



Bowel Cancer UK
Beating bowel cancer together

Awards
Roadshow

Bowel Cancer UK
Annual Report and
Financial Statements
For the year ended 31 December 2024



Bowel Cancer UK
Beating bowel cancer together



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



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

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

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

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

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

Leigh Wilkinson, bowel cancer patient

”

A message from our Chair of Trustees, Dr Damien Marmion

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

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

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

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

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

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

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

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

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



Credit: Bowel Cancer UK

Dr Damien Marmion
Bowel Cancer UK Chair of Trustees

Our year in numbers



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



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



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



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



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



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



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



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



8,525 people donated and fundraised for us in 2024



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

Financial summary 2024

Income

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

Expenditure

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

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

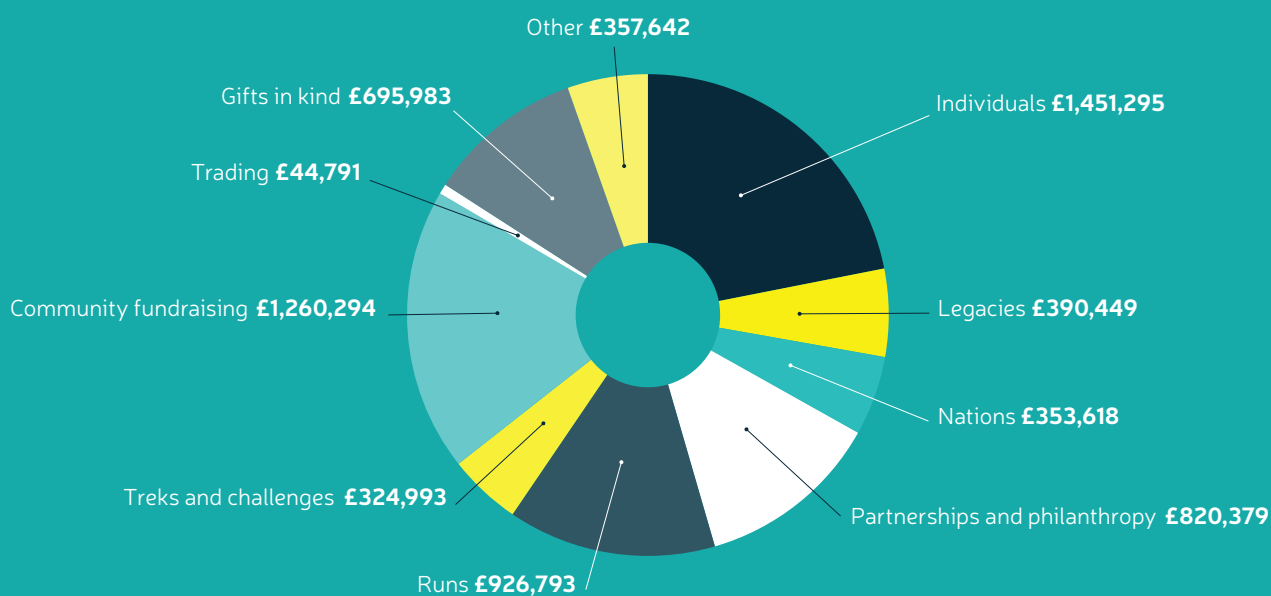
Thank you to all our supporters

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

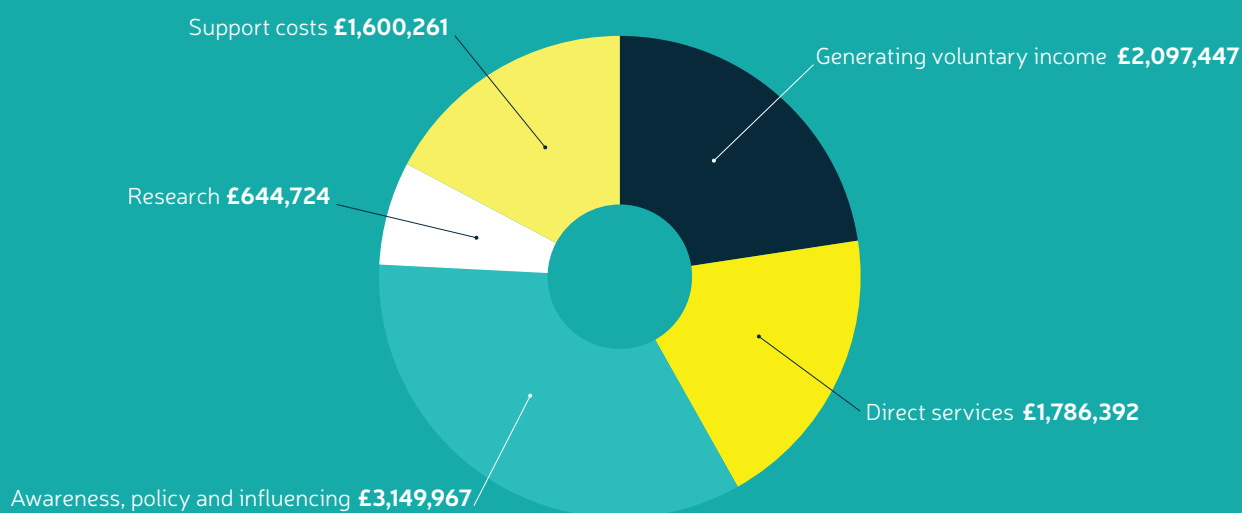
Thank you, all of you, for everything you do. You're truly amazing!



