



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



**Bowel Cancer UK**  
Beating bowel cancer together



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

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



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

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

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

**Our vision is a future where nobody dies of bowel cancer**

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

**Becky Harris and her mum on a walk for ActiveApril**

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## Statement from Bowel Cancer UK's Chair of Trustees

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

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

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

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

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

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

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

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

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



**Richard Anderson, Chair of Trustees**

# Our year in numbers



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



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



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



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



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



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



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



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



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



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

## Financial summary 2023

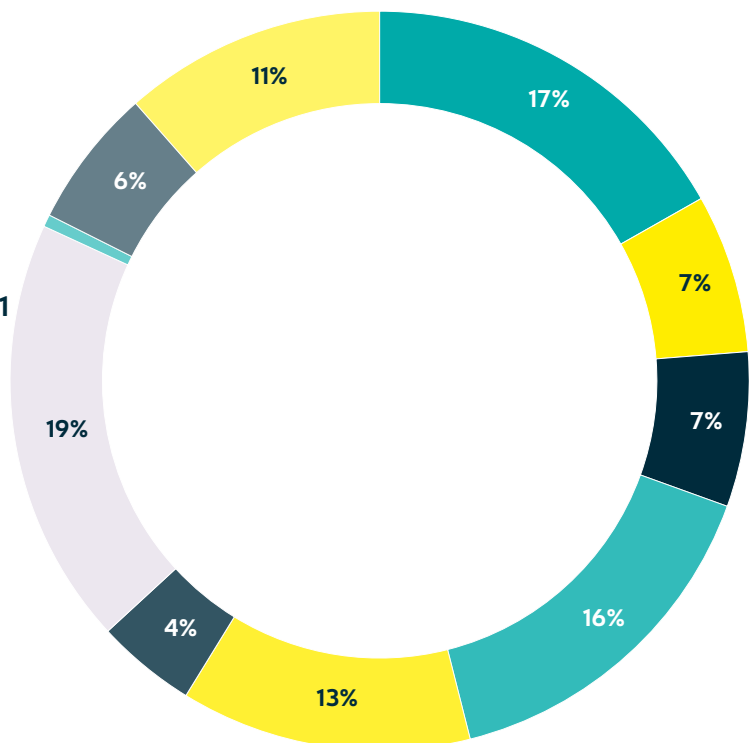
### Income

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

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

### Where our money comes from

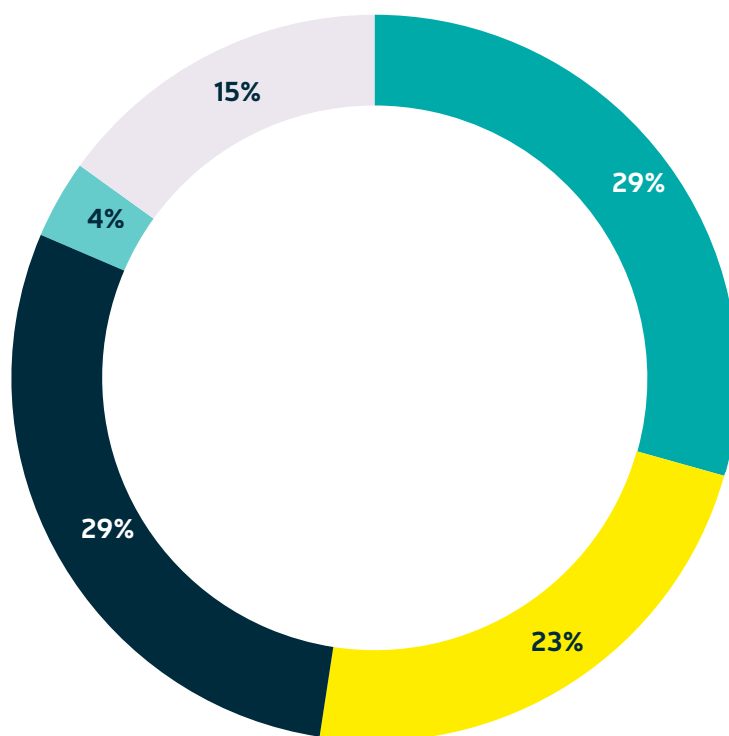
- Individuals **£1,186,805**
- Legacies **£490,949**
- Nations **£478,713**
- Philanthropy & Partnerships **£1,098,531**
- Runs **£899,114**
- Treks & Challenges **£309,064**
- Community **£1,322,251**
- Trading **£37,719**
- Gifts in Kind **£432,589**
- Other **£811,272**





## How we spend our money

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



## Thank you to all our supporters

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



**Thank you all.**

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

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

It's a stark reality that too many people with bowel cancer in the UK are diagnosed at a later stage, when fewer treatment options are available. Fewer than 4 in 10 people are diagnosed at stages 1 and 2.<sup>1</sup> Shockingly, almost 1 in 5 people in England are diagnosed in emergency settings<sup>2</sup>, such as in A&E. For the under 50s, that number rises to more than 1 in 4. A diagnosis in an emergency setting is not only much more likely to be a later stage bowel cancer, but it also represents a missed opportunity across the diagnostic pathway – whether that's down to someone not recognising they have symptoms or acting on them, GPs not suspecting bowel cancer quickly enough, or delays due to capacity constraints in diagnostic services.

