



Bowel Cancer UK

Annual Review 2021

For the year ended 31 December 2021



Bowel Cancer UK
Beating bowel cancer together



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

About **268,000** people in the UK are currently living with bowel cancer.

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

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

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

Our vision is a future where nobody dies of bowel cancer



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“Bowel Cancer UK’s forum has been an incredible support. The information you find is such a great comfort. The people that constantly reply with all these stories of hope and positivity are truly inspiring.”

Kirsty

Statement from Bowel Cancer UK Chair of Trustees

It’s with pride and gratitude that we reflect on 2021, following as it did, one of the most difficult years in our charity’s history. The challenges facing people with bowel cancer did not diminish with the advent of the COVID vaccine. We still needed to make sense of changing guidance for clinically vulnerable patients and their families, and we had a mountain to climb to support the NHS in restoring and improving diagnostic, treatment and care services disrupted by the pandemic.

We continued to innovate and improve our own services and the support we provided to people with bowel cancer and their families. As a result, we were able to make a difference to more people than ever before, at the point when they needed us the most.

We worked hard to get more treatments approved for patients with advanced bowel cancer, giving them options, extending their lives and improving their quality of life, and we championed innovation in screening and diagnostics including through our work on the Colon Cancer Endoscopy Expert Advisory Group.

Our team has worked tirelessly to increase public awareness of bowel cancer and its symptoms during the year. Never an easy task with modest budgets, it is nevertheless a vital one given how low public understanding is of red flag symptoms, and the tens of thousands of ‘missing’ cancer patients in NHS services in 2021.

We know that bowel cancer is preventable, treatable and curable, especially if diagnosed at its earliest stages, but still one in five bowel cancers are diagnosed in A&E, when patients’ chances of successful treatment are much worse. This must change and our policy report, ‘Improving Bowel Cancer Outcomes: a roadmap for change’, launched by Professor Sir Mike Richards at a parliamentary roundtable, became the blueprint for our influencing work in 2022.

We went into 2021 with a fundraising target which reflected the uncertainty caused by the ongoing pandemic. We finished the year in our strongest ever financial position, thanks to the enormous passion, energy and generosity of

our wonderful supporters. This means we will be able to launch a new research grant round in 2022 to help more people survive bowel cancer and thrive beyond their treatment, as well as fund the first Colorectal Cancer Surgical Research Chair in Scotland, with the Royal College of Surgeons in Edinburgh.

We could not have predicted that Bowel Cancer UK would have its best year, hot on the heels of one of its most challenging. We’re incredibly grateful to those who contributed to that success – our supporters, volunteers, and of course the staff team, who have worked so hard to make it happen. This report tells the story of that remarkable year, of some of the people we were able to help, the extraordinary contributions of time, effort and donations that came from our supporters and how we put those funds to the best possible use. Your achievements and your support give us the means and the confidence to invest in the future – a future where no one dies of bowel cancer.



Patrick Figgis, outgoing Chair of Trustees and Richard Anderson, incoming Chair of Trustees

In December 2020, Patrick Figgis stood down as Chair of Bowel Cancer UK, leaving behind him a strong, focussed charity with a compelling strategy for the future. He’s succeeded by Richard Anderson, who takes up the reins as Chair and will steer Bowel Cancer UK into its next chapter with ambition and momentum.

Statement from Bowel Cancer UK Chief Executive

2021 was a year of challenge, uncertainty, and outstanding achievement for the Bowel Cancer UK family.

We recognised the damage the pandemic has done to the NHS, and to bowel cancer diagnosis, treatment and care, and we've worked with policymakers and other cancer charities to advocate for the resources needed to build those services back better than before. We've made progress, but there is much more yet to do, and early diagnosis remains a priority for us going forward.

With our remarkable community of people affected by bowel cancer, we've pressed for access to new and better treatments, and made sure the voices of patients have been heard by those making decisions that will affect them. We've developed innovative ways of supporting patients and their families as they go through diagnosis and treatment for bowel cancer, and found ways of connecting people for mutual support.

We've campaigned to raise vital awareness of the symptoms of bowel cancer, amplified by the voices of patients generously sharing their own stories. And we've done this in partnership with the media, including ITV's Lorraine who ran their first 'No Butts' campaign in April. Our newest patron, Deborah James, super-charged this lifesaving work during Bowel Cancer Awareness Month and inspired hundreds of people to join our 'Step up for 30' fundraising campaign.

Every charity needs income to achieve its ambitions, and our supporters ran, swam, and trekked in their thousands. Sunflowers were grown, vintage cars displayed and heads shaved, all ingenious ways of raising vital funds to save lives from bowel cancer. Companies, trusts and foundations backed our vision, and provided essential funding so we could develop our services and support to healthcare professionals working with bowel cancer patients.

We've worked with clinicians and researchers to inform our policy work and improve surgical techniques, and we've always put the needs and



Genevieve Edwards, Chief Executive

experiences of people affected by bowel cancer at the heart of our decision-making and plans.

We've learned so much too. We've delivered high-quality, engaging digital content from patient information days, colorectal nurse study days and Facebook Live sessions with high profile experts in bowel cancer treatment and care, such as Dr Philippa Kaye.

Bowel Cancer UK has always had people at its heart. We know that together, we're strongest. I'm so grateful to our incredible team who never waver from their laser focus on the needs of people affected by bowel cancer, and to the volunteers who stand alongside us, delivering services and support every single day. I want to pay a special tribute to our outgoing Chair, Patrick Figgis, whose vision, passion and impeccable stewardship has safeguarded our charity through difficult days and helped make a reality of our vision. He leaves us with an exciting future ahead.

To everyone who shared their story with the media, or policymakers, who reached out to support someone struggling to cope, campaigned with us, donated or fundraised for us – **our heartfelt thanks to you all.**

**Genevieve Edwards,
Bowel Cancer UK Chief Executive**



“When initially diagnosed, I researched bowel cancer and found the Bowel Cancer UK website. I also read a lot of the blogs on the website from others who've been through similar experiences, which helped me understand what I would be going through and gave me hope that I would get through it all and recover well.”

Greg

Our year in numbers



Over **10,500** individuals and **175** partners and institutions helped us to raise **£5.3 million**



We provided over **1.7 million** moments of support to people affected by bowel cancer, and their loved ones



Almost **1,600** pieces of media coverage reached many millions of people



We sent out nearly **90,000** health information booklets to patients and healthcare professionals



Our digital patient information was downloaded nearly **25,000 times**



Our funded researchers levied an additional **£8 million investment** into bowel cancer research



Our forum grew to more than **6,100** active members and was visited over **half a million times** over the course of the year - an **86% increase** in the number of visitors compared to 2020



We helped secure approval for **three new drugs** to benefit advanced bowel cancer patients in the UK, who are people with few other treatment options



We worked in partnership with over **60** charities during the year to champion the needs of bowel cancer patients in the face of COVID-19



More than 600 'Walk Together' events took place across the UK, raising over **£151,000**



We were instrumental in lowering the bowel screening age to 56 in England and 58 in Wales – **a step in the right direction towards screening at 50 for all**

Financial summary 2021

Where our money comes from

- Individuals **£1,321,456**
- Legacies **£272,623**
- Nations **£349,551**
- Partnerships & Philanthropy **£811,615**
- Runs **£534,503**
- Treks & Challenges **£746,620**
- Community **£842,370**
- Pro Bono **£417,128**
- Other **£12,058**



How we spend our money

- Generating Voluntary Income **£1,158,949**
- Awareness and Direct Services **£693,203**
- Communications, Campaigns and Research **£1,153,361**
- Support costs **£530,438**



“ Since diagnosis, I’ve been on the Bowel Cancer UK website and used the forum on there. I’m also involved in Chat Together with other people who have or have had bowel cancer. I’m finding it invaluable.

Michelle

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2021 Achievements

Raising vital awareness of bowel cancer

Despite COVID-19 continuing to dominate the health and news agenda throughout 2021, we were still able to raise lifesaving awareness of bowel cancer, promote early diagnosis, and increase the public profile of the charity and the support we provide across the whole of the UK. Over the course of the year, we received nearly 1,600 pieces of media coverage, reaching many millions of people.

Awareness raising is vitally important as so few people are aware of the signs and symptoms of the disease. A YouGov survey we commissioned this year showed that around half of adults living in the UK (42%) were not aware of any symptoms of bowel cancer.

