

CROHN'S & COLITIS UK

FIGHTING INFLAMMATORY BOWEL DISEASE TOGETHER

Annual Report and Financial Statements for the year ended 31st December 2017

**Crohn's and Colitis UK
Registered Charity No. 1117148 (England and Wales) SC038632 (Scotland)
A Company limited by guarantee in England and Wales No. 05973370**

This report represents a Directors' Report as required by S417 of the Companies Act 2006.

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A Welcome from our Chairman & CEO

Delivering greatest impact

It has been another successful year of delivery and expansion for Crohn's and Colitis UK and within the following pages we hope you are inspired by the work and achievements of the Charity during 2017. In brief we have:

- provided significantly more funding than in 2016 to a growing portfolio of research projects across genetics, treatments, dietary impact and fatigue
- achieved nationwide success of our 'Not every disability is visible' campaign securing the support and endorsement from all major supermarket chains and travel providers across the UK
- Set up and launched IBD UK - an impressive collaboration of 19 organisations determined to drive up the quality of healthcare services for people with Crohn's Disease and Ulcerative Colitis across the UK
- Grown our membership to over 35,000 and seen our digital community continue to go from strength to strength
- Launched our new digital Crohn's and Colitis Companion - an information hub which has already reached over 55,000 users
- Worked with the Royal College of General Practitioners to develop and launch new resources for GPs across the UK
- Delivered an impressive 14% growth in our fundraising - enabling us to do more for people affected by Inflammatory Bowel Disease
- Consulted on and developed a new Vision and Mission for the charity and created an ambitious new five year strategy. These are underpinned by a new, dynamic and updated set of organisational values

None of this would be possible without the hard work of our Trustees, staff team, volunteers and growing community of members and supporters. Their commitment to our work constantly inspires us and we are eternally grateful for all they do.

Our work in 2017 has once again been set against a backdrop of continuing scrutiny of charities across the UK. Our Board of Trustees, supported by our staff team, has played a key part in ensuring that all areas of our governance, compliance and delivery of best practice live up to the standards expected by all of our supporters, stakeholder groups and regulatory bodies. We work hard to keep your trust and we are proud of the way in which all our staff and supporters work tirelessly to achieve our goals.

We are looking forward to the future with enthusiasm to deliver the greatest possible impact for everybody affected by Crohn's and Colitis. Thank you for all you continue to do for us.

Sue Cherrie
Chairman

David Barker
Chief Executive

Signed on 19 May 2018

An Overview of Crohn's & Colitis UK

OUR VISION:

Improved lives today
A world free from Crohn's and Colitis tomorrow

OUR MISSION:

We break taboos
We drive pioneering research
We support and bring people together
We campaign to improve lives
We are leading the fight against Crohn's and Colitis

OUR VALUES:

We are ambitious
We are compassionate
We are stronger together

OUR FUTURE:

During 2017 we developed a refreshed vision, mission and values to ensure they continued to accurately reflect who we are and what we stand for. These were launched at our AGM in September and capture the essence of our ambition, aspirations and approach as we move into 2018 with a new five year strategy.

Both our previous and refreshed vision, mission and values underpin the activities and achievements outlined in this report.

OUR FIVE YEAR STRATEGY 2018-2022:

[Delivering Greatest Impact](#) has five strategic strands based on the priorities given to us by people living with Crohn's and Colitis:

1. We want everyone to understand Crohn's and Colitis
2. We want to drive world class research into the disease
3. We want to support people and empower them to be active participants in managing their life with Crohn's and Colitis
4. We want high quality, sustainable, clinical care across the UK
5. We want early and accurate diagnosis for all

We also plan to significantly increase income to enable us to deliver the strategy.

Strategic Report

Our activities and achievements in 2017

Our year in numbers

In 2017 our membership continued to grow and our 10,306 new members brought our total membership at the end of the year to 35,622.

Our income in 2017 was £5,637,768 - a 13% rise on last year.

We distributed 570,000 pieces of patient information, representing an increase of 130,000 (30%) on 2016.

Offering information and support via phone, email and Facebook, as well as trialling a Live Chat service, allowed us to respond to 11,646 enquiries - an increase of 5% on the previous year.

In December we launched the second phase to our 'Not Every Disability is Visible' accessible toilet campaign, aimed at encouraging UK motorway services, rail and airport operators to follow the pioneering participation in 2017 of the large supermarkets; Asda, Morrison, Sainsbury's, Tesco and Waitrose.

WALK IT - a series of nationwide walks - brought together nearly 5,000 people affected by Crohn's and Colitis including 300 Network volunteers, raising spirits and awareness, and almost tripling the campaign's income to over £500,000.

Our 50 plus networks of volunteers across the UK ran 546 events reaching around 30,000 people and raising £190,000. The number of core volunteers in our network teams remains stable.

Social media followers (all channels) - increased by 14% during the year (227,500 to 260,000).

We continue to have the largest IBD communities on Facebook and Twitter.

Facebook page - 159,261 to 173,594 (+9%)

Facebook group - 24,177 to 27,210 (+12.5%)

Twitter - 24,300 to 28,600 (+18%)

Instagram - 12,000 to 18,580 (+55%)

436,000 website downloads of patient information (information sheets and booklets etc).

Our award winning membership magazine *Connect* was distributed three times this year to over 35,000 members.

Our four Family Days in 2017 attracted over 500 attendees across the UK.

We gave out almost 400 grants to help people living on a low income with needs arising from their IBD, and distributed almost £200,000 to help people with essential amenities, over two and half times more than 2016.

Research grant expenditure totalled £932,773 of which medical research comprised £459,529.

The Healthcare Professionals section of our website was developed to support specialist IBD nurses with resources, career and service development and to encourage more nurses to specialise in IBD.

Education and support

WHAT WE SAID WE'D DO...

We will increase profile and support for our activities - through communications, media, PR.

WHAT WE DID...

This year saw a number of immensely successful campaigns which have raised awareness of our cause and led to some important practical improvements to the lives of people affected by Crohn's and Colitis.

Our campaign for accessible toilet signs informed thousands that 'not every disability is visible' and educated them about the social stigma faced by people with IBD when using accessible toilets. We launched the second phase to our 'Not Every Disability is Visible' accessible toilet campaign targeting 27 travel hubs (Airports, Train Stations and Service Stations). Over 50,000 campaign emails were sent - resulting in an 85% success rate of companies either installing the signage or currently being in discussion with the charity. As a direct result of this campaign other businesses including Alton Towers, National Trust sites, Virgin Money and Football Stadiums such as White Hart Lane (Tottenham) and Etihad (Manchester City) have now installed the signage.

As part of our activity around World IBD Day on 19th May 2017, we encouraged everyone to participate in "IBD Day Live - live well with IBD" with a full day of live and recorded content featuring: the top IBD health interests and concerns; the support services on offer; the developments in medical research; and the voice of the patient in tackling the daily challenges of living with Crohn's or Colitis. Our Facebook Lives received 63,000 views, 2,000 comments and reached 930,000 people. We secured over 30 pieces of media coverage, including 14 national pieces. All of which increased understanding of Crohn's and Colitis.

2017 - The website enjoyed 2.09 million sessions from 1.64 million users and achieved 4.3 million page views.

The Crohn's & Colitis Companion website was launched in February 2017 and enjoyed 69,000 sessions, from 55,000 users and 295,000 page views. The Companion website was nominated and shortlisted for a User Experience (UX) UK Award in October.

We produced five films looking at the challenges faced by young people living with Crohn's and Colitis. Told by young people for young people these films offered support on subjects that directly related to them, helping them to realise they are not alone and that with support they can live well with Crohn's and Colitis.

WHAT WE SAID WE'D DO...

Patient Information: We will produce new print and digital material according to the needs of people affected by IBD, and increase distribution.

WHAT WE DID...

In 2017, we continued to produce high-quality publications to help people affected by IBD and raise awareness among the public. We created six new publications, including *Living With a Stoma*, that have proved popular with patients, families and health-care professionals, as well as more information on medicines. We distributed more than 570,000 pieces of patient information including booklets, patient information packs, guides and information sheets, in print and online. This was a gain of 130,000, a 30% increase compared to 2016.

Our membership magazine, *Connect*, was distributed three times to more than 35,000 members. Each edition featured a different guest editor from our membership. *Connect* was praised by people affected by IBD for covering a wider range of issues this year and for being more engaging in showing people what they can do to help themselves, the charity and our campaigns.

We produced a new Transition guide and five 'in their own voices' films that are being used across the UK to help young people and families going through Transition to adult care.

We maintained our national Information Standard accreditation for our printed patient information, once again passing the rigorous annual audit.

WHAT WE SAID WE'D DO...

Patient Information and Events: We will increase our provision of information and support at events across the UK.

WHAT WE DID...

We boosted support for the Patient Education Programme, with networks of IBD specialist nurses in the Northwest of England and in London, producing a series of events to support patients and engage more health professionals. The programme has been a resounding success - boosting knowledge and confidence for people to manage their condition - and will be increased in 2018 and beyond.

Our four Family Days in 2017 attracted over 500 attendees across the UK, and we increased young people's and families' confidence through a pilot residential weekend. These events provided updates from expert speakers, opportunities to meet others living with the conditions and access to healthcare professionals in a fun, informal setting. Feedback from the events is overwhelmingly positive, and they have proven a great way to reach a lot of people, who also take information back to their families, friends, hospitals and the like. Our efforts to hold some of the events at large sporting venues, in partnership with the NHS, helped us increase our audience.

“The experience was excellent. As parents we learnt some new and useful information, and our son said he enjoyed the day and found it useful to hear about other young people's experiences.”

WHAT WE SAID WE'D DO...

Volunteer Growth: We will strengthen our regional networks, presence and outreach by recruiting, training and managing volunteers to deliver the charity's objectives locally across the UK.

WHAT WE DID...

Our 50 networks of volunteers worked tirelessly to run almost 550 events in 2017, raising funds and awareness, and bringing people together. Through these events, bolstered by specific campaigns around understanding and empowerment, we have engaged with approximately 30,000 people in their local communities and raised £190,000. We now have 400 core volunteers in our network teams, which will help us reach more people in the future.

We achieved the largest participation ever with volunteer training events and education sessions. Our switch to webinars rather than group calls more than tripled the number of volunteers engaged in each training event, and our tailored volunteer leadership training reached a record 35 of the 50 networks this year.

“Volunteering has helped me to take responsibility for my own health and promote wellbeing in others. I very much feel a part of the IBD community, and volunteering has helped me feel that engagement.”

WHAT WE SAID WE'D DO...

Online Provision: We will boost our reach through digital services by rolling out Live Chat and by increasing information and support via our Facebook page and forum.

WHAT WE DID...

We diversified our helpline service - delivered by staff and volunteers - by offering information and support via phone, email and Facebook, as well as trialling a live chat service. These improvements allowed us to respond to 11,646 enquiries - an increase of 5% from the previous year - with 39% through email and digital channels.

The live chat continues to be very popular and in 2018 we will extend its availability to coincide with our helpline operating hours. More than 93% of people using all helpline and live chat services said that the person they talked to understood and met their needs.

We also ran Facebook FAQ group sessions with experts on diet, nutrition and living with a stoma.

“I asked for info on a Sunday, and by mid-afternoon Monday I had a response full of info and links to further related advice. ... Every base was covered without being confusing or overwhelming.”

