

Bowel Cancer UK Annual Report and Financial Statements

For the year ended 31 December 2022



Bowel Cancer UK
Beating bowel cancer together





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

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



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

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

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

Our vision is a future where nobody dies of bowel cancer

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“ I was diagnosed with bowel cancer in 2003 and I’ve been an awareness talk volunteer for the charity for six years now. There’s a moment in every talk when something clicks with the audience, and it’s amazing. These talks both change and save lives. ”

Neil

Statement from Bowel Cancer UK Chair of Trustees, Richard Anderson

As you're about to read in these pages, 2022 was Bowel Cancer UK's most successful year ever. We reached and supported more people than we've done before, we shone a spotlight on bowel cancer and its red-flag symptoms, and we raised more money to support our work. This success story has its roots in people, and as Chair of the charity's Trustee Board, I'm delighted to celebrate and share their considerable – and much-needed – achievements in this report.

Our guiding star is always the needs of people living with and affected by bowel cancer. This remarkable, passionate and vocal community is a powerful catalyst for change, and a source of mutual support for thousands of people each year. Our campaigners help us improve the bowel cancer screening programme in the four nations, ensure new treatments for advanced bowel cancer are available through the NHS and improve the pathway for people at high risk of the disease.

Even so, bowel cancer still kills more people than almost any other cancer, and in 2022, it claimed the lives of our patron, Dame Deborah James and our trustee, Aisling Burnand CBE. Both were truly inspirational women who did so much to raise awareness and to advocate for research to ensure the best treatment and care for people affected by bowel cancer. We miss them both, and I count us fortunate to have known and worked with Aisling and Deborah.

I also want to recognise the significant contribution of our volunteers, without whom, we could not have the impact that we do. For every member of staff, there are two volunteers at our shoulders, delivering awareness talks, moderating our forum and Facebook groups, and supporting our research programme and work with GPs and pharmacists. I'm delighted to see that network strengthened in 2022.

Our talented staff team have delivered an impressive programme of work, as ever, rising to challenges and opportunities with energy and enthusiasm. Our task is not always easy, and I thank them for the care and sensitivity they bring to everything we do.

We worked closely with clinical colleagues during the year, and I'm pleased to see us further develop our own clinical services and health information to support patients as they are diagnosed and going through treatment. We've redoubled our commitment to funding research. We've also extended our support to healthcare professionals through the National Colorectal Cancer Nurse Network and by developing a pharmacy toolkit and GP education module on bowel cancer in the under 50s.

Lastly, but by no means least, my heartfelt thanks to our wonderful supporters who went the extra mile – often literally – to raise money for our work. I'm always astonished by your ingenuity and determination, and we're truly grateful to have you as part of our team. This year, our #GetOnARoll campaign brought eight new corporate partners to Bowel Cancer UK, and the potential to save lives together in the years ahead is considerable.



Richard Anderson, Chair of Trustees

Our year in numbers



We provided over **1.8 million** moments of support to people affected by bowel cancer and their loved ones



We funded new research grants totalling **£464,300**, including four projects looking at a range of ideas to improve early diagnosis and the appointment of our first Colorectal Surgical Research Chair in Scotland



Our digital patient information was downloaded over **38,000 times**



We sent out nearly **119,000** health information booklets to patients and healthcare professionals



Over **12,000** individuals and nearly **200** partners and institutions helped us to raise **£6.3 million**



Our Ask The Nurse service responded to **563 enquiries**



Our healthcare professionals network **almost doubled** and we ran five virtual education events attended by more than **330 professionals**



Our forum grew to more than **7,000 active members** and was visited over **half a million times** over the course of the year



Our **#GetOnARoll** campaign inspired every major supermarket to raise awareness of bowel cancer symptoms. We secured eight partners by the end of the year - including toilet roll brand **Andrex®** - bringing lifesaving information into more than one in three households in the UK



We shared the **voice of 100 patients** and their families to help secure NICE approval for regorafenib, a new treatment for advanced bowel cancer patients



More than **100 pharmacies** in Wales requested our brand-new pharmacy toolkit to encourage people experiencing symptoms to seek help faster

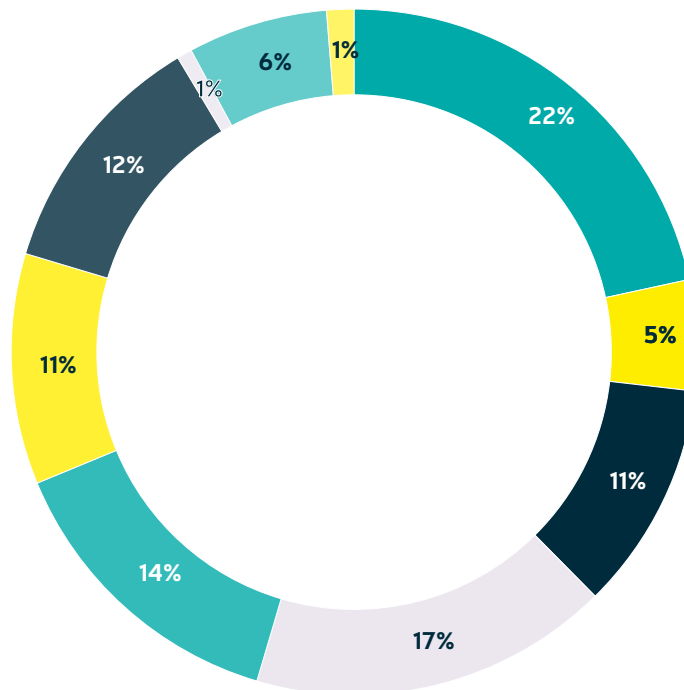


Thanks to almost **650 campaigners** writing to their local politicians, **88 local politicians attended** our events in Holyrood, the Senedd and Westminster during Bowel Cancer Awareness Month

Financial summary 2022

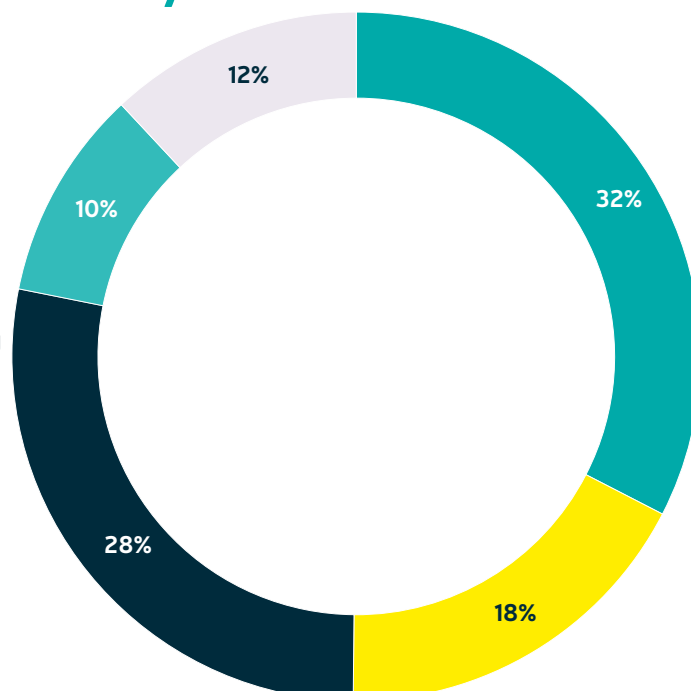
Where our money comes from

■ Individuals	£1,352,119
■ Legacies	£326,448
■ Nations	£674,593
■ Philanthropy & Partnerships	£1,062,652
■ Runs	£887,802
■ Treks & Challenges	£680,677
■ Community	£736,933
■ Trading	£44,365
■ Pro Bono	£412,624
■ Other	£12,058



How we spend our money

■ Generating Voluntary Income	£1,555,543
■ Direct Services	£839,618
■ Awareness, Policy & Influencing	£1,337,609
■ Research	£473,093
■ Support costs	£570,835





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A year after my bowel cancer diagnosis, I shared my story with Bowel Cancer UK. Since then, I've had some fantastic opportunities to raise awareness of the disease and talk about my journey in the press, and on the charity's website and social media channels. I've been really grateful for these opportunities and hope that they will help give hope to others in a similar situation to myself.

Mohammad

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Our achievements in 2022

1. Raising awareness of bowel cancer

Raising awareness of bowel cancer is vital. Nine in ten people (92%) diagnosed at the earliest stages will survive the disease, yet our research from March 2022 showed that almost half of adults in the UK (45%) couldn't name any symptoms of bowel cancer.

We've worked tirelessly to raise awareness in many different ways - from high visibility campaigns during Bowel Cancer Awareness Month and with our #GetOnARoll partners, to collaborating with celebrities and patrons, holding awareness talks, hosting roadshows and distributing pharmacy toolkits.

Bowel Cancer Awareness Month

In April we delivered a high impact campaign focussing on raising awareness of bowel cancer.

Under the banner of #ThisIsBowelCancer, we highlighted the first-hand experiences of more than 160 supporters. Their stories were seen by over 6,700 people and more than 200,000 people visited our site to find information about symptoms and to read real life stories of people with bowel cancer.