To kickstart 2021, we were delighted to announce Deborah James (aka @BowelBabe) as our newest patron. Deborah was diagnosed with stage 4 bowel cancer in 2016 when she was 35 years old, and discusses her experience of being a young woman and mum living with the disease in her award-winning column in The Sun Online, her best-selling book, 'F*** You Cancer: How to face the big C, live your life and still be yourself' and the chart-topping podcasts 'You, Me & the Big C' for BBC's Radio 5 Live and 'The Good Stuff', which she hosts with her children. Deborah has worked tirelessly to raise awareness of bowel cancer, even in the toughest of personal times, and is a phenomenal fundraiser. We are deeply sad to learn as we write this review (May 2022) that Deborah is now receiving hospice care at home.

Bowel Cancer Awareness Month in April remained very different to our pre-pandemic

activity, but we were grateful for the fantastic support of our community who embraced the month. We worked cross-organisationally to deliver a fully integrated campaign, which has reached millions of people and raised more than £300,000.

Our flagship 'Step up for 30' fundraiser was held this year in April, rather than June, providing a tangible fundraising event for our wonderful community of existing, and new, supporters.

For the first time in our history, bowel cancer was a focus for a campaign on a national daytime television programme, with the subject featuring on ITV's Lorraine. Over the course of three weeks, their 'No Butts' campaign highlighted symptoms of the disease, with experts and supporters affected by bowel cancer appearing on the show, playing a huge part in helping to raise awareness with new audiences.

In May, we once again partnered with Norgine for the company's second 'Stay on Track' campaign, which aims to improve levels of public awareness of bowel cancer symptoms and the importance of testing and early diagnosis. The campaign was supported by our patron and England rugby hero Matt Dawson. Matt, who lost his grandfather to bowel cancer at the age of 60, and whose mum was also diagnosed with the disease in her late 50s, urged people to complete bowel cancer screening if they're eligible, and to attend any follow-up tests for the disease.

A survey commissioned for the campaign showed a fifth of people would not go to see their doctor during the pandemic if they noticed potential bowel cancer symptoms, and 17% said they would be uncomfortable visiting a hospital for further investigations

due to worries around contracting COVID-19 or wasting NHS time.

We were able to reach more than 3,100 people through our programme of 167 volunteer-led bowel cancer awareness talks for workplaces and community groups. Nine out of ten participants said as a result of the talks, they were more likely to reach out to their GP if they experience symptoms.

In August we partnered with NHS England to support their 'Help Us, Help You' campaign, encouraging people with potential cancer symptoms to come forward for lifesaving checks. The campaign used TV adverts, billboards and social media to urge people to speak to their GP if they're experiencing diarrhoea, bloating or prolonged discomfort in the tummy area, which can be red flag symptoms for bowel cancer.

We marked World Metastatic Colorectal Cancer Day on 29 September with a host of awareness raising activities across our channels, including a fantastic blog by our supporter Steve Clarke on what he wished he'd been told when he was diagnosed at stage 4 in 2013.

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A diagnosis of metastatic colorectal cancer doesn't have to mean the end of your life, it can be the reason to start living it.

Steve

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Supporting people with bowel cancer

Our support for people directly affected by the disease, and their loved ones, continued to be a vital lifeline for so many. The pandemic resulted in significant changes to the way we delivered help and support. COVID-19 hit our community hard, and our suite of support had never been more needed.

Our online coronavirus 'hub' contained key coronavirus information in one place, as well as wellbeing tips and other resources, and was viewed over 28,000 times in 2021. Up-to-date COVID-19 information was vital during a year where so many changes were implemented that impacted on our community, especially for those who are clinically vulnerable.

Our Facebook support groups, first launched in 2019, continued to go from strength to strength with over 1,155 members accessing help and support across three groups specialising in 'Living with stage 4', 'Caregiver help & support' and 'Immunotherapy support' (new this year). Membership increased over 60% compared to 2019. We're incredibly grateful to the team of 12 volunteer moderators who helped keep the groups safe. Our 'ask the nurse' email service offers information from qualified healthcare professionals and signposts to further support to anyone with any questions or concerns about bowel cancer. During the year, our nurses dealt with 471 queries, and 87% of users recommended the service.

We held two successful digital engagement events for people affected by bowel cancer: 'Living well with bowel cancer' in June and 'Living well with advanced bowel cancer' in November, attended by over 170 people. Our community were able to hear Dr Philippa Kaye, a GP who writes a weekly column in Woman magazine and is regularly seen on ITV's This Morning, share her personal experience of bowel cancer and Helen Ludlow,

Macmillan Nurse and Gastroenterology Clinical Nurse Specialist, Cardiff and Vale University Health Board, talking through the consequences of treatment for advanced bowel cancer.

A range of health information resources were created and updated, including a brand-new guide 'Eating well', a booklet that helps people to eat healthily after bowel cancer. We relaunched the hugely popular 'Your pathway', a comprehensive guide on what to expect at each stage of the bowel cancer pathway, from diagnosis right through to treatment and beyond. To support the advanced bowel cancer hub launched last year, we produced a new booklet 'Treating advanced bowel cancer', providing much needed information and advice to help people navigate treatment when bowel cancer has spread to other parts of the body.

During the year, due to popular demand from both patients and healthcare professionals, we reinstated distribution of our printed publications, sending out 88,290 patient information booklets. Throughout 2021 our digital patient information was also extremely popular, and was downloaded nearly 25,000 times, with more than 1.43 million unique views.

To support the growing need for digital health information, we launched a new partnership with leading health app Vinehealth, to help people affected by bowel cancer track, manage and understand their cancer care. The free app contains a wide range of articles written by the charity, covering key information about bowel cancer in one handy place, including signs and symptoms of the disease, side effects from treatments, and communication with carers and medical professionals. The app also has a focus on the importance of people's mental health and wellbeing.

Our peer-to-peer support programme Chat Together, which launched as a pilot scheme in

2019, grew significantly during the year. This eight-week programme brought together small groups of people, who were affected by bowel cancer, for a weekly one-hour Zoom call. The programme offered a chance to share experiences in a friendly, supportive and warm environment, to help people feel more connected. We hosted 14 groups, totalling 93 sessions attended by 79 people. We also recruited 10 new volunteer facilitators to support the calls.

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For me Chat Together's been invaluable, it's been a complete and utter lifeline. It's kept me sane and I really look forward to the calls every week. It's a lovely atmosphere and I'm really grateful for everyone's confidence and support.

Chat Together participant

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Our forum continued to provide an invaluable source of support for more than 6,100 active members, of which 1,449 members were new sign ups during the year. Tips, support and updates to help navigate the complexities of treatment during the pandemic were shared by members, with the forum visited over half a million times over the course of the year, which was an 86% increase in the number of visitors compared to the previous year.



“

I used Bowel Cancer UK's resources when I was feeling deep fear and desperation in the summer of 2021, whilst I was going through treatment for relapse after my bowel cancer diagnosis. The charity raised me up with hope, support and connection.

Ning

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Working with healthcare professionals

Continuing from the success of last years' first ever National Colorectal Cancer Nurses Network (NCCNN) study day, this year's event was held as a digital get-together in September, bringing together over 200 delegates from across the UK.

Dr Claire Taylor MBE, Macmillan Nurse Consultant in Colorectal Cancer and Chair of the NCCNN, used the day to explain the vital role of the network in supporting colorectal cancer nursing practice and advancing colorectal cancer care. During a challenging year for the profession, nurses have continued to make a huge difference to the lives of their patients and colleagues.

In recognition of their incredible compassion, determination and dedication, we were pleased to announce the winners of the 2021 Gary Logue Colorectal Cancer Nursing Awards. Filipe Carvalho from the Royal Marsden NHS Foundation Trust was winner of the award for a nurse nominated by their colleagues. The judges were particularly impressed by his excellent quality of care and his leadership while setting up and running a COVID-19 cancer hub, which performed surgery on over 200 patients with colorectal cancer in two COVID-19 free hospital sites. The winner for the award for a nurse nominated by a patient was Lauren McCrisken from Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust.

Our support for healthcare professionals in Wales, through our Moondance Foundation-funded activity, saw us launch a new online course about bowel cancer for community pharmacy staff, to help them feel more confident talking to people about the disease. Taking just one hour to complete, the free online course helped pharmacists and their teams understand the symptoms of bowel cancer, prevention advice, the importance of taking part in bowel screening,

as well as facts and figures about the disease and the impact of COVID-19 on bowel cancer services in Wales. So far 49 participants across Wales have completed the module.

Working in partnership to champion people with bowel cancer

Working in partnership is critical to achieving long-term, seismic change for people affected by bowel cancer, particularly during the continuing challenging environment of COVID-19. This year saw us partnering effectively with both colleagues across the charity sector, and the NHS.

