chemotherapy. She was diagnosed with stage 3 bowel cancer in March, aged just 31. Steve's employer, Brecongate, were very supportive, and the team have raised over £7,000.

Partnerships and Philanthropy

In 2022 we had our biggest ever year of support from philanthropists and partners. They donated generous gifts, raised awareness through their networks, and dedicated time and energy to support us. Over 100 companies and 98 trusts and foundations helped to raise over £1 million in a year for the first time. This enabled us to fund innovative research and services, grow our work in the devolved nations, and spread awareness of symptoms far and wide.

Our corporate partners were 'on a roll'. Alongside helping us to raise lifesaving awareness, our #GetOnARoll partners gave generously, pledging over £360,000 over three years to help us shift the dial on early diagnosis. We also had wonderful support from workplaces up and down the UK. Colleagues took part in daring challenges, bake sales and gala dinners, raising vital funds to support our work.

We were delighted to be selected as the BioIndustry Association's (BIA) Chosen Charity for 2023. Our late trustee Aisling Burnand CBE, who sadly passed away this year, was a former CEO of the BIA and

sponsored our application. With the BIA's support, we'll be able to fund our research programme and collaborate with like-minded biotech companies to maximise the impact of our work.

Pharmaceutical and medical device companies funded our programme of patient and healthcare professional education days, and award-winning information resources. Thanks to their support we have helped people affected by bowel cancer to face their condition with confidence, and healthcare professionals to apply to latest insights to their practice, enabling bowel cancer patients to get the best possible treatment and care.

We were awarded £49,569.80 from the Volunteering Wales grant fund which is administered by the Wales Council for Voluntary Action (WCVA) on behalf of the Welsh Government to enable volunteers to support existing services and build local networks within Wales to influence the shape of our future work.

In September we were delighted to announce our Charity of the Year partnership with Glasgow Rangers Community Foundation for the 2022/23 season. We asked fans, players and staff to share their experiences of bowel cancer and created an online stories wall to share them. At the end of the partnership in spring 2023, the Foundation will donate £25,000 to fund a Senior Services Officer who will deliver targeted events and support for people affected by bowel cancer living in Scotland.

A huge thank you to all our partners and supporters who are dedicated to improving the lives of everyone affected by bowel cancer.

Thank you to our supporters

This has been an absolutely remarkable year – thanks to each and every one of our supporters we are delighted to end the year with an income total of £6.3 million - making 2022 our strongest fundraising result in the charity's history. In addition to financial support, we're immensely grateful to companies and individuals for work carried out in-kind. We would not exist without our supporters. Everything you do makes a difference – fundraising and donating, sharing personal stories, volunteering, completing surveys and consultations, taking campaign actions, using our services and telling others about them, and following us on social media.

Thank you all.



A tribute to our patron, Dame Deborah James

We were deeply saddened when our patron Dame Deborah James died in June 2022. She was a formidable supporter of the charity who did so much to raise awareness of bowel cancer and make a difference to people affected by the disease. Deborah became our patron during Bowel Cancer Awareness Month in April 2021, after offering her unwavering support over the years since she was told she had bowel cancer.

Deborah received her bowel cancer diagnosis in 2016 when she was only 35 years old, and soon began writing her Bowelbabe blog. Her candour and honesty in talking about her bowel cancer journey reached millions of people through social media, TV, radio, her book 'F*** you cancer', her weekly column on The Sun online, and the BBC podcast 'You, Me & the Big C'. She has, without a doubt, saved lives because of her openness and honesty about her own diagnosis and experiences, which has forever changed the way people talk about bowel cancer.

She played a huge part in our 'Never Too Young' campaign, working with us on issues affecting younger patients diagnosed with the disease. She raised tens of thousands of pounds for our charity, for which we will be forever grateful. One of Deborah's final acts of selflessness was to launch her Bowelbabe Fund, which has raised millions of pounds for charities close to her heart including us, Cancer Research UK, The Institute of Cancer Research and The Royal Marsden Cancer Charity.

We're truly grateful to have known Deborah and to call her our friend. She was a powerful patron for Bowel Cancer UK, and we're determined to ensure her lasting legacy by continuing to raise awareness of bowel cancer and its symptoms, pushing for earlier diagnosis of the disease, and ultimately, saving lives.



Dame Deborah James

A tribute to our trustee, Aisling Burnand CBE

It was with great sorrow that we learned in September of the death of our trustee, Aisling Burnand CBE. Aisling brought such a unique expertise to the charity, combining her in-depth professional experience in medical research, with her invaluable personal insights as a bowel cancer patient, having been diagnosed at stage 4 in 2021.

Aisling's stellar career in policy, influencing and research saw her become Chief Executive of the Association of Medical Research Charities from 2014 to 2021. During that time, she brought the vital work of medical research charities to the forefront of policy makers' agendas. Her work, particularly during the COVID pandemic, resulted in her being awarded the CBE in the Queen's Platinum Jubilee Honours in May 2022. After her cancer diagnosis, Aisling continued as a trustee for both Life Arc and us.

In a fitting tribute to Aisling's memory, the BioIndustry Association (BIA) of which Aisling was former CEO, chose us as its charity partner for 2023. The partnership with the BIA and its members across the UK's life science's ecosystem will play a pivotal role in raising awareness of bowel cancer, which could have a significant and lasting impact on research and understanding of the disease. The BIA will support the charity through strategic opportunities and employee fundraising activities over the course of 2023.



Aisling Burnand CBE

Looking ahead to 2023

Statement from Bowel Cancer UK Chief Executive Officer, Genevieve Edwards

I'm extremely proud of everything we achieved in 2022, but during the year we also took the time to think. Life, and the world around us has changed considerably in recent years with the pandemic being a catalyst for remarkable healthcare innovation, fundamental changes in the ways we work and economic instability around the world.

As the UK's leading bowel cancer charity, we have a duty to make sure we're having the greatest impact possible for our community, and making every penny work hard for people who need us today and in the future.

It's a stark reality that while most people will survive early-stage bowel cancer, most people in the UK are diagnosed at stage 3 or 4, when it's harder to treat. Survival rates at stage 1 are above 90%, but at stage 4 they plummet to under 10%. Shockingly, more than one in five people in England are diagnosed in emergency settings, and for the under-50s, that number rises to more than one in four.

Put simply, if we could achieve a stage-shift in diagnosis from late to early, we could give around 28,000 people every year a better prognosis, kinder treatment, and the chance not only to survive their bowel cancer, but to thrive beyond the diagnosis.

It's an ambitious goal, and one we're determined to achieve.

We've consulted patients, volunteers, clinicians and researchers, and developed a new strategy which we'll launch in 2023. And because of the incredible support we've received in 2022, we can invest in the work we know we need to do to get people diagnosed earlier.

We know that awareness of symptoms needs to be higher, that people need to act on those symptoms quickly, and that GPs need support to make faster referrals for patients. We also know that the NHS needs additional capacity for diagnostic services to tackle the backlog caused by the pandemic and diagnose people sooner.

I don't pretend that this will be easy, but we have two things in our favour: a talented and determined team with the vision to make early diagnosis a reality and wonderful partners at our side – other charities, clinical and scientific colleagues, parliamentarians and policymakers, our corporate supporters, trusts and our unstoppable fundraisers.

I'm looking forward to building on the considerable success of 2022 and am incredibly excited about our potential to save more lives in the future.



Genevieve Edwards

Looking ahead to 2023

A strategic opportunity and a bold social goal

During 2022, the landscape for bowel cancer fundamentally changed. This was thanks to the awareness-raising work of Dame Deborah James and others like her, and the huge reach of our #GetOnARoll campaign, coupled with our fundraising success and the ongoing support of the fantastic bowel cancer community. Public awareness and interest for bowel cancer have never been greater, and we're now able to make a step change in the diagnosis, treatment and care of people with the disease.

In the coming year we'll launch a new strategy that will move us closer to our vision of a world where nobody dies of bowel cancer. Over the next five years, we'll ensure more people are diagnosed early, with an ambitious goal to increase the percentage of people diagnosed at stages 1 and 2 to over 50% from where it currently stands at 36%. And we'll ensure that people with bowel cancer live better and for longer.

To achieve this, we'll invest in five key areas:

1. We'll increase awareness and understanding of bowel cancer

We'll develop and launch our first major, targeted bowel cancer awareness campaign. We'll work with patients and behaviour change experts to develop the messaging and use multimedia channels to spread the word.

Underpinning this will be a programme of roadshows and awareness talks across the length and breadth of the UK, talking about bowel cancer risk, signs, symptoms, and the importance of screening. We'll work with health care professionals to create e-learning modules, webinars, and face to face learning

sessions for GPs and pharmacy staff across the UK to build their knowledge on symptoms and risk factors, allowing them to confidently have conversations with people about bowel cancer.

We'll grow our parliamentary engagement across the four nations of the UK. In England, we'll develop our newly formed All Party Parliamentary Group on Bowel Cancer to improve patient outcomes, promote best practice and encourage better collaboration between patients, parliamentarians, government and the NHS.

2. We'll remove the barriers to people being diagnosed quickly, and at the earliest possible stage

Nine in ten people (92%) survive bowel cancer when it's diagnosed at the earliest stage.

We'll ensure our research programme identifies and funds projects most likely to improve early diagnosis, from technology to improve screening and treatment, to the socio-demographic factors that influence health outcomes. We'll make funding available to innovative projects that will accelerate major changes, such as understanding the high prevalence of emergency presentation of bowel cancer.

We'll focus our work to improve early diagnosis of bowel cancer, including influencing steps in the patient pathway that will make the most difference, such as optimising bowel cancer screening programmes and ensuring genetic testing for conditions like Lynch syndrome. We'll produce robust policy recommendations on how to improve the data landscape on inequalities based on the outcome of our commissioned policy research project. We'll also continue to work in coalitions to press for the policy change we need to see across the cancer pathway, including long-term, fully funded cancer plans and NHS workforce strategies.

And we'll continue to grow our network of health professionals who work together to share knowledge and innovation to advance care for bowel cancer patients.

3. We'll get the right treatment and care to every patient

We'll continue to invest in surgical research through our Colorectal Cancer Surgical Chairs in England and Scotland. Investing in surgical research is crucial to develop more effective and personalised lifesaving treatments, standardise surgery and care for patients regardless of where they live, and minimise side-effects for everyone who has an operation.

We'll ensure we consult and put forward patient voices to inform NICE, Scottish Medicines Consortium, and All Wales Medicines Strategy Group appraisals of treatment options. We'll continue to produce high quality, peer reviewed health information, seeking Patient Information Forum accreditation for written materials and holding regular online patient information events.

4. We'll support people affected by bowel cancer

We'll develop our own patient and carer support service, at the point which patients newly diagnosed with bowel cancer need help and support to understand their diagnosis, and the options open to them. From high quality health information, to support services like our patient forum and 'Ask the Nurse' service, we'll ensure we're with patients every step of the way.

We'll continue to grow our popular support network including our forum and Facebook Groups and build a UK-wide network of local face to face support groups and patient advocates.

We'll also take our services into the heart of our community, building our profile and support offer in all four nations of the UK. We'll ensure that our services remain relevant for everyone affected by bowel cancer and work with our community to develop and improve our patient services.

5. We'll invest in the foundations we need to underpin our success

We'll focus on enhancing our infrastructure and technology to provide the secure, efficient and effective operating environment required to support the delivery of all our activities from back-office support to frontline services. We'll ensure that our systems and processes are developed to provide a high-quality user experience for our staff, service users and supporters.

We'll also continue to ensure that we recruit and retain a highly motivated, skilled workforce, committed to delivering on our ambitious goals. We'll ensure equality, diversity and inclusion is at the heart of everything that we do.

Public benefit

The Charities Act 2011 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its 'Charities and Public Benefit' guidance requires there are two key principles to be met in order to show that an organisation's aims are for the public benefit: first, there must be an identifiable benefit, and secondly the benefit must be to the public or a section of the public. The Council of Management (which equates to the Board of Trustees and henceforth referred to as such) confirm they have regard to the Charity Commission's guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 17 (5) of the Charities Act 2011.

They are satisfied that Bowel Cancer UK meets the requirements and conforms to the Act's definition of a charity meeting all elements of the two key principles.

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

1. We raise awareness of bowel cancer through our patient volunteer health promotion and outreach programme, and work extensively with patients and their families in all our policy and campaigns activity
2. Our public health training programme ensures that key potential lifesaving messages are appropriately cascaded across the UK
3. We work with patients, alongside policy makers, clinicians and scientists to ensure that the needs of those affected by bowel cancer are identified and addressed
4. We provide information to bowel cancer patients and their families through developing and

disseminating relevant information

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

Our fundraising practices

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

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

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

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

Regulatory and administrative details

Regulatory compliance statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a charity no. 1071038 in England and Wales and SC040914 in Scotland. The principal office address is Unit 202, Edinburgh House, 170 Kennington Lane, London SE11 5DP, which is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31 December 2022 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Statement of Recommended Practice ("SORP").

Who we are

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

The main activities of the organisation include:

1. supporting and funding targeted research
2. providing expert information and support to patients and their families
3. educating the public and professionals about the disease
4. campaigning for early diagnosis and access to best treatment and care

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

Where we are

The London Office (Principal and Registered office): Unit 202, Edinburgh House 170 Kennington Lane London, SE11 5DP
Tel: 020 7940 1760

Email: admin@bowelcanceruk.org.uk

Website: bowelcanceruk.org.uk

Board of Trustees

The Board of Trustees comprises the following individuals:

1. Richard Anderson (Chair, member of FRC, member of Nominations Committee)
2. Lorraine Lander (Treasurer – member of FRC)
3. Katharine Brown (Deputy Chair, member of FRC)
4. Nita Ares
5. Stephen Fenwick
6. Joe Higgins (member of FRC)
7. Mauro Mattiuzzo (member of FRC)
8. John Schofield (to 31 October 2022)
9. John Stebbing
10. Diana Tait (member of Nominations Committee)
11. Angela Wiles (member of Nominations Committee)
12. Aisling Bernard (from 30 March 2022 to 18 August 2022)
13. Benjamin Butler (from 23 March 2022)

Senior Leadership Team

1. Chief Executive (member of FRC), Genevieve Edwards
2. Director of Services, Catherine Winsor
3. Director of Research and External Affairs, Lisa Wilde
4. Director of Fundraising (member of FRC), Luke Squires
5. Director of Finance and Resources and Company Secretary (member of FRC), Sian Dawson (from 31 January 2022)

Members of our Medical Advisory Board are:

1. Rob Glynne-Jones, Consultant

- Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Annie Anderson, Professor of Public Health Nutrition, Ninewells Medical School, University of Dundee (to 5 July 2022)
5. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
6. Tam Arulampalam, Consultant Laparoscopic Surgeon & Service Director, the ICENI Centre, Colchester General Hospital
7. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
8. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-Executive Director, NHS England
9. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
10. Mark Coleman, Consultant Surgeon, Plymouth, Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery
11. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
12. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
13. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
14. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
15. Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
16. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
17. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
18. Hassan Malik, Consultant Hepatobiliary Surgeon & Clinical Lead, University Hospital Aintree NHS Trust
19. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
20. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
21. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
22. Christine Norton, Professor of Clinical Nursing Research, Kings College London
23. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
24. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
25. John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre
26. Bob Steele, Professor of Surgery and Head of Department, University of Dundee
27. Clare Stephens, GP Board Member Barnet CCG, Chair, NCL Cancer Commissioning Board
28. Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust
29. Mark Taylor, Consultant General and Hepatobiliary Surgeon, Belfast Health & Social Care Trust

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

Members of our Scientific Advisory Board are:

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

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

Auditors, bankers and solicitors

Auditors

Crowe U.K. LLP
Aquis House
49-51 Blagrove Street Reading
RG1 1PL

Bankers

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

Solicitors

Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

Structure, government and maintenance Governing document and constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles incorporated 25 July 1997 as amended by special resolution dated 16 June 2021.

All the Members of the Charitable Company are Trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the Trustees are also Directors of the Charitable Company for the purposes of the Companies Act.

Trustees appointment, recruitment, training and induction

Trustees are appointed by resolution of the Trustees in line with the Articles of Association. Trustees may serve up to nine years, or up to twelve years where

acting as Chair, Deputy Chair or Treasurer on the condition that the members have undertaken a thorough and rigorous review of the appointment. A review of performance is held prior to the third and sixth anniversary of a Trustee's appointment, with any continuing tenure approved by the Board at the Annual General Meeting.

A number of changes to the members have taken place since 1 January 2022. These are detailed alongside the full list of members on page 35. All Trustees are unremunerated and are voluntary.

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

Organisation structure and decision-making

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Trustees meet four times a year. Our Senior Leadership Team (SLT) meets once per month and reports to the Trustees. The members of the group are shown on page 35.

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee (FRC) which review management accounts, and the progress of the annual audit, as well as personnel and recruitment policies and compliance with the regulatory environment within which the organisation operates. The FRC meets six times a year with its meetings being staged between main Trustee meetings. It makes recommendations both to the SLT and to the main Board of Trustees. Membership currently comprises of four Trustees (as detailed on page 35), one co-opted member, and three members of SLT (as detailed on page 35).

Pay policy for senior staff

The Directors consider that the Board of Directors, who are the Charity's Trustees, and the SLT comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All Trustees give of their time freely and no Director received remuneration in the year. Details of Trustees' expenses are disclosed in note 7 to the accounts and related party transactions in note 15.

The Chair of the Board will make a proposal annually on the remuneration of the Chief Executive to the Board of Trustees for its agreement. The Chief Executive makes recommendations on remuneration levels for the senior leadership team to the Board of Trustees for its approval.

The charity has a pay and remuneration strategy for all staff, which was revised on 1 January 2023.

Risk and uncertainties

Achievement of our aims and objectives entails taking risks. The Trustees are satisfied that appropriate internal control systems and risk management processes are in place. They consider that the following framework provides Bowel Cancer UK with adequate measures to reduce the impact of identified risks:

1. SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities.
2. SLT prepare a risk register, with all risks graded based on their likelihood and impact, the controls and mitigations in place, and the required actions to further manage the risk.
3. The FRC reviews the risk register and accompanying fraud risk register at each meeting.
4. The Board of Trustees approve the risk register annually.

5. FRC review the Charity Commission internal financial control checklist (CC8) and charity fundraising trustee duty checklist (CC20).

A summary of our key risks, and associated mitigations, is shown in the following table.

Risk	Mitigations
Loss, reputation damage or disruption to services as a result of fraud, cyber-security breach, GDPR breach, IT infrastructure failure or other control failure.	-Operational and technical controls in place. -Policies and procedures in place, including whistleblowing policy. -Continuing programme of data & IT transformation to enhance our IT infrastructure and security. -Service delivery partnerships and external experts to supplement in house capabilities. -Monitoring of finance and IT environments; investigation and remediation of issues identified. -Business continuity plans in place. -Cyber insurance in place.
High rate of inflation impacts our ability to fundraise and increases our operating costs – putting pressure on delivery of our charitable activities.	-Regular financial and cash flow monitoring, allowing changes to plans and cost reduction strategies to be implemented if required. -Strong reserves and cash position with a reserves policy, investment policy and active treasury management to maximise cash returns. -Diverse income portfolio.
Failure to recruit or retain sufficient staff with the required capabilities to deliver on our strategy.	-Pay and reward review undertaken in 2022, with a new pay policy implemented from 1 January 2023. -New employee value proposition includes increased holiday, flexible working and a wellbeing programme. -Offering remote working to remove the geographic boundary to recruitment wherever possible. -Targeted recruitment of new roles is continuing.
Insufficient data insights/analytics impacts our ability to tailor services to meet the evolving priorities and needs of our service users and supporters.	-Continuing programme of data transformation to enhance our data infrastructure, including investment in internal and external expertise. -Strategic data review is planned for 2023. -New impact reporting framework is in development.

Financial review

The results for the year ended 31 December 2022 are set out on page 47 of the financial statements.

Overall results for the year were incoming funds of £6,258,805 and expenditure of £4,776,698 resulting in a surplus of £1,482,107.

Income grew by £950,881 (18%) - a phenomenal result, only achievable due to the continued generosity of our supporters and the trusts, foundations and corporate partners who support us. A return to in-person events saw income generated from running events increase by £353,297 (66%) to £887,802. Income from corporate donations also performed strongly, generating £938,077 - a 44% increase on prior year - driven by donations from our #GetOnARoll corporate partners.

Expenditure increased by £1,240,747 (35%) as we continued to build back following the COVID-19 pandemic, expanding our direct services to the bowel cancer community and restarting our research programmes. Accordingly, our direct expenditure on charitable activities grew by £809,834 (44%) to £2,650,320. This represents 55% of our total spend, up from 52% in 2022. Charitable activities comprise £1,337,609 (28%) on awareness, policy and influencing, £839,618 (18%) on direct services for patients and healthcare professionals and £473,093 (10%) on research including new pilot grants and the launch of our new Colorectal Surgical Research Chair in Scotland. The cost of generating income increased by £396,594 (34%) to £1,555,543 but remained constant as a proportion of total expenditure at 33%. Support costs grew by £40,397 (8%) but fell as a proportion of total expenditure from 15% to 12%.

As a result of these actions, the charity finished the year with total reserves of £5,117,935, of which £1,686,116 are unrestricted General Funds.

Reserves

Our free reserves ("General Fund") relate to un-designated unrestricted reserves. The Board of Trustees consider it appropriate to maintain free reserves to protect the financial sustainability of the organisation, allowing it to mitigate financial risks and supporting ongoing delivery of key activities in support of its community. In setting the target level of reserves, the Board of Trustees take into account financial risk and existing liabilities alongside the Charity's latest strategic and operational plans. The target level of free reserves is reviewed annually by the FRC. The current target level for free reserves is £1,267,000 - £1,520,000.

As at 31 December 2022, The Charity has free reserves of £1,686,113 which is slightly above the upper target range. Unrestricted funds in excess of the identified free reserves target will be used to support strategically focused increased activity.

In addition, the Charity has £2,740,318 of designated funds. Designated funds are amounts identified by the Trustees for a particular project or use.

Designated funds		
Early Diagnosis Campaign	£1,586,800	Funds for an early diagnosis campaign, which will be critical to achieving our ambitious goal of ensuring more than 50% of people will be diagnosed at stages 1 and 2. The campaign will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly.
Research	£772,000	Underwriting of new research activities for the next two years.
Infrastructure	£314,600	Investment in a two - three year programme of digital, IT and data transformation to enhance our infrastructure and provide an efficient, secure operating environment.
Fixed Assets	£66,918	Reflecting net book value of fixed assets.

Statement of Trustees' responsibilities

The Trustees (who are also Directors of Bowel Cancer UK for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

Company law requires the Trustees to prepare financial statements for each financial year.

Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and

application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

1. select suitable accounting policies and then apply them consistently
2. observe the methods and principles in the Charities SORP
3. make judgements and estimates that are reasonable and prudent standards have been followed, subject to any material departures disclosed and explained in the financial statements
4. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business

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

This report was approved by the Board of Trustees on 14 June 2023 and signed on their behalf by



Lorraine Lander, Treasurer

Provision of information to auditors

In so far as, the Trustees are aware:

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

Staff and volunteers

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

Auditors

Crowe LLP were reappointed as external auditors during the year.