We ran volunteer-led awareness talks throughout the month and trialled a successful pilot programme of in-person awareness roadshows in Suffolk and Essex accompanied by an eye-catching inflatable bowel. Reaching over 600 people in four days, this approach has laid the ground-work for activity in 2023 and beyond.

We were delighted to announce professional rugby player, former junior hurdler, personal trainer and Rugby World Cup winner Vicky Fleetwood as our new patron. Vicky lost her mum, Pam, to bowel cancer in 2016 at the age of 62. She said, "Becoming a patron for Bowel Cancer UK is so important to me. Lots of people know very little about bowel cancer or its symptoms and I really want to raise awareness so people stop dying of this disease."

Our Policy and Influencing team held drop in events in Holyrood, the Senedd and Westminster, engaging with 88 local politicians to build and strengthen our relationships with those who hold the power to influence health legislation and policy.

We launched our brand-new pharmacy toolkit in Wales. At the forefront of healthcare and often the first port of call, pharmacy teams are ideally placed to raise awareness about bowel cancer symptoms and the NHS Bowel Screening Programme. There are more than 700 pharmacies in Wales and we were delighted to see more than 15% request our toolkit.

For the second year running, bowel cancer featured in a key daytime TV slot on ITV's Lorraine. Their 'No Butts' campaign highlighted symptoms of the disease, with experts and supporters affected by bowel cancer appearing on the show, playing a huge part in helping to raise awareness with new audiences.

Awareness programme

Our awareness programme continued to go from strength to strength. We reached more than 2,800 people through 86 volunteer-led bowel cancer awareness talks for workplaces and community groups. Nine out of ten participants said that as a result of the talks, they were more likely to contact their GP if they experienced symptoms.

We were honoured to be shortlisted for a Moondance Cancer Award in the category of 'Public Awareness and Engagement'. The awards celebrate exceptional people who have worked across all stages of cancer detection, diagnosis and treatment pathways, and to showcase improvements. Our team in Wales were delighted to have their public awareness and engagement work recognised. The programme included having a team of volunteers with personal experience of bowel cancer delivering free online bowel cancer awareness talks to more than 300 people in workplaces and community groups across Wales, including talks delivered in Welsh.

In September, we once again partnered with Norgine for the company's third 'Stay on Track' campaign, aiming to improve levels of public awareness of bowel cancer symptoms and the importance of seeing your GP if you have symptoms to enable early diagnosis. The campaign was supported by our patron and England rugby hero Matt Dawson MBE, and Merlin Griffiths from Channel 4's 'First Dates', speaking publicly about his diagnosis and treatment for the first time. A survey commissioned for the campaign showed some people would wait three months or longer before seeing their GP with potential symptoms.

In the autumn, we again partnered with NHS England to support their 'Help Us, Help You' campaign encouraging people with potential abdominal and urological cancer symptoms to come forward for lifesaving checks. The campaign used TV adverts, digital

advertising and social media to urge people to speak to their GP if they are experiencing symptoms including diarrhoea, bloating or bleeding when going to the toilet. We provided case studies to speak to the media and promoted co-branded assets across our communication channels.

We're 'on a roll' with raising awareness

#GetOnARoll is a ground-breaking campaign to get supermarkets and brands to print bowel cancer symptoms on toilet roll packaging. Putting this vital information in the bathroom where people might experience red flag symptoms like blood in their poo could be lifesaving.

In May 2022, leading retailer M&S approached us with a simple, but powerful partnership idea – to print bowel cancer symptoms on their own brand loo roll packs. This brilliant collaboration was sparked by M&S employee and bowel cancer patient Cara Hoofe. M&S understood the importance of spreading symptom awareness far and wide, so used our launch to call on all other supermarkets to follow their lead. Just three weeks later, we launched our #GetOnARoll campaign, asking our supporters and the public to take to Twitter and call on other retailers to sign up. Our supporters leapt into action, with more than 730 Tweets tagging one or more supermarkets.

Within two months, seven more partners had announced their support of #GetOnARoll: Aldi, Asda, Co-op, Morrisons, Sainsburys and Waitrose, as well as the UK's biggest toilet roll brand, Andrex®, with co-branded packaging hitting the shelves from the autumn.

The campaign has been incredibly well received by partners and the public and we look forward to announcing new partners as they join our movement.

A huge thank you to Cara for sparking the idea, to M&S for kick-starting a sector-wide moment, and to our campaigners for adding their voice and making it a reality.

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I find it hard to express what this campaign means to me. To have the signs and symptoms out there on such a large scale is just the beginning.

There's so much more that needs to be done to ensure that we're moving towards a world where no one dies from bowel cancer, but just for a moment, I'm pausing to reflect, to remember those in our community that have died from this disease, hoping that I have done them proud.

Cara Hoofe

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2. Being there for everyone affected by bowel cancer

Our services make a real difference to the lives of people affected by bowel cancer. We support people living with and beyond the disease, as well as their loved ones, providing a vital lifeline for so many.

Online support events

We held eight live online events for people affected by bowel cancer, covering topics including living with a stoma, living well with advanced bowel cancer and living with bowel cancer as a younger person. There were 350 attendees and more than 2,600 follow up views on YouTube. 97% of those attending would recommend our online events and 84% said they felt more informed about living with bowel cancer.

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It was brilliant from start to finish. Everyone who spoke was warm, friendly, approachable, expert and reassuring...

Online support event attendee

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“ I fundraised for Bowel Cancer UK in memory of my sister Sharan, who passed away from bowel cancer, in order to keep her memory alive and to raise awareness of the disease. I chose to support this charity so that they can continue the incredible work they do, as I don't want anyone to have to experience what my sister or my family have been through. ”

Manisha, pictured with her sister Sharan

Colonoscopy confidence campaign

After research showed that almost 6 in 10 people would be worried if they had to undergo a colonoscopy, we launched our brand-new 'Colonoscopy Confidence' campaign, supported by Norgine, encouraging people to attend their colonoscopy appointment if referred and not delay due to anxiety over the procedure.

Colonoscopies are very common – thousands are carried out across the UK every week. They give clinicians a close-up view of the inside of the bowel to clearly see if there's anything wrong. During a colonoscopy, if the doctor sees anything that needs further investigation, photographs and samples (biopsies) can be taken and polyps, which could turn cancerous in the future, can be removed. Our campaign provided information about the procedure including the support provided to patients, as well as real life testimonies from people who've had a colonoscopy, to dispel myths and provide practical tips and reassurance. The campaign film was viewed more than 3,300 times during the year, and the campaign page was in the top 25 pages on our website, with more than 22,000 visits.

'Ask the Nurse' service

Our 'Ask the Nurse' email service provides information from qualified healthcare professionals and signposts people to further support when they have questions or concerns about bowel cancer. This year, we grew the service by recruiting two new nurses and responded to 563 enquiries. 83% of users would recommend the service to someone else.

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The nurse was so incredibly thorough and helpful in addressing all my concerns. I felt totally reassured and could not be more grateful.

'Ask the Nurse' service user

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Digital resources

During the year, we improved and expanded the resources available on our website. In February we launched an online bereavement hub with information and bereavement support for adults, children and young people, as well as real life stories, and links to our private forum section just for those who have experienced loss. The hub was visited more than 1,500 times during the year. We also launched a chatbot to improve website navigation and signposting to key information and support.

Health information

Our health information resources are available for free for everyone affected by bowel cancer, as well as the general public. We work with healthcare professionals, as well as patients and their family and friends, to ensure our information is scientifically accurate, up to date and fit for patients.

This year we launched a new video and factsheet about robotic-assisted surgery, which is a new type of surgery for those with bowel cancer. We saw over 38,000 downloads of our publications and received orders for over 119,000 physical copies – an increase of over a third from 2021.

Our community have told us that they value our health information because it provides detailed information that is reassuring and gives them peace of mind. It also helps empower many to ask the right questions in their appointments. In our survey, 90% of people with bowel cancer told us they had a better understanding of bowel cancer and its treatment after using our health information. 69% felt that they were better supported.

“

It's really comprehensive and easy to understand. It doesn't scare me with statistics and jargon. It's realistic and encouraging. It gave me the answers to some of my questions about after effects and gave me more confidence to ask my treatment team about things that concerned me, both symptoms and ways to access help.

Website service user

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Peer support

We now have four Facebook groups providing a safe space for people to access help, support and a place to talk with others experiencing similar issues. The four groups cover living with stage 4 bowel cancer, help and support for caregivers, immunotherapy support, and our newest group for patients who have had, or are considering having, pelvic exenteration surgery. There are more than 1,500 members across the four groups, with 700 people joining this year.

Our online forum, a friendly place to find out more about bowel cancer and connect with others, continued to provide support 24 hours a day, 365 days a year. We welcomed over one thousand new members, growing our membership to 7,368 people. Members and guests made more than half a million visits to the forum across the year. 75% of forum users in a survey said they found it useful and almost 90% would recommend it to others.