We supported Macmillan Cancer Support and the Wales Cancer Network, by promoting the Wales Cancer Patient Experience Survey, which aimed to canvas the views of over 11,000 people who were treated for cancer during 2020. Understanding their experiences will help to plan and improve cancer services in the future.

We partnered with the NHS to promote the National COVID Cancer Antibody Survey to our community. The survey looked to recruit 10,000 people diagnosed with cancer in the previous year, or currently receiving cancer treatment, to assess their antibody responses to the COVID-19 vaccines. The survey will help us understand the level to which bowel cancer patients are protected by the COVID-19 vaccines (which we know very little about currently), and whether any bowel cancer treatments affect response to vaccination.

In March, we joined with 46 other cancer charities as part of One Cancer Voice to send a united message to all governments across the UK: we stand ready to work with you to help plot a route out of the pandemic, and towards world-leading cancer services. We urged governments and NHS leaders across the UK to implement a nine-point action plan, including directing resources to clear the cancer

backlog as quickly as possible: continuing to encourage people with cancer symptoms to seek help from their GP, and expand the number of staff in key cancer professions.

In June, to coincide with the lifting of most COVID-19 restrictions in England, we joined 39 other charities and organisations again as part of One Cancer Voice, to write an open letter, published in The Observer, urging the public to help keep vulnerable people safe as restrictions ease by practicing social distancing, continuing to wear masks and getting vaccinated against COVID-19.

We also worked alongside 15 leading health charities who form the Shielding and High-Risk Workers coalition, calling for the Government to do more to support those who may not have as much protection from their COVID-19 vaccines (including many bowel cancer patients) ahead of the coronavirus restrictions lifting.

In October, we worked again with One Cancer Voice to send a united message from 51 cancer charities to the Prime Minister, Chancellor of the Exchequer, and Secretary of State for Health and Social Care, urging them to use the upcoming Comprehensive Spending Review to urgently deliver Government commitments to improve cancer survival and care by growing the cancer workforce and investing in kit to meet patient need, levelling-up on cancer to address factors which mean poorer communities are hardest hit by the disease, and strengthening investment in cancer research and development.

As a member of the Wales Cancer Alliance, we urged the Welsh Government to replace the disappointing quality statement published this year, with a robust, comprehensive cancer strategy. We highlighted that Wales runs the risk of being the only UK nation without a cancer strategy, which is likely to lead to people receiving poorer and less personalised cancer care.

As part of the Scottish Cancer Coalition we spent much of 2021 planning and working towards the next Scottish cancer strategy. We met with the Cabinet Secretary for Health in October and raised the importance of workforce planning and investment in equipment to meet current and future demand. We're also members of the Scottish Cancer Coalition's Medicines Subgroup which provides us with an opportunity to shape the coalition's position on treatment appraisal processes in Scotland.

With the launch of the Scottish Government's Endoscopy and Urology Diagnostic Recovery and Renewal Plan in November, and our role in directly influencing the paper, we were included by the Scottish Government on the body tasked with overseeing the plan's implementation, as the lead representatives for the Scottish Cancer Coalition.

Research

Over the last five years, we've invested £1.3 million in bowel cancer research, helping us to better understand the disease, and ultimately save lives. The pandemic continued to have a catastrophic impact on charity-supported medical research, and while we were devastated to be unable to invest financially in new research projects for the second year running, we continued to support our 11 ongoing research projects and our patient network, which brings patients and researchers together to co-create new research ideas.

We were, however, able to support research with our time and expertise. We partnered with leading clinicians on a research study that found that increasing the sensitivity of the faecal immunochemical test can help to identify more cases of bowel cancer, advanced polyps (non-cancerous growths) and Inflammatory Bowel Disease in younger people when they attend their GP practice with symptoms. The research by Mr Nigel D'Souza

and colleagues, published in *Colorectal Disease* found the number of patients who had both larger amounts of blood detected in their poo and who were diagnosed with serious bowel diseases (including bowel cancer), supports a need for an urgent care pathway for younger patients. This may help avoid delays in diagnosis and treatment. We were delighted to co-author the research paper, providing evidence from our Never Too Young report from 2020 to ensure the voices of younger people with bowel cancer were heard.

We also worked with our Colorectal Surgical Research Chair, Professor David Jayne, and his colleague, Dr Stephen Chapman, to develop a new way to present post-surgical information to bowel cancer patients to aid in their recovery. This research, which included input from 11 bowel cancer patients sharing their experience of post-surgical recovery information, was published in the journal *Colorectal Disease*. We're now working with Dr Chapman on a feasibility study, to trial these new resources with the aim of having them adopted into the NHS.

Our directly funded research, although still very much in its infancy, is starting to have a real-world impact. This year, the charity was invited to join the working group of an NHS England project, looking to create a single pathway for the management of people with Lynch syndrome, a genetic condition that can increase the lifetime risk of bowel cancer to up to 80%. Lynch syndrome is estimated to cause over 1,200 cases of bowel cancer in the UK every year, many of them in people under the age of 50. Our research project with Professor Sir John Burn and Dr Jem Rashbass to establish a Lynch syndrome registry is an integral part of the initiative, alongside our previous policy activity highlighting the shocking lack of Lynch testing for people diagnosed with bowel cancer.

One of our research projects conducted by Dr Juliette Usher Smith at University of Cambridge published its findings this year,

suggesting that inviting men to participate in bowel cancer screening at an earlier age than women might prove cost effective. For example, if men were invited to start bowel cancer screening at the age of 56 and women at 60, this may result in fewer bowel cancer cases, especially at a later stage, as well as fewer deaths per 100,000 people living in England. This approach to 'risk stratified screening' is being investigated by the NHS. However, the research did highlight that the benefits of this would be negligible once the screening age is reduced to 50 for both men and women – a key way of reducing cases and deaths that we're driving forward with NHS England.

Professor David Jayne updated the charity on his progress to date as the UK's first Bowel Cancer UK/Royal College of Surgeons of England (RCS Eng) Colorectal Research Chair. The Chair's role is to increase surgical research activity and improve the outcomes for bowel cancer patients. Professor Jayne's research focus is on developing new medical technology, surgical devices and reducing post-operative complications. Since taking on this role, he has launched four new clinical trials, has two more in development, and has used his position to levy an additional £8 million investment into bowel cancer research. This work will undoubtedly help to advance bowel cancer surgery, saving lives and improving the quality of life of patients.

Driving the change needed for bowel cancer diagnosis, treatment and care

Going into the second year of the pandemic, bowel cancer patients continued to face significant challenges with diagnosis, treatment and care. The biggest delay to patients starting treatment was increased waiting times in endoscopy services. Since 2019, in England there has been an almost six times increase in the average number



“ Thank you to all my family and friends, and all the health professionals and organisations like Bowel Cancer UK for all they do, and have done, in bringing me and many others hope, care and encouragement. ”

Ron

of people waiting longer than six weeks for an endoscopy, with 43% of people waiting longer than six weeks and 27% of people waiting longer than 13 weeks in 2021. Our influencing team fought hard all year to make the patient's voice heard, and to ensure that bowel cancer does not become overshadowed by COVID-19.

Early diagnosis

Our campaign to ensure bowel screening begins at age 50 across the whole of the UK got a significant boost this year when both England and Wales began to invite younger people. In England, screening was extended to 56 year olds in replacement for the disbanded BowelScope screening programme, while Wales extended screening to 58 year olds. This is a fantastic achievement and a positive step in the right direction.

We were invited to sit on the expert advisory group for NHS England's new trial of colon capsule endoscopy (CCE), a tiny camera the size of a large pill that, when swallowed, films its journey through the body to check for any potential signs of cancer or other major conditions. CCE has the potential to make a huge difference for people with bowel cancer symptoms who are waiting for a diagnosis. The capsule, which is also currently being rolled out in Scotland, can be used to rule out bowel cancer, reducing the need for colonoscopy services.

We submitted evidence to the Health and Social Care Select Committee inquiry into cancer, which focused on why England lags behind international counterparts on cancer survival. Our submission highlighted the fact that England is poorer at diagnosing bowel cancer at an early, more treatable stage and the biggest barrier to this was staff shortages in endoscopy and pathology services. We highlighted the need for long-term investment in the cancer workforce so we improve the bowel screening programme and bring

waiting times under control. The report, with recommendations, will be published in 2022.