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

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

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

**Goal 1: increase awareness and understanding of bowel cancer**

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

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

**Goal 4: support people to cope better with bowel cancer**

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

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

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

<sup>3</sup> Calculated by the Cancer Intelligence team at Cancer Research UK, using data from:

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

## Towards our goals – highlights from 2023

### Goal 1: increase awareness and understanding of bowel cancer

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

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

### Raising awareness

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

online symptoms quiz. We put forward nine questions that were asked in parliaments across the UK, and recruited seven new members to our new All-Party Parliamentary Group (APPG) on Bowel Cancer. We were then delighted when our survey in May<sup>6</sup> showed that the number of people who could name at least one symptom of the disease had risen by ten percentage points to 74%.

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



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

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

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

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

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

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



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

## Outreach – targeted roadshows

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

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



©David J Colbran

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

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





“

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

**Awareness Volunteer**

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

## Outreach – awareness talks and volunteers

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

## Changing behaviour

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

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

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

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

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

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

## Political engagement

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

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

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

**Ben Lake MP, Chair of the APPG on Bowel Cancer**

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

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



©Aaron McCracken

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

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

## Towards our goals – highlights from 2023

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

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

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

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

### New research funding

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

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

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

### Primary care

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

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



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

## Improving community engagement

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

## Working with others

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

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

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

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

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

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

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

## Keeping bowel cancer on the agenda

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

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

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

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

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

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

## Campaign success! Speaking out, changing policy



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

### • A Cancer Improvement Plan for Wales

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

### • Lynch syndrome testing for newly diagnosed bowel cancer patients

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

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

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

- Scottish Cancer Strategy

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

- Introduction of the Faster Diagnosis Standard

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

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

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

## Towards our goals – highlights from 2023

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

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

### Announcing our new Surgical Research Chair

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

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

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

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

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

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## Education and engagement for secondary care professionals

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

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

## The National Colorectal Cancer Nurses Network (NCCNN)

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

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



©Ross Fairgrieve

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

This year's winners

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

## Campaign success! Lifting the ban on treatment breaks



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

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

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



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

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



## Approval of regorafenib (Stivarga) for use in Scotland

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

## Towards our goals – highlights from 2023

### Goal 4: support people to cope better with bowel cancer

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

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

### Health information

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

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

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

### Support services

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

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

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

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

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

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

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

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





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

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

**Mark, bowel cancer patient**

**”**

## Towards our goals – highlights from 2023

### Investing in success: creating strong foundations for the organisation

#### Fundraising

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



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

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

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

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

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

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

## Fundraising around the UK

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

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

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

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

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

## Corporate partnerships, trusts and foundations

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

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

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

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

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

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

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

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





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

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





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

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

## Essential infrastructure

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

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

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

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

## Investing in our people

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

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

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

## A tribute to our supporter, George Alagiah OBE

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

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

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

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

©Ken Jack via Getty Images



**George Alagiah OBE**

## Introducing our founding patron, Christina Lakin

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

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

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

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

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



**Christina Lakin, founding patron of Bowel Cancer UK**

## Looking ahead to 2024

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

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

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

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

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

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

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

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



Genevieve Edwards



## Looking ahead to 2024

### Highlights for 2024:

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

# Public benefit

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

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

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

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

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

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

## Our fundraising practices

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

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

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

## **Regulatory and administrative details**

### **Regulatory compliance statements**

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

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

## **Who we are**

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

The main activities of the organisation include:

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

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

## **Where we are**

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

## **Board of Trustees**

The Board of Trustees comprises the following individuals:

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

## Senior Leadership Team

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

## Members of our Medical Advisory Board are:

1. Rob Glynn-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)
3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
5. Tam Arulampalam, Consultant Laparoscopic Surgeon and Service Director, the ICENI Centre, Colchester General Hospital
6. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
7. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-executive Director, NHS England
8. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
9. Mark Coleman, Consultant Surgeon, Plymouth, Lead Clinician, Lapco National Training Programme for