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Made me feel less alone when mum was diagnosed. The support was overwhelming. Non-judgemental and it was so helpful to be able to ask for practical advice. Felt I could be honest, and I have made some good friends who have really supported me.

Forum user

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Our online support programme, Chat Together, had 16 groups lasting up to six weeks each, supporting over 180 people. The themes covered included stomas, bowel cancer and younger people, and friends and family. Feedback from running these groups will help shape our planning for a face to face support programme in 2023.

Volunteering

We had almost 100 volunteers taking on different roles for us, including moderating our forum and Facebook groups, giving awareness talks, fundraising, supporting our research network and helping us engage with GPs and pharmacies across Wales.

We developed new streamlined processes, procedures and resources for the volunteer journey, making sure the experience is as smooth and efficient as possible, and volunteers have all the support and information they need for their roles.

This includes delivering a quarterly volunteer newsletter, with high open rates of over 65%, including updates about the charity, volunteering roles, and a special volunteer spotlight.

We also had moments to celebrate and recognise volunteer achievements and contributions such as Volunteer's Week in June, engagement events in December, and awarding volunteers with an overnight stay in a hotel through the Room to Reward Scheme.

We were successful in applying for funding to provide a dedicated Volunteer Officer for Wales to help us further expand our volunteering programme and develop our volunteer wellbeing offer.

Working with healthcare professionals

Our networks bring together healthcare professionals to share knowledge and improve the treatment, care and support for people with bowel cancer in the UK. In 2022 our network grew by 42% to more than 800 members. We utilised a range of engagement opportunities, attending conferences and events, writing journal articles and putting on exhibition stands. We also formed a National Colorectal Cancer Nurse Network Advisory group to inform our education and support.

We held five virtual education events for healthcare professionals and started building our network of expert speakers. More than 330 professionals attended these events with over 2,000 follow up views on YouTube. 100% of attendees found it useful and 99% said they would apply the learning to their clinical practice.

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All of the speakers were great! Looking forward to another one next year.

Healthcare professional virtual education event attendee

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“Bowel Cancer UK’s website was incredible therapy for me after my diagnosis as it educated me and put my mind at ease. It was really useful to read all the various stories of other people going through this at the same time as me - I would encourage anyone to read this.”

Tom

In September we announced the winners of our annual Gary Logue Colorectal Cancer Nursing Awards that celebrate the very best achievements in colorectal cancer nursing. The winner of the award for a nurse nominated by their colleagues was Linda Sherwood from Western General Hospital, NHS Lothian and the winner for the award for a nurse nominated by a patient and their families was Chloe Pearce from Milton Keynes University Hospital NHS Foundation Trust.

Working together to champion people with bowel cancer

This year saw us partnering effectively with both colleagues across the charity sector, and with the NHS.

We sit on the steering group of One Cancer Voice, a coalition of over 60 cancer charities collectively supporting millions of people living with cancer in England. As part of this coalition, we worked to ensure that cancer was a priority for the new Prime Ministers, including supporting a joint letter to the two final Conservative candidates urging them to take bold action to improve cancer outcomes. We continue to press the Government on the importance of long term, fully funded cancer and workforce strategies to ensure NHS services can effectively deliver for the one in two people who will get cancer in their lifetime.

We successfully teamed up with over 100 health and care organisations in England to campaign for a long-term, fully funded workforce plan to help address chronic staff shortages in the NHS and cancer services. During the Chancellor's Autumn Statement, Jeremy Hunt went on to commit to publishing a workforce plan in Spring 2023 with independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in five, 10 and 15-years' time.

Through our work with the Wales Cancer Alliance, we met with Health Minister, Eluned Morgan MS to press for the Cancer Quality Statement's implementation plan to be finalised and put into effect, as well as calling for a comprehensive workforce strategy. Towards the end of 2022 we joined a small working group of the Alliance to organise patient engagement in the development of this implementation plan – now named the Wales Cancer Improvement Plan – using online surveys and face to face events. The Welsh Government published the plan, and a workforce plan, on the same day, 31 January 2023.

As a member of the Scottish Cancer Coalition, we pushed for much-needed improvement to the draft version of the Scottish Cancer Strategy, due to be published in 2023. In May, the coalition were made aware that Systemic Anti-Cancer Therapy services were at 'at breaking point' and were considering deprioritising chemotherapy for palliative patients; an extremely concerning development. We raised urgent questions with the Scottish Government to understand their plans to mitigate the impact on patients. The Scottish Government have been made aware on a number of occasions, by ourselves and the wider coalition, that oncology capacity must be given priority within the cancer strategy.

3. Reinstating our commitment to research

Research is key to improving diagnosis, treatment, and care for bowel cancer. Over the last five years, we've invested £1.3 million in bowel cancer research, helping us to better understand the disease, and ultimately save lives. Throughout 2022 we continued to support our 11 ongoing research projects and were delighted to announce our first new research investments since 2019.

Research grants

We awarded grants worth over £93,000 to four new research projects beginning in 2023, aimed at increasing early diagnosis of bowel cancer. The new research projects will be looking into a range of different areas that have the potential to improve early diagnosis – from researching new methods of diagnosing early-stage bowel cancer, to looking at reasons people don't take part in screening.

The four funded projects are:

- a team led by Professor Nathalie Juge from Quadram Institute Bioscience will look to develop a new blood test that could be used in combination with faecal immunochemical testing (FIT) to improve the effectiveness of bowel cancer screening
- Dr Christina Dobson from Newcastle University will be exploring the reasons why people don't complete FIT after visiting their doctor with potential symptoms and looking at ways to support more people to complete the test
- Dr Annie Baker at The Institute of Cancer Research, London will be investigating when a limited resection (removal of part of the bowel) can safely prevent cancer in

patients with inflammatory bowel disease (IBD), who have an increased risk of developing bowel cancer

- Professor Joanne Edwards at the University of Glasgow will look at predicting the probability of cancer spread (metastasis) in patients with early-stage bowel cancer, which could lead in the future to earlier diagnosis and improved treatment options for bowel cancer patients

Surgical chairs

In partnership with the Royal College of Surgeons in Edinburgh, we appointed our first Colorectal Surgical Research Chair in Scotland, specialising in developing and promoting colorectal surgical trials in the UK. Farhat Din, at the University Edinburgh, is a colorectal cancer surgeon whose research focus explores the interaction between obesity, environment genetics and cancer, with a strong focus on early diagnosis. Farhat was awarded the Hunter Doig Medal, which is awarded every two years by the Royal College of Surgeons of Edinburgh to recognise women who have made exceptional contributions to surgery.

Farhat joins David Jayne, University of Leeds, as our Bowel Cancer UK/Royal College of Surgeons of England (RCS Eng) Colorectal Research Chair in strengthening the charity's commitment to surgical research. Now in the fourth year of his Chair, David has used our investment to leverage an additional £9 million in research funding and opened four new colorectal cancer-focused clinical trials.



“ I’m lucky enough to have been a moderator on Bowel Cancer UK’s forum for about four years. It’s very humbling to realise that from people’s feedback, you can help with all kinds of questions and comments. As part of our great moderating team, I also help ensure that the forum continues to be a safe and supportive online community. It can be challenging, sometimes emotionally draining, but I truly get as much out of it as I put in. ”

Kim

4. Influencing the change needed to improve early diagnosis, treatment and care

Ensuring people are diagnosed at the earliest possible stage and get the right treatment and care for them remains a top priority for the charity. To help us achieve this, our policy and influencing activity focuses on securing optimal bowel cancer screening programmes in all four nations, making desperately needed improvements to the NHS cancer workforce, alongside pushing for innovative changes to the bowel cancer pathway to improve outcomes for patients.

Early diagnosis initiatives

We supported efforts to produce clear guidance on the use of quantitative FIT (qFIT) in primary care for people with symptoms of bowel cancer. Firstly, with the publication of guidance jointly published by the British Society of Gastroenterology and the Association of Coloproctology of Great Britain and Ireland, followed by guidance issued from NHS England later in the year. NHS Scotland also reached a national consensus on the use of qFIT for patients with signs or symptoms of bowel cancer and we joined a working group seeking to develop patient and health professional information resources.

In Wales, a pilot of colon capsule endoscopy began, with the first patients entering the new pathway in June. We supported the initiative with patient information and await comprehensive rollout of the technology, with updated diagnostic pathways, when the pilot ends in spring 2023.

We submitted evidence to the Senedd's Health and Social Care Committee in January, regarding delays in diagnosis and

treatment. In December, we submitted evidence to an inquiry into the success of the Endoscopy Action Plan and the work of the Endoscopy Programme Board.

We continued to participate in the work of the Endoscopy and Urology Diagnostic Programme Board in Scotland to support efforts to deliver on the objectives of the Endoscopy and Urology Recovery and Renewal Plan (from November 2021). Key objectives of this group were to deliver consensus on the use of qFIT in symptomatic patients, develop new and improved training and recruitment pathways into endoscopy to tackle waiting times, and improve patient experience and outcomes.