WHAT WE SAID WE'D DO...

Support: Provide people affected by IBD with access to the necessary emotional, psychological and financial support.

WHAT WE DID...

We increased our production of emotional support information offerings through publications, Connect magazine, Transition videos and other means. We boosted self-management components of support given at events such as the Patient Education Programme and Family Days.

The need for financial information and support among people affected by IBD continues to rise alongside the population. We were able to give 374 grants to help people living on a low income with a need arising from their IBD.

We distributed almost £200,000 to help people access vital, life-improving amenities they needed but wouldn't otherwise have been able to afford, such as clothing and bedding, and washing machines. We also supported younger people living with IBD in their education and vocational training.

We supported a digital program called 'In Your Shoes,' to show people the experience of people living with IBD. Six members of staff took part in living 'In Your Shoes' for a week.

"I was so relieved that someone was offering to help in a delicate situation that is difficult to talk about. The grant has made a massive difference to the running of my household. Being a single mother and having to deal with my own issues is very challenging."

Better healthcare and public services

2017 has been another pioneering year in which we have led the way to improving the diagnosis, treatment and management of IBD for patients all over the UK.

WHAT WE SAID WE'D DO...

Develop position statements to define and communicate the charity's position on issues of importance to the IBD Community.

WHAT WE DID...

During 2017 we developed position statements on two areas of policy: IBD Nurses; and Access to Toilets.

"The availability of IBD nurse specialists across the UK is vital for people living with IBD to be able to access responsive health services and improved clinical outcome" .

"The availability of toilets is vital to the wellbeing and quality of life for people with IBD."

WHAT WE SAID WE'D DO...

Support the implementation of the Blueprint for IBD in Scotland

WHAT WE DID...

We launched a Cross Party Group in the Scottish Parliament, bringing together politicians, policy maker, clinicians and patients to influence the implementation of the Blueprint.

IBD Specialist Nurses in Scotland issued a consensus statement supporting the implementation of the Blueprint.

We continued to work with the Scottish Government to maintain the focus on IBD within the Modern Outpatient Programme.

WHAT WE SAID WE'D DO...

Facilitate patient engagement in health service development and research.

WHAT WE DID...

Patients have informed our responses to National consultations, including:

- NICE and SMC appraisals of the drug Ustekinumab for the treatment of Crohn's disease - now available to patients in England, Wales and Scotland
- proposal to reintroduce prescription charges in Northern Ireland
- Scottish Health and Sport Committee on the use of e-health technologies
- prescribing of 'over the counter' medicines for people with long-term conditions
- access to biological therapies in Northern Ireland

We believe that no IBD related initiative, development or service will be as good as it can be without the input of people affected by these conditions. In 2017 we:

- published a guide for patients and healthcare professionals to encourage and support the set-up of new patient panels
- published a brochure for healthcare professionals to promote the value of involving patients in improving services
- launched a new page on the website to raise awareness of opportunities for patients to get involved in activities directed towards improving services for people with IBD.

WHAT WE SAID WE'D DO...

Work with multi-stakeholder groups in England, Wales and Northern Ireland to agree priorities and campaign for improvements to IBD Services.

WHAT WE DID...

We launched IBD UK, a collaboration of 19 key patient and professional organisations who have committed to working together. The aim of this alliance is to ensure that people with IBD receive consistently high quality, person-centred care wherever they live in the UK and have the best possible outcomes from their treatment and care.

In Northern Ireland we held a roundtable event to bring together commissioners, patients and clinicians to agree priority areas for service improvement.

We launched a new multi-stakeholder Group, IBD Wales, at a reception in the Welsh Assembly. This Group has been brought together by us, under the auspice of WAGE (Welsh Association of Gastroenterology) to drive the development of IBD Services across Wales.

We brought stakeholders together to discuss and identify key priority areas for service improvement in England and agree a programme of work to support the commissioning of IBD Services in England.

We continued to support the work of the UK IBD Registry by producing a statement on the value of the Registry to patients and begun work on a new IBD Registry partnership between the charity, the Royal College of Physicians and the British Society of Gastroenterology.

WHAT WE SAID WE'D DO...**Promote self-management approaches to IBD care.****WHAT WE DID...**

We initiated a project to identify the multiple approaches to self-management across the UK and scope strategies and interventions used by healthcare professionals and patients to support this model of care. This will help us define and articulate a charity position, which will be published in a Position Statement in 2018.

This involved:

- Reviewing existing resources to support self-management for people with IBD including resources for professionals, resources for other conditions where learning can be shared with the IBD community, routes of influence to enable culture change, technology and digital tools and initiatives to increase understanding and awareness of self-management.
- Examining barriers to self-management, including low patient activation, workforce and organisational culture, NHS commissioning structures and skills and knowledge.

We carried out two surveys; one aimed at IBD Health Care Professionals and the other at people living with Crohn's Disease and Ulcerative Colitis. An evidence search was also carried out which showed a lack of evidence around self-management.

WHAT WE SAID WE'D DO...**Identify and document current provision of psychological support within IBD Services.****WHAT WE DID...**

Dr Georgina Rowse, Clinical Psychologist from the University of Sheffield, secured an Innovation, Impact and Knowledge Exchange (IIKE) Research Sabbatical to work with us on a project entitled 'Identifying ways to enhance the availability of psychological information and interventions for people with Inflammatory Bowel Disease (IBD)'

WHAT WE SAID WE'D DO...**Increase the number of IBD Nurses to support patients in the UK.****WHAT WE DID...**

We commissioned a study to calculate current average workload for the IBD Nurse Specialist (set previously at 1.5 whole time equivalent per 250,000). This recommended, to achieve optimum pro-active management of care, a caseload of 2.5 whole time equivalent IBD Specialist Nurses per 250,000 population with a maximum of 500 patients per full time Nurse Specialist at any one time.

We have developed and delivered a programme of training and support for IBD Nurses including a suite of online resources for patients and specialist nurses to improve access to IBD Nurses, support recruitment and retention of nurses and develop business cases for more nursing posts.

WHAT WE SAID WE'D DO...

Support GPs to identify, refer and support people with IBD in primary care.

WHAT WE DID...

IBD was selected by the Royal College of General Practitioners (RCGP) as a clinical area within its Clinical Priority Programme, to work in partnership with Crohn's and Colitis UK to raise the awareness of IBD, promote pathway design for appropriate diagnosis and referral of patients with suspected IBD, help GPs to manage flare-ups and help GPs to support patients with IBD.

An initial survey identified a need for further education on diagnosis, flare management, dietary advice, cancer surveillance and psychological support. This led to three regional educational events being held for GPs in England, Wales and Northern Ireland.

A review of the GP training curriculum was carried out by the Spotlight Clinical Champion Dr Kevin Barrett, resulting in changes and additions to the curriculum for all new trainees from 2018.

The Inflammatory Bowel Disease Toolkit, a 'One-Stop Shop' for GPs and other Primary Care Professionals, was launched on the RCGP website.

WHAT WE SAID WE'D DO...

Work to reduce disadvantage/discrimination in access to services for people with IBD.

WHAT WE DID...

We surveyed people with IBD about their experiences of claiming benefits and worked in partnership with Disability Rights UK to produce a report to identify and highlight the barriers that people with IBD face in establishing their entitlement to disability benefits.

We gave evidence to a Committee in the Welsh Assembly in support of the requirement within the Public Health Wales Bill to produce a strategy on access to toilets.

We have continued, as Co-Chair of the Prescription Charges Coalition, to lead the campaign for free prescriptions for people in England with IBD. We commissioned work to develop the financial case for free prescriptions in England and campaigned vigorously against the reintroduction of charges in Northern Ireland.

We launched a campaign for toilet signage on accessible toilet doors in supermarkets and airports, raising awareness of IBD as a hidden disability.

Research

The Charity increased its commitment to research funding this year, with grant expenditure totalling £932,773.

To ensure we fully utilise our learning about the impact of our research over the last 10 years this has been documented in [The Power of Research - from care to cure](#).

WHAT WE SAID WE'D DO...

Work towards a long-term research strategy based on insight, need and understanding of the areas where we can make the greatest impact.

WHAT WE DID...

In 2017 we developed a new Research Funding Strategy for 2018 - 2022 with which we aim to:

- broaden our portfolio of funding whilst continuing to deliver a strong programme of project grant funding
- create a clear balance between targeted approach to research funding vs response mode open call funding
- develop a new strand of funding to invest in 'rising stars' in IBD research
- develop leadership and influencing relations with partners with related research interests.

The previous strategy had three strands of funding which enabled us to support a broad range of research projects. Combined, these studies have the potential to help people who are diagnosed with IBD in a number of ways. The details of these funding streams are outlined below:

1. Living with IBD Awards

Under this strand, we awarded £196,684 to three projects aimed at providing people with IBD the means to live better:

Being Me (with IBD): growing up and getting on with my life.

“The more we can discover about whether or not young people with IBD are lonely or have good friendship connections, the better we will be able to consider how to support the young people facing difficulties”.

Prospective cohort study to identify causes of depression and how depression leads to relapse in people with Ulcerative Colitis.

“Understanding the factors that predict depression may enable doctors to identify people at risk of worse UC outcomes, and therefore target treatments more accurately based on the risks of depression”.

The lived experience of family planning of female patients diagnosed with IBD and their partners during key reproductive stages - a qualitative study.

“This study will benefit patients by providing a detailed account of women’s needs during key reproductive stages, and intervention development that aims to support patients and their partners”.

2. Medical Research Awards

Over the past year, we awarded grants to six applicants at different universities for medical research which totalled £459,529.

These awards were:

Prognostic bio-markers for IBD: Using DNA methylation to predict disease outcomes

“If we can produce a valid test that predicts a patient’s severity of IBD we can improve their treatments and outcomes”.

Phenotypic and functional analysis of resident CD8+ T cells in intestinal mucosa in health and IBD utilising single cell approaches.

“By improving the detection and understanding of immune cells called “tissue-resident CD8+ T cells we hope to be able to target them with new treatments that will reduce inflammation in patients with IBD”.

Aberrant intestinal immune induction driving inflammation in UC.

“We hope to reduce flares in Ulcerative Colitis by blocking the immune cells which are causing the inflammation and tissue damage”.

Are dietary fatty acids, as measured in plasma samples, associated with the incidence of Ulcerative Colitis and Crohn’s Disease? Multi-centre European prospective cohort study (EPIC).

“We hope this research will provide new approaches to the control of IBD symptoms through dietary change”

Endo-spray: A device to improve chromoendoscopic surveillance for IBD to reduce time taken and improve the utilisation and uptake of this NICE and BSG recommended technique in routine NHS practice.

“Our current study seeks to improve endoscopic surveillance of colorectal cancer in patients with IBD by developing a novel endospray technology”.

Non-invasive approaches to identify the cause of fatigue in inflammatory bowel disease

“We currently know very little about the causes of fatigue in people with IBD, and as a result we’re lacking good treatment options. This study aims to change that and has the potential to improve the quality of life of those living with IBD”.

3. Health Service Development Award

Under this strand, we awarded £111,580 to the development of a nutritional assessment and dietary management algorithm for patients with IBD.

“The use of a standardised IBD nutrition assessment and treatment algorithm will improve the identification of patients with suboptimal nutritional status and result in more patients accessing appropriate dietary treatment”.

WHAT WE SAID WE'D DO...

Build research partnerships to support more research into IBD.