- Laparoscopic Colorectal Surgery
10. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
11. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
12. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
13. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
14. Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
15. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
16. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
17. Hassan Malik, Consultant Hepatobiliary Surgeon and Clinical Lead, University Hospital Aintree NHS Trust
18. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
19. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
20. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery University of Birmingham
21. Christine Norton, Professor of Clinical Nursing Research, Kings College London
22. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
23. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
24. John Stebbing, Consultant Surgeon,



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

#### **Members of our Scientific Advisory Board are:**

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

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

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

#### **Auditors, bankers and solicitors**

##### **Auditors**

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

##### **Bankers**

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

##### **Solicitors**

Russell Cooke LLP  
2 Putney Hill  
London  
SW15 6AB

#### **Structure, government and maintenance Governing document and constitution**

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

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

### **Trustees appointment, recruitment, training and induction**

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

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

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

### **Organisation structure and decision-making**

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

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

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

### **Pay policy for senior staff**

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

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

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

## Risk and uncertainties

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

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

Risk	Mitigations
Loss, reputation damage or disruption to services as a result of fraud, cyber-security breach, GDPR breach, IT infrastructure failure or other control failure.	<ul style="list-style-type: none"> <li>-Operational and technical controls in place.</li> <li>-Policies and procedures in place, including whistleblowing policy.</li> <li>-Continuing programme of data and IT transformation to enhance our IT infrastructure and security.</li> <li>-Service delivery partnerships and external experts to supplement in house capabilities.</li> <li>-Monitoring of finance and IT environments; investigation and remediation of issues identified.</li> <li>-Business continuity plans in place.</li> <li>-Cyber insurance in place.</li> <li>-All staff have completed GDPR and cyber awareness training, and regular phishing simulations are undertaken.</li> </ul>
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"> <li>-Continuing programme of data transformation to enhance our data infrastructure, including investment in internal and external expertise and a implementation of a new CRM planned for 2024.</li> <li>-Data Strategy to be launched 2024.</li> <li>-Impact reporting framework in place.</li> </ul>
Failure to recruit or retain sufficient staff to deliver our strategy and business plan, mitigate risks arising from single points of failure in small teams. The wellbeing of staff is also at risk if we are not adequately resourced.	<ul style="list-style-type: none"> <li>-Pay and reward review undertaken in 2022, with a new pay policy implemented from 1 January 2023.</li> <li>-New employee value proposition includes increased holiday, flexible working and a wellbeing programme.</li> <li>-Offering remote working to remove the geographic boundary to recruitment wherever possible.</li> <li>-Targeted recruitment of new roles is continuing.</li> </ul>
Inadequate or ineffective safeguarding practices leads, or contributes to, harm to a vulnerable adult or child in our community.	<ul style="list-style-type: none"> <li>-New safeguarding policy and procedures rolled out to all staff in 2023.</li> <li>-All staff have completed level 2 safeguarding for adults and children.</li> <li>-Safeguarding risk considered in all event risk assessments.</li> <li>-Volunteers receive safeguarding training.</li> </ul>

# Financial review

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

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

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

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

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

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

## Reserves

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

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

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

Designated funds		
<b>Early Diagnosis Campaign</b>	£1,402,551	<p>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.</p> <p>Planning and preparation work commenced in 2023, with £169k already utilised from the fund in year (in addition to a further £80,604 restricted funds). The remaining designated fund will support the roll-out of the campaign over the next 18 months.</p>
<b>Research</b>	£772,000	<p>Underwriting of new research grants for the next two years.</p> <p>Successful fundraising in 2023 allowed all research grants awarded in year to be funded from restricted philanthropic donations. This has enabled the existing designated fund balance to be retained to secure the continuation of our research programme over the next two to three years.</p>
<b>Infrastructure</b>	£992,291	<p>Investment in a two-to-three-year programme of digital, IT and data transformation to enhance our infrastructure and provide an efficient, secure operating environment.</p> <p>£131,309 was spent in 2023 on projects including Project Nimbus – our project to adopt new cloud-based solutions to replace outdated infrastructure, facilitate enhanced cyber and data security and support our new hybrid ways of working. The designated fund also supported investment in a new cloud-based finance system and completion of a CRM options appraisal to support the procurement of a new CRM in 2024.</p> <p>Trustees approved an increase to the infrastructure designated fund of £809,000, relating to additional essential infrastructure projects.</p>
<b>Fixed Assets</b>	£164,751	Reflecting net book value of fixed assets.



## Statement of Trustees' responsibilities

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

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

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

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

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

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

## Provision of information to auditors

In so far as, the Trustees are aware:

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

## Staff and volunteers

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

## Auditors

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

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

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



Lorraine Lander, Treasurer

## AUDITORS REPORT

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

#### Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2023 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

#### Basis for opinion

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

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

#### Conclusions relating to going concern

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

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

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

#### Other information

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

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

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

We have nothing to report in this regard.