This report has been prepared in accordance with the special provisions of s415A of the Companies Act 2006 relating to small companies.

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

Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2022 which comprise the Statement of Financial Activities, 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2022 and of 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 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit

or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to 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 our audit

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

- adequate and proper accounting records have not been kept; or
- the financial statements are not in agreement with the accounting

- records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' directors' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 41, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a

direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were employment law and General Data Protection Regulations (GDPR).

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the recognition of certain income streams and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finances and Resources Committee about their own identification and assessment of the risks of irregularities, sample testing on income, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Janette Joyce
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
Reading

Date: 16 June 2023

Statement of Financial Activities for the year ended 31 December 2022 (Incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	Total 2022 £	Total 2021* £
Income					
Donations and legacies	2	3,710,298	915,841	4,626,139	3,976,871
Other trading activities	2	1,594,594	18,250	1,612,844	1,318,995
Income from investments		9,252	-	9,252	2,837
Income from charitable activities	3	570	10,000	10,570	2,335
Other income	4	-	-	-	6,886
Total income		5,314,714	944,091	6,258,805	5,307,924
Expenditure					
Expenditure on raising funds	5	1,786,882	-	1,786,882	1,355,969
Expenditure on charitable activities	5	2,118,762	871,054	2,989,816	2,179,982
Total expenditure		3,905,644	871,054	4,776,698	3,535,951
Net income and movement in funds	6	1,409,070	73,037	1,482,107	1,771,973
Total funds brought forward		3,017,364	618,464	3,635,828	1,863,854
Total funds carried forward	13 & 14	4,426,434	691,501	5,117,935	3,635,827

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 50 - 66 form part of these financial statements.

*The statement of financial activities has been restated in respect of the year to 31 December 2021 to reflect a recategorization of income streams.

Balance Sheet as at 31 December 2022

Company number 3409832 (England and Wales)

	Note	2022 £	2021 £
Fixed assets			
Tangible assets	8	66,918	34,188
Intangible assets	9	-	-
		66,918	34,188
Current assets			
Debtors and prepayments	10	611,082	734,779
Cash at bank and in hand		5,482,758	3,612,831
		6,093,840	4,347,610
Creditors: amounts falling due within one year	11	(952,215)	(713,970)
Net current assets		5,141,625	3,633,640
Provisions: amounts due in more than one year	12	(90,608)	(32,000)
Net assets		5,117,935	3,635,828
Funds			
Unrestricted funds			
Designated		2,740,318	134,188
General funds		1,686,116	2,883,176
	13	4,426,434	3,017,364
Restricted funds	13	691,501	618,464
Total funds	14	5,117,935	3,635,828

These financial statements have been prepared in accordance with the special provisions relating to companies subject to the small company regime within Part 15 of the Companies Act 2006. The financial statements were approved and authorised for issue by the board and were signed on its behalf on 14 June 2023 by



Lorraine Lander Treasurer

The notes on pages 50 - 66 form part of these financial statements.

Statement of Cash Flows for the year ended 31 December 2022

	2022 £	2021 £
Cash generated by operating activities	1,929,424	1,560,592
Cash flows from investing activities:		
Interest income	9,252	2,837
Purchase of fixed assets	(68,749)	(10,793)
Change in cash and cash equivalents at the end of the year	1,869,927	1,552,636
Cash and cash equivalents at beginning of the year	3,612,831	2,060,195
Movement	1,869,927	1,552,636
Total cash and cash equivalents at end of the year	5,482,758	3,612,831
Reconciliation of net movement in funds to net cash flow from operating activities		
Net movement in funds	1,482,107	1,771,973
Depreciation and amortisation	35,640	78,200
(Increase)/decrease in debtors	123,697	31,561
(Decrease)/increase in creditors	238,245	(326,306)
Increase in provisions	58,608	8,000
Loss on disposal of fixed assets	379	-
Interest income	(9,252)	(2,837)
Net cash generated by operating activities	1,929,424	1,560,592
Analysis of cash and cash equivalents		
Cash in hand	1,126,244	3,218,288
Notice deposits (less than three months)	4,356,514	394,543
Total cash and cash equivalents at end of the year	5,482,758	3,612,831

	At 1 January 2022 £	Cash Flows £	At 31 December 2022 £
Analysis of changes in net funds			
Cash and cash equivalents			
Cash	3,612,831	1,869,927	5,482,758
Total	3,612,831	1,869,927	5,482,758

Notes to the Financial Statements

For the year ended 31 December 2022

1 Accounting policies

1.1 Basis of preparation

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

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

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Unit 202, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

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

In their assessment of going concern the Directors have considered the ongoing high rate of inflation and cost of living crisis.

As at 31 December 2022 Bowel Cancer UK is in a strong financial position, with free reserves of £1.7m (just above target levels), liquid cash reserves of £5.5m and no borrowing. As such the charity has

sufficient reserves and liquidity to mitigate any financial risks that may materialise.

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

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

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 35. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Income

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

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

Legacy income is recognised in the year that entitlement and probability of receipt is established. Receipt is normally probable when there has been grant of probate, the executors have established that there

Notes to the Financial Statements

For the year ended 31 December 2022

are sufficient assets in the estate, and any conditions attached to the legacy are either within the control of the charity, or have been met. Residuary legacies subject to a life interest held by another party are not included in income until the conditions associated with payment have been fulfilled.

Donated services totalling £412,624 are included as a gift in kind and an associated expense. These are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the Trustees' annual report for more information about their contribution.

1.4 Expenditure

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

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

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

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

Grants payable are charged to the statement of financial activities in the year in which the offer is approved and conveyed to the recipient, except in those cases where the offer is conditional and entitlement is yet to be earned. Such grants

are recognised as expenditure when the relevant conditions are fulfilled.

1.5 Fund accounting

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

Designated funds comprise unrestricted funds that have been put aside at the discretion of the Trustees for particular purposes (see note 13). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance and Resources Sub-Committee.

Restricted funds are funds subject to specific restriction imposed by donors or by the purpose of appeals. The purpose and use of the restricted funds is set out in the notes to the financial statements (see note 13).

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

1.6 Tangible fixed assets and depreciation

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

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

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

- Computer equipment and software - over four years

- Fixture and fittings – over five years
- Office refurbishment – over three years

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Operating leases

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

1.11 Pension costs

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

1.12 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation

resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

1.13 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.14 Critical accounting judgements and key sources of estimation uncertainty

Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are as follows:

- Dilapidation provision – the charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in Note 12.
- Residuary legacies – the charity recognises residuary legacies once conditions set out in 1.3 have been met and a reliable estimate of assets due has been received.

The estimates and underlying assumptions

Notes to the Financial Statements

For the year ended 31 December 2022

are reviewed on an on-going basis. In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

1.15 Contingent assets

The charity discloses a contingent asset where it has a reasonable expectation of future benefit arising, but the existence or valuation of these benefits are uncertain at the balance sheet date. Contingent assets are not recognised in the balance sheet but are disclosed in note 16.

Notes to the Financial Statements

For the year ended 31 December 2022

2. Income from generated funds	2022	2021*
	£	£
Donations and legacies		
Donations from individuals	1,352,119	1,283,586
Legacies	326,448	272,623
General grants	597,970	576,888
Community fundraising	1,411,525	1,191,919
Corporate donations	938,077	651,855
	4,626,139	3,976,871
Other trading activities		
Runs	887,802	534,505
Treks and challenges	680,677	746,620
Trading Income	44,365	37,870
	1,612,844	1,318,995
*Note 2 has been restated in respect of the year to 31 December 2021 to reflect a recategorization of income streams.		
3. Income from charitable activities		
Training & Events	10,570	2,335
	10,570	2,335
4. Other income		
Coronavirus Job Retention Scheme Grant	-	6,886
	-	6,886

Notes to the Financial Statements

For the year ended 31 December 2022

5. Resources expended	Direct costs		Support costs		Total
Expenditure on raising funds	Staff	Other	Staff	Other	2022
	£	£	£	£	£
Costs of generating voluntary income	782,289	773,254	158,427	72,912	1,786,882
	782,289	773,254	158,427	72,912	1,786,882
Expenditure on charitable activities					
Direct Services	502,759	336,859	109,047	50,186	998,851
Awareness, Policy and Influencing	539,569	798,040	117,963	54,289	1,509,861
Grants	21,276	451,817	5,486	2,525	481,104
	1,063,604	1,586,716	232,496	107,000	2,989,816
Total Costs 2022	1,845,893	2,359,970	390,923	179,912	4,776,698
Total costs 2021	1,419,241	1,586,272	407,326	123,112	3,535,951

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

Total governance costs for the year, included in support costs, are £17,700 (2021: £11,200) comprising an audit fee of £14,750 (2021: £11,200).

	Direct costs		Support costs		Total
	Staff	Other	Staff	Other	2021
	£	£	£	£	£
Expenditure on raising funds					
Costs of generating voluntary income	529,257	629,692	151,293	45,727	1,355,969
	529,257	629,692	151,293	45,727	1,355,969
Expenditure on charitable activities					
Direct Services	413,653	279,550	139,654	42,210	875,067
Awareness, Policy and Influencing	476,331	683,317	116,379	35,175	1,311,202
Research	-	(6,287)	-	-	(6,287)
	889,984	956,580	256,033	77,385	2,179,982
Total costs 2021	1,419,241	1,586,272	407,326	123,112	3,535,951

Notes to the Financial Statements

For the year ended 31 December 2022

6. Net income is stated after charging:	2022	2021
	£	£
Depreciation	35,640	77,406
Amortisation	-	794
Operating lease payments	191,127	277,970
Auditors' remuneration:		
- Audit fee for the current period	14,750	11,200

7. Staff costs	2022	2021
	£	£
Wages and salaries	1,954,693	1,618,320
Social security costs	206,553	150,382
Pension Contributions	75,570	57,863
	2,236,816	1,826,565

During the year Bowel Cancer UK paid no redundancy costs (2021: £nil).

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

	2022	2021
	Number	Number
£60,001 - £70,000	1	3
£70,001 - £80,000	3	-
£90,001 - £100,000	-	1
£100,001 - £110,000	1	-
	5	4

Pension Contributions of £15,702 (2021: £11,598) were paid in respect of the higher paid individuals.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2022 amounted to £30,114 (2021: £nil).

Notes to the Financial Statements

For the year ended 31 December 2022

The key management personnel of the charity comprise the Trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources, Director of Fundraising and Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £455,490 (2021: £361,000). The Director of Finance and Resources position was undertaken by an interim consultant in 2021 with a permanent appointment made in January 2022, resulting in a FTE of 4.9 compared with 4.1 in the year before.

The average number of staff analysed by function was:

	2022	2022	2021	2021
	Number	FTE	Number	FTE
Fundraising	19	18	13	13
Awareness and Direct Services	13	12	12	12
Communications and Campaigning	14	14	11	10
Central Support	8	7	5	5
Research	1	1	-	-
	55	52	41	40

Trustees

No Trustees received emoluments during the year (2021: £nil).

None of the Trustees received reimbursed expenses during the year (2021: £nil).

Notes to the Financial Statements

For the year ended 31 December 2022

8. Tangible fixed assets	Office Refurbishment	Fixture and Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2022	206,244	13,444	130,733	350,421
Additions	-	-	68,749	68,749
Disposals			(70,333)	(70,333)
At 31 December 2022	206,244	13,444	129,149	348,837
Depreciation				
At 1 January 2022	206,244	8,785	101,204	316,233
Charge for the period	-	2,587	33,053	35,640
Disposals	-	-	(69,954)	(69,954)
At 31 December 2022	206,244	11,372	64,303	281,919
Net book value as at 31 December 2022	-	2,072	64,846	66,918
Net book value as at 31 December 2021	-	4,659	29,529	34,188

All fixed assets are used for charitable purposes.

9. Intangible fixed assets	Website £	Total £
Cost		
At 1 January 2022	4,763	4,763
At 31 December 2022	4,763	4,763
Amortisation		
At 1 January 2022	4,763	4,763
Charge for the period	-	-
At 31 December 2022	4,763	4,763
Net book value as at 31 December 2022	-	-
Net book value as at 31 December 2021	-	-

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

Notes to the Financial Statements

For the year ended 31 December 2022

10. Debtors and Prepayments

	2022	2021
	£	£
Legacy Debtor	277,654	256,300
Other Debtors	78,569	81,329
Prepayments and accrued income	254,859	397,150
	611,082	734,779

11. Creditors

	2022	2021
	£	£
Trade creditors	144,316	95,074
Accruals	720,292	567,037
Taxes and social security costs	49,496	43,747
Other creditors	38,111	8,112
	952,215	713,970

12. Provisions

	Property provision 2022	Property provision 2021
	£	£
At 1 January 2022	32,000	24,000
Amounts charged	58,608	8,000
At 31 December 2022	90,608	32,000

The dilapidation provision relates to amounts provided to reflect the cost of restoring the condition of the leased property in accordance with the lease agreement and a contractual exit charge.

Notes to the Financial Statements

For the year ended 31 December 2022

13. Statement of funds	Balance 1 January 2022 £	Income £	Expenditure £	Balance 31 December 2022 £
Total Designated funds:				
Fixed Assets	34,188	68,749	(36,019)	66,918
Research	100,000	672,000	-	772,000
Early Diagnosis	-	1,586,800	-	1,586,800
Infrastructure upgrades	-	314,600	-	314,600
	134,188	2,642,149	(36,019)	2,740,318
Total General funds	2,883,176	2,672,565	(3,869,625)	1,686,116
Total Unrestricted funds	3,017,364	5,314,714	(3,905,644)	4,426,434

Designated funds

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

Fixed assets

£66,918 (2021: £34,188) has been set aside from the charity's unrestricted funds by the Trustees to re-reflect the net book value of the fixed assets.

Research

£772,000 (2021: £100,000) has been committed to underwrite the funding of new research activities over the next two years.

Early Diagnosis

£1,586,800 (2021: £nil) has been committed by Trustees to fund a two - three year early diagnosis campaign, which will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly.

Infrastructure

£314,600 (2021: £nil) has been committed by Trustees to fund a programme of digital, IT and data transformation over the next two - three years, to enhance our infrastructure and provide an efficient, secure operating environment.

Notes to the Financial Statements

For the year ended 31 December 2022

13. Statement of funds (continued)	1 January 2022 £	Income £	Expenditure £	Transfers £	31 December 2022 £
Restricted Funds:					
BeWel Project	2	-	(2)	-	-
General Patient Services	-	104,222	(90,311)	-	13,911
General Work in Northern Ireland	-	83,037	(10,569)	-	72,468
General Work in Scotland	-	41,605	(24,624)	-	16,981
General Work in Wales	-	5,000	-	-	5,000
Moondance Foundation	51,240	96,860	(110,625)	-	37,475
Never Too Young	66,777	17,306	(7,840)	-	76,243
Never Too Young Patient Group	34,807	31,437	(11,705)	-	54,539
Patient Information	16,323	26,016	(21,896)	-	20,443
Research	94,011	162,623	(68,300)	-	188,334
Surgical Chair	103,693	-	(103,693)	-	-
Surgical Chair Scotland	251,611	197,730	(371,000)	-	78,341
Awareness	-	10,250	(2,319)	-	7,931
VWG Small Grant	-	11,249	(362)	-	10,887
Early Diagnosis	-	65,604	-	-	65,604
Education and campaigns	-	27,162	(27,162)	-	-
Healthcare professional education and engagement	-	63,990	(20,646)	-	43,344
Total Restricted Funds	618,464	944,091	(871,054)	-	691,501

Restricted funds

Restricted funds are where the donor has imposed restrictions on the use of the funds or by the purpose of appeals.

BeWel Project

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

General Patient Services

Funding has been received to sustain and support our programme of support services for people affected by bowel cancer.

General Work in Northern Ireland

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

General Work in Scotland

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

General Work in Wales

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

Notes to the Financial Statements

For the year ended 31 December 2022

Moondance Foundation

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

Never Too Young

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

Never Too Young: Patient Group

Funding has been raised by this group to support activities related to younger bowel cancer patients.

Patient Information

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

Research

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

Surgical Chair

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

Surgical Chair Scotland

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

Awareness

Funding has been received to support our bowel cancer awareness activities.

VWG Small Grant

Funding has been received from the Wales Council for Voluntary Action to support a volunteer officer in Wales.

Early Diagnosis

Funding has been received to support our work to ensure more people are diagnosed early through bowel cancer awareness campaigns and training health care professionals to identify symptoms and refer people for appropriate diagnostic tests.

Education and campaigns

Funding has been received to support a bowel screening campaign.

Healthcare professional education and engagement

Funding has been received to support our work with healthcare professionals.

Notes to the Financial Statements

For the year ended 31 December 2022

13. Statement of funds (continued)	Balance 1 January 2021 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2021 £
Total Designated funds:					
Fixed Assets	101,595	10,973	(78,200)	-	34,188
Research	-	100,000	-	-	100,000
	101,595	110,973	(78,200)	-	134,188
Total General Funds	1,439,843	4,490,408	(3,047,075)	-	2,883,179
Total Unrestricted funds	1,541,438	4,601,201	(3,125,275)	-	3,017,364

Restricted Funds:	Balance 1 January 2021 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2021 £
BeWel Project	-	-	2	-	2
CAF Resilience Fund	-	34,328	(34,328)	-	-
Colorectal Cancer Study Days	-	5,000	(5,000)	-	-
General Patient Services	-	33,000	(33,000)	-	-
General Work in Northern Ireland	-	15,617	(15,617)	-	-
General Work in Scotland	-	8,696	(8,696)	-	-
General Work in Wales	-	5,000	(5,000)	-	-
Moondance Foundation	71,595	90,931	(111,286)	-	51,240
Never Too Young	-	66,777	-	-	66,777
Never Too Young Patient Group	12,832	21,975	-	-	34,807
Patient Information	4,880	22,221	(10,778)	-	16,323
Research	7,459	268,639	(182,087)	-	94,011
Surgical Chair	99,943	3,750	-	-	103,693
Surgical Chair Scotland	120,823	130,788	-	-	251,611
Surgical Fellow	4,884	-	(4,884)	-	-
Total Restricted funds	322,416	706,722	(410,674)	-	618,464

Notes to the Financial Statements

For the year ended 31 December 2022

14. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds 2022 £
Funds balances at 31 December 2022 are represented by:			
Fixed assets	66,918	-	66,918
Net current assets	4,450,124	691,501	5,141,625
Provisions	(90,608)	-	(90,608)
Charity funds at 31 December 2022	4,426,434	691,501	5,117,935

	Unrestricted funds £	Restricted funds £	Total funds 2021 £
Funds balances at 31 December 2021 are represented by:			
Fixed assets	34,188	-	34,188
Net current assets	3,015,176	618,464	3,633,640
Provisions	(32,000)	-	(32,000)
Charity funds at 31 December 2021	3,017,364	618,464	3,635,828

15. Related party transactions

Four Trustees made a donation to the charity in aggregate of £3,308 (2021: five Trustees with donations in aggregate of £9,135).

Notes to the Financial Statements For the year ended 31 December 2022

16. Contingent Assets

There are no contingent assets as at 31 December 2022 (2021: 2 contingent assets).

17. Operating Leases

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

	2022	2021
	£	£
< One year	191,708	261,200
Two - five years	-	174,157
> Five years	-	-
	191,708	435,357

Notes to the Financial Statements

For the year ended 31 December 2022

18. Statement of Financial Activities - comparative figures by fund type

Year ended 31 December 2021

	Unrestricted funds £	Restricted funds £	2021* Total £
Income			
Donations and legacies	3,389,526	587,345	3,976,871
Other trading activities	1,199,617	119,378	1,318,995
Income from investments	2,837	-	2,837
Income from charitable activities	2,335	-	2,335
Other income	6,886	-	6,886
Total income	4,601,201	706,723	5,307,924
Expenditure			
Expenditure on raising funds	1,355,969	-	1,355,969
Expenditure on charitable activities	1,769,306	410,676	2,179,982
Total expenditure	3,125,275	410,676	3,535,951
Net income and movement in funds	1,475,926	296,047	1,771,973
Fund balances brought forward	1,541,438	322,416	1,863,854
Fund balances carried forward	3,017,364	618,463	3,635,827

*Note 18 has been restated in respect of the year to 31 December 2021 to reflect a recategorisation of income streams.

We would like to thank all our supporters for their generosity including:

Corporate Partners and Trust and Foundation supporters

Allsop LLP
Amcare Group
Asda Stores Ltd
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The HSWJ Trust
The Hugh Fraser Foundation
The Kidani Memorial Trust
The Laura Case Trust
The National Lottery Community Fund
The Prowting Charitable Foundation
WCVA

Sponsors

Bristol Myers Squibb provided financial support towards our patient support and information services.

Merck provided financial support towards our peer support and healthcare professional education events.

Norgine gave financial support towards our 'Colonoscopy Confidence' campaign.

Pierre Fabre gave financial support towards our patient day events programme.

None of our sponsors had input into the content of our resources or events.

We remember with grateful thanks everyone who has kindly left a gift to support our work.

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

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

To donate or find out more visit
bowelcanceruk.org.uk

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BOWEL CANCER UK

England & Wales - Charity number 1071038

Accounts



Bowel Cancer UK

Annual Review 2021

For the year ended 31 December 2021



Bowel Cancer UK
Beating bowel cancer together



Every **15 minutes** someone is diagnosed with bowel cancer in the UK. That's nearly **43,000 people each year.**

About **268,000** people in the UK are currently living with bowel cancer.

Bowel cancer is the UK's fourth most common cancer and the second biggest cancer killer. But it doesn't need to be. Bowel cancer is treatable and curable, especially if diagnosed early. Nearly everyone diagnosed at the earliest stage will survive.

We're the UK's leading bowel cancer charity. We're determined to **save lives** and **improve the quality of life** of everyone affected by bowel cancer by championing early diagnosis and access to best treatment and care.

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

Our vision is a future where nobody dies of bowel cancer



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“Bowel Cancer UK’s forum has been an incredible support. The information you find is such a great comfort. The people that constantly reply with all these stories of hope and positivity are truly inspiring.”

Kirsty

Statement from Bowel Cancer UK Chair of Trustees

It’s with pride and gratitude that we reflect on 2021, following as it did, one of the most difficult years in our charity’s history. The challenges facing people with bowel cancer did not diminish with the advent of the COVID vaccine. We still needed to make sense of changing guidance for clinically vulnerable patients and their families, and we had a mountain to climb to support the NHS in restoring and improving diagnostic, treatment and care services disrupted by the pandemic.

We continued to innovate and improve our own services and the support we provided to people with bowel cancer and their families. As a result, we were able to make a difference to more people than ever before, at the point when they needed us the most.