WHAT WE DID...

Over the past year we have awarded a total of £164,980 to jointly fund research in partnership with other organisations, encouraging more money to be directed to projects that benefit people with IBD.

In 2016, we issued a call for grant applications relating to projects in IBD affecting children and young people, in particular preliminary research that would contribute significantly to a subsequent larger research grant proposal.

We agreed joint funding with BSPGHAN (British Society of Paediatric Gastroenterology, Hepatology and Nutrition) to offer four start-up research grants with a value of up to £40,000.

We funded two Surgical Research Fellowships in partnership with the Royal College of Surgeons.

We supported the development and roll-out of the IBD Registry as a tool for service development, quality improvement and research.

Fundraising activities

We are incredibly grateful to all the generous members, supporters and organisations that supported us throughout 2017. Thanks to them, we were able to raise £5,078,642 this year making us the fastest growing health charity of our size and that will enable us to improve the lives of even more people.

OUR PLEDGE

We will always fundraise within our values framework, ensuring that the needs of the IBD community are at the heart of all fundraising communications and propositions. Every day, our supporters help us fight the causes of Crohn's and Colitis and our Board makes this pledge to them:

We could not do the work we do without you, which is why we value your trust so highly. It is also why, when you make the decision to support us, we make this promise to you:

We will:

- only contact you if you have expressed an interest in our work and have given your consent for us to do so
- communicate with our supporters and beneficiaries with respect and sensitivity
- provide information about our charitable spend so you can see what a difference you're making
- change how we communicate with you, or stop communicating with you, if you ask us to
- abide by the fundraising regulator's codes of practice
- ensure all our activities are open, fair, honest and legal
- train, educate and monitor any fundraising agencies we use to ensure they live up to this promise
- make it easy for you to contact our supporter care team with any questions or queries you have about our fundraising
- protect your data, taking every effort to ensure it is both safe and up to date
- never sell or swap anyone's contact details with other organisations
- only use fundraising agencies that live up to our values and this pledge
- not conduct our fundraising with the use of persistent 'hard sell' techniques or unreasonable pressure to elicit your support.

As part of our agreed fundraising strategy, we started a programme of direct marketing in December 2016. Over the course of 2017 we received a small proportion of complaints (48) in response to this new direct marketing approach. Clearly, we are always concerned to receive any complaints and take all of these very seriously. All of these were resolved.

We are registered with the Fundraising Regulator and actively support the Regulator's drive to establish acceptable fundraising standards across the sector through, for example, early subscription to the Fundraising Preference Service. We have ensured that fundraising approaches have only been made to individuals with an existing relationship with the Charity and abide by our fundraising pledge to enable us to continue to deliver gold standard fundraising.

In 2017 we have particularly worked hard to ensure that the introduction of the General Data Protection Regulation is seamless for our supporters. We have not simply ensured that

our processes comply with the law but that our staff and volunteers fully understand, support and apply it.

KEY ACHIEVEMENTS

Below are some of our fundraising highlights for 2017:

- We raised £5,078,642 (excluding membership subscriptions and investment income), representing a 14% rise on last year.
- WALK IT - a series of nationwide walks - brought together nearly 5,000 people affected by IBD, raising spirits and awareness, increasing the campaign's income to over £500,000.
- This year, we continued our focus on a step change in supporter care, in 2017 we introduced a stewardship journey for "in memory" donors. We have captured active consent in all supporter communications from the vast majority of supporters in advance of the EU's General Data Protection Regulation coming into force shortly.
- We held our first ever text to donate event "Star of Hope" directly funding world class research. Our community really engaged with this raising £58,700.
- We sent our second Supporter Survey to 77,000 people affected by IBD and received 12,478 responses (a 16% increase), giving us real insight to what people with IBD and their carers really value to ensure that our activities are directly relevant to needs.
- Our Christmas cards continued to grow in popularity raising £87,000, 24% more than last year.

CHARITY OF THE YEAR

We were delighted to be chosen as Charity of the Year for the following 28 organisations across the UK this year:

AJR Management	Langley Park Rotary Club
Antshill Caravan park	Lilliput Surgery
B/E Aerospace Kilkeel	Na Madrai Golf Society
Barnsley Golf Club	QVC
Betty	Royal Epping Forest Golf Club
Bletchley Masonic Lodge	Royton Road Runners
Cathedral Masonic Lodge	Serco NorthLink Ferries
Clinimed and Securicare	Tangoe
Co-op Hemel	The Maltsters Arms
Datto	Wareham Golf Club
Enfield Golf Club	Watford Ladies
Eversheds Sutherland	West Midlands DA of the Camping & Caravanning Club
Greasers Social Club UK	Wildwood Golf Club
Great Salterns Golf Course	
James Tredwell Testimonial Year	

We were also delighted to be selected as one of three charity partners to benefit from proceeds from the 2017 Waitrose Christmas cards.

Corporate income also grew by 44% this year as, in addition to being selected Charity of the Year for 28 companies, we secured and retained partnerships or received donations from the following companies to whom we extend our sincere thanks for their support:

AbbVie	Next	Takeda Pharmaceutical Company Ltd
BSPGHAN	Norgine	Tillotts Pharma
Britvic	Olympus Keymed	Vifor Pharma
Direct Line Group	PDPA	Vectair
ForCrohns	Pennies from Heaven	Waitrose
Janssen-Cilag Ltd	Shield Therapeutics	White Stuff
MNB Properties	Shire Pharmaceuticals Ltd	

TRUSTS AND FOUNDATIONS

We saw a significant increase in support from charitable trusts and foundations in 2017, doubling trust income and securing awards from numerous new trusts as well as those which continue to value and support our work.

We would like to express our sincere and heartfelt gratitude to all these trusts, including:

- Big Lottery Awards for All
- Bill Brown's Charitable Settlement of 1989
- Garfield Weston Foundation
- The People's Postcode Lottery
- James Tudor Foundation
- The Light Fund
- The Steel Charitable Trust
- Dudley and Geoffrey Cox Charitable Trust
- The February Foundation
- Martin Currie Charitable Foundation
- Robert Luff Foundation

Developing the Charity

The better our plans, policies and processes, the better we can operate. The better we can operate, the faster we can work. And the faster we can work, the more we can help.

WHAT WE SAID WE'D DO...

We will have a clear financial strategy that utilises available funds and enables us to sustain and grow our charitable work.

WHAT WE DID...

In previous years, our significant income growth has led to substantial unforeseen surpluses and higher reserves than we would wish. In 2017 the Board of Trustees has ensured that these surplus funds are spent appropriately to benefit people affected by IBD. There has also been work to develop effective performance-monitoring processes to maintain this position.

We have a clear operational plan and budget to help us deliver our objectives and a revised Scheme of Delegation to monitor and achieve this through Board Committees and the Senior Leadership Team. The Board has also reviewed and approved the Cash Management and Investment Policy in 2017 and the Reserves Policy in early 2018.

Our Finance and Audit Committee met five times during 2017 giving strong oversight and development to our financial strategy.

WHAT WE SAID WE'D DO...

We will be working to a people management strategy that enables us to build a strong organisational capacity and performance.

WHAT WE DID...

Embedding our organisational values was a key focus for 2017 and our Joint Leadership Team developed initiatives that helped us consider how we lived them day to day. Initiatives included embedding the values into our performance objectives and reviews, a values video which we have shared with all staff and will now embed into our induction processes and the development of values icons that we include as part of our email signatures and have displayed in our office space.

Our now established staff forum is helping to ensure that staff views, thoughts and ideas from across the organisation are gathered and implemented. It has: engaged in work on embedding our mission, vision and values through the introduction and management of a "Values Champion of the month"; reviewed proposed staff policies; discussed day to day issues affecting staff; and helped to develop new ways of working when we relocate.

Our third annual staff satisfaction survey 'Your Views Matter' returned encouraging results. Areas of particular strength included:

- a. 98% of respondents said 'My team colleagues are committed to doing good quality work'
- b. 96% of respondents said agreed that they would willingly put in extra effort in order to help the organisation
- c. 94% said they know how their role contributes to the bigger picture

A theme emerged from the 2017 survey which focused our attention on pay and reward. As a result a new pay policy has been developed for implementation in 2018 plus all roles at the charity have been through a re-grading and market analysis exercise.

Our ambition to professionalise our approach to people management, coupled with a growing organisation built the business case to appoint a Director of People and Organisational Development and establish a Board Committee to oversee this important area of work.

WHAT WE SAID WE'D DO...

Our Trustees will be maintaining appropriate oversight and governance in order to further the work of the charity.

WHAT WE DID...

2017 has been a year of stability for the Board. This has enabled the Trustees to focus on finalising the bold new strategy for the next five years and ensuring the oversight is in place to manage the rapid growth of the organisation.

Board Committees have been established for all key areas of work and a revised Scheme of Delegation means that these committees can form the "engine room" of the Board and provide capacity at Board meetings for more strategic discussion. The Board met five times in 2017.

The Articles of Association have been extensively modernised and the changes were unanimously supported by the membership at the AGM on 2nd September. For the first time, the AGM was streamed live so that members across the UK could access the meeting and an online voting system trialled.

WHAT WE SAID WE'D DO...

We will have a growing membership with an offering that attracts, retains and adds value to people affected by IBD.

WHAT WE DID...

In 2017 our membership continued to grow by 11%. Our 10,306 new members brought our total membership to 35,622. This reach brings us real insight into how we can support those living with Inflammatory Bowel Disease to live well. They are incredibly generous in contributing with 10,073 people returning our 2017 IBD Survey.

We are also reaching a younger audience, with the average age of our membership dropping to 44 years (from 52 years 18 months ago). This was partly due to a number of successful promotions on social media, including the offer of a free radar key to new members.

We are currently reviewing a number of our membership interactions - such as communication on joining and ease of renewal - to help us hit our ambitious membership

growth targets. We have held a number of focus group meetings with members in 2017 to really understand their needs.

“My membership pack has just come through today! Brilliant to see how much more information is available now compared to 17 years ago...”

WHAT WE SAID WE'D DO...

We will be using IT to its best effect, and operating efficient and effective systems, processes and evaluation techniques.

WHAT WE DID...

In early 2017 our entire systems infrastructure migrated into a cloud environment. The flexibility offered by cloud based working will form part of a more agile approach to work practices in the organisation during 2018. The Board itself has led by example adopting portal software for meetings, document library and collaboration such as between meeting votes and discussions.

Whilst meeting immediate needs, the Board has recognised that more investment is needed in ICT infrastructure to really benefit from technology available. There is a designated fund of £538,206 to ensure that we provide the smartest services possible to our supporters and beneficiaries. A key part of this will also include a new Customer Relationship Management (CRM) solution. During 2017, considerable work and testing took place to identify the best solution for the future. We will be introducing a Microsoft Dynamics based system during 2018.

WHAT WE SAID WE'D DO...

We will identify and develop effective and efficient ways of monitoring and reporting on the impact we are making against our strategic goals.

WHAT WE DID...

In 2017 we published our first report [Our Impact: today and tomorrow](#) for all services online and another at [The Power of Research - from care to cure](#) on the impact of our research funding over the last 10 years.

With the help of NPC, a charity think tank and consultancy, we have underpinned our new strategy with a theory of change that clearly identifies the outcomes we are seeking to achieve greatest impact for those living with IBD. All future activities in the operational plan will be focused on one or more of these outcomes. A new 'Performance Pack' is currently in development for roll out in 2018.