In January we responded to a consultation conducted by the Senedd's Health and Social Care Committee on the impact of delays to diagnosis and treatment. Our response highlighted the increased delays faced by patients in the lower GI pathway in Wales and called for improved workforce planning and training to meet current and future demand, particularly within diagnostic services. We also promoted the need for greater innovation and speedier adoption of new methods of diagnosis and treatment, such as CCE.

Improving treatment

Our 'Get Personal' campaign pushes for access to medicines for patients with advanced bowel cancer, who continue to have limited treatment options, despite recent advance in bowel cancer research. We worked tirelessly this year to ensure advanced bowel cancer patients across the UK were able to gain access to three new treatments. We worked closely with clinicians and people with advanced bowel cancer to submit evidence to both National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) on the impact of living with stage 4 bowel cancer and the potential benefits of these treatments.

In England and Wales, NICE approved the use of Nivolumab, in combination with ipilimumab, for people with advanced bowel cancer with specific genetic changes, known as 'high microsatellite instability' or 'mismatch repair deficiency'.

During May, the Scottish Medicines Consortium (SMC) approved the use of encorafenib in combination with cetuximab for people with advanced bowel cancer whose cancer cells have a mutation (faulty copy) in their genes called BRAF V600E.

This treatment combination was already approved for use in the rest of the UK. Approximately one in ten people diagnosed with advanced bowel cancer have a BRAFV600E mutation, and their treatment options are currently extremely limited. These patients will typically have worse outcomes than those who do not have this mutation.

The drug Pembrolizumab was also approved for use in England, Scotland and Wales this year. The drug, which can double progression-free survival time for some people with advanced bowel cancers, is now available on the NHS as a first line treatment, again for people with microsatellite instability or mismatch repair deficiency.

Ensuring patients can avoid unnecessary, and in some instances, life limiting side effects of treatment is vitally important. So we were delighted when the Department of Health in Northern Ireland announced routine DPYD testing for bowel cancer patients to screen for serious reactions to chemotherapy prior to treatment, an issue we have been campaigning on since 2017. DPYD testing has been routinely available in Wales and England since late 2020, and the Scottish Government has committed to introducing DPYD testing in the near future.

Influencing for change

Keeping bowel cancer high on the political agenda remains a top priority for the charity. We launched a new report, 'Improving Bowel Cancer Outcomes: A Roadmap for Change', which set out the major challenges facing bowel cancer services in the UK and the impact this is having on patients and outlines a roadmap for change. The report was launched at a virtual roundtable in November chaired by Professor Sir Mike Richards, former NHS Cancer Director and author of the Report of the Independent Review of Diagnostic

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'Improving Bowel Cancer Outcomes: A Roadmap for Change' recognises the need for better public awareness and better access to diagnostics to improve outcomes for patients. Recovery of diagnostic services from the impact of the pandemic is a first priority, but this must be followed by full rollout of bowel screening and other service improvements as quickly as possible.

Professor
Sir Mike Richards

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Services for NHS England and attended by the Right Honourable Lord Lansley CBE, former Secretary of State for Health who was diagnosed with bowel cancer in 2018.

The cancer workforce continues to be a significant barrier to improving bowel cancer outcomes, so we supported an amendment to the Health and Care bill, led by over 100 health and care leaders and charities, to strengthen workforce planning and give us the best foundation to take long-term decisions needed to help the system keep up with patient need.

In England, we responded to the All-Party Parliamentary Group (APPG) on Radiotherapy's consultation on solutions to the cancer backlog to ensure that endoscopy and bowel cancer surgery services were prioritised throughout 2021. The consultation aimed to inform the APPG's work on a 'Catch up with Cancer "Way Ahead"' policy paper to present solutions to the COVID-19 induced cancer backlog as recommendations to the Government at the end of May.

We've also supported a cross-cancer charities petition calling on the Government to urgently invest in the NHS cancer workforce in the autumn Spending Review in October, which gathered nearly 57,000 signatures and submitted our own financial asks, to the HM Treasury, to improve the lives of bowel cancer patients. In November, The Scottish Government announced their 'Endoscopy and Urology Diagnostic Recovery and Renewal Plan', backed by a £70 million investment. The plan will focus on recovering services, supporting faster diagnosis of cancers and improving outcomes for patients. The aims were heavily influenced by the patient testimony the charity presented.

Following extensive engagement with the third sector, clinical teams and government officials, Northern Ireland launched a ten-year cancer plan, 'A Cancer Strategy for Northern Ireland 2022-2032', in early 2022. As one of only two charities representing single tumour sites, we were honoured to sit on two of the seven working groups (i.e. diagnosis and end of life care). We were pleased to see a number of our recommendations included in the strategy but have called for greater clarity around funding and timelines for delivery.

Fundraising for our vital work

Our amazing community of supporters went above and beyond in 2021 to raise funds and donate to help our on-going response to the impacts of the pandemic. There are so many highlights, but here are just a few.

We organised a free Wills month for the first time in March. During the month, supporters were able to write their Will at no cost and we're so grateful to everyone who included a donation to us.

In December we took part in the Big Give, a matched funding scheme in which £20,000 of donations were doubled through our first ever online 'Quizmas Challenge' event. A host of celebrity supporters including actor Connor Swindells, actress Sian Gibson, presenter Sean Fletcher, broadcaster Jim Rosenthal, presenter Pamela Ballantine, and J.Willgoose, Esq, frontman of the band Public Service Broadcasting all got involved to test the knowledge of everyone taking part, across a range of topics and themes.

After 18 months of cancelled events, we were delighted to be back cheering on our participants at challenges such as the Great North Run, London Marathon and Royal Parks Half Marathon. Many of our team had been waiting such a long time to take part, so each day was a real celebration of all of their training and fundraising.

More than 600 'Walk Together' events took place across the UK, raising over £151,000. In Northern Ireland, we were chosen as the beneficiary charity for donations from visitors to a sunflower field who raised an incredible £12,000 in just three weeks. A group of decorators in Wales put their skills to good use by doing plastering for 24 hours and raised £3,000 at the same time. Meanwhile in England, swimming proved to be popular throughout the year, with many people tackling some huge challenges, including crossing the English Channel and between Jersey and France. Lastly in Scotland, the

Blairgowrie Rotary club raised more than £12,000 with their classic car tour. More than 30 supporters, most of whom were walking in memory of loved ones or in support of those currently going through bowel cancer, took part in our Sunrise Trek event in July covering the stunning 13km route of Rhossili Bay. The event raised over £12,000 and was our first in-person event since the start of the pandemic.

Our online shop has been busy all year but Christmas was exceptionally so. We sold more than 1,000 Christmas decorations and over 1,600 packs of cards – an increase of almost 60% on 2020.

'Step up for 30' was our flagship fundraising event for Bowel Cancer Awareness Month in April. Over 800 people got active every day throughout the month. As well as being physically active, hundreds of participants connected and supported each other on our private Facebook group. The event went on to raise an incredible £310,000 which far exceeded all expectations.

Purpose-led partnerships

Our dedicated high value supporters continued to help us transform the lives of people affected by bowel cancer.

In 2021, 175 companies, trusts and foundations funded our work, helping us raise 10% more than last year. Thanks to their generosity, we were able to continue supporting our bowel cancer community through another tumultuous year living with the impacts of the pandemic.

The Charities Aid Foundation's Resilience Fund's significant gift helped us move our services online throughout 2020 and 2021, ensuring bowel cancer patients continued to connect and find the answers they needed. We also received £66,000 from trusts to support our pivotal Scottish Surgical Chair. Establishing this important role will enhance

“

I had an amazing day and thank you for all the support before, during and after the race. I was running in memory of my dad, Cliff, who passed away as a result of bowel cancer in February 2020. My fundraising will help raise awareness and help battle the disease which would be fantastic.

GNR runner

”

bowel cancer surgical trials across Scotland, and ultimately save lives.

Our corporate partners stepped up their support – literally. A range of companies rallied their employees to get moving every day during the month of April by taking part in our 'Step up for 30' challenge. They raised nearly £60,000 and vital awareness of bowel cancer amongst their colleagues and customers.

Pharmaceutical companies continued to support our patient and healthcare professional education days. Their support means that people living with bowel cancer get the support and care they need, delivering better outcomes for patients.

A huge thanks to our brilliant partners for their inspiring support.