We worked hard to get more treatments approved for patients with advanced bowel cancer, giving them options, extending their lives and improving their quality of life, and we championed innovation in screening and diagnostics including through our work on the Colon Cancer Endoscopy Expert Advisory Group.

Our team has worked tirelessly to increase public awareness of bowel cancer and its symptoms during the year. Never an easy task with modest budgets, it is nevertheless a vital one given how low public understanding is of red flag symptoms, and the tens of thousands of ‘missing’ cancer patients in NHS services in 2021.

We know that bowel cancer is preventable, treatable and curable, especially if diagnosed at its earliest stages, but still one in five bowel cancers are diagnosed in A&E, when patients’ chances of successful treatment are much worse. This must change and our policy report, ‘Improving Bowel Cancer Outcomes: a roadmap for change’, launched by Professor Sir Mike Richards at a parliamentary roundtable, became the blueprint for our influencing work in 2022.

We went into 2021 with a fundraising target which reflected the uncertainty caused by the ongoing pandemic. We finished the year in our strongest ever financial position, thanks to the enormous passion, energy and generosity of

our wonderful supporters. This means we will be able to launch a new research grant round in 2022 to help more people survive bowel cancer and thrive beyond their treatment, as well as fund the first Colorectal Cancer Surgical Research Chair in Scotland, with the Royal College of Surgeons in Edinburgh.

We could not have predicted that Bowel Cancer UK would have its best year, hot on the heels of one of its most challenging. We’re incredibly grateful to those who contributed to that success – our supporters, volunteers, and of course the staff team, who have worked so hard to make it happen. This report tells the story of that remarkable year, of some of the people we were able to help, the extraordinary contributions of time, effort and donations that came from our supporters and how we put those funds to the best possible use. Your achievements and your support give us the means and the confidence to invest in the future – a future where no one dies of bowel cancer.



Patrick Figgis, outgoing Chair of Trustees and Richard Anderson, incoming Chair of Trustees

In December 2020, Patrick Figgis stood down as Chair of Bowel Cancer UK, leaving behind him a strong, focussed charity with a compelling strategy for the future. He’s succeeded by Richard Anderson, who takes up the reins as Chair and will steer Bowel Cancer UK into its next chapter with ambition and momentum.

Statement from Bowel Cancer UK Chief Executive

2021 was a year of challenge, uncertainty, and outstanding achievement for the Bowel Cancer UK family.

We recognised the damage the pandemic has done to the NHS, and to bowel cancer diagnosis, treatment and care, and we've worked with policymakers and other cancer charities to advocate for the resources needed to build those services back better than before. We've made progress, but there is much more yet to do, and early diagnosis remains a priority for us going forward.

With our remarkable community of people affected by bowel cancer, we've pressed for access to new and better treatments, and made sure the voices of patients have been heard by those making decisions that will affect them. We've developed innovative ways of supporting patients and their families as they go through diagnosis and treatment for bowel cancer, and found ways of connecting people for mutual support.

We've campaigned to raise vital awareness of the symptoms of bowel cancer, amplified by the voices of patients generously sharing their own stories. And we've done this in partnership with the media, including ITV's Lorraine who ran their first 'No Butts' campaign in April. Our newest patron, Deborah James, super-charged this lifesaving work during Bowel Cancer Awareness Month and inspired hundreds of people to join our 'Step up for 30' fundraising campaign.

Every charity needs income to achieve its ambitions, and our supporters ran, swam, and trekked in their thousands. Sunflowers were grown, vintage cars displayed and heads shaved, all ingenious ways of raising vital funds to save lives from bowel cancer. Companies, trusts and foundations backed our vision, and provided essential funding so we could develop our services and support to healthcare professionals working with bowel cancer patients.

We've worked with clinicians and researchers to inform our policy work and improve surgical techniques, and we've always put the needs and



Genevieve Edwards, Chief Executive

experiences of people affected by bowel cancer at the heart of our decision-making and plans.

We've learned so much too. We've delivered high-quality, engaging digital content from patient information days, colorectal nurse study days and Facebook Live sessions with high profile experts in bowel cancer treatment and care, such as Dr Philippa Kaye.

Bowel Cancer UK has always had people at its heart. We know that together, we're strongest. I'm so grateful to our incredible team who never waver from their laser focus on the needs of people affected by bowel cancer, and to the volunteers who stand alongside us, delivering services and support every single day. I want to pay a special tribute to our outgoing Chair, Patrick Figgis, whose vision, passion and impeccable stewardship has safeguarded our charity through difficult days and helped make a reality of our vision. He leaves us with an exciting future ahead.

To everyone who shared their story with the media, or policymakers, who reached out to support someone struggling to cope, campaigned with us, donated or fundraised for us – **our heartfelt thanks to you all.**

**Genevieve Edwards,
Bowel Cancer UK Chief Executive**



“When initially diagnosed, I researched bowel cancer and found the Bowel Cancer UK website. I also read a lot of the blogs on the website from others who've been through similar experiences, which helped me understand what I would be going through and gave me hope that I would get through it all and recover well.”

Greg

Our year in numbers



Over **10,500** individuals and **175** partners and institutions helped us to raise **£5.3 million**



We provided over **1.7 million** moments of support to people affected by bowel cancer, and their loved ones



Almost **1,600** pieces of media coverage reached many millions of people



We sent out nearly **90,000** health information booklets to patients and healthcare professionals



Our digital patient information was downloaded nearly **25,000 times**



Our funded researchers levied an additional **£8 million investment** into bowel cancer research



Our forum grew to more than **6,100** active members and was visited over **half a million times** over the course of the year - an **86% increase** in the number of visitors compared to 2020



We helped secure approval for **three new drugs** to benefit advanced bowel cancer patients in the UK, who are people with few other treatment options



We worked in partnership with over **60** charities during the year to champion the needs of bowel cancer patients in the face of COVID-19



More than 600 'Walk Together' events took place across the UK, raising over **£151,000**



We were instrumental in lowering the bowel screening age to 56 in England and 58 in Wales – **a step in the right direction towards screening at 50 for all**

Financial summary 2021

Where our money comes from

- Individuals **£1,321,456**
- Legacies **£272,623**
- Nations **£349,551**
- Partnerships & Philanthropy **£811,615**
- Runs **£534,503**
- Treks & Challenges **£746,620**
- Community **£842,370**
- Pro Bono **£417,128**
- Other **£12,058**



How we spend our money

- Generating Voluntary Income **£1,158,949**
- Awareness and Direct Services **£693,203**
- Communications, Campaigns and Research **£1,153,361**
- Support costs **£530,438**



“ Since diagnosis, I’ve been on the Bowel Cancer UK website and used the forum on there. I’m also involved in Chat Together with other people who have or have had bowel cancer. I’m finding it invaluable. ”

Michelle

2021 Achievements

Raising vital awareness of bowel cancer

Despite COVID-19 continuing to dominate the health and news agenda throughout 2021, we were still able to raise lifesaving awareness of bowel cancer, promote early diagnosis, and increase the public profile of the charity and the support we provide across the whole of the UK. Over the course of the year, we received nearly 1,600 pieces of media coverage, reaching many millions of people.

Awareness raising is vitally important as so few people are aware of the signs and symptoms of the disease. A YouGov survey we commissioned this year showed that around half of adults living in the UK (42%) were not aware of any symptoms of bowel cancer.

To kickstart 2021, we were delighted to announce Deborah James (aka @BowelBabe) as our newest patron. Deborah was diagnosed with stage 4 bowel cancer in 2016 when she was 35 years old, and discusses her experience of being a young woman and mum living with the disease in her award-winning column in The Sun Online, her best-selling book, 'F*** You Cancer: How to face the big C, live your life and still be yourself' and the chart-topping podcasts 'You, Me & the Big C' for BBC's Radio 5 Live and 'The Good Stuff', which she hosts with her children. Deborah has worked tirelessly to raise awareness of bowel cancer, even in the toughest of personal times, and is a phenomenal fundraiser. We are deeply sad to learn as we write this review (May 2022) that Deborah is now receiving hospice care at home.

Bowel Cancer Awareness Month in April remained very different to our pre-pandemic

activity, but we were grateful for the fantastic support of our community who embraced the month. We worked cross-organisationally to deliver a fully integrated campaign, which has reached millions of people and raised more than £300,000.

Our flagship 'Step up for 30' fundraiser was held this year in April, rather than June, providing a tangible fundraising event for our wonderful community of existing, and new, supporters.

For the first time in our history, bowel cancer was a focus for a campaign on a national daytime television programme, with the subject featuring on ITV's Lorraine. Over the course of three weeks, their 'No Butts' campaign highlighted symptoms of the disease, with experts and supporters affected by bowel cancer appearing on the show, playing a huge part in helping to raise awareness with new audiences.

In May, we once again partnered with Norgine for the company's second 'Stay on Track' campaign, which aims to improve levels of public awareness of bowel cancer symptoms and the importance of testing and early diagnosis. The campaign was supported by our patron and England rugby hero Matt Dawson. Matt, who lost his grandfather to bowel cancer at the age of 60, and whose mum was also diagnosed with the disease in her late 50s, urged people to complete bowel cancer screening if they're eligible, and to attend any follow-up tests for the disease.

A survey commissioned for the campaign showed a fifth of people would not go to see their doctor during the pandemic if they noticed potential bowel cancer symptoms, and 17% said they would be uncomfortable visiting a hospital for further investigations

due to worries around contracting COVID-19 or wasting NHS time.

We were able to reach more than 3,100 people through our programme of 167 volunteer-led bowel cancer awareness talks for workplaces and community groups. Nine out of ten participants said as a result of the talks, they were more likely to reach out to their GP if they experience symptoms.

In August we partnered with NHS England to support their 'Help Us, Help You' campaign, encouraging people with potential cancer symptoms to come forward for lifesaving checks. The campaign used TV adverts, billboards and social media to urge people to speak to their GP if they're experiencing diarrhoea, bloating or prolonged discomfort in the tummy area, which can be red flag symptoms for bowel cancer.

We marked World Metastatic Colorectal Cancer Day on 29 September with a host of awareness raising activities across our channels, including a fantastic blog by our supporter Steve Clarke on what he wished he'd been told when he was diagnosed at stage 4 in 2013.

“

A diagnosis of metastatic colorectal cancer doesn't have to mean the end of your life, it can be the reason to start living it.

Steve

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Supporting people with bowel cancer

Our support for people directly affected by the disease, and their loved ones, continued to be a vital lifeline for so many. The pandemic resulted in significant changes to the way we delivered help and support. COVID-19 hit our community hard, and our suite of support had never been more needed.

Our online coronavirus 'hub' contained key coronavirus information in one place, as well as wellbeing tips and other resources, and was viewed over 28,000 times in 2021. Up-to-date COVID-19 information was vital during a year where so many changes were implemented that impacted on our community, especially for those who are clinically vulnerable.

Our Facebook support groups, first launched in 2019, continued to go from strength to strength with over 1,155 members accessing help and support across three groups specialising in 'Living with stage 4', 'Caregiver help & support' and 'Immunotherapy support' (new this year). Membership increased over 60% compared to 2019. We're incredibly grateful to the team of 12 volunteer moderators who helped keep the groups safe. Our 'ask the nurse' email service offers information from qualified healthcare professionals and signposts to further support to anyone with any questions or concerns about bowel cancer. During the year, our nurses dealt with 471 queries, and 87% of users recommended the service.

We held two successful digital engagement events for people affected by bowel cancer: 'Living well with bowel cancer' in June and 'Living well with advanced bowel cancer' in November, attended by over 170 people. Our community were able to hear Dr Philippa Kaye, a GP who writes a weekly column in Woman magazine and is regularly seen on ITV's This Morning, share her personal experience of bowel cancer and Helen Ludlow,

Macmillan Nurse and Gastroenterology Clinical Nurse Specialist, Cardiff and Vale University Health Board, talking through the consequences of treatment for advanced bowel cancer.

A range of health information resources were created and updated, including a brand-new guide 'Eating well', a booklet that helps people to eat healthily after bowel cancer. We relaunched the hugely popular 'Your pathway', a comprehensive guide on what to expect at each stage of the bowel cancer pathway, from diagnosis right through to treatment and beyond. To support the advanced bowel cancer hub launched last year, we produced a new booklet 'Treating advanced bowel cancer', providing much needed information and advice to help people navigate treatment when bowel cancer has spread to other parts of the body.

During the year, due to popular demand from both patients and healthcare professionals, we reinstated distribution of our printed publications, sending out 88,290 patient information booklets. Throughout 2021 our digital patient information was also extremely popular, and was downloaded nearly 25,000 times, with more than 1.43 million unique views.

To support the growing need for digital health information, we launched a new partnership with leading health app Vinehealth, to help people affected by bowel cancer track, manage and understand their cancer care. The free app contains a wide range of articles written by the charity, covering key information about bowel cancer in one handy place, including signs and symptoms of the disease, side effects from treatments, and communication with carers and medical professionals. The app also has a focus on the importance of people's mental health and wellbeing.

Our peer-to-peer support programme Chat Together, which launched as a pilot scheme in

2019, grew significantly during the year. This eight-week programme brought together small groups of people, who were affected by bowel cancer, for a weekly one-hour Zoom call. The programme offered a chance to share experiences in a friendly, supportive and warm environment, to help people feel more connected. We hosted 14 groups, totalling 93 sessions attended by 79 people. We also recruited 10 new volunteer facilitators to support the calls.

“

For me Chat Together's been invaluable, it's been a complete and utter lifeline. It's kept me sane and I really look forward to the calls every week. It's a lovely atmosphere and I'm really grateful for everyone's confidence and support.

Chat Together participant

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Our forum continued to provide an invaluable source of support for more than 6,100 active members, of which 1,449 members were new sign ups during the year. Tips, support and updates to help navigate the complexities of treatment during the pandemic were shared by members, with the forum visited over half a million times over the course of the year, which was an 86% increase in the number of visitors compared to the previous year.



“

I used Bowel Cancer UK's resources when I was feeling deep fear and desperation in the summer of 2021, whilst I was going through treatment for relapse after my bowel cancer diagnosis. The charity raised me up with hope, support and connection.

Ning

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Working with healthcare professionals

Continuing from the success of last years' first ever National Colorectal Cancer Nurses Network (NCCNN) study day, this year's event was held as a digital get-together in September, bringing together over 200 delegates from across the UK.

Dr Claire Taylor MBE, Macmillan Nurse Consultant in Colorectal Cancer and Chair of the NCCNN, used the day to explain the vital role of the network in supporting colorectal cancer nursing practice and advancing colorectal cancer care. During a challenging year for the profession, nurses have continued to make a huge difference to the lives of their patients and colleagues.

In recognition of their incredible compassion, determination and dedication, we were pleased to announce the winners of the 2021 Gary Logue Colorectal Cancer Nursing Awards. Filipe Carvalho from the Royal Marsden NHS Foundation Trust was winner of the award for a nurse nominated by their colleagues. The judges were particularly impressed by his excellent quality of care and his leadership while setting up and running a COVID-19 cancer hub, which performed surgery on over 200 patients with colorectal cancer in two COVID-19 free hospital sites. The winner for the award for a nurse nominated by a patient was Lauren McCrisken from Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust.

Our support for healthcare professionals in Wales, through our Moondance Foundation-funded activity, saw us launch a new online course about bowel cancer for community pharmacy staff, to help them feel more confident talking to people about the disease. Taking just one hour to complete, the free online course helped pharmacists and their teams understand the symptoms of bowel cancer, prevention advice, the importance of taking part in bowel screening,

as well as facts and figures about the disease and the impact of COVID-19 on bowel cancer services in Wales. So far 49 participants across Wales have completed the module.

Working in partnership to champion people with bowel cancer

Working in partnership is critical to achieving long-term, seismic change for people affected by bowel cancer, particularly during the continuing challenging environment of COVID-19. This year saw us partnering effectively with both colleagues across the charity sector, and the NHS.

We supported Macmillan Cancer Support and the Wales Cancer Network, by promoting the Wales Cancer Patient Experience Survey, which aimed to canvas the views of over 11,000 people who were treated for cancer during 2020. Understanding their experiences will help to plan and improve cancer services in the future.

We partnered with the NHS to promote the National COVID Cancer Antibody Survey to our community. The survey looked to recruit 10,000 people diagnosed with cancer in the previous year, or currently receiving cancer treatment, to assess their antibody responses to the COVID-19 vaccines. The survey will help us understand the level to which bowel cancer patients are protected by the COVID-19 vaccines (which we know very little about currently), and whether any bowel cancer treatments affect response to vaccination.

In March, we joined with 46 other cancer charities as part of One Cancer Voice to send a united message to all governments across the UK: we stand ready to work with you to help plot a route out of the pandemic, and towards world-leading cancer services. We urged governments and NHS leaders across the UK to implement a nine-point action plan, including directing resources to clear the cancer

backlog as quickly as possible: continuing to encourage people with cancer symptoms to seek help from their GP, and expand the number of staff in key cancer professions.

In June, to coincide with the lifting of most COVID-19 restrictions in England, we joined 39 other charities and organisations again as part of One Cancer Voice, to write an open letter, published in The Observer, urging the public to help keep vulnerable people safe as restrictions ease by practicing social distancing, continuing to wear masks and getting vaccinated against COVID-19.

We also worked alongside 15 leading health charities who form the Shielding and High-Risk Workers coalition, calling for the Government to do more to support those who may not have as much protection from their COVID-19 vaccines (including many bowel cancer patients) ahead of the coronavirus restrictions lifting.

In October, we worked again with One Cancer Voice to send a united message from 51 cancer charities to the Prime Minister, Chancellor of the Exchequer, and Secretary of State for Health and Social Care, urging them to use the upcoming Comprehensive Spending Review to urgently deliver Government commitments to improve cancer survival and care by growing the cancer workforce and investing in kit to meet patient need, levelling-up on cancer to address factors which mean poorer communities are hardest hit by the disease, and strengthening investment in cancer research and development.

As a member of the Wales Cancer Alliance, we urged the Welsh Government to replace the disappointing quality statement published this year, with a robust, comprehensive cancer strategy. We highlighted that Wales runs the risk of being the only UK nation without a cancer strategy, which is likely to lead to people receiving poorer and less personalised cancer care.

As part of the Scottish Cancer Coalition we spent much of 2021 planning and working towards the next Scottish cancer strategy. We met with the Cabinet Secretary for Health in October and raised the importance of workforce planning and investment in equipment to meet current and future demand. We're also members of the Scottish Cancer Coalition's Medicines Subgroup which provides us with an opportunity to shape the coalition's position on treatment appraisal processes in Scotland.

With the launch of the Scottish Government's Endoscopy and Urology Diagnostic Recovery and Renewal Plan in November, and our role in directly influencing the paper, we were included by the Scottish Government on the body tasked with overseeing the plan's implementation, as the lead representatives for the Scottish Cancer Coalition.

Research

Over the last five years, we've invested £1.3 million in bowel cancer research, helping us to better understand the disease, and ultimately save lives. The pandemic continued to have a catastrophic impact on charity-supported medical research, and while we were devastated to be unable to invest financially in new research projects for the second year running, we continued to support our 11 ongoing research projects and our patient network, which brings patients and researchers together to co-create new research ideas.

We were, however, able to support research with our time and expertise. We partnered with leading clinicians on a research study that found that increasing the sensitivity of the faecal immunochemical test can help to identify more cases of bowel cancer, advanced polyps (non-cancerous growths) and Inflammatory Bowel Disease in younger people when they attend their GP practice with symptoms. The research by Mr Nigel D'Souza

and colleagues, published in *Colorectal Disease* found the number of patients who had both larger amounts of blood detected in their poo and who were diagnosed with serious bowel diseases (including bowel cancer), supports a need for an urgent care pathway for younger patients. This may help avoid delays in diagnosis and treatment. We were delighted to co-author the research paper, providing evidence from our Never Too Young report from 2020 to ensure the voices of younger people with bowel cancer were heard.

We also worked with our Colorectal Surgical Research Chair, Professor David Jayne, and his colleague, Dr Stephen Chapman, to develop a new way to present post-surgical information to bowel cancer patients to aid in their recovery. This research, which included input from 11 bowel cancer patients sharing their experience of post-surgical recovery information, was published in the journal *Colorectal Disease*. We're now working with Dr Chapman on a feasibility study, to trial these new resources with the aim of having them adopted into the NHS.

Our directly funded research, although still very much in its infancy, is starting to have a real-world impact. This year, the charity was invited to join the working group of an NHS England project, looking to create a single pathway for the management of people with Lynch syndrome, a genetic condition that can increase the lifetime risk of bowel cancer to up to 80%. Lynch syndrome is estimated to cause over 1,200 cases of bowel cancer in the UK every year, many of them in people under the age of 50. Our research project with Professor Sir John Burn and Dr Jem Rashbass to establish a Lynch syndrome registry is an integral part of the initiative, alongside our previous policy activity highlighting the shocking lack of Lynch testing for people diagnosed with bowel cancer.

One of our research projects conducted by Dr Juliette Usher Smith at University of Cambridge published its findings this year,

suggesting that inviting men to participate in bowel cancer screening at an earlier age than women might prove cost effective. For example, if men were invited to start bowel cancer screening at the age of 56 and women at 60, this may result in fewer bowel cancer cases, especially at a later stage, as well as fewer deaths per 100,000 people living in England. This approach to 'risk stratified screening' is being investigated by the NHS. However, the research did highlight that the benefits of this would be negligible once the screening age is reduced to 50 for both men and women – a key way of reducing cases and deaths that we're driving forward with NHS England.

Professor David Jayne updated the charity on his progress to date as the UK's first Bowel Cancer UK/Royal College of Surgeons of England (RCS Eng) Colorectal Research Chair. The Chair's role is to increase surgical research activity and improve the outcomes for bowel cancer patients. Professor Jayne's research focus is on developing new medical technology, surgical devices and reducing post-operative complications. Since taking on this role, he has launched four new clinical trials, has two more in development, and has used his position to levy an additional £8 million investment into bowel cancer research. This work will undoubtedly help to advance bowel cancer surgery, saving lives and improving the quality of life of patients.

Driving the change needed for bowel cancer diagnosis, treatment and care

Going into the second year of the pandemic, bowel cancer patients continued to face significant challenges with diagnosis, treatment and care. The biggest delay to patients starting treatment was increased waiting times in endoscopy services. Since 2019, in England there has been an almost six times increase in the average number



“ Thank you to all my family and friends, and all the health professionals and organisations like Bowel Cancer UK for all they do, and have done, in bringing me and many others hope, care and encouragement. ”

Ron

of people waiting longer than six weeks for an endoscopy, with 43% of people waiting longer than six weeks and 27% of people waiting longer than 13 weeks in 2021. Our influencing team fought hard all year to make the patient's voice heard, and to ensure that bowel cancer does not become overshadowed by COVID-19.

Early diagnosis

Our campaign to ensure bowel screening begins at age 50 across the whole of the UK got a significant boost this year when both England and Wales began to invite younger people. In England, screening was extended to 56 year olds in replacement for the disbanded BowelScope screening programme, while Wales extended screening to 58 year olds. This is a fantastic achievement and a positive step in the right direction.