WHAT WE SAID WE'D DO...

We will ensure what we say is uniquely and unmistakably Crohn's and Colitis UK.

WHAT WE DID...

In 2017 we reviewed and updated our current brand language to bring the charity's values and personality more in to the way we communicate across the charity.

Governance, structure and management

Legal status and objects

Crohn's and Colitis UK is a Company Limited by Guarantee in England and Wales (05973370) and is a Charity registered in England and Wales no. 1117148 and in Scotland no. SCO38632. Until 2006, the Charity was a Charitable Unincorporated Association registered in England and Wales under charity number 282732 in the name of The National Association for Colitis and Crohn's Disease. It adopted Crohn's and Colitis UK as a working name in 2010 and formally changed it in June 2016.

The Charity is governed by its Articles of Association, last amended 2nd Sept 2017.

The Charity's objects, as set out in its constitution, are:

- the relief of those suffering from Ulcerative Colitis, Crohn's Disease or related inflammatory bowel diseases (together, generally referred to as IBD) including the support of those who care for them
- the promotion of the welfare of those suffering from Ulcerative Colitis, Crohn's Disease or related inflammatory bowel diseases
- the advancement of education and research into the causes, prevention, treatment and cure of Ulcerative Colitis, Crohn's Disease or related inflammatory bowel diseases, improvements in the management of the conditions, and the publication of the results of such research.

Mindful of the need to further strengthen governance with the growth of Crohn's and Colitis UK over recent years and the widespread publicity undermining confidence in charities, we have invested in ensuring not only compliance, but high standards of governance and accountability. The first stages of this being the appointment of a part time Governance Officer and the establishment of the Governance Task & Finish Group as a full standing Board Committee.

Public benefit

In accordance with the Charities Act 2011, Crohn's and Colitis UK is required to confirm that the activities it undertakes to achieve its objectives are all carried out for public benefit as described by the Charity Commission. It should be noted that all of the Charity's services are open to non-members to use as well as members. We have demonstrated in this report how we have met the objects above.

The Trustees regularly review progress against its aims and objectives at every Board meeting and receive interim updates on important matters through Board Committees and electronic communication.

Trustees and organisational structure

The constitution provides for a Board of Trustees consisting of four honorary officers plus no fewer than three and not more than eight ordinary Trustees, elected at the annual general meetings of members. New Trustees are appointed through a transparent recruitment and selection process and are elected for an initial period of three years following which they are eligible for re-election for two further terms of three years. Once elected, they receive inductions that include spending time at the Charity's offices, meeting with the Senior Leadership team, engaging with staff, attending an external Trustee induction course and being supplied with a Trustee Handbook.

The Board of Trustees has responsibility for the governance and strategic direction of the Charity, ensuring that the Charity upholds its ethos and values and delivers its objectives. Authority for the operation of the Charity is delegated to the Senior Leadership Team (SLT), led by the Chief Executive, which reports to the Trustees to the levels described in a Scheme of Delegation last revised by the Board in December 2017. The SLT is responsible for advising the Trustees and carrying through the policies and activities in accordance with the direction and budget set out by the Trustees.

The Trustees have the power to co-opt advisers as non-voting members of the Board and appoint a number of committees. There are five committees of the Board: Finance and Audit; Research Strategy and Funding; Governance; People and Organisational Development; and Fundraising. In 2017 we also had two Task and Finish Groups chaired by Trustees to bring recommendations to the Board regarding: Relocation; and CRM systems.

In combination with its insurance, the Charity has maintained Trustee Liability cover with its insurers as permitted by our constitution, and this remains in place in 2018.

The Trustee Board met five times during 2017 in addition to holding an AGM in September. The Honorary Officers, Trustees, Senior Leadership Team and committee members are as outlined on page 57.

Subsidiary undertaking

NACC Merchandise Ltd is a wholly owned subsidiary company of the Charity. The principal activity of the company is the sale of Christmas cards and merchandise sold online and by mail order. Taxable profits of £89,783 (2016: £27,577) were transferred to the Charity under Gift Aid. More information on the results of NACC Merchandise Ltd is given in note 10 to the Financial Statements.

Employees

Crohn's and Colitis UK is committed to creating a great place to work. We recognise the direct link between employee satisfaction and great service delivery, which is evident in the impact we have on the people we work with and campaign for.

We place great value on ensuring our employees are well informed and engaged to deliver their best for people with IBD. In 2017 we repeated 'Your Views Matter', our staff survey which showed significant progress on last year, though there is still work to do. We set up a Staff Forum in 2017 to look at some of the issues raised and further improve engagement.

It is the Charity's policy to provide equal opportunities to job applicants and employees of any race, nationality, ethnic origin, marital status, religion or belief, gender, disability, sexual orientation, age or employment status. The Charity does not condone or tolerate any form of discrimination in its recruitment or employment practices.

Volunteers

Volunteers continue to play a vital role in the work of the Charity and we value the time, dedication and support we receive from all our volunteers and supporters. We have been actively engaging with our Volunteer Networks and the Volunteer Team have travelled the UK making 50 visits to the Network teams to support their activity. The Networks have seen a 28% increase in Twitter followers and we have continued to roll out our flexible model of volunteering simplifying the processes for Networks. We successfully recruited new volunteers to help us run our support helplines and their annual training event took place in Cambridgeshire in November.

Risk review

The Trustees, with input from the Chief Executive and staff, have conducted a review of the risks to which the Charity is exposed in its ongoing activities. In particular, the Trustees considered:

- the type of risks the Charity faces
- the level of risks they regard as acceptable
- the likelihood of the risk concerned materialising
- the Charity's ability to reduce the incidence and impact of risks that have been identified
- the costs of operating particular controls relative to the benefit obtained.

The Trustees review risks in relation to any new developments proposed and the Finance and Audit Committee reviews the full risk register (maintained by the SLT) at their quarterly meetings. The top line risks are also discussed at the full Trustees' meeting on a quarterly basis. The Trustees undertake to conduct at least annual reviews of the areas for which they are responsible.

The Trustees have identified the following principal risks facing the Charity:

- Poor cash planning or management leading to poor liquidity. The Board has robustly addressed the risk identified in previous years of running with reserves at a high level. Cash management and investment policy is in place. This requires that 10% of all investment assets are in the form of instant access cash accounts. 30 day cash flow is monitored on a daily basis; budgets and forecasts are regularly reviewed. This should allow us to run with lower reserves spending as much of our resources on charitable activities as possible.
- Our Customer Relationship Management (CRM) database is not best supporting business need. A fast moving technology environment and our own rapid organisational growth has meant that our existing systems cannot deliver the level of service that we and our supporters require. In 2017 we appointed a Database

Manager and a Trustee led CRM project to address this and are moving into implementation phase.

- Sustained loss of communications & IT support for key service areas and/or access to data and communications network. Arising from our work to install a new CRM system has been the recognition that our existing infrastructure also needs to be addressed. With our relocation in 2018 this needs to make best use of costs incurred in the transfer. A review of IT infrastructure to work in conjunction with CRM Project has been completed and the Board has approved (24 Feb 2018) initiation of procurement of system i.e. request for tenders.

Plans for future periods

A wide-ranging review of operations completed in 2017 to prepare for the launch of our new five year strategy at the AGM in September 2017. The review included our:

- constitution, vision, mission and values
- governance arrangements
- impact and outcomes measurement
- volunteer and employee engagement
- supporter care
- information management
- grant making
- fundraising investment
- research priorities
- health service development

The lease on our offices expires in mid-2018 and the Relocation Task and Finish Group has identified Helios Court in Hatfield as the right option for the best use of funds within the Charity. Plans are well underway to minimise disruption to operations and capitalise on the opportunity to establish refreshed ways of working that will meet best practice.

Financial review

Compliance

The Financial Statements have been prepared in accordance with the accounting policies set out in the notes to the Financial Statements and comply with:

- the Charity's governing document
- the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Act 2011
- Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Ireland published on 16 July 2014.

The financial results for the year are set out in the Consolidated Statement of Financial Activities (SOFA). This represents the total income and expenditure relating to all activities in the year, made up of the work of the Charity at national level, local groups and the contribution from the trading company, NACC Merchandise Ltd.

The figures in the following paragraphs are taken from the SOFA and from the notes to the Financial Statements.

2017 results

During 2017 the Charity has made an overall deficit of £524,947 (2016: £517,081 surplus) split between an unrestricted funds deficit of £387,204 (2016: £577,406 surplus) and restricted funds deficit of £137,743 (2016: £60,325 deficit).

Income has increased significantly, and the main sources were legacies, donations, membership, events and community fundraising (featuring the successful nationwide WALK IT events), trust and corporate partnership income.

In terms of expenditure, the establishment's headcount grew in 2017, with average staff numbers increasing from 51 to 61. The Charity increased its commitment to grants totalling £1,147,990 (2016: £667,722), including research grants, support grants and local grants.

Reserves Policy

The Reserves Policy outlines a framework to balance the need to maintain adequate funds to sustain future activity with that of making best use of those funds raised and donated by supporters and partners.

Total reserves fell to £3,082,786 (2016 £3,607,733) after the large deficit in 2017.

The Charity holds restricted funds to the value of £120,805 (2016: £258,548), which may only be used in accordance with specific restrictions imposed by the donor.

The Charity also holds unrestricted funds to the value of £2,961,981 (2016: £3,349,185) of which £1,722,369 (2016: £1,381,252) are designated funds as follows:

Property - A £500,000 property fund was previously established to fund the acquisition and fit-out of a new property on the expiry of the existing lease in 2018, and £168,355 has been allocated to date.

Customer Relationship Management (CRM) System Development - the charity has identified the need for improved software and hardware to assist with income generation and

improved database of supporters and sponsors. The Board has authorised £575,000 for the development of this important area, of which £36,794 has been utilised to date.

Local Networks - The Trustees have also agreed that any accumulated surpluses from the Volunteer Networks should be held for future use by Networks, and a designated fund has been established for this purpose. Networks are required to utilise these funds within 24 months of the year in which they are reported.

Fixed Assets - A designated fund has been created that represents the net book value of tangible fixed assets insofar as these funds are not available for immediate use.

The balance of unrestricted funds not otherwise designated represents the free reserves of the Charity. The Trustees have agreed that in order to maintain adequate levels of working capital to fund day-to-day operations, and to protect the Charity from income fluctuations and seasonal volatility, free reserves should represent a minimum of eight weeks' planned income, or eight weeks' planned expenditure. At the end of 2017, free reserves stood at £1,239,612 which represents 11 weeks planned unrestricted expenditure for 2018.

Cash and investments

The funds of the Charity are largely represented by cash and term deposits including £302,170 held by Groups, plus £596,797, in M&G Charibond, a Fixed Interest Common Investment Fund available only to Charities.

Pension costs

The Charity operates a defined contribution pension scheme, established in 2015 through Legal & General. New employees are automatically enrolled in the scheme, and staff that may subsequently opt to leave the scheme will be re-enrolled after three years.

Staff remuneration

Crohn's and Colitis UK is committed to ensuring a proper balance between (i) paying our staff who work for us fairly so that we attract and retain the very best people with the right experience and leadership qualities and (ii) careful management of our charity funds. In so doing we ensure the greatest effectiveness in delivering our charitable objectives and meeting the needs of our beneficiaries.