### **Opinions on other matters prescribed by the Companies Act 2006**

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

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

### **Matters on which we are required to report by exception**

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

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

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

in agreement with the accounting records and returns; or

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

### **Responsibilities of trustees**

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

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

### **Auditor's responsibilities for the audit of the financial statements**

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

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

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

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

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

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

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

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

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

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



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

### **Use of our report**

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

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

Reading

Date:

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

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

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

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

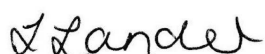
## Balance Sheet as at 31 December 2023

### Company number 3409832 (England and Wales)

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

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

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



Lorraine Lander, Treasurer

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

## Statement of Cash Flows for the year ended 31 December 2023

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

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

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

<b>Net cash generated by operating activities</b>	<b>539,775</b>	<b>1,929,424</b>
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### Analysis of cash and cash equivalents

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

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



## Notes to the Financial Statements

### For the year ended 31 December 2023

#### 1 Accounting policies

##### 1.1 Basis of preparation

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

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

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

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

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

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

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

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

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

##### 1.2 Company status

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

##### 1.3 Income

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

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

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

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

#### 1.4 Expenditure

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

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

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

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

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

are recognised as expenditure when the relevant conditions are fulfilled.

#### 1.5 Fund accounting

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

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

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

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

#### 1.6 Tangible fixed assets and depreciation

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

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

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

- Computer equipment and software - over four years

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

#### 1.7 Intangible fixed assets

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

#### 1.8 Debtors and prepayments

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

#### 1.9 Cash at bank and in hand

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

#### 1.10 Short term deposits

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

#### 1.11 Operating leases

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

#### 1.12 Pension costs

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

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

#### 1.13 Creditors and provisions

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

#### 1.14 Financial instruments

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

#### 1.15 Critical accounting judgements and key sources of estimation uncertainty

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

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

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

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

#### **1.16 Contingent assets**

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



## Notes to the Financial Statements

### For the year ended 31 December 2023

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

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

Income from generated funds includes gifts in kind as follows:

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

<b>3. Income from charitable activities</b>		
Training and Events	1,738	10,570
	<b>1,738</b>	<b>10,570</b>

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

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

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

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

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

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

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

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

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

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

The average number of staff analysed by function was:

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

#### Trustees

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

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

All fixed assets are used for charitable purposes.

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

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



## Notes to the Financial Statements

### For the year ended 31 December 2023

#### 9. Debtors and Prepayments

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

#### 10. Creditors

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

#### 11. Provisions

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

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

#### Designated funds

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

#### Fixed assets

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

#### Research

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

#### Early Diagnosis

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

#### Infrastructure

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

#### Restricted funds

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

#### General Patient Services

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

#### General Work in Northern Ireland

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

#### General Work in Scotland

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

#### General Work in Wales

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

#### Moondance Foundation

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

#### **Never Too Young**

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

#### **Never Too Young: Patient Group**

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

#### **Patient Information**

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

#### **Research**

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

#### **Surgical Chair Scotland**

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

#### **Awareness**

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

#### **VWG Small Grant**

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

#### **Early Diagnosis**

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

#### **Healthcare professional education and engagement**

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

#### **Policy Officer Wales**

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

#### **Bowelbabe Fund**

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

#### **Volunteer Coordinators**

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

#### **APPG**

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

12. Statement of funds (continued)	Balance 1 January 2022 £	Income £	Expenditure £	Transfers Between Funds £	Balance 31 December 2022 £
<b>Total Designated funds:</b>					
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
	<b>134,188</b>	<b>2,642,149</b>	<b>(36,019)</b>	<b>-</b>	<b>2,740,318</b>
<b>Total General Funds</b>	<b>2,883,176</b>	<b>2,672,565</b>	<b>(3,869,625)</b>	<b>-</b>	<b>1,686,116</b>
<b>Total Unrestricted funds</b>	<b>3,017,364</b>	<b>5,314,714</b>	<b>(3,905,644)</b>	<b>-</b>	<b>4,426,434</b>

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



## Notes to the Financial Statements

### For the year ended 31 December 2023

#### 13. Analysis of net assets between funds

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

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

#### 14. Related party transactions

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

## Notes to the Financial Statements

### For the year ended 31 December 2023

#### 15. Operating Leases

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

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

#### 16. Capital Commitments

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

	2023 £	2022 £
Contracted but not provided for	<b>2,983</b>	-

The capital commitments relate to office equipment.

## Notes to the Financial Statements

### For the year ended 31 December 2023

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

Year ended 31 December 2022

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

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

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

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

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

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