Inequalities in bowel cancer

Our move to address inequalities in bowel cancer treatment and care took a step forward when we funded a commissioned policy research project, with four other major cancer charities, on understanding and improving the data landscape on cancer inequalities. This UK-wide research project will focus on all inequalities across the cancer pathway, with a major focus on the four most common cancers, including bowel cancer. This will inform our work to help address inequalities across the pathway in the coming years. In Scotland, we're part of a working group on screening that will seek to understand the health inequalities present within screening programmes and propose actions that can reduce them. The resulting 'Equity in Screening' strategy is set to be published in Scotland in Spring 2023.

Keeping bowel cancer on the political agenda

Bowel Cancer Awareness Month gave us the opportunity to conduct a tour of the Parliaments at Holyrood, the Senedd and

Westminster, meeting 88 politicians at our drop-in events, where we raised issues affecting bowel cancer patients and the services they rely on.

The drop in event in Westminster was also a chance to discuss our plans for the very first All-Party Parliamentary Group (APPG). In Scotland, Edward Mountain MSP announced his bowel cancer diagnosis the evening before our event and this encouraged many of his colleagues to attend.

Due to the impending Northern Ireland Assembly elections in May, we were unable to host a drop-in event for MLAs. Instead, we engaged directly with all candidates across each constituency, seeking their support as Bowel Cancer Champions if they succeeded in being elected. We also provided our supporters with questions they could ask candidates if they were canvassed for support.

We were delighted to launch the very first APPG on Bowel Cancer. The APPG, chaired by Ben Lake MP for Ceredigion, has cross-party representation and was formally established on 25 October 2022. We're working with the APPG to significantly raise the profile of bowel cancer issues within parliament and help to improve patient outcomes, promote best practice and encourage better collaboration between patients, parliamentarians, government and the NHS.

In Northern Ireland, we held several meetings throughout the year raising the need for the NI cancer strategy, published in March, to be implemented. Alongside other cancer charities, we met with the Executive Office in January to ask for a prioritisation of funding for the Strategy. In November, our CEO Genevieve Edwards met with the Permanent Secretary for Health, to discuss the Cancer Strategy and the urgent need for its implementation, particularly with the commitment to optimise the bowel screening programme.

In June we met with the Scottish Cabinet Secretary for Health to discuss the issues facing bowel cancer patients and how the upcoming 10-Year Scottish Cancer Strategy, to be published in 2023, should include commitments to optimise the screening programme and increase earlier diagnosis to improve outcomes for bowel cancer patients in Scotland. We also raised the issue of genomics, specifically an audit of Lynch syndrome testing and surveillance, and a genomics strategy to ensure personalised treatments can be accessed quickly and are not held up by lack of capacity in Scotland's genomics laboratories.

Screening

We were delighted to see bowel cancer screening made available to more people in both England and Wales this year, as home testing was expanded to include younger age groups, a key campaigning issue for the charity for many years.

Bowel screening in Wales was expanded to include 55–57-year-olds in October, which will result in 172,000 more people in Wales being invited. The move is part of a phased approach to lowering the screening age to 50 by October 2024. Home testing kits introduced in 2019 have helped improve screening uptake to 65% in Wales and have improved sensitivity to better detect those at risk of bowel cancer. Bowel cancer screening was also made available to more people in England, when home testing expanded from April to include most people from age 56. Almost 70% of people aged 60 to 74-years old are taking part when invited.

In Scotland we accepted membership of the Bowel Screening Standards Review Group in December and took up the invitation to be one of two third sector organisations to sit on the Core Screening Standards Development Group. This latter group seeks to embed core principles across all of



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As a Facebook group moderator for Bowel Cancer UK, I find helping others actually helps me! The ‘mod’ community is like a little family and by sharing tips with other patients, you also help yourself to learn how to cope. The support within the Facebook community is invaluable as it reduces feelings of isolation and we all understand how everyone feels.

Helen

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Scotland's screening programmes. Through our membership of several NHS Bowel Screening programme boards across the UK we continue to push for further improvements to the screening programmes.

Long term cancer plans

In February our Chief Executive Genevieve Edwards, along with sector leaders, met with the Secretary of State for Health and Social Care Sajid Javid to celebrate World Cancer Day. The former Minister announced a 'war on cancer' and a new 10-Year Cancer Plan for England with a focus on prevention, early diagnosis and treatment and care.

We provided a robust, evidence-based submission to influence the development of the plan, consulting with patients, and the medical and scientific communities on their priorities and personal experiences of the bowel cancer pathway. The expected 10-Year Cancer Plan will now be replaced by a new Major Conditions Strategy, but as part of the One Cancer Voice coalition, we continue to highlight the importance of a long term, fully funded cancer specific plan. We have engaged in the development of the next 10-year Scottish Cancer Strategy, due to be published in 2023, as well as the three-year Cancer Improvement Plan in Wales (published January 2023).

In Northern Ireland we welcomed the publication of the 10-year cancer strategy in March but have been frustrated by the political stalemate at Stormont that has stifled any progress. Without a functioning Executive there can be no funding allocated to the strategy and much needed reforms cannot be implemented. We continue to make the case for a fully funded strategy to save lives and transform bowel cancer services in Northern Ireland.

Improved treatment options for advanced bowel cancer patients

The National Institute for Clinical Excellence (NICE) approved a new treatment for bowel cancer that can slow the progression of the disease and improve overall survival for patients with advanced bowel cancer in England and Wales. Regorafenib (also known as Stivarga) has been shown in trials to slow down the growth and spread of cancer cells and cut off the blood supply that keeps cancer growing. We contributed to the NICE approval process, gathering the voices of nearly 100 patients and carers who shared their experience of being treated for, or caring for someone with, advanced bowel cancer.

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

Announced new chair of trustees

Richard Anderson was named as our new Chair of Trustees. He took over from Patrick Figgis who stepped down from the role on 31 December 2021 after eight years of service on the Board.

Richard has been a trustee of Bowel Cancer UK since 2013, joining shortly after his father-in-law passed away from bowel cancer. Since then, he's witnessed and supported our journey from being a much smaller charity, to one that's taking a leading role in supporting all those affected by bowel cancer in the UK. In business, he has over 30 years' experience advising innovative organisations in healthcare and life science communications and he's also a trustee of a leading social justice charity.

Infrastructure

Developing our people and infrastructure is vital as it underpins the delivery of our charitable and fundraising activities.

Our people continue to be the driving force behind all we do – we're incredibly proud and grateful to them for all their hard work and everything they achieved in 2022. Thanks to the generosity of our community, we were in a privileged position to grow and invest in our staff throughout 2022, with headcount growing from 44 to 60. As we continued to embrace new ways of working, we've been able to increase the

number of staff working remotely, allowing us to welcome talented new colleagues from across the UK – 50% of our workforce are now based outside of London.

We remain committed to ensuring our staff are motivated, treated fairly and compensated appropriately, particularly in light of the ongoing cost of living crisis. We undertook a full pay and benefits review in the year to ensure we reward our people in line with sector benchmarks. A new pay framework was developed, providing a fair and transparent structure to be implemented from the start of 2023. We also focused on providing an enhanced working environment for staff, with a particular focus on wellbeing and mental health. We progressed our work on equality, diversity and inclusion – gathering baseline data and insights on the current make-up of the organisation and rolling out training to all staff.

We completed a review of our data and IT environment, risks and opportunities which has informed a transformative programme of works for 2023 – 2025.

Fundraising

None of this work would be possible without our amazing community of supporters who have fundraised tirelessly throughout the year.

Our flagship fundraising events exceeded all expectations. More than 525 people took part in Step up for 30 in April, raising more than £165,000. Almost 400 people took part in Walk Together events across the country in June, raising £135,000.

We launched a new virtual event, Swim15, calling on people to take to the water for 15 miles, 15 minutes, or 15 lengths. The event was a huge success, raising over £65,000 in its first year. And in October we had our most successful team ever running in the

London Marathon, with 189 participants raising more than £500,000.

September was Free Wills Month and we put on events for supporters including a visit to the laboratory of one of our researchers, Dr Alexander Greenhough, and a reception event with talks from CEO Genevieve Edwards and our Nurse Advisor Charlotte Dawson.

We were thrilled to welcome 60 supporters to walk the Rhossili Bay Path early in September for our Sunset Trek. We had fundraisers taking part in memory of loved ones, in support of people living with the disease, and even survivors of bowel cancer, and together they raised a fantastic £18,000.

Our supporters also showed they have ideas of their own and walked, ran, climbed and putted their way to fundraising success.

Long standing supporter Emily Pike has been fundraising for us since losing her close friend Karl to bowel cancer in 2018, aged 30. This year she held a golf event at Dudley Golf Club. The golfers braved the April elements, including an occasional snow flurry, for a day on the golf course followed by a dinner which raised an amazing £17,000.

Supporter Rashik Parmar raised more than £1,700 for us by collecting donations to mark both his birthday and his retirement. He said, "If it were not for the help of the charity at the most difficult time of my life, I would not be able to celebrate my 60th birthday, or retire."

Scott Stevenson got creative with his fundraising in Scotland. His brother is having treatment for bowel cancer and Scott ran five miles carrying a mannequin on his back, to show that he's going through the journey with him. It was tough going, but Scott raised over £1,500.