Staff salaries are determined by reference to bands that take account of the levels of capability and experience required, authority and discretion levels. Our salaries need to be competitive within the charity sector but we do not aim to compete on pay with the public or private sectors.

Our salary bands are independently benchmarked against charities of similar size, income, location and structure, to ensure that salary levels are both appropriate and competitive. Salaries are reviewed annually by line managers on the basis of performance against key objectives, and on evidence of behaviours exemplifying the Charity's values. The Trustees have oversight of and agree any annual staff salary award which may be made.

Salaries of the Senior Leadership Team are agreed by the Board of Trustees and will take account of the past year's achievements, environmental and market conditions, and of sector comparisons.

Our overall staff numbers are closely monitored to ensure that we have the necessary capacity to deliver the charity's work whilst ensuring that any future growth in staff numbers is in line with the charity's overall growth plans.

Our work is dependent on voluntary donations and we act in an open and transparent way that respects the money, time and energy given by donors and volunteers. In our commitment to openness, we disclose information about senior staff salaries within our annual report. This is in line with recommendations and guidelines from the National Council for Voluntary Organisations (NCVO).

Grant making policies

Research grants

Applications for grants for: Medical; Living with IBD; and Health Service Development research are invited on an annual basis. Applications are considered by members of the Awards Panels, comprising academic and medical specialists as well as lay representatives. External specialist referees are asked to comment confidentially on applications.

Crohn's and Colitis UK has been awarded a Certificate of Good Practice for its peer review procedures by the Association of Medical Research Charities. Grants are normally made for periods of up to three years, with reports required at annual intervals. Funds are normally set aside for the total cost of the project in the year of the award.

The Research Strategy and Funding Committee review the recommendations of the panel before obtaining final ratification by the Board of Trustees. Our website now has an area dedicated to reporting back, in 'plain English', on the findings from the research projects we fund.

Support grants

Support Grants are made from the Welfare Fund and are decided by the Support Grants Panel, a small group of volunteers including a Trustee. Grants are made to people living on low incomes and with specific needs arising from their IBD. The normal maximum grants were £300 under the personal grants and in 2017 the Grants Panel increased the maximum grant to £500 under the personal grants and £1,000 for education and vocational training.

Local grants

Local Networks may make grants to local hospitals to support or enhance aspects of the provision for IBD patients. Grants have to be made according to the policy guidelines approved by the Trustees and generally cannot be made for items that should otherwise be funded by the relevant NHS Trust.

Statement of responsibilities of trustees

Trustees' responsibilities

The Trustees (who are also Directors of Crohn's and Colitis 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 Accounting Standards (United Kingdom Generally Accepted Accounting Practice.)

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these Financial Statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities SORP
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the Financial Statements
- 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 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 and the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Insofar as the Trustees are aware:

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

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Strategic Report and The Financial Review were approved by the Trustees on 19th May 2018 and signed on their behalf by Sue Cherrie - Chair of the Board of Trustees.

Independent auditors' report

Independent auditor's report to the members of Crohn's and Colitis UK

Opinion

We have audited the financial statements of Crohn's & Colitis UK (the parent 'charitable company') and its subsidiary undertaking (the group) for the year ended 31 December 2017 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of 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 group's and of the parent charitable company's affairs as at 31 December 2017 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

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

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 Charity's Trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005, and in respect of the consolidated financial statements, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members and Trustees 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 Charity's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's and parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. 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. In connection with our audit of the financial statements, 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 there is a material misstatement in the financial statements or a material misstatement of the other information. 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 the audit:

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for company law purposes, 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 has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's 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.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 33 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 group's and the parent 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 group or parent 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

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.

As part of an audit in accordance with ISAs (UK), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's or the group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company or group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Elizabeth Irvine

Senior Statutory Auditor

For and on behalf of WMT

Chartered Accountants and Statutory Auditor

45 Grosvenor Road

St Albans

Hertfordshire, AL1 3AW

Signed

Dated

Financial statements

Crohn's and Colitis UK
Consolidated Statement of Financial Activities
Including Income and Expenditure Account for
the year ended 31 December 2017

	Note	Unrestricted funds (inc. designated funds note 22)	Restricted funds	Total funds 2017	Total funds 2016
		£	£	£	£
Income from:					
Donations and legacies	2	1,535,987	400,926	1,936,913	1,904,321
Charitable activities	5	521,595	13,600	535,195	472,747
Other trading activities	3	2,656,289	479,490	3,135,779	2,561,389
Investments	4	23,931	-	23,931	37,490
Other		4,310	1,640	5,950	2,249
Total income		4,742,112	895,656	5,637,768	4,978,196
Expenditure on:					
Raising funds	9	1,875,226	37,058	1,912,284	1,170,912
Charitable activities:					
Grantmaking	11	-	1,292,966	1,292,966	826,444
Supporter Services		653,547	23,898	677,445	316,815
Marketing and Communications		721,530	122,453	843,983	832,135
Policy, Public Affairs and Campaigns		661,072	44,057	705,129	687,272
Networks & Volunteering		292,331	104,650	396,981	359,916
Membership costs		341,735	4,000	345,735	252,610
Total expenditure	6	4,545,441	1,629,082	6,174,523	4,446,104
Net income/(expenditure) before investment gains/(losses)		196,671	(733,426)	(536,755)	532,092
Gains/(losses) on investments	17	11,808	-	11,808	(15,011)
Net income/(expenditure)		208,479	(733,426)	(524,947)	517,081
Transfers between funds	15	(595,683)	595,683	-	-
Net movement in funds		(387,204)	(137,743)	(524,947)	517,081
Reconciliation of funds:					
Total funds brought forward		3,349,185	258,548	3,607,733	3,090,652
Total funds carried forward		2,961,981	120,805	3,082,786	3,607,733
		Note 22	Note 23		

All gains and losses arising in the year are included in the Statement of Financial Activities.

The net deficit of the Charitable Company for the year was £524,947 (2016 net income £517,081).

Crohn's and Colitis UK
Balance sheets at 31 December 2017

	Note	Group*		Charitable Company	
		2017 £	2016 £	2017 £	2016 £
Fixed assets					
Intangible assets	16	36,794		36,794	
Tangible assets	16	238,896	63,040	238,896	63,040
Investment	17	596,797	584,989	596,798	584,990
Total Fixed Assets		872,487	648,029	872,488	648,030
Current assets					
Debtors	18	851,475	945,415	852,410	967,164
Cash at bank and in hand	19	3,876,944	3,998,030	3,819,910	3,910,489
Total Current Assets		4,728,419	4,943,445	4,672,320	4,877,653
Liabilities					
Creditors: amounts falling due within one year	20	(2,146,126)	(1,670,946)	(2,090,029)	(1,605,155)
Net current assets		2,582,293	3,272,499	2,582,291	3,272,498
Total assets less current liabilities		3,454,780	3,920,528	3,454,779	3,920,528
Creditors: amounts falling due after one year	20	(320,494)	(261,295)	(320,494)	(261,295)
Provisions for liabilities	21	(51,500)	(51,500)	(51,500)	(51,500)
Total net assets		3,082,786	3,607,733	3,082,786	3,607,733
The funds of the charity					
Unrestricted funds					
Designated funds held nationally	22	1,145,542	1,015,649	1,145,542	1,015,649
Designated funds held by Networks		576,827	365,603	576,827	365,603
General Reserve Fund held nationally		1,239,612	1,967,933	1,239,612	1,967,933
Total unrestricted funds		2,961,981	3,349,185	2,961,981	3,349,185
Restricted funds					
Held nationally	23	120,805	154,199	120,805	154,199
Held by Local Networks		0	104,349	0	104,349
Total restricted funds		120,805	258,548	120,805	258,548
Total charity funds		3,082,786	3,607,733	3,082,786	3,607,733

Under the Companies Act 2006 s454, on a voluntary basis the Trustees can amend these financial statements if they subsequently prove to be defective.

The accounts, which comprise the consolidated statement of financial activities, the balance sheets and the related notes, were authorised for issue by the Board of Trustees on 19 May by:


Sue Cherrie, Chairman

Company Number : 05973370
English Charity Number : 01117148
Scottish Charity Number : SC038632

* Group represents the consolidation of the Charity with its trading company.

Crohn's and Colitis UK

**Consolidated statement of cash flows
for the year ended 31 December 2017**

	2017 £	2016 £
Cash flows from operating activities		
Net cash provided by (used in) operating activities	<u>110,387</u>	<u>251,308</u>
Cash flows from investing activities:		
Interest from investments	23,931	37,490
Purchase of property, plant & equipment	(255,404)	(7,000)
Purchase of investments	0	(600,000)
Net cash provided by (used in) investing activities	<u>(231,473)</u>	<u>(569,510)</u>
Change in cash and cash equivalents in the year	(121,086)	(318,202)
Cash and cash equivalents at 1 January 2017	3,998,030	4,316,232
Cash and cash equivalents at 31 December 2017	<u><u>3,876,944</u></u>	<u><u>3,998,030</u></u>
Reconciliation of net income/(expenditure) to net cash flow from operating activities:		
Net income/(expenditure) for the year (as per the SOFA)	(524,947)	517,081
Depreciation charges	42,755	41,772
(Gains)/losses on investments	(11,808)	15,011
Dividends and interest from investments	(23,931)	(37,490)
(Increase)/decrease in debtors	93,940	(329,670)
Increase/(decrease) in creditors	534,378	37,104
Increase/(decrease) in provision	0	7,500
Net cash provided by (used in) operating activities	<u>110,387</u>	<u>251,308</u>
Analysis of cash and cash equivalents		
Cash in hand	767,961	734,724
Notice deposits	3,108,983	3,263,306
Total cash and cash equivalents (a)	<u><u>3,876,944</u></u>	<u><u>3,998,030</u></u>

Crohn's and Colitis UK Notes to the Accounts for the year ended 31 December 2017

1 Accounting policies

Basis of accounting

The Charity is a public benefit entity and the accounts have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice for Charities (SORP), FRS102, the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005, relevant law and accounting standards.

Going Concern

The Trustees have reviewed the financial plans and cash flows for the coming twelve months and are satisfied that it is appropriate for the accounts to be prepared on a going concern basis.

Group financial statements

These financial statements consolidate the results of the Charity and its wholly owned trading subsidiary NACC Merchandise Limited, on a line by line basis, using the purchase method. A separate statement of financial activities (SOFA) and separate statement of cash flows are not presented because the Charity has taken advantage of the provisions of paragraph 408 of the Companies Act 2006.

Local Networks

The Charity had fifty seven local networks that were active to some degree during the year. All active groups are required to make returns of income and expenditure for the year which are consolidated in the financial statements.

Income

- i) All income is included in the accounts without netting off expenditure.
- ii) Members' subscriptions are taken to income in full in the year of receipt.
- iii) Investment income is taken to income when received.
- iv) Donations received are treated as unrestricted funds unless they are specifically designated by the donor.
- v) Legacies are included in the financial statements as soon as entitlement and receipt can be anticipated with a high degree of probability, and a reliable basis for valuation is established, and are not discounted.

Expenditure

- i) Expenditure is charged on an accruals basis.
- ii) The full cost of booklets, leaflets etc. is charged in the year the expenditure is incurred.
- iii) Research grants are charged to expenditure at the time they are allocated.

Grants are allocated to cover the cost of equipment and/or the salaries of research staff.