Thank you to our supporters



Despite an unpredictable and uncertain economic environment, we were absolutely delighted to end the year with an income total of £5.3million - making 2021 our strongest fundraising result in the charity's history. Our income, together with careful control of our expenditure has provided much-needed continued security and an opportunity to identify investments that will increase our impact as we move into 2022. In addition to financial support received, we're immensely grateful to companies and individuals for work carried out in-kind, exceeding levels of support seen in 2020, in spite of the on-going impacts of the pandemic. We would not exist without our fundraisers, partners and donors. We're so grateful for everyone's support during the year, and we take this opportunity to thank each and every one of them.



“ Raising money for Bowel Cancer UK means so much to me. It's my mission and duty to raise awareness as much as I can so no one else experiences this illness that takes so much from you.

Rachel



2022 Objectives

2021 was not only a record-breaking year for income, but saw the charity achieve stellar levels of awareness raising, support and influencing despite ongoing global health challenges. We're determined to build on last year's success to deliver even more for all those affected by bowel cancer in 2022.

Highlights will include:

Ensuring we have robust financial resources, systems, and tools to deliver our ambitions

Funding is vital if we're going to help more people impacted by bowel cancer. To help us do this in 2022, our fundraising activities will focus on rebuilding our income base and, wherever possible, secure future funds so the charity can plan for the years ahead. This year, we aim to raise £3.6m through a combination of first-class stewardship, effective use of digital engagement and by growing existing and introducing new compelling ways to raise funds and donate.

We also plan to invest in our digital and data activities. This will enable us to better understand our users and supporters and deliver great digital services to support them. This work will also help mitigate organisational risks and improve the efficiency and effectiveness of our systems and processes.

Personal support for everyone affected by bowel cancer

We know our services make a real difference to the lives of people affected by bowel cancer, but we know we need to reach more people across the UK including those who may not currently know what we do. We aim to do this by engaging patients from communities across the UK and co-designing services with them, for them and meeting their specific needs.

We'll also develop referral routes direct from the NHS, where nurses can refer patients at the point of diagnosis to us for information and support. We aim to build a comprehensive suite of peer and expert support services, offering high quality support, aligned closely with the bowel cancer clinical pathway. Alongside this, we'll launch our strategy for supporting GPs and primary care staff, helping them better understand bowel cancer diagnosis, screening, and support.

Reinstating our commitment to research

Research is key to improving diagnosis, treatment, and care of bowel cancer and in 2022, we'll be funding eight new small pilot grants to the value of £200,000, our first new research investments since 2019.

In partnership with the Royal College of Surgeons in Edinburgh, we'll also recruit and fund our first Colorectal Surgical Research Chair in Scotland with clear deliverables for their four-year tenure.

Influencing the change needed to beat bowel cancer

Our policy and influencing activity will be focused around securing an optimal Bowel Cancer Screening programme in all four nations, making desperately needed improvements to the cancer workforce, alongside pushing for innovative changes to the bowel cancer pathway to improve outcomes.

We know that unwarranted variation and health inequalities have an impact on bowel cancer survival and quality of life. But we have never had a detailed understanding of the true scale of that variation and inequalities in the bowel cancer pathway. In 2022, we'll join forces with other cancer charities to produce a pan-cancer and a bowel cancer specific report, as the basis for a new campaign for consistency of standards across the UK.

Raising awareness to drive earlier diagnosis

Just 40% of bowel cancers are diagnosed at the earlier stages when it's more easily treated, and awareness of symptoms is low among the public. We'll drive awareness during Bowel Cancer Awareness Month in April and throughout the year to reach the widest audience with symptoms and the need to act on them. We'll develop a strategy to tackle some of the root causes of late diagnosis, and work with primary care health professionals to rule bowel cancer out faster and refer those at risk more quickly.

Public benefit

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

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

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

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

families through developing and disseminating relevant information

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

Our fundraising practices

Bowel Cancer UK voluntarily subscribes to the Fundraising Regulator, which assumed responsibility for regulating fundraising from July 2016, and investigates, and takes appropriate action on cases of public concern. We work with the Regulator, as we did with its predecessor body, the Fundraising Standards Board.

Monitoring and control of our fundraising activities, including any external and third party suppliers we may collaborate with, is vital to ensure that our supporters have a first-class experience and are treated with respect. In the unlikely event we find any cause for concern, we will investigate as a matter of urgency.

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

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

Regulatory and administrative details Regulatory compliance statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a charity no. 1071038 in England and Wales and SC040914 in Scotland. The principal office address is Unit 202, Edinburgh House, 170 Kennington Lane, London SE11 5DP, which is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31 December 2021 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Statement of Recommend Practice ("SORP").

Who we are

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

The main activities of the organisation include:

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

For more information, visit our website [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Where we are

The London Office (Principal and Registered office): Unit 202, Edinburgh House 170 Kennington Lane London, SE11 5DP
Tel: 020 7940 1760
Email: admin@bowelcanceruk.org.uk
Website: [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Board of Trustees

The Board of Trustees comprises the following individuals:

1. Patrick Figgis (Chair – member of FRC, to 31 December 2021)
2. Lorraine Lander (Treasurer – member of FRC)
3. Richard Anderson (Chair from 1 January 2022, member of FRC, member of Nominations Committee)
4. Nita Ares
5. Peter Beverley (to 16 June 2021)
6. Katharine Brown (member of FRC)
7. Stephen Fenwick
8. Joe Higgins (member of FRC)
9. Mauro Mattiuzzo (member of FRC)
10. John Schofield
11. John Stebbing
12. Diana Tait (member of Nominations Committee)
13. Angela Wiles (member of Nominations Committee)
14. Aisling Bernard CBE (from 30 March 2022)
15. Benjamin Butler (from 30 March 2022)

Senior Leadership Team

1. Chief Executive (member of FRC), Genevieve Edwards
2. Director of Services, Catherine Winsor
3. Director of Research and External Affairs, Lisa Wilde
4. Director of Fundraising (member of FRC), Luke Squires
5. Director of Finance and Resources and Company Secretary (member of FRC), Sian Dawson (from January 2022)
6. Interim Director of Finance and Resources (member of FRC), John Axon (resigned February 2022)

Members of our Medical Advisory Board are:

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

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

- and Hepatobiliary Surgeon, Belfast Health & Social Care Trust
30. Ian Tomlinson, Director of Edinburgh Cancer Research Centre, University of Edinburgh
31. Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust
32. Katharine Williams, Senior Research Sister, GI & Gynae Cancers, Cancer Clinical Trials Centre, Weston Park Hospital, Sheffield
33. Richard Wilson, Professor of Gastrointestinal Oncology, Institute Of Cancer Sciences, University of Glasgow

Members of our Scientific Advisory Board are:

1. Suzy Lishman, Consultant Histopathologist, Peterborough and Stamford Hospitals NHS Foundation Trust (Chair)
2. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast (Deputy Chair)
3. Sir John Burn, Professor of Clinical Genetics, University of Newcastle
4. Sunil Dolwani, Consultant Gastroenterologist, Cardiff University School of Medicine
5. Gareth Evans, Professor of Medical Genetics and Cancer Epidemiology, University of Manchester
6. Claire Foster, Professor of Psychosocial Oncology and Director of Macmillan Survivorship Research Group, University of Southampton
7. Angus McNair, Consultant Senior Lecturer & NIHR Clinician Scientist, University of Bristol
8. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
9. Bob Steele, Professor of Surgery and

- Head of Department, University of Dundee
10. Caroline Young, Clinical Research Training Fellow, University of Leeds

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

Auditors, bankers and solicitors

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

Bankers

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

Solicitors

Lamb Brooks LLP Victoria House
39 Winchester Street Basingstoke
Hampshire
RG21 7EQ

Structure, government and maintenance Governing document and constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles incorporated 25 July 1997 as amended by special resolution dated 16 June 2021.

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

Trustees appointment, recruitment, training and induction

Trustees are appointed by resolution of

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

A number of changes to the members have taken place since 1 January 2021. These are detailed alongside the full list of members on page 29. All Trustees are unremunerated and are voluntary.

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

Organisation structure and decision-making

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Trustees meet four times a year. Our SLT meets twice per month and reports to the Trustees. The members of the group are shown on page 29.

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee (FRC) which reviews management accounts, and the progress of the annual audit, as well as personnel and recruitment policies and compliance with the regulatory environment within which the organisation operates. The FRC meets four times a year with its meetings being staged between main Trustee meetings. It makes recommendations both to the SLT and to the main Board of Trustees. Membership currently comprises of the Chair of Trustees, the Treasurer, one co-opted member, four other Trustees, the Chief Executive, Director of Fundraising and the Director of Finance and Resources.