Where our money comes from



How we spend our money



Our strategy: On a Mission

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

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

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

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

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

To do this, we have set four ambitious goals:

Goal 1: Increase awareness and understanding of bowel cancer

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

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

Goal 4: Support people to cope better with bowel cancer

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

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

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

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

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

Highlights from 2024

Goal 1: Increase awareness and understanding of bowel cancer

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

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

Roadshows

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

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



Funded by



Bowelbabe Fund
for Cancer Research UK

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

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

Bowel Cancer Awareness Month

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

Let's #GetComfortable

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



Credit: Brendan Foster Photography

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

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



Credit: Bowel Cancer UK

“

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

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

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“

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

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

”

Nick Rogers, bowel cancer patient

We're still rolling

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

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

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

Awareness talks

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

The power of partnerships

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



Credit: Julie Broadfoot

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

Highlights from 2024

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

Tell Your GP Instead

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

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

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

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

We were delighted to find that

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

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

Bowel Cancer UK

I've noticed changes when I'm going for a poo.

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

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

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

Cancer Plan for England

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

Lynch syndrome

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

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

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

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

Screening in Wales

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

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

Research

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

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

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

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

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

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

The three projects are:

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



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



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



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

**Dr Vladimir Teif,
University of Essex**

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Community support

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

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

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

Healthcare professionals

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

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

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



Credit: Bowel Cancer UK



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

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

Neil Barker, bowel cancer patient and awareness volunteer



Highlights from 2024

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

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

High quality health information

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

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

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

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

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

“

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

Patient responding to our health information user survey

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After using our resources...

9 in 10

healthcare professionals said
they would recommend our
resources to a colleague

9 in 10

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

The National Colorectal Cancer Nurses Network (NCCNN)

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

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

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

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

This year's Gary Logue award winners

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

Caroline Trezise, Colorectal Clinical Nurse Specialist from University Hospital Wales

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

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



Credit: Rachel Silvester

Professional education

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

“

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

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

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Raising patient voices

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

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

Highlights from 2024

Goal 4: Support people to cope better with bowel cancer

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

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

Support services

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

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

“

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

Peer Support Line caller

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

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

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

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

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

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

Forum user worried about bowel cancer

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

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

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

Marie Adams, bowel cancer patient

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Highlights from 2024

Investing in success: Creating strong foundations for the organisation

Fundraising

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

In the community

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

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

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

Getting active

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

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

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



Credit: Bowel Cancer UK

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



Credit: KAH Productions

“

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

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

”

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

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

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

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

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

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

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

Highlights from 2024

Fundraising around the UK

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

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



Credit: A.L.S Photography

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

Corporate partnerships, trusts and foundations

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

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

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



Essential infrastructure

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

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

Investing in our people

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

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

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

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

Looking ahead to 2025

A message from our Chief Executive, Genevieve Edwards

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

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

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

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

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

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

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

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

A huge thank you,
to everyone on
#TeamBowelCancerUK.



Credit: Bowel Cancer UK

Genevieve Edwards
CEO of Bowel Cancer UK



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

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

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

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

”

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

Public benefit

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

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

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

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

Our fundraising practices

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

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

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

Regulatory and administrative details

Regulatory compliance statements

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

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

Who we are

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

Our main activities include:

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

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

Where we are

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

Board of Trustees

The Board of Trustees comprises the following individuals:

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

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

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

Senior Leadership Team

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

Members of our Medical Advisory Board are:

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

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

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

Members of our Scientific Advisory Board are:

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

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

Auditors, bankers and solicitors

Auditors

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

Bankers

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

Solicitors

Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

Structure, government and maintenance

Governing document and constitution

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

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

Trustees appointment, recruitment, training and induction

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

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

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

Organisation structure and decision-making

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

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

The committees are as follows:

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

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

Membership is detailed on pages 33 and 34.