The majority of grants, which can be for more than one year, are paid quarterly in arrears. For administrative reasons it can take some time for the grantee to appoint suitable staff and consequently some grants may remain partly unpaid at the year end.

Full provision is made for amounts allocated but not yet paid and this provision is shown as a creditor falling due within one year and after one year.

- iv) The majority of costs are directly attributable to specific activities. Costs incurred in respect of the charitable activities include elements of staff costs and attributable support costs.
- v) Support costs are those costs which are common to all areas of the organisation, including premises and office operating costs. Included in support costs are Governance costs, which comprise those costs associated with meeting the constitutional and statutory requirements of the Charity. Support costs are allocated across all areas of activity on the basis of staff time spent on each activity.
- vi) Irrecoverable VAT has been analysed and apportioned across the costs to which it relates.

Crohn's and Colitis UK Notes to the Accounts for the year ended 31 December 2017 (continued)

1 Accounting policies (continued)

Debtors

Debtors are stated in the balance sheet at estimated net realisable value, being the invoiced amount less provisions for bad and doubtful debts.

Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and in hand and interest bearing deposits.

Creditors

Expenditure is recognised in the accounts on the accruals basis, giving rise to creditors at the year end. Other than grants (discussed below), these are all payable within one year.

Grants

Grants are split between current and non-current liabilities. The provision for a multi-year grant is recognised at its actual value where settlement is due over more than one year from the date of the award, there are no unfulfilled performance conditions that would permit the Charity to avoid making the future payment(s) and settlement probable. The effect of discounting has been discussed and is considered immaterial in both current and prior year ends.

Capitalisation and depreciation of tangible and intangible fixed assets

All fixed assets are initially recorded at cost. Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Leasehold premises	straight line over the lease period
Fixtures and fittings	25% per annum straight line
Software development	20% per annum straight line

Capital commitments are disclosed, if required, as at the year end.

Fixed asset investments

Fixed asset investments are included at market value at the balance sheet date. Any gain or loss on revaluation is taken to the SOFA.

Pension Contributions

The Charity makes contributions for employees to a group personal pension scheme. This is a defined contribution scheme to which the Association makes employer's contributions of either 5% or 8% of gross pay. Outstanding contributions to the scheme at 31 December 2017 amounted to £14,981 which are included in creditors.

Funds Accounting

Funds held by the Charity are:

Unrestricted general funds - these are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Designated funds - these are funds set aside by the Trustees out of unrestricted general funds for specific future purposes in accordance with the development plans of the organisation and to enable the completion of existing projects.

Restricted funds - these are funds that can only be used for particular restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or when funds are raised for particular purposes.

These funds are further divided between those held Nationally and those held by Local Networks. Further explanation of the nature and purpose of each fund is included in the notes to the accounts.

Operating leases

Rentals applicable to operating leases where substantially all the benefits and risks of ownership remain with the lessor are charged to the SOFA on a straight line basis as they arise.

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

2	Donations and legacies		2017	2016		
			£	£		
	Donations from members		147,425	162,091		
	Donations to Local Networks		109,488	92,329		
	Other donations (in memoriam, payroll, gift aid)		915,172	741,823		
			<u>1,172,085</u>	<u>996,243</u>		
	Legacies					
	Unrestricted		764,828	908,078		
			<u>1,936,913</u>	<u>1,904,321</u>		
3	Income from other trading activities		2017	2016		
			£	£		
	National fundraising		2,913,550	2,403,328		
	Local networks' fundraising		73,223	73,400		
	External turnover of trading subsidiary		149,006	84,661		
			<u>3,135,779</u>	<u>2,561,389</u>		
4	Investment income and interest		2017	2016		
			£	£		
	Other Interest:					
	Charity		23,923	37,483		
	Trading subsidiary		8	7		
			<u>23,931</u>	<u>37,490</u>		
5	Income from charitable activities		2017	2016		
			£	£		
	Subscriptions		535,195	472,747		
			<u>535,195</u>	<u>472,747</u>		
6	Expenditure on charitable activities					
		Direct staff	Other direct	Support	Total	Total
		costs	costs	costs	2017	2016
		£	£	£	£	£
	Cost of generating funds (note 9)	625,729	1,027,321	259,234	1,912,284	1,170,912
	Charitable activities					
	Grantmaking (note 11)	76,694	1,216,272	-	1,292,966	826,444
	Supporter Services	459,381	122,110	95,954	677,445	316,815
	Marketing and Communications	288,773	452,100	103,110	843,983	832,135
	Policy, Public Affairs & Campaigns	315,395	294,709	95,025	705,129	687,272
	Networks & volunteering	197,949	156,205	42,827	396,981	359,916
	Membership costs	166,325	130,154	49,256	345,735	252,610
		<u>2,130,246</u>	<u>3,398,871</u>	<u>645,406</u>	<u>6,174,523</u>	<u>4,446,104</u>
		(note 7)		(note 8)		

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

7 Staff costs	2017	2016
	£	£
Wages and salaries	1,837,103	1,472,376
Social security costs	181,349	143,661
Pension costs	111,793	97,249
	<u>2,130,245</u>	<u>1,713,286</u>

The average number of staff and the allocation of their time was:

	No.	No.
Charitable activities		
Direct	33	31
Support	9	6
Cost of generating funds	19	14
	<u>61</u>	<u>51</u>

The Charity was supported by 850 volunteers across the UK, engaged in events delivery as well as awareness, fundraising and information sharing. Volunteers also support the Charity on a variety of internal panels, as well as in the media, as Trustees, in our office and providing three separate Helpline services.

Key management compensation

Operational management of the Charity is overseen by the Chief Executive, supported by a Senior Leadership Team of six (2016: five). Total remuneration, including pension costs in 2017 was £410,533 (2016: £386,353).

Two members of staff were paid more than £70,000 and less than £80,000 in the year (2016: one), and three members of staff were paid more than £60,000 and less than £70,000 in the year (2016: one).

Pension contributions in respect of these staff members totalled £13,676 (2016: £10,857).

8 Support Costs	2017	2016
	£	£
Other staff related costs	158,728	79,513
Premises costs	197,437	195,247
Office relocation	-	8,760
Office operating costs	234,585	210,245
Other costs	54,656	76,548
	<u>645,406</u>	<u>570,313</u>

Included in support costs are the following:

Depreciation	42,755	41,772
Property rental	137,834	137,585
	<u>137,834</u>	<u>137,585</u>

Support costs are allocated across the activity areas of the Charity on the basis of direct staff time related to that activity.

9 Direct cost of generating funds	2017	2016
	£	£
External costs of trading subsidiary	149,014	84,668
National fundraising direct costs	1,727,212	1,071,302
Local Networks' fundraising	36,058	14,942
	<u>1,912,284</u>	<u>1,170,912</u>

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

10 Trading Subsidiary

The charity has a wholly owned trading subsidiary NACC Merchandise Limited, a company incorporated in England & Wales. The company sells Christmas cards and other products. The company transfers its taxable profits to the charity. A summary of the trading results of the company is shown below. Audited accounts have been filed with the Registrar of Companies.

	2017	2016
	£	£
Profit and loss account		
Turnover	149,006	84,661
Cost of sales	(46,515)	(45,297)
Gross profit	<u>102,491</u>	<u>39,364</u>
Administrative expenses	(12,716)	(11,794)
Interest receivable	8	7
Net Profit/(loss) on ordinary activities	<u>89,783</u>	<u>27,577</u>
Amount gift aided to Crohn's & Colitis UK	(89,783)	(27,577)
Net Profit for the year	<u>-</u>	<u>-</u>
Retained profit brought forward	<u>-</u>	<u>-</u>
Retained profit carried forward	<u>-</u>	<u>-</u>

11 Grant making expenditure

	2017	2016
	£	£
Support grants	199,338	74,802
Medical research	459,529	459,729
Living with IBD research	196,684	84,295
IBD Health Services	111,580	-
Research partnership grants	164,980	-
Other - Local Grants made by Networks	15,879	48,896
	<u>1,147,990</u>	<u>667,722</u>
Direct costs of grant making process	144,976	158,722
	<u>1,292,966</u>	<u>826,444</u>

Support grants

Grants are made to individual people who have a particular need arising as a result of their inflammatory bowel disease. 387 grants were made in the year totalling £199,338 (2016: £74,802).

Research grants

Grants are awarded by Crohn's and Colitis UK Research Committees to fund research projects that have been approved by peer review. Grants may be for equipment, consumables or salaries. The institutions to which grants were paid in 2017 are listed below. Crohn's and Colitis UK does not contribute to the overhead costs of such institutions.

	2017
	£
Medical research	
University of Oxford	23,779
University of Edinburgh	74,597
University of Leeds	58,067
University of Nottingham	118,379
Kings College London	64,945
University of Norwich	119,762
	<u>459,529</u>

Crohn's and Colitis UK Notes to the Accounts
For the year ended 31 December 2017 (continued)

11 Continued**Other grants**

Local Networks raised funds for local projects to which grants totalling £15,879 (2016 £48,896) were made.

	2017	2016
	£	£
Social & Psychological Research		
Kings College London	-	88,668
University of Exeter	119,721	-
Royal Wolverhampton NHS Trust	72,653	-
University of Edge Hill	48,979	-
Completed grants reattributed	(44,669)	(4,373)
	<u>196,684</u>	<u>84,295</u>
IBD Health Service Grants		
Guys and St Thomas's Hospital	<u>111,580</u>	<u>-</u>
Research Partnership grants		
Queen Mary University	10,000	-
University of Cambridge	10,000	-
University of Oxford	10,000	-
University of Glasgow	9,980	-
Royal College of Surgeons	60,000	-
IBD Registry	65,000	-
	<u>164,980</u>	<u>-</u>

12 Governance direct costs

	2017	2016
	£	£
Auditors' remuneration - current year	14,735	16,019
Legal and professional expenses	6,607	8,630
Meetings and trustee expenses	16,651	14,961
	<u>37,993</u>	<u>39,610</u>

13 Transactions with Trustees

No Trustee received any remuneration for their services as a Trustee.

A total of £3,682 (2016 - £3,369) was reimbursed to or paid on behalf of 12 (2016: 12) Trustees in respect of travelling expenses and other costs incurred in carrying out their responsibilities as Trustees.

14 Operating Leases

At 31 December 2017 the group had commitments under non-cancellable leases as follows:-

	Equipment	Land and Buildings	Equipment	Land and Buildings
	2017	2017	2016	2016
	£	£	£	£
Amounts payable within 1 year	-	317,343	5,249	136,742
Amounts payable between 2 and 5 years	-	986,982	-	91,160
	<u>-</u>	<u>1,304,325</u>	<u>5,249</u>	<u>227,902</u>

Total operating lease expenditure recognised in in the SOFA amounted to £136,740 (2016: £143,153)

15 Transfers

Transfers are made for a variety of reasons, between types of funds and between National and Local Networks, the note below illustrates these:

	Unrestricted Funds	Designated Funds	Restricted Funds	Total
	£	£	£	£
National				
Transfers between national funds	(936,800)	341,117	595,683	-
Transfers from/to Local Networks' funds	-	-	-	-
Total national funds	<u>(936,800)</u>	<u>341,117</u>	<u>595,683</u>	<u>-</u>
Total Local Networks' funds	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total funds	<u>(936,800)</u>	<u>341,117</u>	<u>595,683</u>	<u>-</u>
	(note 22)	(note 22)	(note 23)	

Crohn's and Colitis UK Notes to the Accounts for the year ended 31 December 2017 (continued)

16 Intangible fixed assets

All assets held for use by the Charity.