Pay policy for senior staff

The Directors consider that the Board of Directors, who are the Charity's Trustees, and the SLT comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All Trustees give of their time freely and no Director received remuneration in the year. Details of Trustees' expenses are disclosed in note 7 to the accounts and related party transactions in note 15.

The Chair of the Board will as necessary make a proposal on the remuneration of the Chief Executive to the FRC for its agreement. The Chief Executive makes recommendations as necessary on remuneration levels for the senior leadership team to the FRC for its approval. The Trustees are notified of decisions.

The charity has a pay and remuneration strategy for all staff, which will be renewed in 2022.

Risk and uncertainties

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

1. The FRC reviews risk and internal controls, approves the annual risk-register, and receives regular progress reports on key risks
2. SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities
3. Trustee sub-committees and management groups help identify, evaluate and manage risks relating to fundraising, governance, health and safety and remuneration

The most significant risks to Bowel Cancer UK include the impact of COVID-19, income generation, reputation, health and safety of staff and volunteers, operational management information, IT infrastructure, staff retention and development.

Financial review

The results for the year ended 31 December 2021 are set out on page 39 of the financial statements.

Overall results for the year were incoming funds of £5,307,924 and expenditure of £3,535,951, resulting in a surplus of £1,771,973.

Income grew by £716,953 (16%) compared to the prior year – an outstanding result given the ongoing financial and operational challenges arising from the coronavirus pandemic. Income growth was driven by our community fundraising and events, with income from these activities increasing by 55% to £3,218,212. Individual giving also performed strongly, growing by 55% to £576,288. We remain grateful to all our supporters for their continued generosity in these challenging times.

Expenditure reduced by £358,382 in 2021, reflecting the cost-saving activities undertaken to mitigate the impact of the pandemic, most notably the staff restructure undertaken in late 2020.

As a result, spend on our awareness and direct services fell by £524,057 in 2021. However, we continued to deliver our awareness programme online, with volunteers delivering virtual talks in order to protect the programme and this critical strand of our work. We remain committed to our awareness activity and as we move forward in 2022 we will be reassessing the programme, considering new areas of need and opportunities that have resulted from the pandemic and developing a hybrid programme.

Due to the ongoing financial uncertainty, no new research grants were awarded in the year. As a result, grant spend was a credit of £6,287 (relating to underspend on grants completed in year), compared to £151,922 recognised in 2020. However, research remains a key strategic objective for the charity and we will be recommencing our research activity with a new grant funding round to be launched later in 2022, alongside funding the Scottish Colorectal cancer surgical research Chair.

As a result of the charity finished the year with total reserves of £3,635,828, of which £3,017,364 are unrestricted.

Reserves

The Board of Trustees recommend that to allow the Charity to be managed efficiently, an unrestricted reserve equivalent to three to six months operating expenditure should be built up. The Trustees believe that this is the minimum level of reserves required to ensure the operating efficiency of the charity, to provide some protection to the organisation, its charitable programmes, and to provide time to adjust to changing financial circumstances. There will be a continued focus on balancing increasing the Charity's reserves whilst providing suitable funds to support growth in its portfolio of activities.

The Charity now has free reserves of £2,883,176 (2020: £1,439,843) which represents nine months of operating expenditure and places the charity above the threshold set out in the reserves policy.

The Trustees will review the reserves policy in 2022 to ensure the target level of free reserves remains appropriate in light of the charity's risks, income and expenditure forecasts and future strategy. Unrestricted funds in excess of the identified free reserves target will be used to support increased activity going forwards, enabling us to continue to increase our impact and support more people affected by bowel cancer.

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

Trustees have designated £100,000 to support the recommencement of research in 2022 and a further £34,188 to reflect the net book value of the fixed assets. Restricted funds are detailed in Note 13.

Statement of Trustees’ responsibilities

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

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

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

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company’s transactions, disclose with

reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity’s constitution. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditors

In so far as, the Trustees are aware:

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

Staff and volunteers

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

Auditors

Crowe LLP were reappointed as external auditors during the year.

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

This report was approved by the Board of Trustees on 22 June 2022 and signed on their behalf by



Lorraine Lander, Trustee

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

Opinion

We have audited the financial statements of Bowel Cancer UK (‘the charitable company’) for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company’s affairs as at 31 December 2021 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial

statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such

material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion based on the work undertaken in the course of our audit

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

Matters on which we are required to report by exception

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

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

- adequate and proper accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not

made; or

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 34, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material

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

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

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

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

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

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

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

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

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

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

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements,

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



Janette Joyce
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
Reading

Date: 23 June 2022

Use of our report

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

Statement of Financial Activities for the year ended 31 December 2021 (Incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	Total 2021 £	Total 2020* £
Income					
Donations and legacies	2	1,649,723	427,931	2,077,654	2,136,586
Other trading activities	2	2,939,420	278,792	3,218,212	2,070,090
Income from investments		2,837	-	2,837	6,351
Income from charitable activities	3	2,335	-	2,335	135
Other income	4	6,886	-	6,886	377,809
Total income		4,601,201	706,723	5,307,924	4,590,971
Expenditure					
Expenditure on raising funds	5	1,355,969	-	1,355,969	1,238,781
Expenditure on charitable activities	5	1,769,306	410,676	2,179,982	2,655,552
Total expenditure		3,125,275	410,676	3,535,951	3,894,333
Net income and movement in funds	6	1,475,926	296,047	1,771,973	696,638
Total funds brought forward		1,541,438	322,416	1,863,854	1,167,216
Total funds carried forward	13 & 14	3,017,364	618,463	3,635,827	1,863,854

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

The notes on pages 42-58 form part of these financial statements.

*The statement of financial activities has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

Balance Sheet as at 31 December 2021
Company number 3409832 (England and Wales)

	Note	2021 £	2020* £
Fixed assets			
Tangible assets	8	34,188	100,801
Intangible assets	9	-	794
		34,188	101,595
Current assets			
Debtors and prepayments	10	734,779	766,340
Cash at bank and in hand		3,612,831	2,060,195
		4,347,610	2,826,535
Creditors: amounts falling due within one year	11	(713,970)	(1,040,276)
Net current assets		3,633,640	1,786,259
Provisions: amounts due in more than one year	12	(32,000)	(24,000)
Net assets		3,635,828	1,863,854
Funds			
Unrestricted funds			
Designated		134,188	101,595
General funds		2,883,176	1,439,843
	13	3,017,364	1,541,438
Restricted funds	13	618,464	322,416
Total funds	14	3,635,828	1,863,854

*The balance sheet has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1

These financial statements have been prepared in accordance with the special provisions relating to companies subject to the small company regime within Part 15 of the Companies Act 2006. The financial statements were approved and authorised for issue by the board and were signed on its behalf on 22 June 2022 by



Lorraine Lander Trustee

The notes on pages 42-58 form part of these financial statements.

Statement of Cash Flows
for the year ended 31 December 2021

Cash generated by operating activities	1,560,592	315,046
Cash flows from investing activities:		
Interest income	2,837	6,351
Purchase of fixed assets	(10,793)	-
Change in cash and cash equivalents at the end of the year	1,552,636	321,397
Cash and cash equivalents at beginning of the year	2,060,195	1,738,798
Movement	1,552,636	321,397
Total cash and cash equivalents at end of the year	3,612,831	2,060,195
Reconciliation of net movement in funds to net cash flow from operating activities		
Net movement in funds	1,771,973	696,638
Depreciation and amortisation	78,200	97,877
(Increase)/decrease in debtors	31,561	(232,455)
(Decrease)/increase in creditors	(326,306)	(248,663)
Increase in provisions	8,000	8,000
Loss on disposal of fixed assets	-	-
Interest income	(2,837)	(6,351)
Net cash generated by operating activities	1,560,592	315,046
Analysis of cash and cash equivalents		
Cash in hand	3,218,288	1,668,080
Notice deposits (less than three months)	394,543	392,115
Total cash and cash equivalents at end of the year	3,612,831	2,060,195

	At 1 January 2021 £	Cash Flows £	At 31 December 2021 £
Analysis of changes in net funds			
Cash and cash equivalents			
Cash	2,060,195	1,552,636	3,612,831
Total	2,060,195	1,552,636	3,612,831

*The statement of cash flows has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

1 Accounting policies

1.1 Basis of preparation

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

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

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Unit 202, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

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

In their assessment of going concern the Directors have considered the continued economic uncertainty arising from the COVID-19 pandemic, war in Ukraine and the emerging cost of living crisis.

