



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

Contents

Statement from Bowel Cancer UK Chair	5
Statement from Bowel Cancer UK Chief Executive	6
Our year in numbers	8
Financial summary 2020	10
2020 achievements	12
2021 objectives	25
Independent auditor's report	35
Statement of financial activities	39
Balance sheet	40
Statement of cash flows	41
Notes to the financial statements	42



“

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

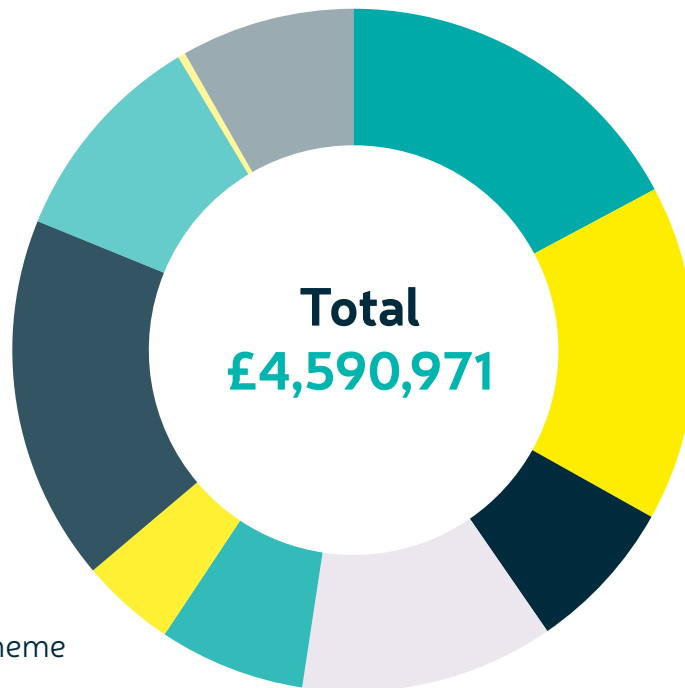


- **two new Patrons** – England and Harlequins rugby player Joe Gray and Hull City footballer Angus MacDonald – raised awareness of how they had been personally affected by the disease to a whole new generation of supporters

Financial summary 2020

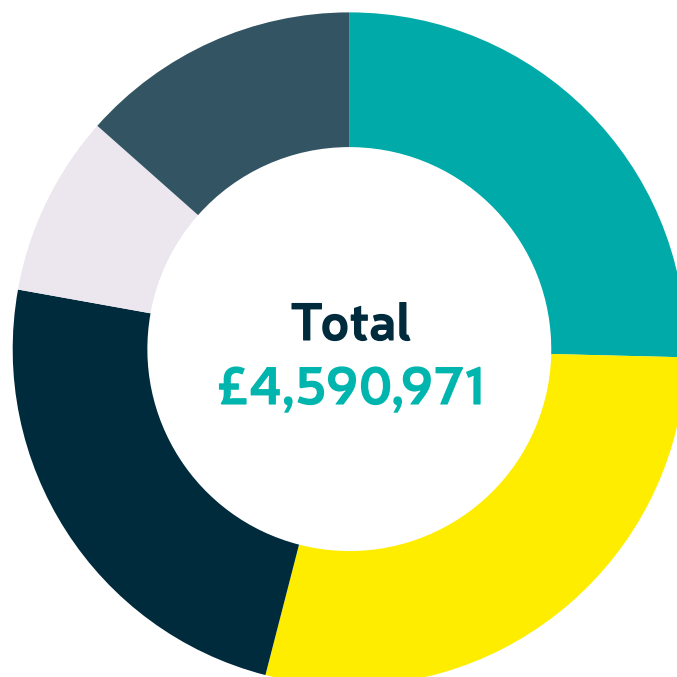
Where our money comes from

- 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.

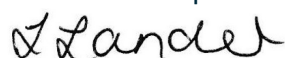
Balance Sheet as at 31 December 2020

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	Office	Land and
	Buildings	Equipment	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
blubolt
CAF Resilience Fund
Capital Group
Christie & Co
Edwards & Co. Solicitors
Ethicon
Grant Simpson Trust
Great Western Rail (Plymouth Station)
Langdale Trust
Lloyds Banking Group
Lloyd's of London
R U B White Charitable Trust
Scamp & Dude
Souter Charitable Trust
The Borrowes Charitable Trust
The de Laszlo Foundation
The Eveson Charitable Trust
The Heather Hoy Charitable Trust
The Holbeck Charitable Trust
The HSWJ Trust
The Hugh Fraser Foundation
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

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

 [@bowelcanceruk](https://twitter.com/bowelcanceruk)