In Northern Ireland, Laura McEldowney walked 174 miles in September. Each mile represented a day between her mum's bowel cancer diagnosis and when she sadly died. Laura raised an incredible £2,600.

In Wales, Steve Lewis and 20 of his friends, family and colleagues trekked 22 miles from Cwmbran to Velindre Cancer Centre in Cardiff where his daughter, Carrie, is currently undergoing chemotherapy. She was diagnosed with stage 3 bowel cancer in March, aged just 31. Steve's employer, Brecongate, were very supportive, and the team have raised over £7,000.

Partnerships and Philanthropy

In 2022 we had our biggest ever year of support from philanthropists and partners. They donated generous gifts, raised awareness through their networks, and dedicated time and energy to support us. Over 100 companies and 98 trusts and foundations helped to raise over £1 million in a year for the first time. This enabled us to fund innovative research and services, grow our work in the devolved nations, and spread awareness of symptoms far and wide.

Our corporate partners were 'on a roll'. Alongside helping us to raise lifesaving awareness, our #GetOnARoll partners gave generously, pledging over £360,000 over three years to help us shift the dial on early diagnosis. We also had wonderful support from workplaces up and down the UK. Colleagues took part in daring challenges, bake sales and gala dinners, raising vital funds to support our work.

We were delighted to be selected as the BioIndustry Association's (BIA) Chosen Charity for 2023. Our late trustee Aisling Burnand CBE, who sadly passed away this year, was a former CEO of the BIA and

sponsored our application. With the BIA's support, we'll be able to fund our research programme and collaborate with like-minded biotech companies to maximise the impact of our work.

Pharmaceutical and medical device companies funded our programme of patient and healthcare professional education days, and award-winning information resources. Thanks to their support we have helped people affected by bowel cancer to face their condition with confidence, and healthcare professionals to apply to latest insights to their practice, enabling bowel cancer patients to get the best possible treatment and care.

We were awarded £49,569.80 from the Volunteering Wales grant fund which is administered by the Wales Council for Voluntary Action (WCVA) on behalf of the Welsh Government to enable volunteers to support existing services and build local networks within Wales to influence the shape of our future work.

In September we were delighted to announce our Charity of the Year partnership with Glasgow Rangers Community Foundation for the 2022/23 season. We asked fans, players and staff to share their experiences of bowel cancer and created an online stories wall to share them. At the end of the partnership in spring 2023, the Foundation will donate £25,000 to fund a Senior Services Officer who will deliver targeted events and support for people affected by bowel cancer living in Scotland.

A huge thank you to all our partners and supporters who are dedicated to improving the lives of everyone affected by bowel cancer.

Thank you to our supporters

This has been an absolutely remarkable year – thanks to each and every one of our supporters we are delighted to end the year with an income total of £6.3 million - making 2022 our strongest fundraising result in the charity's history. In addition to financial support, we're immensely grateful to companies and individuals for work carried out in-kind. We would not exist without our supporters. Everything you do makes a difference – fundraising and donating, sharing personal stories, volunteering, completing surveys and consultations, taking campaign actions, using our services and telling others about them, and following us on social media.

Thank you all.



A tribute to our patron, Dame Deborah James

We were deeply saddened when our patron Dame Deborah James died in June 2022. She was a formidable supporter of the charity who did so much to raise awareness of bowel cancer and make a difference to people affected by the disease. Deborah became our patron during Bowel Cancer Awareness Month in April 2021, after offering her unwavering support over the years since she was told she had bowel cancer.

Deborah received her bowel cancer diagnosis in 2016 when she was only 35 years old, and soon began writing her Bowelbabe blog. Her candour and honesty in talking about her bowel cancer journey reached millions of people through social media, TV, radio, her book 'F*** you cancer', her weekly column on The Sun online, and the BBC podcast 'You, Me & the Big C'. She has, without a doubt, saved lives because of her openness and honesty about her own diagnosis and experiences, which has forever changed the way people talk about bowel cancer.

She played a huge part in our 'Never Too Young' campaign, working with us on issues affecting younger patients diagnosed with the disease. She raised tens of thousands of pounds for our charity, for which we will be forever grateful. One of Deborah's final acts of selflessness was to launch her Bowelbabe Fund, which has raised millions of pounds for charities close to her heart including us, Cancer Research UK, The Institute of Cancer Research and The Royal Marsden Cancer Charity.

We're truly grateful to have known Deborah and to call her our friend. She was a powerful patron for Bowel Cancer UK, and we're determined to ensure her lasting legacy by continuing to raise awareness of bowel cancer and its symptoms, pushing for earlier diagnosis of the disease, and ultimately, saving lives.



Dame Deborah James

A tribute to our trustee, Aisling Burnand CBE

It was with great sorrow that we learned in September of the death of our trustee, Aisling Burnand CBE. Aisling brought such a unique expertise to the charity, combining her in-depth professional experience in medical research, with her invaluable personal insights as a bowel cancer patient, having been diagnosed at stage 4 in 2021.

Aisling's stellar career in policy, influencing and research saw her become Chief Executive of the Association of Medical Research Charities from 2014 to 2021. During that time, she brought the vital work of medical research charities to the forefront of policy makers' agendas. Her work, particularly during the COVID pandemic, resulted in her being awarded the CBE in the Queen's Platinum Jubilee Honours in May 2022. After her cancer diagnosis, Aisling continued as a trustee for both Life Arc and us.

In a fitting tribute to Aisling's memory, the BioIndustry Association (BIA) of which Aisling was former CEO, chose us as its charity partner for 2023. The partnership with the BIA and its members across the UK's life science's ecosystem will play a pivotal role in raising awareness of bowel cancer, which could have a significant and lasting impact on research and understanding of the disease. The BIA will support the charity through strategic opportunities and employee fundraising activities over the course of 2023.



Aisling Burnand CBE

Looking ahead to 2023

Statement from Bowel Cancer UK Chief Executive Officer, Genevieve Edwards

I'm extremely proud of everything we achieved in 2022, but during the year we also took the time to think. Life, and the world around us has changed considerably in recent years with the pandemic being a catalyst for remarkable healthcare innovation, fundamental changes in the ways we work and economic instability around the world.

As the UK's leading bowel cancer charity, we have a duty to make sure we're having the greatest impact possible for our community, and making every penny work hard for people who need us today and in the future.

It's a stark reality that while most people will survive early-stage bowel cancer, most people in the UK are diagnosed at stage 3 or 4, when it's harder to treat. Survival rates at stage 1 are above 90%, but at stage 4 they plummet to under 10%. Shockingly, more than one in five people in England are diagnosed in emergency settings, and for the under-50s, that number rises to more than one in four.

Put simply, if we could achieve a stage-shift in diagnosis from late to early, we could give around 28,000 people every year a better prognosis, kinder treatment, and the chance not only to survive their bowel cancer, but to thrive beyond the diagnosis.

It's an ambitious goal, and one we're determined to achieve.

We've consulted patients, volunteers, clinicians and researchers, and developed a new strategy which we'll launch in 2023. And because of the incredible support we've received in 2022, we can invest in the work we know we need to do to get people diagnosed earlier.

We know that awareness of symptoms needs to be higher, that people need to act on those symptoms quickly, and that GPs need support to make faster referrals for patients. We also know that the NHS needs additional capacity for diagnostic services to tackle the backlog caused by the pandemic and diagnose people sooner.

I don't pretend that this will be easy, but we have two things in our favour: a talented and determined team with the vision to make early diagnosis a reality and wonderful partners at our side – other charities, clinical and scientific colleagues, parliamentarians and policymakers, our corporate supporters, trusts and our unstoppable fundraisers.

I'm looking forward to building on the considerable success of 2022 and am incredibly excited about our potential to save more lives in the future.



Genevieve Edwards

Looking ahead to 2023

A strategic opportunity and a bold social goal

During 2022, the landscape for bowel cancer fundamentally changed. This was thanks to the awareness-raising work of Dame Deborah James and others like her, and the huge reach of our #GetOnARoll campaign, coupled with our fundraising success and the ongoing support of the fantastic bowel cancer community. Public awareness and interest for bowel cancer have never been greater, and we're now able to make a step change in the diagnosis, treatment and care of people with the disease.

In the coming year we'll launch a new strategy that will move us closer to our vision of a world where nobody dies of bowel cancer. Over the next five years, we'll ensure more people are diagnosed early, with an ambitious goal to increase the percentage of people diagnosed at stages 1 and 2 to over 50% from where it currently stands at 36%. And we'll ensure that people with bowel cancer live better and for longer.

To achieve this, we'll invest in five key areas:

1. We'll increase awareness and understanding of bowel cancer

We'll develop and launch our first major, targeted bowel cancer awareness campaign. We'll work with patients and behaviour change experts to develop the messaging and use multimedia channels to spread the word.