As at 31 December 2021 Bowel Cancer UK is in a strong financial position, with free reserves of £2.8m (above the required

threshold), liquid cash reserves of £3.6m and no borrowing. As such the charity has sufficient reserves and liquidity to mitigate any financial risks that may materialise.

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

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

1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 29. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Income

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

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

Legacy income is included in the financial statements when the charity is satisfied that the conditions of recognition have

been met. Pecuniary legacies are accounted for when notified. Residuary legacies are accounted for when notification of impending distribution is received and / or receipt occurs. Residuary legacies subject to a life interest held by another party are not included in income until the conditions associated with payment have been fulfilled.

Donated services totalling £417,128 are included as a gift in kind and an associated expense. These are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised.

1.4 Expenditure

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

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

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

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

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

Grants offered subject to conditions which have not been accrued at the year-end are noted as a commitment as disclosed in note 15 to the financial statements.

1.5 Fund accounting

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

Designated funds comprise unrestricted funds that have been put aside at the discretion of the Trustees for particular purposes (see note 13). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance and Resources Sub-Committee.

Restricted funds are funds subject to specific restriction imposed by donors or by the purpose of appeals. The purpose and use of the restricted funds is set out in the notes to the financial statements (see note 13).

1.6 Tangible fixed assets and depreciation

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

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

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

- computer equipment and software – over four years
- fixture and fittings – over five years
- office refurbishment – over three years

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Operating leases

The charity classifies the lease of office in London, the two London office franking machines and one photocopier as operating leases; the title to the equipment remains with the lessor and the equipment is replaced every five years, which is in line with its economic life. Rentals payable under operating leases are charged to the Statement of Financial Activities on a straight-line basis over the life of the lease.

1.11 Pension costs

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

1.12 Creditors and provisions

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

1.13 Financial instruments

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

1.14 Critical accounting judgements and key sources of estimation uncertainty

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

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

- Dilapidation provision – the charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in Note 12.
- Residuary legacies – the charity recognises residuary legacies once probate has been granted which therefore requires an estimation of the amount receivable.

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

1.15 Contingent assets

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

Notes to the Financial Statements For the year ended 31 December 2021

2. Income from generated funds	2021 £	2020 £
Donations and legacies		
Donations from individuals	576,288	372,931
Legacies	272,623	731,362
General grants	576,888	397,230
Corporate donations	651,855	635,063
	2,077,654	2,136,586
Other trading activities		
Runs	534,505	318,067
Treks and challenges	746,620	206,220
Community fundraising	1,899,217	1,520,013
Trading Income	37,870	25,790
	3,218,212	2,070,090
3. Income from charitable activities		
Training	2,335	135
	2,335	135
4. Other income		
Coronavirus Job Retention Scheme Grant	6,886	377,809
	6,886	377,809

Notes to the Financial Statements For the year ended 31 December 2021

5. Resources expended	Direct costs		Support costs		Total
Expenditure on raising funds	Staff	Other	Staff	Other	2021
	£	£	£	£	£
Costs of generating voluntary income	529,257	629,692	151,293	45,727	1,355,969
	529,257	629,692	151,293	45,727	1,355,969
Expenditure on charitable activities					
Awareness and Direct Services	413,653	279,550	139,654	42,210	875,067
Communications and Campaigning	476,331	683,317	116,379	35,175	1,311,202
Grants	-	(6,287)	-	-	(6,287)
	889,984	956,580	256,033	77,385	2,179,982
Total costs	1,419,241	1,586,272	407,326	123,112	3,535,951

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

Total governance costs for the year, included in support costs, are £11,200 (2020: £11,060) comprising trustee expenditure £nil (2020: £60) and audit fee of £11,200 (2020: £11,100).

	Direct costs		Support costs		Total
	Staff	Other	Staff	Other	2020*
	£	£	£	£	£
Expenditure on raising funds					
Costs of generating voluntary income	659,755	381,224	161,683	36,119	1,238,781
	659,755	381,224	161,683	36,119	1,238,781
Expenditure on charitable activities					
Awareness and Direct Services	869,395	303,893	184,597	41,239	1,399,124
Communications and Campaigning	446,811	529,542	104,752	23,401	1,104,506
Grants	-	151,922	-	-	151,922
	1,316,206	985,357	289,349	64,640	2,655,552
Total costs	1,975,961	1,366,581	451,032	100,759	3,894,333

*Resources expended have been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

Notes to the Financial Statements For the year ended 31 December 2021

6. Net income is stated after charging:	2021	2020
	£	£
Depreciation	77,406	96,289
Amortisation	794	1,588
Operating lease payments	277,970	277,970
Auditors' remuneration:		
- Audit fee for the current period	11,200	11,100
- Non Audit fee for the current period	-	600

7. Staff costs	2021	2020
	£	£
Wages and salaries	1,618,320	2,117,860
Social security costs	150,382	206,648
Pension Contributions	57,863	78,466
Redundancy costs	-	24,019
	1,826,565	2,426,993

During the year Bowel Cancer UK paid no redundancy costs (2020: £24,019). These expenses were approved by the Trustees for payment.

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

	2021	2020
	Number	Number
£90,001 - £100,000	1	-
£70,001 - £80,000	-	2
£60,001 - £70,000	3	3
	4	5

Pension Contributions of £11,598 (2020: £15,048) were paid in respect of the higher paid individuals.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2021 amounted to £nil (2020: £nil).

Notes to the Financial Statements For the year ended 31 December 2021

The key management personnel of the charity comprise the Trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources, Director of Fundraising and Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £361,000 (2020: £412,162). The Director of Finance and Resources position was undertaken by an interim consultant in 2021, resulting in an FTE of 4.1 compared with 5.0 in the year before.

The average number of staff analysed by function was:

	2021	2021	2020	2020
	Number	FTE	Number	FTE
Fundraising	13	13	17	17
Awareness and Direct Services	12	12	19	19
Communications and Campaigning	11	10	12	11
Central Support	5	5	8	7
Research	-	-	1	1
	41	40	57	55

Trustees

No Trustees received emoluments during the year (2020: one Trustee received £2,010).

None of the Trustees received reimbursed expenses during the year (2020: £60).

Notes to the Financial Statements For the year ended 31 December 2021

8. Tangible fixed assets	Office Refurbishment	Fixture and Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2021	206,244	13,444	119,940	339,628
Additions	-	-	10,793	10,793
At 31 December 2021	206,244	13,444	130,733	350,421
Depreciation				
At 1 January 2021	154,405	6,284	78,138	238,827
Charge for the period	51,839	2,501	23,066	77,406
At 31 December 2021	206,244	8,785	101,204	316,233
Net book value as at 31 December 2021	-	4,659	29,529	34,188
Net book value as at 31 December 2020	51,839	7,160	41,802	100,801

All fixed assets are used for charitable purposes.

9. Intangible fixed assets	Website £	Total £
Cost		
At 1 January 2021	4,763	4,763
At 31 December 2021	4,763	4,763
Amortisation		
At 1 January 2021	3,969	3,969
Charge for the period	794	794
At 31 December 2021	4,763	4,763
Net book value as at 31 December 2021	-	-
Net book value as at 31 December 2020	794	794

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

Notes to the Financial Statements For the year ended 31 December 2021

10. Debtors and Prepayments	2021 £	2020* £
Legacy Debtor	256,300	295,500
Other Debtors	81,329	85,896
Prepayments and accrued income	397,150	384,944
	734,779	766,340
11. Creditors	2021 £	2020 £
Trade creditors	95,074	121,777
Accruals	567,037	844,801
Taxes and social security costs	43,747	42,749
Other creditors	8,112	30,949
	713,970	1,040,276

*Creditors have been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

12. Provisions	Property provision 2021 £	Property provision 2020 £
At 1 January 2021	24,000	16,000
Amounts charged	8,000	8,000
At 31 December 2021	32,000	24,000

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

Notes to the Financial Statements
For the year ended 31 December 2021

13. Statement of funds	Balance 1 January 2021*	Income	Expenditure	Balance 31 December 2021
	£	£	£	£
Total Designated funds:				
Fixed Assets	101,595	10,793	(78,200)	34,188
Research	-	100,000	-	100,000
	101,595	110,793	(78,200)	134,188
Total General funds	1,439,843	4,490,408	(3,047,075)	2,883,176
Total Unrestricted funds	1,541,438	4,601,201	(3,125,275)	3,017,364

Designated funds

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

Designated funds of £34,188 (2020: £101,595) have been set aside from the charity's unrestricted funds by the Trustees to reflect the net book value of the fixed assets. The other designated fund of £100,000 (2020: £nil) is to fund a new grant funding round to be launched in 2022.