Pay policy for senior staff

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

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

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

Risks and uncertainties

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

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

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

Risk	Mitigations
Loss (financial, data, reputational, access to systems) due to cyber-attack	<ul style="list-style-type: none"> Operational and technical controls in place Policies and procedures in place, including whistleblowing policy Continuing programme of data and IT transformation to enhance our IT infrastructure and security Service delivery partnerships and external experts to supplement in-house capabilities Monitoring of finance and IT environments; investigation and remediation of issues identified Cyber insurance in place All staff have completed data protection and cyber awareness training, and regular phishing simulations are undertaken
Insufficient data insights/ analytics impacts our ability to measure impact or to tailor services to meet the evolving priorities and needs of our service users and supporters	<ul style="list-style-type: none"> Continuing programme of data transformation to enhance our data infrastructure, including investment in internal and external expertise and the implementation of a new CRM planned for 2025 Data strategy to be launched in 2025 Impact reporting framework in place
Breach of UK data protection laws	<ul style="list-style-type: none"> Data strategy in development, and data protection, privacy and data retention policies in place IT security provision enhanced including multi-factor authentication and firewalls to protect data IT access restrictions applied to electronic data Cyber security training completed for all staff

Financial review

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

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

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

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

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

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

Reserves

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

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

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

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

Statement of Trustees' responsibilities

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

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

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

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

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

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

Provision of information to auditors

In so far as the Trustees are aware:

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

Staff and volunteers

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

Auditors

Crowe LLP were reappointed as external auditors during the year.

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

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



Owen Watson, Treasurer

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

Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

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

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

Conclusions relating to going concern

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

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

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

Other information

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

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

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

Responsibilities of Trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

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

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

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

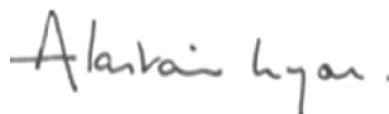
We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the recognition of certain income streams and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the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

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

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

Use of our report

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



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

Reading

Date: 1 July 2025

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

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

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

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

Balance sheet as at 31 December 2024

Company number 3409832 (England and Wales)

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

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

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



Owen Watson, Treasurer

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

Statement of cash flows for the year ended 31 December 2024

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

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

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

Net cash generated by operating activities	(1,660,119)	539,775
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Analysis of cash and cash equivalents

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

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

Notes to the financial statements

For the year ended 31 December 2024

1 Accounting policies

1.1 Basis of preparation

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

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

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

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

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

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

and liquidity to mitigate any financial risks that may materialise.

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

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

1.2 Company status

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

1.3 Income

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

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

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

Notes to the financial statements

For the year ended 31 December 2024

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

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

1.4 Expenditure

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

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

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

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

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

1.5 Fund accounting

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

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

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

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

1.6 Tangible fixed assets and depreciation

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

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

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

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

1.7 Intangible fixed assets

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

1.8 Debtors and prepayments

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

1.9 Cash at bank and in hand

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

1.10 Short term deposits

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

1.11 Operating leases

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

1.12 Pension costs

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

1.13 Creditors and provisions

Creditors and provisions are recognised

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

1.14 Financial instruments

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

1.15 Critical accounting judgements and key sources of estimation uncertainty

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

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

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

The estimates and underlying assumptions

Notes to the financial statements

For the year ended 31 December 2024

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

1.16 Contingent assets

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

Notes to the financial statements

For the year ended 31 December 2024

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

Notes to the financial statements

For the year ended 31 December 2024

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

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

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

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

Notes to the financial statements

For the year ended 31 December 2024

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

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

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

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

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

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

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

Notes to the financial statements

For the year ended 31 December 2024

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

The average number of staff analysed by function was:

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

Trustees

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

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

Notes to the financial statements

For the year ended 31 December 2024

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

All fixed assets are used for charitable purposes.

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

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

Notes to the financial statements

For the year ended 31 December 2024

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

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

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

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

Notes to the financial statements

For the year ended 31 December 2024

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

Designated funds

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

Fixed assets

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

Research

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

Early diagnosis

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

Infrastructure

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

Notes to the financial statements

For the year ended 31 December 2024

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

Restricted funds

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

General patient services

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

General work in Northern Ireland

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

General work in Scotland

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

Services officer Scotland

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

General work in Wales

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

Moondance Foundation

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

Never Too Young

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

Never Too Young patient group

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

Patient information

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

Research

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

Surgical Chair Scotland

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

Awareness talks

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

VWG small grant

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

Early diagnosis

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

Healthcare professional education and engagement - general

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

Healthcare professional education and engagement – Expert Explores

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

Bowelbabe Fund

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

Notes to the financial statements

For the year ended 31 December 2024

Volunteer coordinators

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

APPG

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

Peer support

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

Health information booklet Eating Well

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

Health information booklet Your Operation

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

Health information work (Christmas appeal)

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

Notes to the financial statements

For the year ended 31 December 2024

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

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

Notes to the financial statements

For the year ended 31 December 2024

13. Analysis of net assets between funds

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

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

14. Related party transactions

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

Notes to the financial statements

For the year ended 31 December 2024

15. Operating leases

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

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

16. Capital commitments

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

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

The capital commitments relate to office equipment.

Notes to the financial statements

For the year ended 31 December 2024

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

Year ended 31 December 2023

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

Thanks to our supporters

We would like to thank all our supporters for their generosity

Corporate partners, trusts and foundations

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

Sponsors

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

Merck gave financial support to our health information programme.

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

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



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

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

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

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

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