We were invited to sit on the expert advisory group for NHS England's new trial of colon capsule endoscopy (CCE), a tiny camera the size of a large pill that, when swallowed, films its journey through the body to check for any potential signs of cancer or other major conditions. CCE has the potential to make a huge difference for people with bowel cancer symptoms who are waiting for a diagnosis. The capsule, which is also currently being rolled out in Scotland, can be used to rule out bowel cancer, reducing the need for colonoscopy services.

We submitted evidence to the Health and Social Care Select Committee inquiry into cancer, which focused on why England lags behind international counterparts on cancer survival. Our submission highlighted the fact that England is poorer at diagnosing bowel cancer at an early, more treatable stage and the biggest barrier to this was staff shortages in endoscopy and pathology services. We highlighted the need for long-term investment in the cancer workforce so we improve the bowel screening programme and bring

waiting times under control. The report, with recommendations, will be published in 2022.

In January we responded to a consultation conducted by the Senedd's Health and Social Care Committee on the impact of delays to diagnosis and treatment. Our response highlighted the increased delays faced by patients in the lower GI pathway in Wales and called for improved workforce planning and training to meet current and future demand, particularly within diagnostic services. We also promoted the need for greater innovation and speedier adoption of new methods of diagnosis and treatment, such as CCE.

Improving treatment

Our 'Get Personal' campaign pushes for access to medicines for patients with advanced bowel cancer, who continue to have limited treatment options, despite recent advance in bowel cancer research. We worked tirelessly this year to ensure advanced bowel cancer patients across the UK were able to gain access to three new treatments. We worked closely with clinicians and people with advanced bowel cancer to submit evidence to both National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) on the impact of living with stage 4 bowel cancer and the potential benefits of these treatments.

In England and Wales, NICE approved the use of Nivolumab, in combination with ipilimumab, for people with advanced bowel cancer with specific genetic changes, known as 'high microsatellite instability' or 'mismatch repair deficiency'.

During May, the Scottish Medicines Consortium (SMC) approved the use of encorafenib in combination with cetuximab for people with advanced bowel cancer whose cancer cells have a mutation (faulty copy) in their genes called BRAF V600E.

This treatment combination was already approved for use in the rest of the UK. Approximately one in ten people diagnosed with advanced bowel cancer have a BRAFV600E mutation, and their treatment options are currently extremely limited. These patients will typically have worse outcomes than those who do not have this mutation.

The drug Pembrolizumab was also approved for use in England, Scotland and Wales this year. The drug, which can double progression-free survival time for some people with advanced bowel cancers, is now available on the NHS as a first line treatment, again for people with microsatellite instability or mismatch repair deficiency.

Ensuring patients can avoid unnecessary, and in some instances, life limiting side effects of treatment is vitally important. So we were delighted when the Department of Health in Northern Ireland announced routine DPYD testing for bowel cancer patients to screen for serious reactions to chemotherapy prior to treatment, an issue we have been campaigning on since 2017. DPYD testing has been routinely available in Wales and England since late 2020, and the Scottish Government has committed to introducing DPYD testing in the near future.

Influencing for change

Keeping bowel cancer high on the political agenda remains a top priority for the charity. We launched a new report, 'Improving Bowel Cancer Outcomes: A Roadmap for Change', which set out the major challenges facing bowel cancer services in the UK and the impact this is having on patients and outlines a roadmap for change. The report was launched at a virtual roundtable in November chaired by Professor Sir Mike Richards, former NHS Cancer Director and author of the Report of the Independent Review of Diagnostic

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'Improving Bowel Cancer Outcomes: A Roadmap for Change' recognises the need for better public awareness and better access to diagnostics to improve outcomes for patients. Recovery of diagnostic services from the impact of the pandemic is a first priority, but this must be followed by full rollout of bowel screening and other service improvements as quickly as possible.

Professor
Sir Mike Richards

”

Services for NHS England and attended by the Right Honourable Lord Lansley CBE, former Secretary of State for Health who was diagnosed with bowel cancer in 2018.

The cancer workforce continues to be a significant barrier to improving bowel cancer outcomes, so we supported an amendment to the Health and Care bill, led by over 100 health and care leaders and charities, to strengthen workforce planning and give us the best foundation to take long-term decisions needed to help the system keep up with patient need.

In England, we responded to the All-Party Parliamentary Group (APPG) on Radiotherapy's consultation on solutions to the cancer backlog to ensure that endoscopy and bowel cancer surgery services were prioritised throughout 2021. The consultation aimed to inform the APPG's work on a 'Catch up with Cancer "Way Ahead"' policy paper to present solutions to the COVID-19 induced cancer backlog as recommendations to the Government at the end of May.

We've also supported a cross-cancer charities petition calling on the Government to urgently invest in the NHS cancer workforce in the autumn Spending Review in October, which gathered nearly 57,000 signatures and submitted our own financial asks, to the HM Treasury, to improve the lives of bowel cancer patients. In November, The Scottish Government announced their 'Endoscopy and Urology Diagnostic Recovery and Renewal Plan', backed by a £70 million investment. The plan will focus on recovering services, supporting faster diagnosis of cancers and improving outcomes for patients. The aims were heavily influenced by the patient testimony the charity presented.

Following extensive engagement with the third sector, clinical teams and government officials, Northern Ireland launched a ten-year cancer plan, 'A Cancer Strategy for Northern Ireland 2022-2032', in early 2022. As one of only two charities representing single tumour sites, we were honoured to sit on two of the seven working groups (i.e. diagnosis and end of life care). We were pleased to see a number of our recommendations included in the strategy but have called for greater clarity around funding and timelines for delivery.

Fundraising for our vital work

Our amazing community of supporters went above and beyond in 2021 to raise funds and donate to help our on-going response to the impacts of the pandemic. There are so many highlights, but here are just a few.

We organised a free Wills month for the first time in March. During the month, supporters were able to write their Will at no cost and we're so grateful to everyone who included a donation to us.

In December we took part in the Big Give, a matched funding scheme in which £20,000 of donations were doubled through our first ever online 'Quizmas Challenge' event. A host of celebrity supporters including actor Connor Swindells, actress Sian Gibson, presenter Sean Fletcher, broadcaster Jim Rosenthal, presenter Pamela Ballantine, and J.Willgoose, Esq, frontman of the band Public Service Broadcasting all got involved to test the knowledge of everyone taking part, across a range of topics and themes.

After 18 months of cancelled events, we were delighted to be back cheering on our participants at challenges such as the Great North Run, London Marathon and Royal Parks Half Marathon. Many of our team had been waiting such a long time to take part, so each day was a real celebration of all of their training and fundraising.

More than 600 'Walk Together' events took place across the UK, raising over £151,000. In Northern Ireland, we were chosen as the beneficiary charity for donations from visitors to a sunflower field who raised an incredible £12,000 in just three weeks. A group of decorators in Wales put their skills to good use by doing plastering for 24 hours and raised £3,000 at the same time. Meanwhile in England, swimming proved to be popular throughout the year, with many people tackling some huge challenges, including crossing the English Channel and between Jersey and France. Lastly in Scotland, the

Blairgowrie Rotary club raised more than £12,000 with their classic car tour. More than 30 supporters, most of whom were walking in memory of loved ones or in support of those currently going through bowel cancer, took part in our Sunrise Trek event in July covering the stunning 13km route of Rhossili Bay. The event raised over £12,000 and was our first in-person event since the start of the pandemic.

Our online shop has been busy all year but Christmas was exceptionally so. We sold more than 1,000 Christmas decorations and over 1,600 packs of cards – an increase of almost 60% on 2020.

'Step up for 30' was our flagship fundraising event for Bowel Cancer Awareness Month in April. Over 800 people got active every day throughout the month. As well as being physically active, hundreds of participants connected and supported each other on our private Facebook group. The event went on to raise an incredible £310,000 which far exceeded all expectations.

Purpose-led partnerships

Our dedicated high value supporters continued to help us transform the lives of people affected by bowel cancer.

In 2021, 175 companies, trusts and foundations funded our work, helping us raise 10% more than last year. Thanks to their generosity, we were able to continue supporting our bowel cancer community through another tumultuous year living with the impacts of the pandemic.

The Charities Aid Foundation's Resilience Fund's significant gift helped us move our services online throughout 2020 and 2021, ensuring bowel cancer patients continued to connect and find the answers they needed. We also received £66,000 from trusts to support our pivotal Scottish Surgical Chair. Establishing this important role will enhance

“

I had an amazing day and thank you for all the support before, during and after the race. I was running in memory of my dad, Cliff, who passed away as a result of bowel cancer in February 2020. My fundraising will help raise awareness and help battle the disease which would be fantastic.

GNR runner

”

bowel cancer surgical trials across Scotland, and ultimately save lives.

Our corporate partners stepped up their support – literally. A range of companies rallied their employees to get moving every day during the month of April by taking part in our 'Step up for 30' challenge. They raised nearly £60,000 and vital awareness of bowel cancer amongst their colleagues and customers.

Pharmaceutical companies continued to support our patient and healthcare professional education days. Their support means that people living with bowel cancer get the support and care they need, delivering better outcomes for patients.

A huge thanks to our brilliant partners for their inspiring support.

Thank you to our supporters



Despite an unpredictable and uncertain economic environment, we were absolutely delighted to end the year with an income total of £5.3million - making 2021 our strongest fundraising result in the charity's history. Our income, together with careful control of our expenditure has provided much-needed continued security and an opportunity to identify investments that will increase our impact as we move into 2022. In addition to financial support received, we're immensely grateful to companies and individuals for work carried out in-kind, exceeding levels of support seen in 2020, in spite of the on-going impacts of the pandemic. We would not exist without our fundraisers, partners and donors. We're so grateful for everyone's support during the year, and we take this opportunity to thank each and every one of them.



Raising money for Bowel Cancer UK means so much to me. It's my mission and duty to raise awareness as much as I can so no one else experiences this illness that takes so much from you.

Rachel



2022 Objectives

2021 was not only a record-breaking year for income, but saw the charity achieve stellar levels of awareness raising, support and influencing despite ongoing global health challenges. We're determined to build on last year's success to deliver even more for all those affected by bowel cancer in 2022.

Highlights will include:

Ensuring we have robust financial resources, systems, and tools to deliver our ambitions

Funding is vital if we're going to help more people impacted by bowel cancer. To help us do this in 2022, our fundraising activities will focus on rebuilding our income base and, wherever possible, secure future funds so the charity can plan for the years ahead. This year, we aim to raise £3.6m through a combination of first-class stewardship, effective use of digital engagement and by growing existing and introducing new compelling ways to raise funds and donate.

We also plan to invest in our digital and data activities. This will enable us to better understand our users and supporters and deliver great digital services to support them. This work will also help mitigate organisational risks and improve the efficiency and effectiveness of our systems and processes.

Personal support for everyone affected by bowel cancer

We know our services make a real difference to the lives of people affected by bowel cancer, but we know we need to reach more people across the UK including those who may not currently know what we do. We aim to do this by engaging patients from communities across the UK and co-designing services with them, for them and meeting their specific needs.

We'll also develop referral routes direct from the NHS, where nurses can refer patients at the point of diagnosis to us for information and support. We aim to build a comprehensive suite of peer and expert support services, offering high quality support, aligned closely with the bowel cancer clinical pathway. Alongside this, we'll launch our strategy for supporting GPs and primary care staff, helping them better understand bowel cancer diagnosis, screening, and support.

Reinstating our commitment to research

Research is key to improving diagnosis, treatment, and care of bowel cancer and in 2022, we'll be funding eight new small pilot grants to the value of £200,000, our first new research investments since 2019.

In partnership with the Royal College of Surgeons in Edinburgh, we'll also recruit and fund our first Colorectal Surgical Research Chair in Scotland with clear deliverables for their four-year tenure.

Influencing the change needed to beat bowel cancer

Our policy and influencing activity will be focused around securing an optimal Bowel Cancer Screening programme in all four nations, making desperately needed improvements to the cancer workforce, alongside pushing for innovative changes to the bowel cancer pathway to improve outcomes.

We know that unwarranted variation and health inequalities have an impact on bowel cancer survival and quality of life. But we have never had a detailed understanding of the true scale of that variation and inequalities in the bowel cancer pathway. In 2022, we'll join forces with other cancer charities to produce a pan-cancer and a bowel cancer specific report, as the basis for a new campaign for consistency of standards across the UK.

Raising awareness to drive earlier diagnosis

Just 40% of bowel cancers are diagnosed at the earlier stages when it's more easily treated, and awareness of symptoms is low among the public. We'll drive awareness during Bowel Cancer Awareness Month in April and throughout the year to reach the widest audience with symptoms and the need to act on them. We'll develop a strategy to tackle some of the root causes of late diagnosis, and work with primary care health professionals to rule bowel cancer out faster and refer those at risk more quickly.

Public benefit

The Charities Act 2011 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its 'Charities and Public Benefit' guidance requires there are two key principles to be met in order to show that an organisation's aims are for the public benefit: first, there must be an identifiable benefit, and secondly the benefit must be to the public or a section of the public. The Council of Management (which equates to the Board of Trustees and henceforth referred to as such) confirm they have regard to the Charity Commission's guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 17 (5) of the Charities Act 2011.

They are satisfied that Bowel Cancer UK meets the requirements and conforms to the Act's definition of a charity meeting all elements of the two key principles.

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

1. We raise awareness of bowel cancer through our patient volunteer health promotion and outreach programme, and work extensively with patients and their families in all our policy and campaigns activity
2. Our public health training programme ensures that key potential lifesaving messages are appropriately cascaded across the UK
3. We work with patients, alongside policy makers, clinicians and scientists to ensure that the needs of those affected by bowel cancer are identified and addressed
4. We provide information to bowel cancer patients and their

families through developing and disseminating relevant information

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

Our fundraising practices

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

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

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

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

Regulatory and administrative details Regulatory compliance statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a charity no. 1071038 in England and Wales and SC040914 in Scotland. The principal office address is Unit 202, Edinburgh House, 170 Kennington Lane, London SE11 5DP, which is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31 December 2021 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Statement of Recommend Practice ("SORP").

Who we are

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

The main activities of the organisation include:

1. supporting and funding targeted research
2. providing expert information and support to patients and their families
3. educating the public and professionals about the disease
4. campaigning for early diagnosis and access to best treatment and care

For more information, visit our website [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Where we are

The London Office (Principal and Registered office): Unit 202, Edinburgh House 170 Kennington Lane London, SE11 5DP
Tel: 020 7940 1760
Email: admin@bowelcanceruk.org.uk
Website: [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Board of Trustees

The Board of Trustees comprises the following individuals:

1. Patrick Figgis (Chair – member of FRC, to 31 December 2021)
2. Lorraine Lander (Treasurer – member of FRC)
3. Richard Anderson (Chair from 1 January 2022, member of FRC, member of Nominations Committee)
4. Nita Ares
5. Peter Beverley (to 16 June 2021)
6. Katharine Brown (member of FRC)
7. Stephen Fenwick
8. Joe Higgins (member of FRC)
9. Mauro Mattiuzzo (member of FRC)
10. John Schofield
11. John Stebbing
12. Diana Tait (member of Nominations Committee)
13. Angela Wiles (member of Nominations Committee)
14. Aisling Bernard CBE (from 30 March 2022)
15. Benjamin Butler (from 30 March 2022)

Senior Leadership Team

1. Chief Executive (member of FRC), Genevieve Edwards
2. Director of Services, Catherine Winsor
3. Director of Research and External Affairs, Lisa Wilde
4. Director of Fundraising (member of FRC), Luke Squires
5. Director of Finance and Resources and Company Secretary (member of FRC), Sian Dawson (from January 2022)
6. Interim Director of Finance and Resources (member of FRC), John Axon (resigned February 2022)

Members of our Medical Advisory Board are:

1. Rob Glynn-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Annie Anderson, Professor of Public Health Nutrition, Ninewells Medical School, University of Dundee
5. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
6. Tam Arulampalam, Consultant Laparoscopic Surgeon & Service Director, the ICENI Centre, Colchester General Hospital
7. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
8. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-executive Director, NHS England
9. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
10. Mark Coleman, Consultant Surgeon, Plymouth, Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery
11. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
12. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
13. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
14. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
15. Tim Iveson, Consultant in Medical

- Oncology, Southampton University Hospitals NHS Trust
16. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
17. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
18. Hassan Malik, Consultant Hepatobiliary Surgeon & Clinical Lead, University Hospital Aintree NHS Trust
19. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
20. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
21. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
22. Christine Norton, Professor of Clinical Nursing Research, Kings College London
23. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
24. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
25. John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre
26. Bob Steele, Professor of Surgery and Head of Department, University of Dundee
27. Clare Stephens, GP Board Member Barnet CCG, Chair, NCL Cancer Commissioning Board
28. Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust
29. Mark Taylor, Consultant General

- and Hepatobiliary Surgeon, Belfast Health & Social Care Trust
30. Ian Tomlinson, Director of Edinburgh Cancer Research Centre, University of Edinburgh
31. Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust
32. Katharine Williams, Senior Research Sister, GI & Gynae Cancers, Cancer Clinical Trials Centre, Weston Park Hospital, Sheffield
33. Richard Wilson, Professor of Gastrointestinal Oncology, Institute Of Cancer Sciences, University of Glasgow

Members of our Scientific Advisory Board are:

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

- Head of Department, University of Dundee
10. Caroline Young, Clinical Research Training Fellow, University of Leeds

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

Auditors, bankers and solicitors

Crowe U.K. LLP
Aquis House
49-51 Blagrove Street Reading
RG1 1PL

Bankers

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

Solicitors

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

Structure, government and maintenance Governing document and constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles incorporated 25 July 1997 as amended by special resolution dated 16 June 2021.

All the Members of the Charitable Company are Trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the Trustees are also Directors of the Charitable Company for the purposes of the Companies Act.

Trustees appointment, recruitment, training and induction

Trustees are appointed by resolution of

the Trustees in line with the Articles of Association. Trustees may serve up to nine years, or up to twelve years where acting as Chair, Deputy Chair or Treasurer on the condition that the members have undertaken a thorough and rigorous review of the appointment. A review of performance is held prior to the third and sixth anniversary of a Trustee's appointment, with any continuing tenure approved by the Board at the Annual General Meeting.

A number of changes to the members have taken place since 1 January 2021. These are detailed alongside the full list of members on page 29. All Trustees are unremunerated and are voluntary.

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

Organisation structure and decision-making

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Trustees meet four times a year. Our SLT meets twice per month and reports to the Trustees. The members of the group are shown on page 29.

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

Pay policy for senior staff

The Directors consider that the Board of Directors, who are the Charity's Trustees, and the SLT comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All Trustees give of their time freely and no Director received remuneration in the year. Details of Trustees' expenses are disclosed in note 7 to the accounts and related party transactions in note 15.

The Chair of the Board will as necessary make a proposal on the remuneration of the Chief Executive to the FRC for its agreement. The Chief Executive makes recommendations as necessary on remuneration levels for the senior leadership team to the FRC for its approval. The Trustees are notified of decisions.

The charity has a pay and remuneration strategy for all staff, which will be renewed in 2022.

Risk and uncertainties

Achievement of our aims and objectives entails taking risks. The Trustees are satisfied that appropriate internal control systems and risk management processes are in place. They consider that the following framework provides Bowel Cancer UK with adequate measures to reduce the impact of identified risks:

1. The FRC reviews risk and internal controls, approves the annual risk-register, and receives regular progress reports on key risks
2. SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities
3. Trustee sub-committees and management groups help identify, evaluate and manage risks relating to fundraising, governance, health and safety and remuneration

The most significant risks to Bowel Cancer UK include the impact of COVID-19, income generation, reputation, health and safety of staff and volunteers, operational management information, IT infrastructure, staff retention and development.

Financial review

The results for the year ended 31 December 2021 are set out on page 39 of the financial statements.

Overall results for the year were incoming funds of £5,307,924 and expenditure of £3,535,951, resulting in a surplus of £1,771,973.

Income grew by £716,953 (16%) compared to the prior year – an outstanding result given the ongoing financial and operational challenges arising from the coronavirus pandemic. Income growth was driven by our community fundraising and events, with income from these activities increasing by 55% to £3,218,212. Individual giving also performed strongly, growing by 55% to £576,288. We remain grateful to all our supporters for their continued generosity in these challenging times.

Expenditure reduced by £358,382 in 2021, reflecting the cost-saving activities undertaken to mitigate the impact of the pandemic, most notably the staff restructure undertaken in late 2020.

As a result, spend on our awareness and direct services fell by £524,057 in 2021. However, we continued to deliver our awareness programme online, with volunteers delivering virtual talks in order to protect the programme and this critical strand of our work. We remain committed to our awareness activity and as we move forward in 2022 we will be reassessing the programme, considering new areas of need and opportunities that have resulted from the pandemic and developing a hybrid programme.

Due to the ongoing financial uncertainty, no new research grants were awarded in the year. As a result, grant spend was a credit of £6,287 (relating to underspend on grants completed in year), compared to £151,922 recognised in 2020. However, research remains a key strategic objective for the charity and we will be recommencing our research activity with a new grant funding round to be launched later in 2022, alongside funding the Scottish Colorectal cancer surgical research Chair.

As a result of the charity finished the year with total reserves of £3,635,828, of which £3,017,364 are unrestricted.

Reserves

The Board of Trustees recommend that to allow the Charity to be managed efficiently, an unrestricted reserve equivalent to three to six months operating expenditure should be built up. The Trustees believe that this is the minimum level of reserves required to ensure the operating efficiency of the charity, to provide some protection to the organisation, its charitable programmes, and to provide time to adjust to changing financial circumstances. There will be a continued focus on balancing increasing the Charity's reserves whilst providing suitable funds to support growth in its portfolio of activities.

The Charity now has free reserves of £2,883,176 (2020: £1,439,843) which represents nine months of operating expenditure and places the charity above the threshold set out in the reserves policy.

The Trustees will review the reserves policy in 2022 to ensure the target level of free reserves remains appropriate in light of the charity's risks, income and expenditure forecasts and future strategy. Unrestricted funds in excess of the identified free reserves target will be used to support increased activity going forwards, enabling us to continue to increase our impact and support more people affected by bowel cancer.

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

Trustees have designated £100,000 to support the recommencement of research in 2022 and a further £34,188 to reflect the net book value of the fixed assets. Restricted funds are detailed in Note 13.

Statement of Trustees’ responsibilities

The Trustees (who are also Directors of Bowel Cancer UK for the purposes of company law) are responsible for preparing the Trustees’ Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards). Company law requires the Trustees to prepare financial statements for each financial year.

Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- 1. select suitable accounting policies and then apply them consistently
- 2. observe the methods and principles in the Charities SORP
- 3. make judgements and estimates that are reasonable and prudent standards have been followed, subject to any material departures disclosed and explained in the financial statements
- 4. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company’s transactions, disclose with

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

Provision of information to auditors

In so far as, the Trustees are aware:

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

Staff and volunteers

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

Auditors

Crowe LLP were reappointed as external auditors during the year.