Notes to the Financial Statements
For the year ended 31 December 2021

13. Statement of funds (continued)	1 January 2021	Income	Expenditure	Transfers	31 December 2021
	£	£	£	£	£
Restricted Funds:					
BeWEL Project	-	-	2	-	2
CAF Resilience Fund	-	34,328	(34,328)	-	-
Colorectal Cancer Study Days	-	5,000	(5,000)	-	-
General Patient Services	-	33,000	(33,000)	-	-
General Work in Northern Ireland	-	15,617	(15,617)	-	-
General Work in Scotland	-	8,696	(8,696)	-	-
General Work in Wales	-	5,000	(5,000)	-	-
Moondance Foundation	71,595	90,931	(111,286)	-	51,240
Never Too Young	-	66,777	-	-	66,777
Never Too Young Patient Group	12,832	21,975	-	-	34,807
Patient Information	4,880	22,221	(10,778)	-	16,323
Research	7,459	268,639	(182,087)	-	94,011
Surgical Chair	99,943	3,750	-	-	103,693
Surgical Chair Scotland	120,823	130,788	-	-	251,611
Surgical Fellow	4,884	-	(4,884)	-	-
Total Restricted Funds	322,416	706,722	(410,674)	-	618,464

Restricted funds

Restricted funds are where the donor has imposed restrictions on the use of the funds.

BeWEL Project

Scottish Government Cancer Strategy
Funding provided to deliver this project that aims to reduce the risk of bowel cancer in a high risk population.

CAF Resilience Fund

Funding has been received to deliver essential online information, advice and support services to bowel cancer patients and their loved ones across England.

Colorectal Cancer Study Days

Funding has been received to deliver 1 study day for colorectal cancer nurses across the UK.

General Patient Services

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

General Work in Northern Ireland

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

General Work in Scotland

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

Notes to the Financial Statements For the year ended 31 December 2021

General Work in Wales

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

Moondance Foundation

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

Never Too Young

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

Never Too Young patient group

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

Patient Information

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

Research

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

Surgical Chair

Funding has been received to establish the UK's first-ever Colorectal Research Chair in partnership with the Royal College of Surgeons of England (RCSEng).

Surgical Chair Scotland

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

Surgical Fellow

Funding has been received to establish a network of Colorectal Cancer Surgical Research Fellows in partnership with RCSEng.

Notes to the Financial Statements For the year ended 31 December 2021

13. Statement of funds (continued)	Balance 1 January 2020*	Income	Expenditure	Transfers Between Funds	Balance 31 December 2020*
	£	£	£	£	£
Designated funds:					
Fixed Assets	199,472	-	(97,877)	-	101,595
Surgical Research	46,168	-	(46,168)	-	-
	245,640	-	(144,045)	-	101,595
Total General Funds	366,444	4,233,172	(3,159,773)	-	1,439,843
Total Unrestricted funds	612,084	4,233,172	(3,303,818)	-	1,541,438
Restricted Funds:	Balance 1 January 2020	Income	Expenditure	Transfers Between Funds	Balance 31 December 2020
	£	£	£	£	£
BeWEL Project	5,388	-	(5,388)	-	-
CAF Resilience Fund	-	28,984	(28,984)	-	-
General Patient Services	-	34,250	(34,250)	-	-
General Work in Northern Ireland	-	13,081	(13,081)	-	-
General Work in Scotland	-	17,875	(17,875)	-	-
General Work in Wales	-	5,000	(5,000)	-	-
Moondance Foundation	160,338	84,093	(172,836)	-	71,595
National Colorectal Cancer Nurses Network Digital Get Together	-	7,142	(7,142)	-	-
Never Too Young	-	13,517	(13,517)	-	-
Never Too Young Patient Group	-	14,263	(1,431)	-	12,832
Operations	-	12,750	(12,750)	-	-
Patient Information	5,000	28,500	(28,620)	-	4,880
Printing	-	984	(984)	-	-
Research	22,500	22,124	(94,015)	56,850	7,459
Service Delivery Manager and Education Manager	37,500	-	(37,500)	-	-
Surgical Chair	191,183	50,250	(84,640)	(56,850)	99,943
Surgical Chair Scotland	97,837	22,986	-	-	120,823
Surgical Fellow	35,386	2,000	(32,502)	-	4,884
Total Restricted funds	555,132	357,799	(590,515)	-	322,416

*Statement of funds has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

Notes to the Financial Statements For the year ended 31 December 2021

14. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds 2021 £
Funds balances at 31 December 2021 are represented by:			
Fixed assets	34,188	-	34,188
Net current assets	3,015,176	618,464	3,633,640
Provisions	(32,000)	-	(32,000)
Charity funds at 31 December 2020	<u>3,017,364</u>	<u>618,464</u>	<u>3,635,828</u>

	Unrestricted funds £	Restricted funds £	Total funds 2020 £
Funds balances at 31 December 2020 are represented by:			
Fixed assets	101,595	-	101,595
Net current assets	1,439,843	322,416	1,786,259
Provisions	(24,000)	-	(24,000)
Charity funds at 31 December 2019	<u>1,541,438</u>	<u>322,416</u>	<u>1,863,854</u>

15. Related party transactions

Five Trustees made a donation to the charity in aggregate of £9,135 (2020: three Trustees with donations in aggregate of £200).

Notes to the Financial Statements For the year ended 31 December 2021

16. Contingent Assets

There are two contingent assets as at 31 December 2021 as follows:

- The charity was notified of entitlement to a legacy during the year but with insufficient information to make a valuation. The legacy was received post year end with a value of £123,750.
- The charity was named as a beneficiary to a supporter's pension fund, but insufficient information was available to support a valuation. The income was received post year end with a value of £80,290.

17. Operating Leases

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

	2021 £	2020 £
< One year	261,200	282,506
Two - five years	174,157	430,020
> Five years	-	-
	<u>435,357</u>	<u>712,526</u>

Notes to the Financial Statements

For the year ended 31 December 2021

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

Year ended 31 December 2020

	Unrestricted funds £	Restricted funds £	2020* Total £
Income			
Donations and legacies	1,908,172	228,414	2,136,586
Other trading activities	1,940,705	129,385	2,070,090
Income from investments	6,351	-	6,351
Income from charitable activities	135	-	135
Other income	377,809	-	377,809
Total income	4,233,172	357,799	4,590,971
Expenditure			
Expenditure on raising funds	1,238,781	-	1,238,781
Expenditure on charitable activities	2,065,037	590,515	2,655,552
Total expenditure	3,303,818	590,515	3,894,333
Net income and movement in funds	929,354	(232,716)	696,638
Fund balances brought forward	612,085	555,132	1,167,217
Fund balances carried forward	1,541,439	322,416	1,863,855

*The comparative statement of financial activities has been restated in respect of the year to 31 December 2020, to amend the accounting treatment of research grant expenditure in line with the expenditure recognition policy outlined in note 1.

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

Corporate Partners and Trust and Foundation supporters

Argent
blubolt
Christie & Co
Corporate matching gift from Capital Group
Dentsu UK
Ethicon
Fort Foundation
Gascoynes
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Philip Oppenheimer Foundation
Prowting Charitable Foundation
Osborne Clarke Charitable Trust
Pirtek UK Ltd
Salts Healthcare
SCS
Stick and Twist
Waitrose
The de Laszlo Foundation
The E M Whittome 2013 Charitable Trust
The HSWJ Trust
The Kidani Memorial Trust
The Marie Helen Luen Charitable Trust
The Medicash Foundation
The Mickel Fund
The Peacock Charitable Trust
The PF Charitable Trust
The Simon Gibson Charitable Trust
The Syncona Foundation (previously The Bacit Foundation)

Sponsors

Amgen Ltd made a donation towards the cost of design, print and distribution of patient information materials.

Merck provided financial support for our bowel cancer patient support services, and the print and distribution of awareness materials.

Norgine provided financial support for our 'Colonscopy Confidence Campaign'.

Pierre Fabre provided financial support for one of our virtual patient days and towards the design and print of our booklets: 'Younger people with bowel cancer' and 'Your operation'.

Servier provided financial support towards our National Colorectal Cancer Nurses Network (NCCNN) study day.

None of our sponsors had input into the content of our resources or events.

We remember with grateful thanks everyone who has died and kindly left a gift to support our work including:

Lucy Ogilvie
Pauline Turner
Ernest Bright
Frances Croucher
Lord Thomas Graham

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

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

To donate or find out more visit
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