Charity	Software development	Total
Cost	£	£
Additions in year	36,794	36,794
Carried forward at 31 December 2017	36,794	36,794
Net book value		
At 31st December 2017	36,794	36,794
At 31st December 2016	-	-
Group*	Software development	Total
Cost	£	£
Additions in year	36,794	36,794
Carried forward at 31 December 2017	36,794	36,794
Net book value		
At 31st December 2017	36,794	36,794
At 31st December 2016	-	-

*Group represents the consolidation of the Charity with its trading company.

16 Tangible fixed assets

All assets held for use by the Charity.

Charity	Short Leasehold premises	Equipment and furniture	Total
Cost	£	£	£
Brought forward 1 January 2017	95,814	192,196	288,010
Additions	158,714	59,896	218,610
Carried forward at 31 December 2017	254,528	252,092	506,620
Depreciation			
Brought forward 1 January 2017	40,804	184,165	224,969
Charge for the year	32,636	10,119	42,755
Carried forward at 31 December 2017	73,440	194,284	267,724
Net book value			
At 31st December 2017	181,088	57,808	238,896
At 31st December 2016	55,010	8,030	63,040
Group*	Short Leasehold premises	Equipment and furniture	Total
Cost	£	£	£
Brought forward 1 January 2017	95,814	192,196	288,010
Additions	158,714	59,896	218,610
Carried forward at 31 December 2017	254,528	252,092	506,620
Depreciation			
Brought forward 1 January 2017	40,804	184,165	224,969
Charge for the year	32,636	10,119	42,755
Carried forward at 31 December 2017	73,440	194,284	267,724
Net book value			
At 31st December 2017	181,088	57,808	238,896
At 31st December 2016	55,010	8,030	63,040

*Group represents the consolidation of the Charity with its trading company.

At 31 December 2017 there are capital commitments relating to the short leasehold premises of £197,157 (2016 : £nil).

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

17 Investments	Group		Charity	
	2017	2016	2017	2016
	£	£	£	£
Market value of investments at 1 January 2017	584,989	-	584,990	1
Acquisitions at cost	-	600,000	-	600,000
Gains/(losses) on investments	11,808	(15,011)	11,808	(15,011)
Market value of investments at 31 December 2017	<u>596,797</u>	<u>584,989</u>	<u>596,798</u>	<u>584,990</u>

In October 2016, the charitable company invested £600,000 in M&G's Charibond Fixed Interest Common Investment Fund. The charitable company's balance sheet includes a £1 investment in NACC Merchandise Ltd (see note 10).

18 Debtors	Group		Charity	
	2017	2016	2017	2016
	£	£	£	£
All amounts fall due within one year				
Balance with trading subsidiary	-	-	61,257	37,721
Prepayments	364,644	189,715	364,644	189,715
Tax recoverable	38,042	75,041	38,042	75,041
Other debtors	112,596	93,646	111,624	77,674
Accrued income	336,193	587,013	276,843	587,013
	<u>851,475</u>	<u>945,415</u>	<u>852,410</u>	<u>967,164</u>

19 Analysis of cash at bank and in hand	Group		Charity	
	2017	2016	2017	2016
	£	£	£	£
Current accounts and cash balances	465,791	412,627	408,757	325,086
Interest-bearing account balances	3,108,983	3,263,306	3,108,983	3,263,306
Local Networks	302,170	322,097	302,170	322,097
	<u>3,876,944</u>	<u>3,998,030</u>	<u>3,819,910</u>	<u>3,910,489</u>

20 Creditors: amounts falling due within one year	Group		Charity	
	2017	2016	2017	2016
	£	£	£	£
Unpaid balances of research grants	1,368,527	1,092,763	1,368,527	1,092,763
Trade creditors	522,934	334,851	473,499	286,725
Social security and other taxes	67,056	60,855	64,944	53,967
Accruals and deferred income	187,609	182,477	183,059	171,700
	<u>2,146,126</u>	<u>1,670,946</u>	<u>2,090,029</u>	<u>1,605,155</u>

Creditors: amounts falling due after one year	Group		Charity	
	2017	2016	2017	2016
	£	£	£	£
Unpaid balances of research funds	<u>320,494</u>	<u>261,295</u>	<u>320,494</u>	<u>261,295</u>

21 Provisions for liabilities	Group		Charity	
	2017	2016	2017	2016
	£	£	£	£
Dilapidations provision	<u>51,500</u>	<u>51,500</u>	<u>51,500</u>	<u>51,500</u>

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

22 Unrestricted funds		Brought forward	Income	Expenditure	Transfers	2017 Carried forward
		£	£	£	£	£
Designated funds						
Heyman Fund	(a)	102,609	-	-	(102,609)	-
Research	(b)	250,000	-	-	(250,000)	-
Fixed Assets	(c)	63,040	-	-	212,651	275,691
Property Fund	(d)	500,000	-	-	(168,355)	331,645
Information & Technology Fund	(e)	100,000	-	-	(100,000)	-
CRM	(g)	-	-	-	538,206	538,206
Networks retained funds	(f)	365,603	-	-	211,224	576,827
		<u>1,381,252</u>	<u>-</u>	<u>-</u>	<u>341,117</u>	<u>1,722,369</u>
Other unrestricted funds						
General Reserve Fund held						
Nationally		1,967,933	4,593,098	4,384,619	(936,800)	1,239,612
Non charitable trading funds		-	149,014	149,014	-	-
		<u>1,967,933</u>	<u>4,742,112</u>	<u>4,533,633</u>	<u>(936,800)</u>	<u>1,239,612</u>
Total		<u><u>3,349,185</u></u>	<u><u>4,742,112</u></u>	<u><u>4,533,633</u></u>	<u><u>(595,683)</u></u>	<u><u>2,961,981</u></u>

- (a) The Heyman Fund was established from a legacy to be used to fund the development of specialist nursing for IBD. Expenditure has been allocated against this during the year and the fund exhausted.
- (b) The Trustees previously established a fund to enable the Charity to enter into or sustain commitments for research funding for which no third party funding has been identified, and which would otherwise have to be met from operating income and free reserves. Given the high level of research expenditure this additional designation has not been continued.
- (c) A fund is maintained that represents the net book value of tangible fixed assets in so far as these funds are not available for immediate use.
- (d) The Property fund has been established by the Trustees in order to fund the acquisition and fit-out of a new property on the expiry of the existing tenancy in 2018.
- (e) The Trustees previously established a designated fund to enable the Charity to invest in developing its systems capability, and to exploit new technological opportunities for raising awareness of IBD, and providing services to beneficiaries. This funding was all allocated during the year with new hardware and detailed reviews and planning of new software.
- (f) The Trustees have agreed that any accumulated surpluses from the Networks should be designated for future use by Networks. Networks are required to utilise these funds within three years in which they are reported.
- (g) The CRM designated fund is the identified need of the Charity for improved software and hardware to assist with income generation and improved database of supporters and sponsors.

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

23 Restricted funds		Brought forward	Income	Expenditure	Transfers *	2017 Carried forward
National		£	£	£	£	£
Research	(a)	0	369,461	994,905	625,444	0
Welfare - support grants	(b)	0	50,719	207,182	156,463	0
IT project (Scotland Health Service)	(c)	20,031	0	20,000	(31)	0
Bristol area (Sidney Hulin Legacy)	(d)	20,000	0	20,000	0	0
Intern programme	(e)	12,865	0	12,865	0	0
Summer camps	(f)	9,500	0	9,500	0	0
Publications and Videos	(g)	10,050	40,416	39,142	0	11,324
Health Support Scotland	(h)	0	19,300	845	0	18,455
Young people in Scotland	(i)	1,250	0	1,250	0	0
Northwest Nurses PEP	(j)	5,116	0	4,689	0	427
Patient Map/IBD Companion	(k)	17,078	0	5,060	0	12,018
Family Network	(l)	2,966	0	2,998	32	0
Young people and families	(n)	45,343	75,869	84,573	0	36,639
UC Patient Survey	(o)	4,000	0	4,000	0	0
London Walk - Corporate Income	(p)	0	1,000	1,000	0	0
Helplines	(q)	0	11,500	0	0	11,500
IBD Nurses	(r)	0	17,841	10,347	0	7,494
Clinical Connect	(s)	6,000	0	0	0	6,000
Grant for training		0	1,640	1,640	0	0
Patient Information	(t)	0	30,199	18,199	0	12,000
IBD Register	(v)	0	50,000	75,000	25,000	0
Patient panels	(w)	0	5,000	5,000	0	0
Travel with IBD	(x)	0	40,000	35,052	0	4,948
Total restricted funds held nationally		154,199	712,945	1,553,247	806,908	120,805
Local Networks						
Local projects	(u)	104,349	182,711	75,835	(211,225)	0
Total restricted funds held locally		104,349	182,711	75,835	(211,225)	0
Total		258,548	895,656	1,629,082	595,683	120,805

* Where expenditure on a particular fund exceeds income, a transfer has been made from Unrestricted funds.

- (a) Research - Medical and Living with IBD research grants funded by individual supporters
- (b) Welfare - personal grants funded by individual supporters
- (c) IT project (Scotland Health Service) - specific IT related project
- (d) Sidney Hulin Legacy - funds to be utilised in the Bristol area
- (e) Intern programme - externally funded programme for staff intern placements in Government
- (f) Summer camps - funds raised to cover summer camps for sufferers of IBD
- (g) Publications and Videos - Corporate and supporter funding for publications made available to the public
- (h) Health Support Scotland - Funding for the parliamentary lobbying of Scotland Government
- (i) Young people in Scotland - funding to support young people in Scotland
- (j) Northwest Nurses PEP - Corporate funding to support this programme
- (k) Patient Map/IBD Companion - Corporate funding to support this programme
- (l) Family Network - Funding to support the Family Network programme
- (n) Young people and families - funds received for events and support of younger people and families
- (o) UC Patient Survey - funds received for a survey of patients with Ulcerative Colitis
- (p) London Walk - corporate funding received in support of the London Walk supporter event
- (q) Helplines - funds received to support the running and staffing of the Charity's helplines
- (r) IBD Nurses - funding to support the achievement of the IBD Standard regarding provision and access to IBD Nurses
- (s) Clinical Connect - funds to support the development of a designated area of the website for Health Care Professionals
- (t) Patient Information - funds received to support the re-printing and distribution of patient literature provided to hospitals
- (u) Local Networks projects - these funds are now all held under designated
- (v) IBD Register - to help fund a new CEO of the newly incorporated IBD registry
- (w) Patient panels - to support patients and healthcare professionals to improve their IBD service
- (x) Travel with IBD - to improve the experience of travelling with IBD

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

24 Analysis of Charity net assets between funds

	Unrestricted		Restricted		Total £
	Local Networks	National	Local Networks	National	
	£	£	£	£	
Fund balances at 31 December 2017 are represented by:					
Tangible fixed assets	-	872,487	-	-	872,487
Current assets	576,827	2,341,766	-	1,809,826	4,728,419
Current liabilities	-	(777,599)	-	(1,368,527)	(2,146,126)
Long term liabilities	-	-	-	(320,494)	(320,494)
Provisions for liabilities	-	(51,500)	-	-	(51,500)
	<u>576,827</u>	<u>2,385,154</u>	<u>-</u>	<u>120,805</u>	<u>3,082,786</u>

25 Related Party

Apart from the Gift Aid transfer of profits from NACC Merchandise Ltd as detailed in Note 10, there have been no related party transactions in the year.