This report has been prepared in accordance with the special provisions of s415A of the Companies Act 2006 relating to small companies.

This report was approved by the Board of Trustees on 22 June 2022 and signed on their behalf by



Lorraine Lander, Trustee

Independent Auditor’s Report to the Members and the Trustees of Bowel Cancer UK

Opinion

We have audited the financial statements of Bowel Cancer UK (‘the charitable company’) for the year ended 31 December 2021 which comprise the Statement of Financial Activities, 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company’s affairs as at 31 December 2021 and of 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 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such

material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to 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 our audit

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

- adequate and proper accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not

made; or

- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' directors' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 34, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context

were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were employment law and General Data Protection Regulations (GDPR).

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the recognition of certain income streams and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finances and Resources Committee about their own identification and assessment of the risks of irregularities, sample testing on income, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements,

even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.



Janette Joyce
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
Reading

Date: 23 June 2022

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Statement of Financial Activities for the year ended 31 December 2021 (Incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	Total 2021 £	Total 2020* £
Income					
Donations and legacies	2	1,649,723	427,931	2,077,654	2,136,586
Other trading activities	2	2,939,420	278,792	3,218,212	2,070,090
Income from investments		2,837	-	2,837	6,351
Income from charitable activities	3	2,335	-	2,335	135
Other income	4	6,886	-	6,886	377,809
Total income		4,601,201	706,723	5,307,924	4,590,971
Expenditure					
Expenditure on raising funds	5	1,355,969	-	1,355,969	1,238,781
Expenditure on charitable activities	5	1,769,306	410,676	2,179,982	2,655,552
Total expenditure		3,125,275	410,676	3,535,951	3,894,333
Net income and movement in funds	6	1,475,926	296,047	1,771,973	696,638
Total funds brought forward		1,541,438	322,416	1,863,854	1,167,216
Total funds carried forward	13 & 14	3,017,364	618,463	3,635,827	1,863,854

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 42-58 form part of these financial statements.

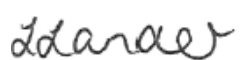
*The statement of financial activities has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

Balance Sheet as at 31 December 2021
Company number 3409832 (England and Wales)

	Note	2021 £	2020* £
Fixed assets			
Tangible assets	8	34,188	100,801
Intangible assets	9	-	794
		34,188	101,595
Current assets			
Debtors and prepayments	10	734,779	766,340
Cash at bank and in hand		3,612,831	2,060,195
		4,347,610	2,826,535
Creditors: amounts falling due within one year	11	(713,970)	(1,040,276)
Net current assets		3,633,640	1,786,259
Provisions: amounts due in more than one year	12	(32,000)	(24,000)
Net assets		3,635,828	1,863,854
Funds			
Unrestricted funds			
Designated		134,188	101,595
General funds		2,883,176	1,439,843
	13	3,017,364	1,541,438
Restricted funds	13	618,464	322,416
Total funds	14	3,635,828	1,863,854

*The balance sheet has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1

These financial statements have been prepared in accordance with the special provisions relating to companies subject to the small company regime within Part 15 of the Companies Act 2006. The financial statements were approved and authorised for issue by the board and were signed on its behalf on 22 June 2022 by



Lorraine Lander Trustee

The notes on pages 42-58 form part of these financial statements.

Statement of Cash Flows
for the year ended 31 December 2021

Cash generated by operating activities	1,560,592	315,046
Cash flows from investing activities:		
Interest income	2,837	6,351
Purchase of fixed assets	(10,793)	-
Change in cash and cash equivalents at the end of the year	1,552,636	321,397
Cash and cash equivalents at beginning of the year	2,060,195	1,738,798
Movement	1,552,636	321,397
Total cash and cash equivalents at end of the year	3,612,831	2,060,195
Reconciliation of net movement in funds to net cash flow from operating activities		
Net movement in funds	1,771,973	696,638
Depreciation and amortisation	78,200	97,877
(Increase)/decrease in debtors	31,561	(232,455)
(Decrease)/increase in creditors	(326,306)	(248,663)
Increase in provisions	8,000	8,000
Loss on disposal of fixed assets	-	-
Interest income	(2,837)	(6,351)
Net cash generated by operating activities	1,560,592	315,046
Analysis of cash and cash equivalents		
Cash in hand	3,218,288	1,668,080
Notice deposits (less than three months)	394,543	392,115
Total cash and cash equivalents at end of the year	3,612,831	2,060,195

	At 1 January 2021 £	Cash Flows £	At 31 December 2021 £
Analysis of changes in net funds			
Cash and cash equivalents			
Cash	2,060,195	1,552,636	3,612,831
Total	2,060,195	1,552,636	3,612,831

*The statement of cash flows has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

1 Accounting policies

1.1 Basis of preparation

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

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

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Unit 202, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

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

In their assessment of going concern the Directors have considered the continued economic uncertainty arising from the COVID-19 pandemic, war in Ukraine and the emerging cost of living crisis.

As at 31 December 2021 Bowel Cancer UK is in a strong financial position, with free reserves of £2.8m (above the required

threshold), liquid cash reserves of £3.6m and no borrowing. As such the charity has sufficient reserves and liquidity to mitigate any financial risks that may materialise.

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

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

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 29. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Income

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

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

Legacy income is included in the financial statements when the charity is satisfied that the conditions of recognition have

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

Donated services totalling £417,128 are included as a gift in kind and an associated expense. These are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised.

1.4 Expenditure

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

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

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

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

Grants payable are charged to the statement of financial activities in the year in which the offer is approved and conveyed to the recipient, except in those cases where the offer is conditional and entitlement is yet to be earned. Such grants are recognised as expenditure when the relevant conditions are fulfilled.

Grants offered subject to conditions which have not been accrued at the year-end are noted as a commitment as disclosed in note 15 to the financial statements.

1.5 Fund accounting

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

Designated funds comprise unrestricted funds that have been put aside at the discretion of the Trustees for particular purposes (see note 13). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance and Resources Sub-Committee.

Restricted funds are funds subject to specific restriction imposed by donors or by the purpose of appeals. The purpose and use of the restricted funds is set out in the notes to the financial statements (see note 13).

1.6 Tangible fixed assets and depreciation

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

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

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

- computer equipment and software – over four years
- fixture and fittings – over five years
- office refurbishment – over three years

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Operating leases

The charity classifies the lease of office in London, the two London office franking machines and one photocopier as operating leases; the title to the equipment remains with the lessor and the equipment is replaced every five years, which is in line with its economic life. Rentals payable under operating leases are charged to the Statement of Financial Activities on a straight-line basis over the life of the lease.

1.11 Pension costs

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

1.12 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

1.13 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.14 Critical accounting judgements and key sources of estimation uncertainty

Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are as follows:

- Dilapidation provision – the charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in Note 12.
- Residuary legacies – the charity recognises residuary legacies once probate has been granted which therefore requires an estimation of the amount receivable.

The estimates and underlying assumptions are reviewed on an on-going basis. In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

1.15 Contingent assets

The charity discloses a contingent asset where it has a reasonable expectation of future benefit arising, but the existence or valuation of these benefits are uncertain at the balance sheet date. Contingent assets are not recognised in the balance sheet but are disclosed in note 16.

Notes to the Financial Statements For the year ended 31 December 2021

2. Income from generated funds	2021 £	2020 £
Donations and legacies		
Donations from individuals	576,288	372,931
Legacies	272,623	731,362
General grants	576,888	397,230
Corporate donations	651,855	635,063
	2,077,654	2,136,586
Other trading activities		
Runs	534,505	318,067
Treks and challenges	746,620	206,220
Community fundraising	1,899,217	1,520,013
Trading Income	37,870	25,790
	3,218,212	2,070,090
3. Income from charitable activities		
Training	2,335	135
	2,335	135
4. Other income		
Coronavirus Job Retention Scheme Grant	6,886	377,809
	6,886	377,809

Notes to the Financial Statements For the year ended 31 December 2021

5. Resources expended	Direct costs		Support costs		Total
Expenditure on raising funds	Staff	Other	Staff	Other	2021
	£	£	£	£	£
Costs of generating voluntary income	529,257	629,692	151,293	45,727	1,355,969
	529,257	629,692	151,293	45,727	1,355,969
Expenditure on charitable activities					
Awareness and Direct Services	413,653	279,550	139,654	42,210	875,067
Communications and Campaigning	476,331	683,317	116,379	35,175	1,311,202
Grants	-	(6,287)	-	-	(6,287)
	889,984	956,580	256,033	77,385	2,179,982
Total costs	1,419,241	1,586,272	407,326	123,112	3,535,951

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

Total governance costs for the year, included in support costs, are £11,200 (2020: £11,060) comprising trustee expenditure £nil (2020: £60) and audit fee of £11,200 (2020: £11,100).

	Direct costs		Support costs		Total
	Staff	Other	Staff	Other	2020*
	£	£	£	£	£
Expenditure on raising funds					
Costs of generating voluntary income	659,755	381,224	161,683	36,119	1,238,781
	659,755	381,224	161,683	36,119	1,238,781
Expenditure on charitable activities					
Awareness and Direct Services	869,395	303,893	184,597	41,239	1,399,124
Communications and Campaigning	446,811	529,542	104,752	23,401	1,104,506
Grants	-	151,922	-	-	151,922
	1,316,206	985,357	289,349	64,640	2,655,552
Total costs	1,975,961	1,366,581	451,032	100,759	3,894,333

*Resources expended have been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

Notes to the Financial Statements For the year ended 31 December 2021

6. Net income is stated after charging:	2021	2020
	£	£
Depreciation	77,406	96,289
Amortisation	794	1,588
Operating lease payments	277,970	277,970
Auditors' remuneration:		
- Audit fee for the current period	11,200	11,100
- Non Audit fee for the current period	-	600

7. Staff costs	2021	2020
	£	£
Wages and salaries	1,618,320	2,117,860
Social security costs	150,382	206,648
Pension Contributions	57,863	78,466
Redundancy costs	-	24,019
	1,826,565	2,426,993

During the year Bowel Cancer UK paid no redundancy costs (2020: £24,019). These expenses were approved by the Trustees for payment.

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

	2021	2020
	Number	Number
£90,001 - £100,000	1	-
£70,001 - £80,000	-	2
£60,001 - £70,000	3	3
	4	5

Pension Contributions of £11,598 (2020: £15,048) were paid in respect of the higher paid individuals.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2021 amounted to £nil (2020: £nil).

Notes to the Financial Statements For the year ended 31 December 2021

The key management personnel of the charity comprise the Trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources, Director of Fundraising and Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £361,000 (2020: £412,162). The Director of Finance and Resources position was undertaken by an interim consultant in 2021, resulting in an FTE of 4.1 compared with 5.0 in the year before.

The average number of staff analysed by function was:

	2021	2021	2020	2020
	Number	FTE	Number	FTE
Fundraising	13	13	17	17
Awareness and Direct Services	12	12	19	19
Communications and Campaigning	11	10	12	11
Central Support	5	5	8	7
Research	-	-	1	1
	41	40	57	55

Trustees

No Trustees received emoluments during the year (2020: one Trustee received £2,010).

None of the Trustees received reimbursed expenses during the year (2020: £60).

Notes to the Financial Statements For the year ended 31 December 2021

8. Tangible fixed assets	Office Refurbishment	Fixture and Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2021	206,244	13,444	119,940	339,628
Additions	-	-	10,793	10,793
At 31 December 2021	206,244	13,444	130,733	350,421
Depreciation				
At 1 January 2021	154,405	6,284	78,138	238,827
Charge for the period	51,839	2,501	23,066	77,406
At 31 December 2021	206,244	8,785	101,204	316,233
Net book value as at 31 December 2021	-	4,659	29,529	34,188
Net book value as at 31 December 2020	51,839	7,160	41,802	100,801

All fixed assets are used for charitable purposes.

9. Intangible fixed assets	Website £	Total £
Cost		
At 1 January 2021	4,763	4,763
At 31 December 2021	4,763	4,763
Amortisation		
At 1 January 2021	3,969	3,969
Charge for the period	794	794
At 31 December 2021	4,763	4,763
Net book value as at 31 December 2021	-	-
Net book value as at 31 December 2020	794	794

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

Notes to the Financial Statements For the year ended 31 December 2021

10. Debtors and Prepayments	2021 £	2020* £
Legacy Debtor	256,300	295,500
Other Debtors	81,329	85,896
Prepayments and accrued income	397,150	384,944
	734,779	766,340
11. Creditors	2021 £	2020 £
Trade creditors	95,074	121,777
Accruals	567,037	844,801
Taxes and social security costs	43,747	42,749
Other creditors	8,112	30,949
	713,970	1,040,276

*Creditors have been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

12. Provisions	Property provision 2021 £	Property provision 2020 £
At 1 January 2021	24,000	16,000
Amounts charged	8,000	8,000
At 31 December 2021	32,000	24,000

The dilapidation provision relates to amounts provided to reflect the cost of restoring the condition of the leased property in accordance with the lease agreement.

Notes to the Financial Statements
For the year ended 31 December 2021

13. Statement of funds	Balance 1 January 2021*	Income	Expenditure	Balance 31 December 2021
	£	£	£	£
Total Designated funds:				
Fixed Assets	101,595	10,793	(78,200)	34,188
Research	-	100,000	-	100,000
	101,595	110,793	(78,200)	134,188
Total General funds	1,439,843	4,490,408	(3,047,075)	2,883,176
Total Unrestricted funds	1,541,438	4,601,201	(3,125,275)	3,017,364

Designated funds

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

Designated funds of £34,188 (2020: £101,595) have been set aside from the charity's unrestricted funds by the Trustees to reflect the net book value of the fixed assets. The other designated fund of £100,000 (2020: £nil) is to fund a new grant funding round to be launched in 2022.

Notes to the Financial Statements
For the year ended 31 December 2021

13. Statement of funds (continued)	1 January 2021	Income	Expenditure	Transfers	31 December 2021
	£	£	£	£	£
Restricted Funds:					
BeWEL Project	-	-	2	-	2
CAF Resilience Fund	-	34,328	(34,328)	-	-
Colorectal Cancer Study Days	-	5,000	(5,000)	-	-
General Patient Services	-	33,000	(33,000)	-	-
General Work in Northern Ireland	-	15,617	(15,617)	-	-
General Work in Scotland	-	8,696	(8,696)	-	-
General Work in Wales	-	5,000	(5,000)	-	-
Moondance Foundation	71,595	90,931	(111,286)	-	51,240
Never Too Young	-	66,777	-	-	66,777
Never Too Young Patient Group	12,832	21,975	-	-	34,807
Patient Information	4,880	22,221	(10,778)	-	16,323
Research	7,459	268,639	(182,087)	-	94,011
Surgical Chair	99,943	3,750	-	-	103,693
Surgical Chair Scotland	120,823	130,788	-	-	251,611
Surgical Fellow	4,884	-	(4,884)	-	-
Total Restricted Funds	322,416	706,722	(410,674)	-	618,464

Restricted funds

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

BeWEL Project

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

CAF Resilience Fund

Funding has been received to deliver essential online information, advice and support services to bowel cancer patients and their loved ones across England.

Colorectal Cancer Study Days

Funding has been received to deliver 1 study day for colorectal cancer nurses across the UK.

General Patient Services

Funding has been received to sustain and support our programme of support services for people affected by bowel cancer.

General Work in Northern Ireland

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

General Work in Scotland

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

Notes to the Financial Statements For the year ended 31 December 2021

General Work in Wales

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

Moondance Foundation

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

Never Too Young

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

Never Too Young patient group

Funding has been raised by this group to support activities related to younger bowel cancer patients.

Patient Information

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

Research

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

Surgical Chair

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

Surgical Chair Scotland

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

Surgical Fellow

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

Notes to the Financial Statements For the year ended 31 December 2021

13. Statement of funds (continued)	Balance 1 January 2020*	Income	Expenditure	Transfers Between Funds	Balance 31 December 2020*
	£	£	£	£	£
Designated funds:					
Fixed Assets	199,472	-	(97,877)	-	101,595
Surgical Research	46,168	-	(46,168)	-	-
	245,640	-	(144,045)	-	101,595
Total General Funds	366,444	4,233,172	(3,159,773)	-	1,439,843
Total Unrestricted funds	612,084	4,233,172	(3,303,818)	-	1,541,438

Restricted Funds:	Balance 1 January 2020	Income	Expenditure	Transfers Between Funds	Balance 31 December 2020
	£	£	£	£	£
BeWEL Project	5,388	-	(5,388)	-	-
CAF Resilience Fund	-	28,984	(28,984)	-	-
General Patient Services	-	34,250	(34,250)	-	-
General Work in Northern Ireland	-	13,081	(13,081)	-	-
General Work in Scotland	-	17,875	(17,875)	-	-
General Work in Wales	-	5,000	(5,000)	-	-
Moondance Foundation	160,338	84,093	(172,836)	-	71,595
National Colorectal Cancer Nurses Network Digital Get Together	-	7,142	(7,142)	-	-
Never Too Young	-	13,517	(13,517)	-	-
Never Too Young Patient Group	-	14,263	(1,431)	-	12,832
Operations	-	12,750	(12,750)	-	-
Patient Information	5,000	28,500	(28,620)	-	4,880
Printing	-	984	(984)	-	-
Research	22,500	22,124	(94,015)	56,850	7,459
Service Delivery Manager and Education Manager	37,500	-	(37,500)	-	-
Surgical Chair	191,183	50,250	(84,640)	(56,850)	99,943
Surgical Chair Scotland	97,837	22,986	-	-	120,823
Surgical Fellow	35,386	2,000	(32,502)	-	4,884
Total Restricted funds	555,132	357,799	(590,515)	-	322,416

*Statement of funds has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

Notes to the Financial Statements For the year ended 31 December 2021

14. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds 2021 £
Funds balances at 31 December 2021 are represented by:			
Fixed assets	34,188	-	34,188
Net current assets	3,015,176	618,464	3,633,640
Provisions	(32,000)	-	(32,000)
Charity funds at 31 December 2020	<u>3,017,364</u>	<u>618,464</u>	<u>3,635,828</u>

	Unrestricted funds £	Restricted funds £	Total funds 2020 £
Funds balances at 31 December 2020 are represented by:			
Fixed assets	101,595	-	101,595
Net current assets	1,439,843	322,416	1,786,259
Provisions	(24,000)	-	(24,000)
Charity funds at 31 December 2019	<u>1,541,438</u>	<u>322,416</u>	<u>1,863,854</u>

15. Related party transactions

Five Trustees made a donation to the charity in aggregate of £9,135 (2020: three Trustees with donations in aggregate of £200).

Notes to the Financial Statements For the year ended 31 December 2021

16. Contingent Assets

There are two contingent assets as at 31 December 2021 as follows:

- The charity was notified of entitlement to a legacy during the year but with insufficient information to make a valuation. The legacy was received post year end with a value of £123,750.
- The charity was named as a beneficiary to a supporter's pension fund, but insufficient information was available to support a valuation. The income was received post year end with a value of £80,290.

17. Operating Leases

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

	2021 £	2020 £
< One year	261,200	282,506
Two - five years	174,157	430,020
> Five years	-	-
	<u>435,357</u>	<u>712,526</u>

Notes to the Financial Statements

For the year ended 31 December 2021

18. Statement of Financial Activities - comparative figures by fund type

Year ended 31 December 2020

	Unrestricted funds £	Restricted funds £	2020* Total £
Income			
Donations and legacies	1,908,172	228,414	2,136,586
Other trading activities	1,940,705	129,385	2,070,090
Income from investments	6,351	-	6,351
Income from charitable activities	135	-	135
Other income	377,809	-	377,809
Total income	4,233,172	357,799	4,590,971
Expenditure			
Expenditure on raising funds	1,238,781	-	1,238,781
Expenditure on charitable activities	2,065,037	590,515	2,655,552
Total expenditure	3,303,818	590,515	3,894,333
Net income and movement in funds	929,354	(232,716)	696,638
Fund balances brought forward	612,085	555,132	1,167,217
Fund balances carried forward	1,541,439	322,416	1,863,855

*The comparative statement of financial activities has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

We would like to thank all of our supporters for their generosity including:

Corporate Partners and Trust and Foundation supporters

Argent
blubolt
Christie & Co
Corporate matching gift from Capital Group
Dentsu UK
Ethicon
Fort Foundation
Gascoynes
Langmuir Family Foundation
Lloyd's Banking Group
Philip Oppenheimer Foundation
Prowting Charitable Foundation
Osborne Clarke Charitable Trust
Pirtek UK Ltd
Salts Healthcare
SCS
Stick and Twist
Waitrose
The de Laszlo Foundation
The E M Whittome 2013 Charitable Trust
The HSWJ Trust
The Kidani Memorial Trust
The Marie Helen Luen Charitable Trust
The Medicash Foundation
The Mickel Fund
The Peacock Charitable Trust
The PF Charitable Trust
The Simon Gibson Charitable Trust
The Syncona Foundation (previously The Bacit Foundation)

Sponsors

Amgen Ltd made a donation towards the cost of design, print and distribution of patient information materials.

Merck provided financial support for our bowel cancer patient support services, and the print and distribution of awareness materials.

Norgine provided financial support for our 'Colonscopy Confidence Campaign'.

Pierre Fabre provided financial support for one of our virtual patient days and towards the design and print of our booklets: 'Younger people with bowel cancer' and 'Your operation'.

Servier provided financial support towards our National Colorectal Cancer Nurses Network (NCCNN) study day.

None of our sponsors had input into the content of our resources or events.

We remember with grateful thanks everyone who has died and kindly left a gift to support our work including:

Lucy Ogilvie
Pauline Turner
Ernest Bright
Frances Croucher
Lord Thomas Graham

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

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

To donate or find out more visit
bowelcanceruk.org.uk

 [/bowelcanceruk](https://www.facebook.com/bowelcanceruk)

 [@bowelcanceruk](https://twitter.com/bowelcanceruk)

BOWEL CANCER UK

England & Wales - Charity number 1071038

Accounts



Bowel Cancer UK Annual Report

For the year ended 31 December 2020



Bowel Cancer UK
Beating bowel cancer together



Every **15 minutes**
someone is diagnosed.
That's almost **42,000**
people every year.



About **268,000**
people in the UK are currently
living with bowel cancer.

Bowel cancer is the UK's fourth most common cancer and the second biggest cancer killer. But it doesn't need to be. Bowel cancer is treatable and curable especially if diagnosed early. Nearly everyone diagnosed at the earliest stage will survive.

We're the UK's leading bowel cancer charity. We're determined to **save lives** and **improve the quality of life** of everyone affected by bowel cancer by championing early diagnosis and access to best treatment and care.

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

Our vision is a future where nobody dies of bowel cancer

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“

On many occasions when we were in some difficult and very dark places, we received invaluable help and support from Bowel Cancer UK. Their professional knowledge, advice and emotional guidance were absolutely priceless and that is why I'm delighted to be a volunteer, working to create a future where nobody dies of the disease.

Tim

”

Statement from Bowel Cancer UK Chair

We started 2020 with energy, determination and optimism, and with a strategy to increase our impact and support more people affected by bowel cancer.