Underpinning this will be a programme of roadshows and awareness talks across the length and breadth of the UK, talking about bowel cancer risk, signs, symptoms, and the importance of screening. We'll work with health care professionals to create e-learning modules, webinars, and face to face learning

sessions for GPs and pharmacy staff across the UK to build their knowledge on symptoms and risk factors, allowing them to confidently have conversations with people about bowel cancer.

We'll grow our parliamentary engagement across the four nations of the UK. In England, we'll develop our newly formed All Party Parliamentary Group on Bowel Cancer to improve patient outcomes, promote best practice and encourage better collaboration between patients, parliamentarians, government and the NHS.

2. We'll remove the barriers to people being diagnosed quickly, and at the earliest possible stage

Nine in ten people (92%) survive bowel cancer when it's diagnosed at the earliest stage.

We'll ensure our research programme identifies and funds projects most likely to improve early diagnosis, from technology to improve screening and treatment, to the socio-demographic factors that influence health outcomes. We'll make funding available to innovative projects that will accelerate major changes, such as understanding the high prevalence of emergency presentation of bowel cancer.

We'll focus our work to improve early diagnosis of bowel cancer, including influencing steps in the patient pathway that will make the most difference, such as optimising bowel cancer screening programmes and ensuring genetic testing for conditions like Lynch syndrome. We'll produce robust policy recommendations on how to improve the data landscape on inequalities based on the outcome of our commissioned policy research project. We'll also continue to work in coalitions to press for the policy change we need to see across the cancer pathway, including long-term, fully funded cancer plans and NHS workforce strategies.

And we'll continue to grow our network of health professionals who work together to share knowledge and innovation to advance care for bowel cancer patients.

3. We'll get the right treatment and care to every patient

We'll continue to invest in surgical research through our Colorectal Cancer Surgical Chairs in England and Scotland. Investing in surgical research is crucial to develop more effective and personalised lifesaving treatments, standardise surgery and care for patients regardless of where they live, and minimise side-effects for everyone who has an operation.

We'll ensure we consult and put forward patient voices to inform NICE, Scottish Medicines Consortium, and All Wales Medicines Strategy Group appraisals of treatment options. We'll continue to produce high quality, peer reviewed health information, seeking Patient Information Forum accreditation for written materials and holding regular online patient information events.

4. We'll support people affected by bowel cancer

We'll develop our own patient and carer support service, at the point which patients newly diagnosed with bowel cancer need help and support to understand their diagnosis, and the options open to them. From high quality health information, to support services like our patient forum and 'Ask the Nurse' service, we'll ensure we're with patients every step of the way.

We'll continue to grow our popular support network including our forum and Facebook Groups and build a UK-wide network of local face to face support groups and patient advocates.

We'll also take our services into the heart of our community, building our profile and support offer in all four nations of the UK. We'll ensure that our services remain relevant for everyone affected by bowel cancer and work with our community to develop and improve our patient services.

5. We'll invest in the foundations we need to underpin our success

We'll focus on enhancing our infrastructure and technology to provide the secure, efficient and effective operating environment required to support the delivery of all our activities from back-office support to frontline services. We'll ensure that our systems and processes are developed to provide a high-quality user experience for our staff, service users and supporters.

We'll also continue to ensure that we recruit and retain a highly motivated, skilled workforce, committed to delivering on our ambitious goals. We'll ensure equality, diversity and inclusion is at the heart of everything that we do.

Public benefit

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

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

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

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

disseminating relevant information

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

Our fundraising practices

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

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

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

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

Regulatory and administrative details

Regulatory compliance statements

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

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31 December 2022 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Statement of Recommended Practice ("SORP").

Who we are

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

The main activities of the organisation include:

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

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

Where we are

The London Office (Principal and Registered office): Unit 202, Edinburgh House 170 Kennington Lane London, SE11 5DP
Tel: 020 7940 1760

Email: admin@bowelcanceruk.org.uk

Website: bowelcanceruk.org.uk

Board of Trustees

The Board of Trustees comprises the following individuals:

1. Richard Anderson (Chair, member of FRC, member of Nominations Committee)
2. Lorraine Lander (Treasurer – member of FRC)
3. Katharine Brown (Deputy Chair, member of FRC)
4. Nita Ares
5. Stephen Fenwick
6. Joe Higgins (member of FRC)
7. Mauro Mattiuzzo (member of FRC)
8. John Schofield (to 31 October 2022)
9. John Stebbing
10. Diana Tait (member of Nominations Committee)
11. Angela Wiles (member of Nominations Committee)
12. Aisling Bernard (from 30 March 2022 to 18 August 2022)
13. Benjamin Butler (from 23 March 2022)

Senior Leadership Team

1. Chief Executive (member of FRC), Genevieve Edwards
2. Director of Services, Catherine Winsor
3. Director of Research and External Affairs, Lisa Wilde
4. Director of Fundraising (member of FRC), Luke Squires
5. Director of Finance and Resources and Company Secretary (member of FRC), Sian Dawson (from 31 January 2022)

Members of our Medical Advisory Board are:

1. Rob Glynne-Jones, Consultant

- Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Annie Anderson, Professor of Public Health Nutrition, Ninewells Medical School, University of Dundee (to 5 July 2022)
5. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
6. Tam Arulampalam, Consultant Laparoscopic Surgeon & Service Director, the ICENI Centre, Colchester General Hospital
7. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
8. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-Executive Director, NHS England
9. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
10. Mark Coleman, Consultant Surgeon, Plymouth, Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery
11. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
12. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
13. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
14. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
15. Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
16. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
17. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
18. Hassan Malik, Consultant Hepatobiliary Surgeon & Clinical Lead, University Hospital Aintree NHS Trust
19. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
20. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
21. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
22. Christine Norton, Professor of Clinical Nursing Research, Kings College London
23. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
24. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
25. John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre
26. Bob Steele, Professor of Surgery and Head of Department, University of Dundee
27. Clare Stephens, GP Board Member Barnet CCG, Chair, NCL Cancer Commissioning Board
28. Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust
29. Mark Taylor, Consultant General and Hepatobiliary Surgeon, Belfast Health & Social Care Trust

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

Members of our Scientific Advisory Board are:

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

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

Auditors, bankers and solicitors

Auditors

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

Bankers

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

Solicitors

Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

Structure, government and maintenance Governing document and constitution

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

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

Trustees appointment, recruitment, training and induction

Trustees are appointed by resolution of the Trustees in line with the Articles of Association. Trustees may serve up to nine years, or up to twelve years where

acting as Chair, Deputy Chair or Treasurer on the condition that the members have undertaken a thorough and rigorous review of the appointment. A review of performance is held prior to the third and sixth anniversary of a Trustee's appointment, with any continuing tenure approved by the Board at the Annual General Meeting.

A number of changes to the members have taken place since 1 January 2022. These are detailed alongside the full list of members on page 35. All Trustees are unremunerated and are voluntary.

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

Organisation structure and decision-making

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

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee (FRC) which review management accounts, and the progress of the annual audit, as well as personnel and recruitment policies and compliance with the regulatory environment within which the organisation operates. The FRC meets six times a year with its meetings being staged between main Trustee meetings. It makes recommendations both to the SLT and to the main Board of Trustees. Membership currently comprises of four Trustees (as detailed on page 35), one co-opted member, and three members of SLT (as detailed on page 35).

Pay policy for senior staff

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

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

The charity has a pay and remuneration strategy for all staff, which was revised on 1 January 2023.

Risk and uncertainties

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

1. SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities.
2. SLT prepare a risk register, with all risks graded based on their likelihood and impact, the controls and mitigations in place, and the required actions to further manage the risk.
3. The FRC reviews the risk register and accompanying fraud risk register at each meeting.
4. The Board of Trustees approve the risk register annually.

5. FRC review the Charity Commission internal financial control checklist (CC8) and charity fundraising trustee duty checklist (CC20).

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

Risk	Mitigations
Loss, reputation damage or disruption to services as a result of fraud, cyber-security breach, GDPR breach, IT infrastructure failure or other control failure.	<ul style="list-style-type: none"> -Operational and technical controls in place. -Policies and procedures in place, including whistleblowing policy. -Continuing programme of data & IT transformation to enhance our IT infrastructure and security. -Service delivery partnerships and external experts to supplement in house capabilities. -Monitoring of finance and IT environments; investigation and remediation of issues identified. -Business continuity plans in place. -Cyber insurance in place.
High rate of inflation impacts our ability to fundraise and increases our operating costs – putting pressure on delivery of our charitable activities.	<ul style="list-style-type: none"> -Regular financial and cash flow monitoring, allowing changes to plans and cost reduction strategies to be implemented if required. -Strong reserves and cash position with a reserves policy, investment policy and active treasury management to maximise cash returns. -Diverse income portfolio.
Failure to recruit or retain sufficient staff with the required capabilities to deliver on our strategy.	<ul style="list-style-type: none"> -Pay and reward review undertaken in 2022, with a new pay policy implemented from 1 January 2023. -New employee value proposition includes increased holiday, flexible working and a wellbeing programme. -Offering remote working to remove the geographic boundary to recruitment wherever possible. -Targeted recruitment of new roles is continuing.
Insufficient data insights/analytics impacts our ability to tailor services to meet the evolving priorities and needs of our service users and supporters.	<ul style="list-style-type: none"> -Continuing programme of data transformation to enhance our data infrastructure, including investment in internal and external expertise. -Strategic data review is planned for 2023. -New impact reporting framework is in development.