But by the end of March, the COVID-19 pandemic had forced a major rethink of our plans. It became devastatingly clear that the diagnosis and treatment of bowel cancer would be badly affected, and so would the outcomes for tens of thousands of patients. Some patients died who might otherwise have expected to live, the indirect victims of this vicious pandemic. Others shielded for months, cut off from the comfort of family and friends, to safeguard their fragile immune systems.

We responded in a measured and timely fashion, guided by our determination to support those impacted by bowel cancer, to look after our people and to protect the long-term financial sustainability of the charity.

Our vital services have never been more needed and we fought hard to make sure the voices and needs of people with the disease were heard by those making decisions which would affect them as the world changed around us.

It was a tough year for our supporters, too, as livelihoods were hit by lockdowns and restrictions. Fundraising events were cancelled, one after another, hurting our normal income streams and yet our wonderful community still found a way – their way – to support us.

While we worked fast to adapt our charity to changing needs, so our supporters replaced busy marathons with solo runs and found ever more inventive ways to raise money. While we moved health information and patient support services online, our fundraisers spurred each other on through social media.

We built new connections beyond our computer screens to challenge loneliness and help people cope. We brought health care professionals together, and banged the drum for bowel cancer awareness against the noise of COVID-19.

Our charity did not emerge from 2020 unscathed. Trustees worked with the Senior Leadership



Patrick Figgis, Bowel Cancer UK Chair

Team to monitor closely the drop in income, moved swiftly to cut costs, and restructured the staff team to ensure our survival. I'm enormously grateful for the incredible work undertaken in extremely difficult circumstances and the manner in which the Senior Leadership Team and all our staff came together and conducted themselves with humility, care and compassion.

The pandemic has been devastating, but it has strengthened our connection to our community and reaffirmed our purpose. It has challenged every aspect of what we do, but it won't dampen our determination to realise our vision of a world where nobody dies of bowel cancer.

The reality is that our vision lies a little further from our grasp at the end of 2020 than it did at the beginning of the year. But we can take pride in the difference we've made for people with the disease in this most challenging of years, through the sheer hard work of our team of volunteers and staff.

Our energy, determination and optimism are undiminished. We're smaller but strong, with a renewed strategy and a tight, focused team. And the impact we're having – illustrated throughout this Annual Report – is more impressive and vital than it has ever been. As ever, we're guided by the needs and priorities of our community and inspired by the generosity and energy of our wonderful supporters.

My heartfelt thanks to each and every one of you.

Statement from Bowel Cancer UK Chief Executive

I was thrilled to join Bowel Cancer UK as its Chief Executive at the beginning of 2020, with ambitious plans for the year ahead. However just five weeks later, the COVID-19 pandemic hit hard, we closed our offices, and re-assessed our priorities.

Three very different challenges now needed our urgent attention: how best to support people affected by bowel cancer as the NHS services patients relied on were paused or disrupted by the response to COVID-19, how to make sure our charity survived as our income plummeted, and how to look after our team with kindness, fairness and respect during a year that would undoubtedly change us.

As always, the needs of our community and our supporters guided our actions and decisions.

That insight helped us to pivot our services too, to connect people online, and help them cope with the loneliness of shielding, preparing for bowel cancer treatment, and managing uncertainty. We became the go-to source of information on the changing guidance in our four nations and provided 'live' updates on our digital channels, often in partnership with other cancer charities.

From the spring, all major fundraising events were cancelled and we lost a third of our income. The Senior Leadership Team, together with our Trustees, acted swiftly to cut costs and we furloughed more than half of our staff. As summer approached, we made the difficult decision to restructure, reducing our staff team by a quarter.

Throughout the year, I shared regular updates with our community about the changes we were making. We were humbled and inspired by the many different ways our supporters found to raise money for our cause.

I've been so proud to lead a team that has continued to innovate, to improve, to learn and adapt, and make a significant difference for bowel cancer patients and their loved ones in 2020.



Genevieve Edwards, Chief Executive

We may have been working from kitchen tables, spare rooms, and sofas around the UK, but that has not affected the professionalism each and every member of the team brings to work. Nor has it diminished the unique Bowel Cancer UK team spirit in our four nations.

Remarkably, we finished the year in a strong position. For this, I am grateful to my team for their laser-focus on costs and income, and to the magnificent efforts of our supporters and fundraisers. In particular, we were the beneficiary of two unexpected, transformational legacies.

Though 2020 has been difficult, we knew that there was opportunity too. We took time to rethink our strategy and refocus our priorities.

We go into 2021 more determined than ever, with exciting plans for the year ahead, and huge gratitude for our wonderful #teambowelcancer family: volunteers, donors, fundraisers, clinicians, researchers and staff. All those who lend their expertise, cheer us on, and work in partnership with us towards a future where nobody dies of bowel cancer.

Thank you.



“

We had an absolutely amazing day at Walk Together and hope this will be our annual way to mark Dad's birthday. Thank you for letting us be part of the campaign.

Bal

”

Our year in numbers

8,000 individuals and more than **165** partners and institutions helped us raise **£4.5 million**.

Over 130 volunteers generously gave their time and expertise. **That's more than two volunteers for every member of staff.**

This wonderful support made a real difference to people affected by bowel cancer:



- we provided a peer-to-peer forum, **helping over 5,000 people** gain much-needed support and information



- we ran an online support group for those with advanced bowel cancer, **helping over 1,000 people**



- we provided vital digital information on all aspects of bowel cancer, which was **viewed 1.2 million times**. This helped those diagnosed with the disease and raised awareness of signs and symptoms



- our coronavirus information was **accessed 66,000 times** providing bespoke information on how COVID restrictions and guidance affected people with bowel cancer, and where they could access support



- **more than a third** of our National Colorectal Cancer Nurses benefitted from our healthcare professionals digital get together



- **we helped secure approval for two new drugs** to benefit advanced bowel cancer patients in the UK, who are people with few other treatment options



- **we worked with 49 other cancer charities** as part of One Cancer Voice to provide consistent guidance and support to people with cancer during the pandemic



- we campaigned for the **one million 'missed opportunities'** for bowel screening to not be forgotten, to prevent thousands of people being diagnosed with bowel cancer at a later stage



- **over 1,200 people** shared their experience of bowel cancer in younger people for our Never Too Young report, helping to shine a spotlight on the catastrophic delays and barriers to diagnosis younger people face



- our media coverage reached **over 782 million people**



- **over six million viewers** saw our bowel cancer storyline on Emmerdale, giving us the biggest on screen spotlight on bowel cancer symptoms, diagnosis and treatment in the charity's history

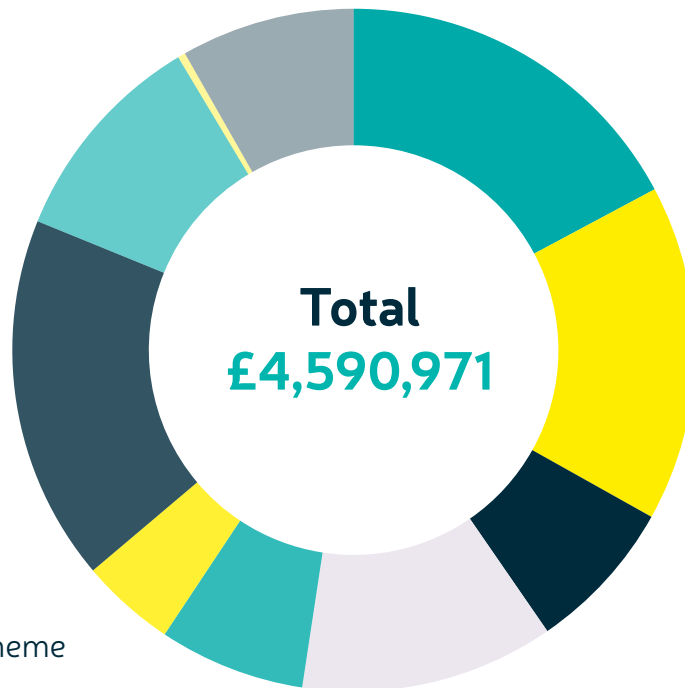


- **two new Patrons** – England and Harlequins rugby player Joe Gray and Hull City footballer Angus MacDonald – raised awareness of how they had been personally affected by the disease to a whole new generation of supporters

Financial summary 2020

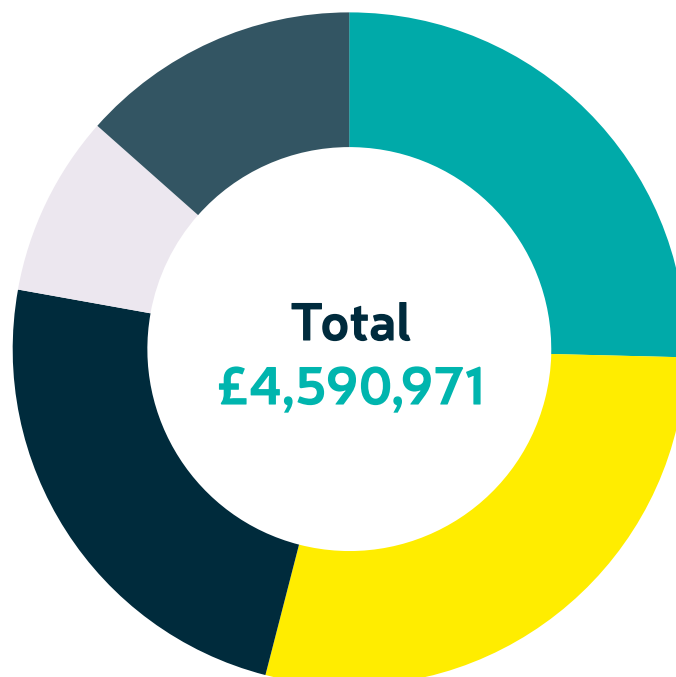
Where our money comes from

■ Individuals	£789,269
■ Legacies	£731,362
■ Nations	£333,804
■ Philanthropy and Partnerships	£551,721
■ Runs	£318,067
■ Treks and Challenges	£206,220
■ Community	£795,661
■ Pro Bono	£470,572
■ Other	£16,486
■ HMRC Job Retention Scheme	£377,809



How we spend our money

■ Awareness and Direct Services	£1,173,288
■ Communications and Campaigning	£976,353
■ Research Grants	£357,246
■ Generating Voluntary Income	£1,040,979
■ Support Costs	£551,791





“ It was through the Bowel Cancer UK support groups that I found out about the Never Too Young campaign and project group. I made a few friends on there and I realised that although it's rare to have bowel cancer at such a young age, there are a lot of people with the diagnosis under the age of 50. It's made me very passionate about raising awareness, and when I feel stronger I would love to do some fundraising for the charity.

Gemma

”

2020 Achievements

Raising vital awareness of bowel cancer

Despite fierce competition for airtime and column inches during most of 2020, we used our digital, media and communications expertise to raise lifesaving awareness of bowel cancer, promote early diagnosis and raise the profile of the charity and the support we provide across all four nations. COVID-19 stories naturally dominated the news, however over the course of the year we still received more than 1,500 pieces of media coverage, reaching 782 million people.

At the beginning of the year, we worked with Bowel Screening Wales to deliver a campaign to boost uptake of bowel screening using the FIT (faecal immunochemical test) in Wales. The centrepiece was a bilingual television advert featuring ex-Lions and Wales International rugby player Jamie Roberts. The launch of the campaign coincided with the Six Nations rugby tournament, and asked people to 'Do the test'. The campaign led to an increase of 16% in the number of tests returned to Bowel Screening Wales in the following two months, and almost 1,000 replacement test kits ordered during the campaign period.

We were thrilled to work closely with ITV soap Emmerdale, advising on a storyline about character Vanessa Woodfield's bowel cancer diagnosis and subsequent treatment. This launched in mid-February, and was planned to be a long-running storyline raising awareness of bowel cancer to new audiences and giving it a spotlight on prime time TV. When the plotline was revealed by Emmerdale, our Chief Executive carried out interviews across national and regional media, as well



“

Watching Vanessa go through her treatment really encouraged me to phone the hospital and I chased them up many times for my colonoscopy appointment. My GP even wrote to them too as my symptoms had got worse. Luckily, when non-emergency appointments were available again in June, I was one of the first patients to have a colonoscopy.

Nicola, diagnosed with stage 2 bowel cancer

”

as TV magazines, helping us to reach new people. Unfortunately, the pandemic meant the storyline was cut short, but we remain grateful for this fantastic opportunity.

Bowel Cancer Awareness Month in April was very different to the event we'd planned and hoped for. We were grateful that there were still some great moments however, and support from our amazing community shone through. Many embraced virtual

fundraising, holding online quizzes, virtual Brew Together events and set up Facebook fundraising pages.

Despite the challenges created by the pandemic, Bowel Cancer Awareness Month played a vital part in helping us continue to build and grow an active and powerful movement of people committed to meeting the challenges of bowel cancer head on. This was clearly illustrated through our #teambowelcancer campaign, where we invited patients, their friends and families and others to sign up to our newsletter, with more than 400 people joining us to hear more.

We also used the month to announce two new Patrons – England and Harlequins rugby player Joe Gray, whose father very sadly died from bowel cancer, and Hull City footballer Angus MacDonald, who was diagnosed with the disease in 2019 aged just 26. Both took on fundraising challenges for the charity and helped spread our awareness raising messages.

In the autumn, we partnered with Norgine and the company's first 'Stay on Track' campaign, which was supported by former Olympic athlete Kriss Akabusi, and our Patron and England rugby hero Matt Dawson. Kriss shared his experience of having a bowel cancer scare, and the importance of screening, and Matt spoke about his family history of bowel cancer, after his grandfather died of the disease at the age of 60 and his mum received a diagnosis in her 50s. The campaign saw Bowel Cancer UK featured on national broadcast, including Good Morning Britain and Sky News, and in national and regional media, highlighting bowel cancer symptoms and the screening programme and reaching millions of people – including new audiences – through the two sports personalities.

During the year, there were two incredibly high-profile stories about celebrities affected by bowel cancer. British actress Dame Julie Walters revealed her own bowel cancer

diagnosis and American actor Chadwick Boseman, star of award-winning film Black Panther, sadly died of the disease aged just 43. Coverage of these cases undoubtedly raised vital awareness of bowel cancer around the world, with our Chief Executive giving dozens of media interviews about the disease and the symptoms to look out for, as well as informing the public that bowel cancer can affect people of all ages. We saw spikes in website traffic at these times, mirroring extensive media coverage involving celebrities and other real-life stories.

How we supported people with bowel cancer during the COVID-19 pandemic

We responded and reacted quickly to the pandemic, focusing on direct online services to provide information, advice and peer support to people vulnerable to serious consequences of coronavirus infection, and for those who faced having their bowel cancer treatment or surgery postponed or cancelled.

We developed an online hub on our website with key coronavirus information in one place, as well as wellbeing tips and other resources for people with bowel cancer and their friends and families, which has been viewed over 66,000 times. It included shielding advice for clinically extremely vulnerable people in all four nations, and signposts to further support. We made this information accessible in many different formats, including short, bite-sized videos featuring our Chief Executive and experts. We also created a dedicated COVID-19 section on our forum, enabling people to share information and experiences.

BBC News presenter George Alagiah and supporter Beth Purvis, who saw her treatment delayed because of the pandemic, featured in a videocast about the direct impact the crisis had on bowel cancer patients.

We continued to encourage people experiencing symptoms to contact their GP, and provided information about safety in doctors' surgeries and hospitals – including a video walk-through of a surgery with Dr Anisha Patel, highlighting measures taken to ensure a safe environment for patients.

In addition, we filmed a series of 'Ask the Expert' videos, inviting our community to send in their questions on topics including screening, delays to testing, and information for people with the genetic condition Lynch syndrome. People affected by the disease were also asked to share tips about how they were staying safe and keeping positive in lockdown.

We were able to increase support for people in Wales, particularly through our Moondance Foundation-funded activity. This funding enabled us to increase awareness raising activity in the country, work with community pharmacy staff to develop training about the disease, and engage with communities where bowel screening uptake is particularly low to help us better understand the barriers. The funding from Moondance also allowed us to develop our own in-house e-learning platform for healthcare professionals.

We held our first ever digital patient engagement event, Listen Together, in partnership with the Wales Cancer Network, to hear the views of patients living with bowel cancer in Wales and help us shape our services. At the beginning of the year, we launched our Meet Together service, providing friendly social meet-ups in local areas for anyone affected by the disease. Following a successful pilot in London, we ran our first Meet Together in Leicester and had more planned throughout the year. As a result of the pandemic however we postponed these, with a view to starting them again when safe to do so.

With many affected by bowel cancer advised to shield and often dealing with isolation and loneliness, we developed and piloted a new service called Chat Together to help people feel more connected. These events brought

patients together virtually on Zoom for weekly peer-to-peer support and were hosted by volunteers (with support from staff) during regular sessions over six to eight weeks. We received extremely positive feedback and will be taking the learnings from our pilot project and rolling out more of these in 2021.

We reached more than 350 people through our programme of volunteer-led bowel cancer awareness talks for workplaces and community groups, before they were paused in mid-March. The programme was successfully restarted in the winter with a shift to delivering the talks online, reaching 125 additional people.

Online support remains crucial for patients and others affected by bowel cancer, and we launched our first Facebook support groups this year – a group for people with a stage 4 bowel cancer diagnosis, and another providing help and support for carers, totalling almost 1,000 members overall and growing. These were all supported by a brilliant team of volunteer moderators who help keep the groups safe.

Our forum continued to go from strength-to-strength, proving to be a valuable source of support for more than 5,000 active members. Tips, advice and updates to help navigate the complexities of treatment during this difficult time were shared by members, with the forum visited almost 437,000 times over the course of the year.

A range of health information resources were launched, including our new flagship support for patients with advanced bowel cancer 'Treating advanced bowel cancer', and a new screening leaflet for England and Scotland. Despite pausing distribution of our printed publications at the beginning of the pandemic, we were still able to send out 141,000 awareness materials and around 47,000 patient information booklets by the end of the year. Throughout 2020, our digital patient information was downloaded over 30,000 times, with more than 1.5 million unique views for that section of our website.



“ Bowel Cancer UK has a special place in my heart. I was admitted to hospital in April 2020 at the peak of the pandemic with severe abdominal pains, having previously experienced no symptoms. A CT scan quickly ascertained that I had stage two bowel cancer. Because of the pandemic, I had to wait until June to have an operation to have the lower section of my bowel removed and an ileostomy. During uncertain times, Bowel Cancer UK’s podcasts and online community gave me a sense that I was not alone. I’m currently in remission, positive and awaiting an ileostomy reversal.

Craig

”

Working with healthcare professionals

We hosted our first ever virtual National Colorectal Cancer Nurses Network digital get together, enabling us to reach nurses working in secondary care all over the UK. More than 150 people joined us on the day to hear about topics including managing the long-term psychological effects of COVID-19 and treating patients with advanced disease. The Gary Logue Colorectal Cancer Nurse Awards were also held as part of the event, with inspirational nurses who make exceptional contributions to colorectal cancer nursing nominated. Two worthy winners were presented with prizes – Sheena Woodward, from Epsom General Hospital, nominated by patients, and Allison Sharpe, from the Royal Victoria Infirmary in Newcastle, nominated by nursing colleagues.

Working with others throughout the pandemic

Partnering with other organisations provided a key opportunity to make our voices stronger during a unique and challenging time. At the start of 2020, we joined 17 leading cancer charities for World Cancer Day to collaborate on a short film to help raise awareness and provide support for everyone affected by the disease. The uplifting film, *Standing Together*, saw leaders and members of the cancer community from around the UK, joining together to read a moving poem about cancer.

The importance of joint working became more focused as we moved through 2020. We worked with 49 other cancer charities and leading medical professionals as part of One Cancer Voice, writing to the leaders of all four nations, asking them not to abandon cancer patients through the pandemic. The hard-hitting letter, published in the *Daily Mail*, asked for a firm commitment that diagnosis, treatment and clinical trials would

not be delayed further in a second lockdown. It urged the Government to learn lessons, ensure patients are treated better, and called for COVID-free spaces, alongside more frequent testing of NHS staff and putting private hospitals on standby for use to avoid further delays.

The One Cancer Voice coalition also produced information and Q&As to provide consistent guidance and support on navigating cancer during the pandemic. We worked closely with the Wales Cancer Alliance to provide COVID-related information for cancer patients in the country. Similarly, in Scotland we partnered with the 31 cancer charities which formed the Scottish Cancer Coalition to contribute to an 11-point plan with priorities for the Scottish Government to consider when approaching cancer recovery. This truly collaborative piece of work was used as the foundation for the Scotland Cancer Recovery Plan, which was published in December and included targets for improved access to diagnostic tests and the requirement for an endoscopy recovery plan.

We also worked alongside 13 leading health charities which support vulnerable people to write to former Health Secretary Matt Hancock and Chancellor Rishi Sunak, raising concerns about support offered to people on immune suppressing medication. We highlighted that guidance fell short of the practical and financial support required to enable vulnerable people, including those with bowel cancer, to stay safe.

Research

Over the last four years, we've invested £1.3 million in bowel cancer research, helping us to better understand the disease, and ultimately save lives. The pandemic has had a catastrophic impact on charity-supported medical research, and while we were unable to make any new investments during the year,

we continued to support our 13 ongoing research projects and our patient network, which brings patients and researchers together to co-create new research ideas. Our current research projects are focused on improving early detection bowel cancer screening, understanding and identifying people at high risk of bowel cancer, gaining a better understanding of bowel cancer in the under 50s, and ensuring best treatment and care for all. Many of our clinical researchers were needed to work on the COVID-19 front line, so we took the pragmatic decision to provide 'no-cost' grant extensions allowing the academics to regain their footing after their research was severely disrupted.

The Association of Medical Research Charities (AMRC) reported that since the start of the pandemic, £270 million in charity funded research had been cut, seven times worse than the impact felt by the global recession in 2008. We collaborated with medical research charities across the sector on the AMRC's 'Research at risk' campaign, to apply ongoing pressure to the Treasury to support this shortfall in order to protect the future of UK medical research innovations.

During the year we received the findings of the The BeWEL project, funded by the Scottish Government, and undertaken by the University of Dundee in conjunction with NHS Greater Glasgow and Clyde, NHS Tayside and Bowel Cancer UK. BeWEL was launched to support people to reduce their risk of developing bowel cancer by helping them lose weight and become more active. Of the 19 people who participated in the project, 18 lost weight, through being coached to make sustainable changes to their diet and physical activity.

Championing bowel cancer patients in the face of COVID-19

With bowel cancer diagnosis, treatment and care severely impacted by the pandemic, our influencing team worked tirelessly to help prevent patients becoming the forgotten casualties of COVID-19.