Financial review

The results for the year ended 31 December 2022 are set out on page 47 of the financial statements.

Overall results for the year were incoming funds of £6,258,805 and expenditure of £4,776,698 resulting in a surplus of £1,482,107.

Income grew by £950,881 (18%) - a phenomenal result, only achievable due to the continued generosity of our supporters and the trusts, foundations and corporate partners who support us. A return to in-person events saw income generated from running events increase by £353,297 (66%) to £887,802. Income from corporate donations also performed strongly, generating £938,077 - a 44% increase on prior year - driven by donations from our #GetOnARoll corporate partners.

Expenditure increased by £1,240,747 (35%) as we continued to build back following the COVID-19 pandemic, expanding our direct services to the bowel cancer community and restarting our research programmes. Accordingly, our direct expenditure on charitable activities grew by £809,834 (44%) to £2,650,320. This represents 55% of our total spend, up from 52% in 2022. Charitable activities comprise £1,337,609 (28%) on awareness, policy and influencing, £839,618 (18%) on direct services for patients and healthcare professionals and £473,093 (10%) on research including new pilot grants and the launch of our new Colorectal Surgical Research Chair in Scotland. The cost of generating income increased by £396,594 (34%) to £1,555,543 but remained constant as a proportion of total expenditure at 33%. Support costs grew by £40,397 (8%) but fell as a proportion of total expenditure from 15% to 12%.

As a result of these actions, the charity finished the year with total reserves of £5,117,935, of which £1,686,116 are unrestricted General Funds.

Reserves

Our free reserves ("General Fund") relate to un-designated unrestricted reserves. The Board of Trustees consider it appropriate to maintain free reserves to protect the financial sustainability of the organisation, allowing it to mitigate financial risks and supporting ongoing delivery of key activities in support of its community. In setting the target level of reserves, the Board of Trustees take into account financial risk and existing liabilities alongside the Charity's latest strategic and operational plans. The target level of free reserves is reviewed annually by the FRC. The current target level for free reserves is £1,267,000 - £1,520,000.

As at 31 December 2022, The Charity has free reserves of £1,686,113 which is slightly above the upper target range. Unrestricted funds in excess of the identified free reserves target will be used to support strategically focused increased activity.

In addition, the Charity has £2,740,318 of designated funds. Designated funds are amounts identified by the Trustees for a particular project or use.

Designated funds		
Early Diagnosis Campaign	£1,586,800	Funds for an early diagnosis campaign, which will be critical to achieving our ambitious goal of ensuring more than 50% of people will be diagnosed at stages 1 and 2. The campaign will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly.
Research	£772,000	Underwriting of new research activities for the next two years.
Infrastructure	£314,600	Investment in a two - three year programme of digital, IT and data transformation to enhance our infrastructure and provide an efficient, secure operating environment.
Fixed Assets	£66,918	Reflecting net book value of fixed assets.

Statement of Trustees' responsibilities

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

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

Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and

application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

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

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

This report was approved by the Board of Trustees on 14 June 2023 and signed on their behalf by



Lorraine Lander, Treasurer

Provision of information to auditors

In so far as, the Trustees are aware:

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

Staff and volunteers

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

Auditors

Crowe LLP were reappointed as external auditors during the year.

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

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

Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2022 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

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

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

Conclusions relating to going concern

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

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

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

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 41, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

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

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

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

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

Use of our report

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



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

Date: 16 June 2023

Statement of Financial Activities for the year ended 31 December 2022 (Incorporating the income and expenditure account)

	Note	Unrestricted Funds £	Restricted Funds £	Total 2022 £	Total 2021* £
Income					
Donations and legacies	2	3,710,298	915,841	4,626,139	3,976,871
Other trading activities	2	1,594,594	18,250	1,612,844	1,318,995
Income from investments		9,252	-	9,252	2,837
Income from charitable activities	3	570	10,000	10,570	2,335
Other income	4	-	-	-	6,886
Total income		5,314,714	944,091	6,258,805	5,307,924
Expenditure					
Expenditure on raising funds	5	1,786,882	-	1,786,882	1,355,969
Expenditure on charitable activities	5	2,118,762	871,054	2,989,816	2,179,982
Total expenditure		3,905,644	871,054	4,776,698	3,535,951
Net income and movement in funds	6	1,409,070	73,037	1,482,107	1,771,973
Total funds brought forward		3,017,364	618,464	3,635,828	1,863,854
Total funds carried forward	13 & 14	4,426,434	691,501	5,117,935	3,635,827

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

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

*The statement of financial activities has been restated in respect of the year to 31 December 2021 to reflect a recategorization of income streams.

Balance Sheet as at 31 December 2022

Company number 3409832 (England and Wales)

	Note	2022 £	2021 £
Fixed assets			
Tangible assets	8	66,918	34,188
Intangible assets	9	-	-
		66,918	34,188
Current assets			
Debtors and prepayments	10	611,082	734,779
Cash at bank and in hand		5,482,758	3,612,831
		6,093,840	4,347,610
Creditors: amounts falling due within one year	11	(952,215)	(713,970)
Net current assets		5,141,625	3,633,640
Provisions: amounts due in more than one year	12	(90,608)	(32,000)
Net assets		5,117,935	3,635,828
Funds			
Unrestricted funds			
Designated		2,740,318	134,188
General funds		1,686,116	2,883,176
	13	4,426,434	3,017,364
Restricted funds	13	691,501	618,464
Total funds	14	5,117,935	3,635,828

These financial statements have been prepared in accordance with the special provisions relating to companies subject to the small company regime within Part 15 of the Companies Act 2006. The financial statements were approved and authorised for issue by the board and were signed on its behalf on 14 June 2023 by

L Lander

Lorraine Lander Treasurer

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

Statement of Cash Flows for the year ended 31 December 2022

	2022 £	2021 £
Cash generated by operating activities	1,929,424	1,560,592
Cash flows from investing activities:		
Interest income	9,252	2,837
Purchase of fixed assets	(68,749)	(10,793)
Change in cash and cash equivalents at the end of the year	1,869,927	1,552,636
Cash and cash equivalents at beginning of the year	3,612,831	2,060,195
Movement	1,869,927	1,552,636
Total cash and cash equivalents at end of the year	5,482,758	3,612,831
Reconciliation of net movement in funds to net cash flow from operating activities		
Net movement in funds	1,482,107	1,771,973
Depreciation and amortisation	35,640	78,200
(Increase)/decrease in debtors	123,697	31,561
(Decrease)/increase in creditors	238,245	(326,306)
Increase in provisions	58,608	8,000
Loss on disposal of fixed assets	379	-
Interest income	(9,252)	(2,837)
Net cash generated by operating activities	1,929,424	1,560,592
Analysis of cash and cash equivalents		
Cash in hand	1,126,244	3,218,288
Notice deposits (less than three months)	4,356,514	394,543
Total cash and cash equivalents at end of the year	5,482,758	3,612,831

	At 1 January 2022 £	Cash Flows £	At 31 December 2022 £
Analysis of changes in net funds			
Cash and cash equivalents			
Cash	3,612,831	1,869,927	5,482,758
Total	3,612,831	1,869,927	5,482,758

Notes to the Financial Statements

For the year ended 31 December 2022

1 Accounting policies

1.1 Basis of preparation

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

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

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

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

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

As at 31 December 2022 Bowel Cancer UK is in a strong financial position, with free reserves of £1.7m (just above target levels), liquid cash reserves of £5.5m and no borrowing. As such the charity has

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

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

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

1.2 Company status

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

1.3 Income

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

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

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

Notes to the Financial Statements

For the year ended 31 December 2022

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

Donated services totalling £412,624 are included as a gift in kind and an associated expense. These are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the Trustees' annual report for more information about their contribution.

1.4 Expenditure

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

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

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

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

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

are recognised as expenditure when the relevant conditions are fulfilled.

1.5 Fund accounting

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

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

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

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

1.6 Tangible fixed assets and depreciation

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

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

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

- Computer equipment and software - over four years

Notes to the Financial Statements

For the year ended 31 December 2022

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

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Operating leases

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

1.11 Pension costs

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

1.12 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation

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

1.13 Financial instruments

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

1.14 Critical accounting judgements and key sources of estimation uncertainty

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

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

- Dilapidation provision – the charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in Note 12.
- Residuary legacies – the charity recognises residuary legacies once conditions set out in 1.3 have been met and a reliable estimate of assets due has been received.

The estimates and underlying assumptions

Notes to the Financial Statements

For the year ended 31 December 2022

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

1.15 Contingent assets

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

Notes to the Financial Statements

For the year ended 31 December 2022

2. Income from generated funds	2022	2021*
	£	£
Donations and legacies		
Donations from individuals	1,352,119	1,283,586
Legacies	326,448	272,623
General grants	597,970	576,888
Community fundraising	1,411,525	1,191,919
Corporate donations	938,077	651,855
	4,626,139	3,976,871
Other trading activities		
Runs	887,802	534,505
Treks and challenges	680,677	746,620
Trading Income	44,365	37,870
	1,612,844	1,318,995
*Note 2 has been restated in respect of the year to 31 December 2021 to reflect a recategorization of income streams.		
3. Income from charitable activities		
Training & Events	10,570	2,335
	10,570	2,335
4. Other income		
Coronavirus Job Retention Scheme Grant	-	6,886
	-	6,886

Notes to the Financial Statements

For the year ended 31 December 2022

5. Resources expended	Direct costs		Support costs		Total
Expenditure on raising funds	Staff	Other	Staff	Other	2022
	£	£	£	£	£
Costs of generating voluntary income	782,289	773,254	158,427	72,912	1,786,882
	782,289	773,254	158,427	72,912	1,786,882
Expenditure on charitable activities					
Direct Services	502,759	336,859	109,047	50,186	998,851
Awareness, Policy and Influencing	539,569	798,040	117,963	54,289	1,509,861
Grants	21,276	451,817	5,486	2,525	481,104
	1,063,604	1,586,716	232,496	107,000	2,989,816
Total Costs 2022	1,845,893	2,359,970	390,923	179,912	4,776,698
Total costs 2021	1,419,241	1,586,272	407,326	123,112	3,535,951

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

Total governance costs for the year, included in support costs, are £17,700 (2021: £11,200) comprising an audit fee of £14,750 (2021: £11,200).

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

Notes to the Financial Statements

For the year ended 31 December 2022

6. Net income is stated after charging:	2022	2021
	£	£
Depreciation	35,640	77,406
Amortisation	-	794
Operating lease payments	191,127	277,970
Auditors' remuneration:		
- Audit fee for the current period	14,750	11,200

7. Staff costs	2022	2021
	£	£
Wages and salaries	1,954,693	1,618,320
Social security costs	206,553	150,382
Pension Contributions	75,570	57,863
	2,236,816	1,826,565

During the year Bowel Cancer UK paid no redundancy costs (2021: £nil).

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

	2022	2021
	Number	Number
£60,001 - £70,000	1	3
£70,001 - £80,000	3	-
£90,001 - £100,000	-	1
£100,001 - £110,000	1	-
	5	4

Pension Contributions of £15,702 (2021: £11,598) were paid in respect of the higher paid individuals.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2022 amounted to £30,114 (2021: £nil).

Notes to the Financial Statements

For the year ended 31 December 2022

The key management personnel of the charity comprise the Trustees, the Chief Executive, Director of Research and External Affairs, Director of Finance and Resources, Director of Fundraising and Director of Services. The total employee benefits (Gross Pay, Employers National Insurance and Employers Pension contributions) of the key management personnel of the charity were £455,490 (2021: £361,000). The Director of Finance and Resources position was undertaken by an interim consultant in 2021 with a permanent appointment made in January 2022, resulting in a FTE of 4.9 compared with 4.1 in the year before.

The average number of staff analysed by function was:

	2022	2022	2021	2021
	Number	FTE	Number	FTE
Fundraising	19	18	13	13
Awareness and Direct Services	13	12	12	12
Communications and Campaigning	14	14	11	10
Central Support	8	7	5	5
Research	1	1	-	-
	55	52	41	40

Trustees

No Trustees received emoluments during the year (2021: £nil).

None of the Trustees received reimbursed expenses during the year (2021: £nil).

Notes to the Financial Statements

For the year ended 31 December 2022

8. Tangible fixed assets	Office Refurbishment	Fixture and Fittings	Computer Equipment and Software	Total
	£	£	£	£
Cost				
At 1 January 2022	206,244	13,444	130,733	350,421
Additions	-	-	68,749	68,749
Disposals			(70,333)	(70,333)
At 31 December 2022	206,244	13,444	129,149	348,837
Depreciation				
At 1 January 2022	206,244	8,785	101,204	316,233
Charge for the period	-	2,587	33,053	35,640
Disposals	-	-	(69,954)	(69,954)
At 31 December 2022	206,244	11,372	64,303	281,919
Net book value as at 31 December 2022	-	2,072	64,846	66,918
Net book value as at 31 December 2021	-	4,659	29,529	34,188

All fixed assets are used for charitable purposes.

9. Intangible fixed assets	Website £	Total £
Cost		
At 1 January 2022	4,763	4,763
At 31 December 2022	4,763	4,763
Amortisation		
At 1 January 2022	4,763	4,763
Charge for the period	-	-
At 31 December 2022	4,763	4,763
Net book value as at 31 December 2022	-	-
Net book value as at 31 December 2021	-	-

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

Notes to the Financial Statements

For the year ended 31 December 2022

10. Debtors and Prepayments

	2022	2021
	£	£
Legacy Debtor	277,654	256,300
Other Debtors	78,569	81,329
Prepayments and accrued income	254,859	397,150
	611,082	734,779

11. Creditors

	2022	2021
	£	£
Trade creditors	144,316	95,074
Accruals	720,292	567,037
Taxes and social security costs	49,496	43,747
Other creditors	38,111	8,112
	952,215	713,970

12. Provisions

	Property provision 2022	Property provision 2021
	£	£
At 1 January 2022	32,000	24,000
Amounts charged	58,608	8,000
At 31 December 2022	90,608	32,000

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

Notes to the Financial Statements

For the year ended 31 December 2022

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

Designated funds

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

Fixed assets

£66,918 (2021: £34,188) has been set aside from the charity's unrestricted funds by the Trustees to re-reflect the net book value of the fixed assets.

Research

£772,000 (2021: £100,000) has been committed to underwrite the funding of new research activities over the next two years.

Early Diagnosis

£1,586,800 (2021: £nil) has been committed by Trustees to fund a two - three year early diagnosis campaign, which will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly.

Infrastructure

£314,600 (2021: £nil) has been committed by Trustees to fund a programme of digital, IT and data transformation over the next two - three years, to enhance our infrastructure and provide an efficient, secure operating environment.

Notes to the Financial Statements

For the year ended 31 December 2022

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

Restricted funds

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

BeWel Project

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

General Patient Services

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

General Work in Northern Ireland

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

General Work in Scotland

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

General Work in Wales

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

Notes to the Financial Statements

For the year ended 31 December 2022

Moondance Foundation

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

Never Too Young

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

Never Too Young: Patient Group

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

Patient Information

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

Research

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

Surgical Chair

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

Surgical Chair Scotland

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

Awareness

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

VWG Small Grant

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

Early Diagnosis

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

Education and campaigns

Funding has been received to support a bowel screening campaign.

Healthcare professional education and engagement

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

Notes to the Financial Statements

For the year ended 31 December 2022

13. Statement of funds (continued)	Balance 1 January 2021 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2021 £
Total Designated funds:					
Fixed Assets	101,595	10,973	(78,200)	-	34,188
Research	-	100,000	-	-	100,000
	101,595	110,973	(78,200)	-	134,188
Total General Funds	1,439,843	4,490,408	(3,047,075)	-	2,883,179
Total Unrestricted funds	1,541,438	4,601,201	(3,125,275)	-	3,017,364

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

Notes to the Financial Statements

For the year ended 31 December 2022

14. Analysis of net assets between funds

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

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

15. Related party transactions

Four Trustees made a donation to the charity in aggregate of £3,308 (2021: five Trustees with donations in aggregate of £9,135).

16. Contingent Assets

There are no contingent assets as at 31 December 2022 (2021: 2 contingent assets).

17. Operating Leases

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

	2022	2021
	£	£
< One year	191,708	261,200
Two - five years	-	174,157
> Five years	-	-
	191,708	435,357

Notes to the Financial Statements

For the year ended 31 December 2022

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

Year ended 31 December 2021

	Unrestricted funds £	Restricted funds £	2021* Total £
Income			
Donations and legacies	3,389,526	587,345	3,976,871
Other trading activities	1,199,617	119,378	1,318,995
Income from investments	2,837	-	2,837
Income from charitable activities	2,335	-	2,335
Other income	6,886	-	6,886
Total income	4,601,201	706,723	5,307,924
Expenditure			
Expenditure on raising funds	1,355,969	-	1,355,969
Expenditure on charitable activities	1,769,306	410,676	2,179,982
Total expenditure	3,125,275	410,676	3,535,951
Net income and movement in funds	1,475,926	296,047	1,771,973
Fund balances brought forward	1,541,438	322,416	1,863,854
Fund balances carried forward	3,017,364	618,463	3,635,827

*Note 18 has been restated in respect of the year to 31 December 2021 to reflect a recategorisation of income streams.

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

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Sponsors

Bristol Myers Squibb provided financial support towards our patient support and information services.

Merck provided financial support towards our peer support and healthcare professional education events.

Norgine gave financial support towards our 'Colonoscopy Confidence' campaign.

Pierre Fabre gave financial support towards our patient day events programme.

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

We remember with grateful thanks everyone who has kindly left a gift to support our work.

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

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

To donate or find out more visit
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