We remained focused on all UK nations as we continued to highlight the need for increased capacity and COVID-secure medical settings to allow people to be diagnosed and treated safely. We consistently encouraged people to contact their GP with any symptoms, providing reassurance that options other than face-to-face appointments were available and, as statistics showed the number of GP appointments and referrals had dropped significantly. We supported the NHS's 'Open for business' campaign after figures showed that during the height of the first wave, urgent GP referrals fell by 75%. We played a part in awareness raising, helping this to recover to 110% of pre-pandemic levels by the end of the year.

Bowel cancer screening programmes were paused around the UK at the beginning of the pandemic. While we recognised this was a pragmatic decision in the face of unprecedented demand on an already overstretched NHS, we kept the pressure on for screening services to resume as soon as possible. Part of that activity included our integrated campaign 'Million missed opportunities', shining a spotlight on the fact that more than a million bowel cancer screening invitations had not been sent between March and June in England alone, with those figures continuing to rise as the year moved on. We were delighted when screening resumed in all four nations in the autumn.

As the year progressed, reports predicting poorer survival rates and an increase in deaths due to diagnosis and treatment

delays, led us to write to the Secretary of State for Health. We urged him to ensure bowel cancer patients did not become the forgotten casualties of coronavirus, and called for critical workforce capacity to be increased to help address the issues.

The pandemic has led to some innovative practices being rolled out at a faster pace, including the use of Colon Capsule Endoscopy (CCE) in Scotland and England. This procedure inserts a tiny camera inside a pill to help detect bowel cancer as an alternative to a traditional colonoscopy. We collaborated with both the SCOTCAP trial in Scotland and the CCE pilot in England to use this technology as something which has the potential to make a huge difference for people with bowel cancer symptoms who are waiting for a colonoscopy, and also reduce the increasing pressure on colonoscopy services.

Driving the change needed for diagnosis, treatment and care

Our influencing work was of course not limited to COVID-19. We were delighted to launch our third Never Too Young report, shining a spotlight on the unique experiences and needs of people diagnosed under the age of 50. Launched in August, the report represented our biggest ever survey of younger patients. More than 1,000 people who had been diagnosed with bowel cancer under 50 shared their experiences, alongside 222 people who responded on behalf of someone who had received a diagnosis below this age.

The report highlighted that younger patients often delay visiting their GP with symptoms, and face major barriers to early diagnosis (including misdiagnosis). Despite clinical guidance being in place, they aren't being tested for genetic conditions, and are experiencing poor aftercare.

“

Our unique, patient-led support is designed to give young people with the disease a voice – we're educating, inspiring, authentic and unafraid to take on difficult or taboo subjects. We've been invisible for too long. It's time to bring our voices together and amplify our message so it can be heard by those with the power to deliver real change.

Cara, Never Too Young project group member

”

We gained national media coverage for the report, helping to raising the profile of the campaign further. We amplified this work on our digital channels, by promoting the report alongside a new podcast hosted by BBC News presenter George Alagiah and featuring Sarah Bates, who was diagnosed with bowel cancer aged just 39. To tie in with this activity, we updated best practice guidance for GPs speaking to younger patients about bowel cancer symptoms, including suggested questions to ask.

We were thrilled to launch our partnership with the Never Too Young Project Group – the next step in the Never Too Young campaign journey. This group of younger



“ I joined the Bowel Cancer UK online community when I got diagnosed and have found it a huge source of reassurance and support. So many strong and positive people helping each other, all of us navigating our way through the biggest challenge we’re ever likely to face.

Liz

”

people have all been diagnosed with bowel cancer themselves or have been directly affected by it – and will share their experiences and give a unique voice to others with the disease. They'll also work alongside us to challenge policy, campaign for changes to clinical practice and extend the reach of our Never Too Young campaign further.

Our 'Get Personal' campaign pushes for access to medicines for patients with advanced bowel cancer, who continue to have limited treatment options, despite recent advance in bowel cancer research. We worked this year to ensure people in England and Wales were able to gain access to a new treatment combination on the NHS. We submitted evidence to the National Institute for Health and Care Excellence (NICE) asking them to recommend encorafenib in combination with cetuximab for the treatment of people with a specific type of advanced bowel cancer. Researchers found the combination of the two drugs significantly improved survival rate (the amount of time patients lived after receiving the treatment) from 5.9 months to 9.3 months, compared to other treatments.

NICE initially rejected the treatment, but following a review of additional feedback from the clinical community, charities including us, as well as patients affected by the decision, NICE finally recommended the combination for use.

We also provided an expert voice as part of the NICE consultation to update guidance for colorectal cancer patients, which aims to improve survival and the quality of life for adults with the disease in England and Wales. Reflecting evidence from research and clinical approaches, the guidance helps to inform healthcare professionals and organisations of the latest evidence to treat people with the disease, covering areas including health information and prevention, as well as treatment and ongoing care.

We sat on the National Genomics Board, ensuring the needs of bowel cancer patients

were reflected in a new government strategy setting out the future of healthcare for people in the UK. The strategy – Genome UK: the future of healthcare – committed to a number of measures, which will ensure a much more tailored healthcare approach for bowel cancer patients and those who may be at risk of developing the disease.

We were delighted to see a commitment to testing patients for Dihydropyrimidine dehydrogenase (DPD) deficiency, which can cause serious side effects and adverse reactions to certain types of chemotherapy. In a small number of cases, it can be fatal. We've been campaigning for DPD testing to be in place across the UK for bowel cancer patients, and were thrilled when Wales became the first country to routinely screen for DPD deficiency. Scotland also introduced routine DPD deficiency screening during the pandemic, using evidence that we had previously supplied to the NHS Scottish Health Technologies Group to help support the decision.

In Northern Ireland, we sat on both the Diagnostic and End of Life working groups of the Northern Ireland Cancer Strategy. The central goal of the new strategy is to identify better ways of working to secure further advances across cancer care. We were privileged to represent our community's voice for a plan that will set the direction of cancer care for the next 10 years in Northern Ireland and one which aims to address the demographic changes in the future and significant growth in demand for cancer services.

We've been members of the Bowel Screening Programme Boards in Wales, Scotland and England for many years, where we have campaigned for optimisation of the programme and helped support the rollout of FIT in those nations. We were therefore delighted to be invited by the Public Health Agency to sit on the FIT Implementation Group as part of the Northern Ireland Bowel Cancer Screening Programme.

Fundraising for our vital work

Our amazing community all over the UK stepped up throughout an incredibly complicated and challenging year to raise funds and donate to help support our response to the impact of the pandemic.

We started the year with ambitious fundraising plans in place, but were forced to innovate quickly when mass participation events started being cancelled. We knew we were looking at a big hit to our income, so revised our fundraising targets and adjusted our plans to hold virtual events instead of in-person ones.

Just weeks after the first full lockdown, we held our first ever Remember Together supporter engagement event, to mark and celebrate the lives of people lost to bowel cancer. This included an update about our work and how the support of the community makes a difference, as well as a very moving candle lighting in memory of loved ones with an opportunity to donate if people wished to do so.

Our fitness fundraising event Step up for 30 asked people to get active for the 30 days of June, and surpassed the revised income target. Fronted by British runner Emily Diamond, who lost her grandfather to bowel cancer, we shared the benefits of exercise as a great way to improve people's mental and physical health, and gave fitness activity tips. We were still in lockdown, but our participants were creative with their exercise ideas, using online classes, gardens and local parks to get active each day.

The 2.6 Challenge was created as a substitute for the cancelled London Marathon. Our community, including our staff, rose to the challenge with some creative ideas around the 2.6 theme. Activities included walking a marathon

“

We as a family enjoyed our Walk Together and I enjoyed all my walks throughout June. It was overwhelming that amount of support from everyone involved and we are so grateful for this. This as a whole was a positive experience for us and I will continue to learn and do as much as I can for Bowel Cancer UK.

Tina, Walk Together participant

”

around a garden, spotting 26 wild flowers on daily walks, and running 2.6 miles. We raised almost £50,000, and were incredibly proud that the efforts of our supporters put us in the top ten of charity income from the event.

Our flagship mass participation event, Walk Together, had to be changed due to COVID-19 restrictions. Instead of holding large events in each of the nation's capitals, we asked supporters to organise their own five mile walk during September. More than 500 walks were held across the UK, with over £150,000 raised – more than we expected to raise with our original plans.

We ended the year with one of our key annual fundraisers, Decembeard, which

saw more than 150 hairy heroes grow a beard during the month, raising an amazing £100,000.

December also saw us hold our first ever virtual Christmas Celebration, hosted by one of our patrons, TV presenter Sean Fletcher. We were joined by 200 people at the online event, with another 160 watching afterwards on YouTube. The event also included readings by our Patron and Loose Women panellist Charlene White and limericks written by Patrick Wymer, one of our supporters who died at the start of 2020, read by his friends.

In total, around 1,250 people took part in our events and those they organised themselves during 2020, raising a massive £640,000.

All of this work was supported throughout the year by fundraising through our online shop, which was kindly redesigned for free by leading ecommerce agency supporter blubolt. blubolt's co-founder and creative director Chris Mattingly lost his wife Amy to bowel cancer in 2018, and the team have provided ongoing support to us. During the year, 1,200 people bought products from the shop. One of the items available included a new t-shirt featuring the Star of Hope which was designed in collaboration with fashion designer Nigel Hall, and has since become one of our best sellers. Nigel was inspired to work with us after his partner died of bowel cancer, and we're really grateful to him for this partnership.

Wooden comfort birds, made by members of community group Men's Shed Cymru, were also a hit, selling out quickly. The hand-carved birds are made to bring comfort to people who are anxious, in pain, or have been through trauma, including those affected by bowel cancer. Profits were split between us and Men's Shed Cymru.

Cricketer Adam Lyth chose us as one of three charities to benefit from his testimonial year. Due to COVID-19 restrictions, Yorkshire

County Cricket Club generously agreed to extend their support into 2021.

Hundreds of supporters signed up to make a regular donation and gave to our Christmas Appeal, making it our most successful to date. We also received Facebook gifts from more than 700 people who asked for donations instead of gifts across a range of celebrations, including birthdays, weddings and anniversaries, raising around £130,000.

A staggering 2,400 donations were received in memory of a loved one and nearly 130 people set up in-memory collections online, doubling the number of people doing the same in 2019. This important and very special source of income meant that almost £400,000 could be used to help fund our work.

Purpose-led partnerships

Our valued relationships with trusts, foundations and companies played an instrumental part in navigating and surviving 2020. More than 165 partners and institutions committed to supporting us and adapted their funding criteria to meet the changing priorities created by the pandemic.

We doubled income received in 2020 from trusts and foundations that had not supported the charity before, compared to 2019. We also secured almost £40,000 for an emergency appeal to help support our response to the effects of the pandemic on the bowel cancer community. Our existing funders were also very generous, and accepted applications outside their normal funding timelines and criteria. In addition, we successfully secured funding from the CAF Resilience Fund to support our response to the pandemic in England.

We received over £160,000 from our charity of the year partners, sponsorship, corporate donations and cause related marketing, and created a virtual fundraising toolkit to

make it as easy as possible for corporate supporters to fundraise for us during and beyond lockdown. We also had our first ever Bowel Cancer Awareness Month cause-related marketing promotion, thanks to purpose-led fashion brand Scamp & Dude. Pharmaceutical companies were also very generous and helped support our key activities during the year.

Thank you to our supporters



Despite a very difficult fundraising environment, we were amazed to end the year with an income total of £4.5million. However, it's important to note that this would have been very different without two incredibly generous legacy gifts and government support from the Job HMRC Retention Scheme – totalling just over £1 million. We took great care and control of our expenditure, leading to 5.4 months of unrestricted reserves remaining in December, which provided much-needed continued financial security and stability as we moved into 2021. In addition to financial support received, we're immensely grateful to companies and individuals for work carried out in-kind, matching levels of support seen in 2019, in spite of their own challenges faced during the pandemic.

We would not exist without our fundraisers, partners and donors. We're so grateful for everyone's support during a significantly challenging and difficult year, and we take this opportunity to thank each and every one of them.



“ My **#teambowelcancer** experience was a pleasantly surprising one, after signing up for the race I didn't expect to hear anything other than possibly an automated 'thank you' style email before and after the event. However, I've received many hand-written emails since day one with inspiration, support and all-round good spirits to keep things rolling towards the big day. It adds a great personal touch to the fundraising and makes it feel like you are part of the team. The journey doesn't end here, plenty more challenges to overcome and hopefully there's more to raise towards supporting **#teambowelcancer**.

Tom

”

2021 Objectives

We've achieved so much in 2020, despite the most challenging of conditions. Our focus for 2021 will be to ensure that treatment, care and support for bowel cancer patients is not only rebuilt, but improved, across all four nations of the UK. We'll draw on patient and clinical insights to ensure our work is relevant and informed by the people who truly understand the condition.

Our ambitions for 2021 are bigger than ever, highlights include:

A laser-like focus on the recovery of bowel cancer pathways in all four nations

As the NHS recovers from the impact of the pandemic, we know there is a huge influencing role for us to play, support the recovery of bowel cancer services, and limit the harm of the pandemic on patients. More than that, we'll continue to challenge policy and decision makers to be ambitious on behalf of people affected by bowel cancer. We'll work in collaboration with others to make our voice heard, and we'll continue to be a constructive, critical friend.

Support for people every step of the way with a new clinical 'front door'

We want to be there from the very start, for the 42,000 people diagnosed with bowel cancer every year. To help reach more people, we'll invest in in-house clinical expertise to develop our patient-focused, NHS-facing services. A clinical 'front door' on the world will allow us to have greater impact for far more people with bowel cancer, when their needs are greatest. We want people to come to us through our nurse-led services, and be signposted to the appropriate support, making getting the right help from us and others much smoother. We'll also harness the power of peer-to-peer support by networking local bowel cancer support groups together across the UK.

Growing our investment in research

We'll develop a proactive roadmap to allow us to reinstate our annual research funding. In 2021, this will include new investment in research focused on innovations in the bowel cancer pathway, to help with the recovery of bowel cancer treatment and care post-pandemic.

Innovating to meet the needs of our community

We'll invest, using a ring-fenced 'Transformation and Innovation' fund, in new activities that will allow us to:

- reach more people affected by bowel cancer and find better ways to support them
- bring about positive change sooner for our community, and strengthen our influence by working in partnership with other organisations who share our values and goals
- continue to learn how digital opportunities to connect people affected by bowel cancer can help them feel better informed, better able to cope, and feel less lonely, whilst thinking creatively about good-quality offline support to make our services inclusive
- ensure a warm welcome for everyone by developing our culture of equality, diversity and inclusion. Bowel cancer doesn't discriminate, and neither do we

Ensuring we have robust financial resources to deliver our ambitions

We took a prudent approach to our 2021 budget due to the continuing uncertainties on events and set an income target of £2.6m. However, we have had an amazing start to 2021 with £2.3m raised at the end of June and expect to raise over £4m by the end of the year.



“

When I was really scared, I went onto Bowel Cancer UK's online forum and then joined the stage 4 Facebook group. This has been a massive support for me and I am active on it. I also used the charity's website to find out information about my cancer when I was ready to do it.

”

Hannah

Public benefit

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

They are satisfied that Bowel Cancer UK meets the requirements and conforms to the Act's definition of a charity meeting all elements of the two key principles.

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

1. We raise awareness of bowel cancer through our patient volunteer health promotion and outreach programme, and work extensively with patients and their families in all our policy and campaigns activity
2. Our public health training programme ensures that key potential lifesaving messages are appropriately cascaded across the UK
3. We work with patients, alongside policy makers, clinicians and scientists to ensure that the needs of those affected by bowel cancer are identified and addressed
4. We provide information to bowel cancer patients and their

families through developing and disseminating relevant information

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

Our fundraising practices

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

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

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

will work with them to reach solutions and resolve any issue raised.

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

Regulatory and administrative details

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a charity no. 1071038 in England and Wales and SC040914 in Scotland.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31 December 2020 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP (FRS 102)).

Who we are

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

The main activities of the organisation include:

1. supporting and funding targeted research
2. providing expert information and support to patients and their families
3. educating the public and professionals about the disease
4. campaigning for early diagnosis and access to best treatment and care

For more information, visit our website [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Where we are

The London Office (Principal and Registered office): Unit 202, Edinburgh House, 170 Kennington Lane, London, SE11 5DP

Tel: 020 7940 1760

Email: admin@bowelcanceruk.org.uk

Website: [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

The Scottish Office: 21 Young Street, Edinburgh, EH2 4HU

Tel: 0131 285 3846

Board of Trustees

The following individuals acted as Trustees throughout the year:

1. Patrick Figgis (Chair – member of FRC)
2. Lorraine Lander (Treasurer – member of FRC)
3. Richard Anderson (member of FRC)
4. Nita Ares
5. Peter Beverley
6. Katharine Brown (member of FRC)
7. Stephen Fenwick
8. Joe Higgins (member of FRC)
9. Mauro Mattiuzzo (member of FRC)
10. John Schofield
11. John Stebbing
12. Diana Tait
13. Angela Wiles

Senior Leadership Team

1. Chief Executive (member of FRC), Genevieve Edwards
2. Director of Services, Lauren Wiggins (resigned December 2020)
3. Director of Research and External Affairs, Lisa Wilde
4. Director of Fundraising (member of FRC), Luke Squires
5. Director of Finance and Resources and Company Secretary (member of FRC), Simon Hawkins (resigned January 2021)
6. Interim Director of Finance and Resources (member of FRC), John Axon (appointed January 2021)

Members of our Medical Advisory Board are:

1. Rob Glynne-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Annie Anderson, Professor of Public Health Nutrition, Ninewells Medical School, University of Dundee
5. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
6. Tam Arulampalam, Consultant Laparoscopic Surgeon & Service Director, the ICENI Centre, Colchester General Hospital
7. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
8. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-executive Director, NHS England
9. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
10. Mark Coleman, Consultant Surgeon, Plymouth, Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery
11. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
12. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
13. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
14. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
15. Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
16. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
17. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
18. Hassan Malik, Consultant Hepatobiliary Surgeon and Clinical Lead, University Hospital Aintree NHS Trust
19. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
20. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
21. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
22. Christine Norton, Professor of Clinical Nursing Research, Kings College London
23. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
24. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
25. John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre
26. Bob Steele, Professor of Surgery and Head of Department, University of Dundee
27. Clare Stephens, GP Board Member Barnet CCG, Chair, NCL Cancer Commissioning Board
28. Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust

29. Mark Taylor, Consultant General and Hepatobiliary Surgeon, Belfast Health and Social Care Trust
30. Ian Tomlinson, Director of Edinburgh Cancer Research Centre, University of Edinburgh
31. Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust
32. Katharine Williams, Senior Research Sister, GI and Gynae Cancers, Cancer Clinical Trials Centre, Weston Park Hospital, Sheffield
33. Richard Wilson, Professor of Gastrointestinal Oncology, Institute Of Cancer Sciences, University of Glasgow

Members of our Scientific Advisory Board are:

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

Head of Department, University of Dundee

10. Caroline Young, Clinical Research Training Fellow, University of Leeds

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

Auditors, bankers and solicitors

Crowe U.K. LLP
Aquis House
49-51 Blagrove Street Reading
RG1 1PL

Bankers

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

Solicitors

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

Structure, government and maintenance Governing document and constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles incorporated 25 July 1997 as amended by special resolutions dated 14 June 2007 and 23 December 2011.

All the Members of the Charitable Company are Trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the Trustees are also Directors of the Charitable Company for the purposes of the Companies Act.

Trustees appointment, recruitment, training and induction

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

Each new Trustee is provided with a detailed information pack upon appointment. This covers an introduction to fellow Trustees; details of the Senior Leadership Team (SLT) and staff accompanied by an organisation chart; Articles of Association; the history of the organisation; its objectives and policies; its work and products; recent Trustees and Sub-Committee minutes of meetings; the latest audited Trustees Report and Financial Statements; information on the role and responsibilities of a Trustee.

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

Organisation structure and decision-making

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Trustees meet four times a year. Our SLT meets once per month and reports to the Trustees. The members of the group are shown on page 29.

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee (FRC) which review management accounts, and the progress of the annual audit, as well as personnel and recruitment policies

and compliance with the regulatory environment within which the organisation operates. The FRC meets six times a year with its meetings being staged between main Trustee meetings. It makes recommendations both to the SLT and to the main Board of Trustees. Membership currently comprises of the Chair of Trustees, the Treasurer, one co-opted member, four other Trustees, the Chief Executive, Director of Fundraising and the Director of Finance and Resources.

Directors/Trustees retiring

The Directors retiring by rotation were Richard Anderson, Peter Beverley, Kate Brown, John Schofield and Angela Wiles, all of whom were eligible for re-election and who were reappointed.

Pay policy for senior staff

The Directors consider that the Board of Directors, who are the Charity's Trustees, and the SLT comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All Trustees give of their time freely and and no Trustee received remuneration for their services as Trustee during the year. Details of Trustees' expenses are disclosed in note 7 to the accounts and related party transactions in note 15.

The Chair of the Board will as necessary make a proposal on the remuneration of the Chief Executive to the FRC for its agreement. The Chief Executive makes recommendations as necessary on remuneration levels for any staff earning £50k or more to the FRC for its approval. The Trustees are notified of decisions. The charity has a pay and remuneration strategy for all staff, which was introduced in 2016.

Risk and uncertainties

Achievement of our aims and objectives entails taking risks. The Trustees are satisfied that appropriate internal control systems and risk management processes

are in place. They consider that the following framework provides Bowel Cancer UK with adequate measures to reduce the impact of identified risks:

1. The FRC reviews risk and internal controls, approves the annual risk-register, and receives regular progress reports on key risks
2. SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities
3. Trustee sub-committee and management groups help identify, evaluate and manage risks relating to fundraising, governance, health and safety and remuneration

The most significant risks to Bowel Cancer UK include the impact of COVID-19, income generation and cash flow management, reputation, health and safety of staff and volunteers, operational management information, IT infrastructure, staff retention and development.

Financial review

The results for the year ended 31 December 2020 are set out on page 39 of the financial statements.

Overall results for the year were incoming funds of £4,590,971 and expenditure of £4,099,657 resulting in a surplus of £491,314.

However, with the pandemic 2020 was an extraordinary and challenging year. Bowel Cancer UK was in receipt of two one-off income streams. Placing half the staff on furlough resulted in claims to HMRC under the Job Retention Scheme of £377,809 (2019: £nil). In addition, the charity was the beneficiary of legacy windfall income of £731,362 (2019: £60,573).

Adjusting for these two exceptional income items the charity's income for the year would have been £3,481,800 and deficit arising of £617,857.

The charity took action to identify cost savings including a staff restructure to offset the drop in normal operational income and total resources expended for the year reduced by 14% from £4,782,857 in 2019 to £4,099,657. £24,019 of redundancy costs were incurred following the restructure (2019: £nil).

As a result of these actions, the charity finished the year with unrestricted reserves of £1,957,840 an increase of £724,030 year on year.

Spending using restricted reserves exceeded income for the year by £232,716 as restricted income also dropped year on year (2020: £357,799 and 2019: £694,324).

The Balance Sheet on page 40 reflects the activities in the year. The increase in current assets from £2,272,683 in 2019 to £2,826,535 in 2020 reflects an increase in cash and debtors arising from legacies. Creditors have fallen by £43,339 year on year.

Reserves

The Board of Trustees recommend that to allow the Charity to be managed efficiently, an unrestricted reserve equivalent to at least three months operating expenditure (with a longer-term aim of six months) should be built up. The Trustees believe that this is the minimum level of reserves required to ensure the operating efficiency of the charity, to provide some protection to the organisation, its charitable programmes, and to provide time to adjust to changing financial circumstances. There will be a continued focus on balancing increasing the Charity's reserves whilst providing suitable funds to support growth in its portfolio of activities.

The Charity now has free reserves of £1,856,245 (2019: £988,170) which represents 5.4 months of operating expenditure and places the charity towards the top end of the reserves policy. Trustees feel this is a prudent level given the continuing uncertainties around the pandemic.

Designated funds are amounts identified by the Trustees for a particular project or use. The Trustees have reduced the amount in the designated fund for fixed assets to £101,595, to reflect the net book value of the fixed assets.

Restricted funds are detailed in Note 13.

Statement of Trustees' responsibilities

The Trustees (who are also Directors of Bowel Cancer UK for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards). Company law requires the Trustees to prepare financial statements for each financial year.

Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the

Trustees are required to:

1. select suitable accounting policies and then apply them consistently
2. observe the methods and principles in the Charities SORP
3. make judgements and estimates that are reasonable and prudent standards have been followed, subject to any material departures disclosed and explained in the financial statements
4. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose with

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

Provision of information to auditors

In so far as, the Trustees are aware:

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

Staff and volunteers

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

Auditors

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

This report has been prepared in accordance with the special provisions of s415A of the Companies Act 2006 relating to small companies.

This report was approved by the Board of Trustees on 15 September 2021 and signed on their behalf by



Lorraine Lander, Trustee

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

Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2020 which comprise the Statement of Financial Activities, 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2020 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 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required

to determine whether this gives rise to 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 our audit

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 34, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic

decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial

statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the charity were Charity Commission regulations, employment law and General Data Protection Regulation (GDPR).

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Finance and Resources Subcommittee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, sample testing of documentation relating to income, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify

it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

[This report has not yet been signed]

.....
Janette Joyce
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor

Aquis House
49-51 Blagrove Street,
Reading
Berkshire
RG1 1PL

Date:

Statement of Financial Activities for the year ended 31 December 2020 (Incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	Total 2020 £	Total 2019 £
Income					
Donations and legacies	2	1,908,172	228,414	2,136,586	1,573,586
Other trading activities	2	1,940,705	129,385	2,070,090	3,233,362
Income from investments		6,351	-	6,351	9,708
Income from charitable activities	3	135	-	135	5,996
Other income	4	377,809	-	377,809	-
Total income		4,233,172	357,799	4,590,971	4,822,652
Expenditure					
Expenditure on raising funds	5	1,238,781	-	1,238,781	1,752,733
Expenditure on charitable activities	5	2,270,361	590,515	2,860,876	3,030,124
Total expenditure		3,509,142	590,515	4,099,657	4,782,857
Net income and movement in funds	6	724,030	(232,716)	491,314	39,795
Total funds brought forward		1,233,810	555,132	1,788,942	1,749,147
Total funds carried forward	13 & 14	1,957,840	322,416	2,280,256	1,788,942

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

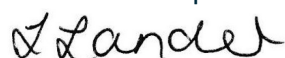
The notes on pages 42-56 form part of these financial statements.

Balance Sheet as at 31 December 2020

Company number 3409832 (England and Wales)

	Note	2020 £	2019 £
Fixed assets			
Tangible assets	8	100,801	197,090
Intangible assets	9	794	2,382
		101,595	199,472
Current assets			
Debtors and prepayments	10	766,340	533,885
Cash at bank and in hand		2,060,195	1,738,798
		2,826,535	2,272,683
Creditors: amounts falling due within one year	11	(623,874)	(667,213)
Net current assets		2,202,661	1,605,470
Provisions: amounts due in more than one year	12	(24,000)	(16,000)
Net assets		2,280,256	1,788,942
Funds			
Unrestricted funds			
Designated		101,595	245,640
General funds		1,856,245	988,170
	13	1,957,840	1,233,810
Restricted funds	13	322,416	555,132
Total funds	14	2,280,256	1,788,942

These financial statements have been prepared in accordance with the special provisions relating to companies subject to the small company regime within Part 15 of the Companies Act 2006. The financial statements were approved and authorised for issue by the board and were signed on its behalf on 15 September 2021 by



Lorraine Lander Trustee

The notes on pages 42-56 form part of these financial statements.

Statement of cash flows

	2020 £	2019 £
Cash generated by operating activities	315,046	322,280
Cash flows from investing activities:		
Interest income	6,351	9,708
Purchase of fixed assets	-	(12,851)
Proceeds from disposal of fixed assets	-	243
Change in cash and cash equivalents at the end of the year	321,397	319,380
Cash and cash equivalents at beginning of the year	1,738,798	1,419,418
Movement	321,397	319,380
Total cash and cash equivalents at end of the year	2,060,195	1,738,798
Reconciliation of net movement in funds to net cash flow from operating activities	(24,000)	(16,000)
Net movement in funds	491,314	39,795
Depreciation and amortisation	97,877	97,612
Increase in debtors	(232,455)	(43,226)
(Decrease)/increase in creditors	(43,339)	229,773
Increase in provisions	8,000	8,000
Loss on disposal of fixed assets	-	34
Interest income	(6,351)	(9,708)
Net cash generated by operating activities	315,046	322,280
Analysis of cash and cash equivalents		
Cash in hand	1,668,080	1,301,158
Notice deposits (less than three months)	392,115	437,640
Total cash and cash equivalents at end of the year	2,060,195	1,738,798

	At 1 January 2020 £	Cash Flows £	At 31 December 2020 £
Analysis of changes in net funds			
Cash and cash equivalents			
Cash	1,738,798	321,397	2,060,195
Total	1,738,798	321,397	2,060,195

Notes to the Financial Statements

For the year ended 31 December 2020

1 Accounting policies

1.1 Basis of preparation

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

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

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Unit 202, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

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

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

This has had a significant, immediate impact on the company's operations with fundraised income being impacted by the cancellation of most mass participation

events and increased competition for funding from trusts and foundations.

As a result, Directors have undertaken a range of actions to ensure that they have sufficient capacity in place to meet operating cash requirements for the foreseeable future. These actions include staff redundancies, reduced costs of senior leaders, taking full advantage of the UK COVID Job Protection Scheme to furlough staff, and minimising all discretionary expenditure.

At the present time, there continues to be uncertainty around events going ahead in the autumn and what the long term impact will be.

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

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

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 29. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Income

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

Notes to the Financial Statements

For the year ended 31 December 2020

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

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

Donated services totalling £470,572 are included as a gift in kind and an expense and are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the Trustees' annual report for more information about their contribution.

1.4 Expenditure

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

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

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

Support costs are those functions that assist the work of the charity but do not directly

undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's activities. These costs have been allocated to the charitable activities on the basis of staff numbers.

Grants payable are charged to the statement of financial activities in the year in which the offer is approved and conveyed to the recipient, except in those cases where the offer is conditional and entitlement is yet to be earned. Such grants are recognised as expenditure when the relevant conditions are fulfilled.

Grants offered subject to conditions which have not been accrued at the year-end are noted as a commitment as disclosed in note 15 to the financial statements.

1.5 Fund accounting

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

Designated funds comprise unrestricted funds that have been put aside at the discretion of the Trustees for particular purposes (see note 13). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance and Resources Sub-Committee.

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

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

1.6 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost

Notes to the Financial Statements

For the year ended 31 December 2020

including any incidental expenses of acquisition.

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

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

- Computer equipment and software – over four years
- Fixture and fittings – over five years
- Office refurbishment – over three years

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Operating leases

The charity classifies the lease of office

in London, the two London office franking machines and one photocopier as operating leases; the title to the equipment remains with the lessor and the equipment is replaced every five years, which is in line with its economic life. Rentals payable under operating leases are charged to the Statement of Financial Activities on a straight-line basis over the life of the lease.

1.11 Pension costs

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

1.12 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

1.13 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.14 Critical accounting judgements and key sources of estimation uncertainty

Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other

Notes to the Financial Statements

For the year ended 31 December 2020

factors that are considered to be relevant. Actual results may differ from these estimates.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are as follows:

- Dilapidation provision – the charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in Note 12
- Residuary legacies – the charity recognises residuary legacies once probate has been granted which therefore requires an estimation of the amount receivable

The estimates and underlying assumptions are reviewed on an on-going basis. In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

Notes to the Financial Statements

For the year ended 31 December 2020

2. Income from generated funds	2020	2019
	£	£
Donations and legacies		
Donations from individuals	372,931	409,567
Legacies	731,362	60,573
General grants	397,230	468,385
Corporate donations	635,063	635,061
	<u>2,136,586</u>	<u>1,573,586</u>
Other trading activities		
Runs	318,067	858,521
Treks and challenges	206,220	500,866
Community fundraising	1,520,013	1,846,331
Other special events	-	61
Trading Income	25,790	27,583
	<u>2,070,090</u>	<u>3,233,362</u>
3. Income from charitable activities		
Training	135	5,996
	<u>135</u>	<u>5,996</u>
4. Other income		
Coronavirus Job Retention Scheme Grant	377,809	-
	<u>377,809</u>	<u>-</u>

Notes to the Financial Statements

For the year ended 31 December 2020

5. Resources expended	Direct costs		Support costs		Total
Expenditure on raising funds	Staff	Other	Staff	Other	2019
	£	£	£	£	£
Costs of generating voluntary income	659,755	381,224	161,683	36,119	1,238,781
	659,755	381,224	161,683	36,119	1,238,781
Expenditure on charitable activities					
Awareness and Direct Services	659,755	303,893	184,597	41,239	1,399,124
Communications and Campaigning	446,811	529,542	104,752	23,401	1,104,506
Grants	-	357,246	-	-	357,246
	1,316,206	1,190,681	289,349	64,640	2,860,876
Total costs	1,975,961	1,571,905	451,032	100,759	4,099,657

Support costs have been allocated on the basis of staff numbers employed in each area of activity. Total governance costs for the year, included in support costs, are £11,160 (2019: £10,300), being trustee expenditure of £60 (2019: £Nil) and audit and accountancy fees of £11,100 (2019: £10,300).

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

Notes to the Financial Statements

For the year ended 31 December 2020

6. Net income is stated after charging:	2020	2019
	£	£
Depreciation	96,289	96,025
Amortisation	1,588	1,587
Operating lease payments	277,970	282,591
Auditors' remuneration:		
- Audit fee for the current period	11,100	10,300
- Non Audit fee for the current period	600	900

7. Staff costs	2020	2019
	£	£
Wages and salaries	2,117,860	2,176,073
Social security costs	206,648	218,688
Pension Contributions	78,466	74,579
Redundancy costs	24,019	-
	2,426,993	2,469,340

During the year Bowel Cancer UK paid £24,019 (2019: £Nil) of redundancy costs. These expenses were approved by the Trustees for payment.

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

	2020	2019
	Number	Number
£70,001 - £80,000	2	1
£60,001 - £70,000	3	4
	5	5

Pension Contributions of £15,048 (2019: £14,071) were paid in respect of the higher paid individuals.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2020 amounted to £Nil (2019:£Nil).

Notes to the Financial Statements

For the year ended 31 December 2020

The key management personnel of the charity comprise the Trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources, Director of Fundraising and Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £412,162 (2019: £430,275). 2020 saw some changes in the key management which saw an average FTE of 5.0 compared with 5.1 from the year before.

The average number of staff analysed by function was:

	2020 Number	2020 FTE	2019 Number	2019 FTE
Fundraising	17	17	20	20
Awareness and Direct Services	19	19	20	18
Communications and Campaigning	12	11	12	12
Central Support	8	7	8	7
Research	1	1	1	1
	57	55	61	58

Trustees

One of the Trustees received emoluments during the year of £2,010 (2019: One Trustee received £11,725). This amount is also shown in Note 15.

One of the Trustees received reimbursed training expenses during the year of £60 (2019: No Trustees received reimbursed travel expenses).

Notes to the Financial Statements

For the year ended 31 December 2020

8. Tangible fixed assets	Office Refurbishment	Fixture and Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2020	206,244	13,444	119,940	339,628
At 31 December 2020	206,244	13,444	119,940	339,628
Amortisation				
At 1 January 2020	85,657	3,697	53,184	142,538
Charge for the period	68,748	2,587	24,954	96,289
At 31 December 2020	154,405	6,284	78,138	238,827
Net book value as at 31 December 2020	51,839	7,160	41,802	100,801
Net book value as at 31 December 2019	120,587	9,747	66,756	197,090

All fixed assets are used for charitable purposes

9. Intangible fixed assets	Website £	Total £
Cost		
At 1 January 2020	4,763	4,763
At 31 December 2020	4,763	4,763
Amortisation		
At 1 January 2020	2,381	2,381
Charge for the period	1,588	1,588
At 31 December 2020	3,969	3,969
Net book value as at 31 December 2020	794	794
Net book value as at 31 December 2019	2,382	2,382

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

Notes to the Financial Statements

For the year ended 31 December 2020

10. Debtors and Prepayments

	2020	2019
	£	£
Legacy Debtor	295,500	42,772
Other Debtors	85,896	87,638
Prepayments and accrued income	384,944	403,475
	766,340	533,885

11. Creditors

	2020	2019
	£	£
Trade creditors	121,777	179,153
Accruals	428,399	423,436
Taxes and social security costs	42,749	62,575
Other creditors	30,949	2,049
	623,874	667,213

Deferred income at 1 January	-	12,010
Income deferred in the current year	-	-
Deferred income at 31 December	-	-

12. Provisions

	Property provision 2020	Property provision 2019
	£	£
At 1 January 2020	16,000	8,000
Amounts charged	8,000	8,000
At 31 December 2020	24,000	16,000

The dilapidation provision relates to amounts provided to reflect the cost of restoring the condition of the leased property in accordance with the lease agreement.

Notes to the Financial Statements

For the year ended 31 December 2020

13. Statement of funds	Balance 1 January 2020 £	Income £	Expenditure £	Balance 31 December 2020 £
Total Designated funds:				
Fixed Assets	199,472	-	(97,877)	101,595
Surgical Research	46,168	-	(46,168)	-
	245,640	-	(144,045)	101,595
Total General funds	988,170	4,233,172	(3,365,097)	1,856,245
Total Unrestricted funds	1,233,810	4,233,172	(3,509,142)	1,957,840

Designated funds

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

Designated funds of £101,595 (2019: £199,472) have been set aside from the charity's unrestricted funds by the Trustees to reflect the net book value of the fixed assets.

Notes to the Financial Statements

For the year ended 31 December 2020

13. Statement of funds (continued)	1 January 2020 £	Income 2020 £	Expenditure £	Transfers £	31 December 2020 £
Restricted Funds:					
BeWEL Project	5,388	-	(5,388)	-	-
CAF Resilience Fund	-	28,984	(28,984)	-	-
General Patient Services	-	34,250	(34,250)	-	-
General Work in Northern Ireland	-	13,081	(13,081)	-	-
General Work in Scotland	-	17,875	(17,875)	-	-
General Work in Wales	-	5,000	(5,000)	-	-
Moondance Foundation	160,338	84,093	(172,836)	-	71,595
National Colorectal Cancer Nurses Network Digital Get Together	-	7,142	(7,142)	-	-
Never Too Young	-	13,517	(13,517)	-	-
Never Too Young Patient Group	-	14,263	(1,431)	-	12,832
Operations	-	12,750	(12,750)	-	-
Patient Information	5,000	28,500	(28,620)	-	4,880
Printing	-	984	(984)	-	-
Research	22,500	22,124	(94,015)	56,850	7,459
Service Delivery Manager and Education Manager	37,500	-	(37,500)	-	-
Surgical Chair	191,183	50,250	(84,640)	(56,850)	99,943
Surgical Chair Scotland	97,837	22,986	-	-	120,823
Surgical Fellow	35,386	2,000	(32,502)	-	4,884
Total Restricted Funds	555,132	357,799	(590,515)	-	322,416

Restricted funds

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

BeWEL Project

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

CAF Resilience Fund

Funding has been received to deliver essential online information, advice and support services to bowel cancer patients and their loved ones across England.

General Patient Services

Funding has been received to sustain and support our programme of support services for people affected by bowel cancer.

General Work in Northern Ireland

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

General Work in Scotland

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

Notes to the Financial Statements

For the year ended 31 December 2020

General Work in Wales

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

Intra-Fund transfers

Intra-Fund transfers in the year amounted to £56,850 (2019: £150,620).

Moondance Foundation

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

National Colorectal Cancer Nurses Network Digital Get Together

Funding has been received to deliver a digital study day for healthcare professionals.

Never Too Young

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

Never Too Young: Project Group

Funding has been raised by this group to support activities related to younger bowel cancer patients.

Operations

Funding has been received in support of running our London office.

Patient Information

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

Printing

Funding has been received to develop and print patient information materials.

Research

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

Service Delivery Manager and Education Manager

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

Surgical Chair

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

Surgical Chair Scotland

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

Surgical Fellow

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

Notes to the Financial Statements

For the year ended 31 December 2020

13. Statement of funds (continued)	Balance 1 January 2019 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2019 £
Total Designated funds:					
Fixed Assets	284,510	-	-	(85,038)	199,472
Surgical Research	111,750	-	-	(65,582)	46,168
	396,260	-	-	(150,620)	245,640
Total General Funds	839,072	4,128,328	(4,129,850)	150,620	988,170
Total Unrestricted funds	1,235,332	4,128,328	(4,129,850)	-	1,233,810

Restricted Funds:	Balance 1 January 2019 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2019 £
Awareness Scotland	1,928	1,000	(2,928)	-	-
Printing	-	11,699	(11,699)	-	-
Colorectal Cancer Study Days	-	42,000	(42,000)	-	-
General Patient Services	-	20,550	(20,550)	-	-
Awareness	-	7,000	(7,000)	-	-
General Work in Scotland	-	12,174	(12,174)	-	-
General Work in Northern Ireland	-	28,477	(28,477)	-	-
Research	183,627	32,090	(223,217)	30,000	22,500
General Work in Wales	-	5,000	(5,000)	-	-
Surgical Chair	257,280	18,600	(84,697)	-	191,183
Surgical Fellow	-	75,750	(40,364)	-	35,386
Never Too Young	-	15,095	(15,095)	-	-
Moondance Foundation	-	257,052	(96,714)	-	160,338
Digital Services	16,266	500	(16,766)	-	-
Learning Disability Training	2,865	-	(2,865)	-	-
Surgical Chair Scotland	-	97,837	-	-	97,837
Patient Information	-	19,000	(14,000)	-	5,000
Patient Days	-	10,000	(10,000)	-	-
BeWell Project	21,488	-	(16,100)	-	5,388
Service Delivery & Educ Manager	-	37,500	-	-	37,500
NHS England Cumbria	-	3,000	(3,000)	-	-
Get Personal	30,361	-	(361)	(30,000)	-
Total Restricted funds	513,815	694,324	(653,007)	-	555,132

Notes to the Financial Statements

For the year ended 31 December 2020

14. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds 2020 £
Funds balances at 31 December 2020 are represented by:			
Fixed assets	101,595	-	101,595
Net current assets	1,880,245	322,416	2,202,661
Provisions	(24,000)	-	(24,000)
Charity funds at 31 December 2020	1,957,840	322,416	2,280,256

	Unrestricted funds £	Restricted funds £	Total funds 2020 £
Funds balances at 31 December 2019 are represented by:			
Fixed assets	199,472	-	199,472
Net current assets	1,050,338	555,132	1,605,470
Provisions	(16,000)	-	(16,000)
Charity funds at 31 December 2019	1,233,810	555,132	1,788,942

15. Related party transactions

Three Trustees made a donation to the charity in aggregate of £200 (2019: six Trustees with donations in aggregate of £26,983).

Following approval from the Charity Commission, it was agreed that the Chair of the Board of Trustees, Patrick Figgis would cover the vacant post of Chief Executive from October 2019 until this position was filled in February 2020. In fulfilling this position, he was paid £13,735 during this period.

Notes to the Financial Statements

For the year ended 31 December 2020

16. Research grant expenditure and commitments	2020	2019
	£	£
Grant expenditure		
Newcastle University	50,074	78,881
Royal College of Surgeons	64,650	47,864
University of Birmingham	23,756	74,995
University of Cambridge	641	42,723
University of Dundee	47,746	8,932
University of Edinburgh	(16,461)	16,389
University of Hull	7,585	13,001
University of Leeds	40,311	103,031
University of Nottingham	74,591	6,207
University of Oxford	45,384	-
University of West England	18,969	1,185
	357,246	1,393,208

Future grant commitments not provided in these financial statements:

	2020	2019
	£	£
< One year	307,132	472,780
One - two years	108,949	241,893
> Two years	-	77,166
	416,081	791,839

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

17. Operating Leases

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

	2020		2019
	Land and Buildings	Office Equipment	Land and Buildings
	£	£	£
< One year	282,506	-	255,290
One - two years	430,020	-	680,774
> Five years	-	-	-
	936,064	703	936,064
			703

Notes to the Financial Statements

For the year ended 31 December 2020

18. Statement of Financial Activities - comparative figures by fund type

Year ended 31 December 2019

	Unrestricted funds £	Restricted funds £	2019 Total £
Income			
Donations and legacies	1,247,592	325,994	1,573,586
Other trading activities	2,868,032	365,330	3,233,362
Income from investments	9,708	-	9,708
Income from charitable activities	2,996	3,000	5,996
Total income	4,128,328	694,324	4,822,652
Expenditure			
Expenditure on raising funds	1,752,733	-	1,752,733
Expenditure on charitable activities	2,377,117	653,007	3,030,124
Total expenditure	4,129,850	653,007	4,782,857
Net income	(1,522)	41,317	39,795
Transfers between funds	-	-	-
Net movement in funds	(1,522)	41,317	39,795
Fund balances brought forward	1,235,332	513,815	1,749,147
Fund balances carried forward	1,233,810	555,132	1,788,942

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

Bevan Brittan LLP
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The Medicash Foundation
The Peacock Charitable Trust
The Royal College of Surgeons of Edinburgh
The Sinclair Charity
The Simon Gibson Charitable Trust
The Syncona Foundation
The Tom and Sheila Springer Charity
The Valentine Charitable Trust

Pharmaceutical companies

Amgen made a donation towards the cost of design, print and distribution of patient information materials.

Merck provided financial support for the educational content of our NCCNN digital get together (not including the Gary Logue awards), our support services and the design, print and distribution of patient information materials.

Norgine made a donation towards our support services, which allowed us to help patients and their loved ones when they needed us most.

Servier made an unrestricted donation in support of our work.

None of our sponsors influenced the design or delivery of our work.

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

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

To donate or find out more visit
bowelcanceruk.org.uk

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