26 Gifts in kind

Crohn's and Colitis UK received gifts in kind during the year relating to the goods and services to a value of £20,209 relating to Google grants, political lobbying £26,095, £14,600 fundraising events, and £3,000 benchmarking consultancy .

These amounts have not been included in the financial statements as their value is not considered to be material.

27 Financial Instruments

	Group		Charity	
	2107 £	2016 £	2107 £	2016 £
Financial assets				
Financial assets that are measured at amortised cost	<u>389,439</u>	<u>680,659</u>	<u>388,467</u>	<u>702,408</u>
Financial liabilities				
Financial liabilities that are measured at amortised cost	<u>2,399,563</u>	<u>1,795,688</u>	<u>2,345,578</u>	<u>1,739,785</u>

Financial assets measured at amortised cost comprise trade and other debtors, and accrued income.

Financial liabilities measured at amortised cost comprise the unpaid balance of research grants, trade creditors, accruals and deferred income.

In addition, balances at bank as detailed on the balance sheet, represent financial instruments.

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

**28 Consolidated Statement of Financial Activities
for the year ended 31 December 2016**

		Unrestricted funds 2016	Restricted funds 2016	Total funds 2016
		£	£	£
Income from:				
Donations and legacies	2	1,689,677	214,644	1,904,321
Charitable activities	5	453,857	18,890	472,747
Other trading activities	3	2,189,410	371,979	2,561,389
Investments	4	37,490	-	37,490
Other		174	2,075	2,249
Total income		4,370,608	607,588	4,978,196
Expenditure on:				
Raising funds	9	1,165,912	5,000	1,170,912
Charitable activities:				
Grantmaking	11	-	826,444	826,444
Supporter Services		270,165	46,650	316,815
Marketing and Communications		760,950	71,185	832,135
Policy, Public Affairs and Campaigns		540,417	146,855	687,272
Groups & Volunteering		325,027	34,889	359,916
Membership costs		252,610	-	252,610
Total expenditure	29	3,315,081	1,131,023	4,446,104
Net income/(expenditure) before investment gains/(losses)		1,055,527	(523,435)	532,092
Gains/(losses) on investments	17	(15,011)	-	(15,011)
Net income/(expenditure)		1,040,516	(523,435)	517,081
Transfers between funds	30	(463,110)	463,110	-
Net movement in funds		577,406	(60,325)	517,081
Reconciliation of funds:				
Total funds brought forward	30	2,771,779	318,873	3,090,652
Total funds carried forward		3,349,185	258,548	3,607,733

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

29 Expenditure on charitable activities

	Direct staff costs	Other direct costs	Support costs	Total 2016	Total 2015
	£	£	£	£	£
Cost of generating funds (note 9)	403,672	572,596	194,644	1,170,912	1,056,031
Charitable activities					
Grantmaking (note 11)	74,488	725,377	26,579	826,444	940,134
Supporter Services	238,660	49,483	28,672	316,815	352,042
Marketing and Communications	342,162	356,275	133,698	832,135	610,419
Policy, Public Affairs & Campaigns	320,521	282,485	84,266	687,272	518,715
Networks & Volunteering	218,050	83,823	58,043	359,916	291,894
Membership costs	115,733	92,466	44,411	252,610	288,235
	1,713,286	2,162,505	570,313	4,446,104	4,057,470

30 Unrestricted funds

	Brought forward	Income	Expenditure	Transfers	Carried forward
	£	£	£	£	£
Designated funds					
Heyman Fund (a)	102,609	-	-	-	102,609
Research (b)	250,000	-	-	-	250,000
Fixed Assets (c)	97,813	-	-	(34,773)	63,040
Property Fund (d)	500,000	-	-	-	500,000
Information & Technology Fund (e)	100,000	-	-	-	100,000
Networks retained funds (f)	315,789	-	-	49,814	365,603
Designated total	1,366,211	0	0	15,041	1,381,252
Other unrestricted funds					
General Reserve Fund held					
Nationally	1,405,568	4,132,120	3,141,418	(428,337)	1,967,933
Non charitable trading funds	-	84,668	84,668	-	-
Local Networks (f)	-	153,820	104,006	(49,814)	-
	1,405,568	4,370,608	3,330,092	(478,151)	1,967,933
Total	2,771,779	4,370,608	3,330,092	(463,110)	3,349,185

- (a) The Heyman Fund has been established from a legacy to be used to fund the development of specialist nursing for IBD.
- (b) The Trustees have established a fund to enable the charity to enter into or sustain commitments for Research funding for which no third party funding has been identified, and which would otherwise have to be met from operating income and free reserves.
- (c) A fund is maintained that represents the net book value of tangible fixed assets in so far as these funds are not available for immediate use.
- (d) The Property fund has been established by the Trustees in order to fund the acquisition and fit-out of a new property on the expiry of the existing tenancy in 2018.
- (e) The Trustees have established a designated fund to enable the charity to invest in developing its systems capability, and to exploit new technological opportunities for raising awareness of IBD, and providing services to beneficiaries.
- (f) The Trustees have agreed that any accumulated surpluses from the Groups should be designated for future use by Groups. Groups are required to utilise these funds within 24 months of the year in which they are reported.

**Crohn's and Colitis UK Notes to the Accounts
for the year ended 31 December 2017 (continued)**

31	Restricted funds	Brought forward	Income	Expenditure	Transfers *	2016 Carried forward
		£	£	£	£	£
	National					
	Research (a)	-	299,556	686,026	386,470	-
	Welfare - personal grants (b)	-	25,257	91,522	66,265	-
	IT project (Scotland Health Service) (c)	29,489	-	9,600	142	20,031
	Bristol area (Sidney Hulin Legacy) (d)	20,000	-	-	-	20,000
	Intern programme (e)	10,240	15,000	12,375	-	12,865
	Summer camps (f)	9,500	-	-	-	9,500
	Publications and Videos (g)	50	19,584	9,584	-	10,050
	Health Support Scotland (h)	10,600	10,000	24,130	3,530	-
	Young people in Scotland (i)	1,250	-	-	-	1,250
	Northwest Nurses PEP (j)	7,890	-	2,774	-	5,116
	Patient Map/IBD Companion (k)	37,204	4,475	24,601	-	17,078
	Family Network (l)	2,985	-	19	-	2,966
	Section 16 (m)	5,000	-	5,600	600	-
	Young people and families (n)	29,420	48,019	32,096	-	45,343
	UC Patient Survey (o)	4,000	-	-	-	4,000
	London Walk - Corporate Income (p)	-	5,000	5,000	-	-
	Helplines (q)	-	46,650	46,650	-	-
	IBD Nurses (r)	-	75,888	91,900	16,012	-
	Clinical Connect (s)	-	6,000	-	-	6,000
	Patient Information (t)	-	37,000	37,000	-	-
	Donations less than £5,000	-	3,250	3,250	-	-
	Total restricted funds held nationally	167,628	595,679	1,082,127	473,019	154,199
	Local Networks					
	Research	-	9,909	-	(9,909)	-
	Local projects (u)	151,245	2,000	48,896	-	104,349
	Total restricted funds held locally	151,245	11,909	48,896	(9,909)	104,349
	Total	318,873	607,588	1,131,023	463,110	258,548

* Where expenditure on a particular fund exceeds income, a transfer has been made from Unrestricted funds.

- (a) Research - Medical and Living with IBD research grants funded by individual supporters.
- (b) Welfare - personal grants funded by individual supporters.
- (c) IT project (Scotland Health Service) - specific IT related project
- (d) Sidney Hulin Legacy - funds to be utilised in the Bristol area
- (e) Intern programme - externally funded programme for staff intern placements in Government
- (f) Summer camps - funds raised to cover summer camps for sufferers of IBD
- (g) Publications and Videos - Corporate and supporter funding for publications made available to the public.
- (h) Health Support Scotland - Funding for the parliamentary lobbying of Scotland Government
- (i) Young people in Scotland - funding to support young people in Scotland
- (j) Northwest Nurses PEP - Corporate funding to support this programme
- (k) Patient Map/IBD Companion - Corporate funding to support this programme
- (l) Family Network - Funding to support the Family Network programme
- (m) Section 16 - grant awarded to procure the services of an IT professional to lead the development and implementation of IBD Patient View (Patient Portal) in three pilot sites in Scotland
- (n) Young people and families - funds received for events and support of younger people and families
- (o) UC Patient Survey - funds received for a survey of patients with Ulcerative Colitis
- (p) London Walk - corporate funding received in support of the London Walk supporter event
- (q) Helplines - funds received to support the running and staffing of the Charity's helplines
- (r) IBD Nurses - funding to support the achievement of the IBD Standard regarding provision and access to IBD Nurses
- (s) Clinical Connect - funds to support the development of a designated area of the website for Health Care Professionals
- (t) Patient Information - funds received to support the re-printing and distribution of patient literature provided to hospitals
- (u) Local networks projects - this is funding raised by networks locally to be expended specifically on local projects

Administrative details

Board of Trustees, officers and senior management team

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Professor John Lennard-Jones

Vice Presidents

Margaret Chandler

Rod Mitchell

Bradley Brown

Elaine Steven

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Sue Cherrie (Chairman)

Sarah Denselow (Hon Secretary)

Tom Reddy (Hon Treasurer)

Alan Thackrey (Vice Chairman)

Deborah Hodges

Caroline Silke

Azmina Verjee

Dr Gill Holdsworth

Derek McEwan

Graham Bell

Amanda Quincey

Justine Woolf

Co-opted Advisors

Dr Barney Hawthorne

Isobel Mason (Nurse Advisor)

Senior Leadership Team

David Barker, Chief Executive

Helen Terry, Director of Policy, Public Affairs and Research

Dan McLean, Director of Marketing Communications and Membership

David Risser, Acting Director of Information and Support Services (from March 2018)

Andrew Adie, Director of Finance and Corporate Services (from Jan 2018)

Sam Afhim, Director of Income Generation

Sam Holliday, Director of People and Organisational Development (from Oct 2017)

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Azmina Verjee

Kati Simpson

Prof. Jonathan Rhodes

Mr Omar Faiz

Prof. Christine Norton

Dr Karen Kemp

Prof. David Rampton

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Sam Afhim (Ex officio)
Andrew Adie (Ex officio)
Joanna Pearce (Ex officio)
Nicki Secker (Ex officio)
Vinny Moran (Ex officio)

Relocation Task and Finish Group

David Barker (Chair)
Tom Reddy
Justine Woolf
Ian Donald (to Dec 2017)

CRM Project Group

Graham Bell (Chair)
Sam Afhim
Productle (external adviser)

Professional services**Auditors**

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45 Grosvenor Road
St. Albans
Herts AL1 3AW

Bankers**Principal bankers:**

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36 Chequer Street
St. Albans
Herts AL1 3YQ

Other relevant bankers:**Bank of Scotland**

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3 Queens Road
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Close Brothers Treasury

10 Crown Plaza
London EC2A 4FT

Cater Allen Private Bank

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[NOTES PAGE]

Thank you so much

We are incredibly grateful to each and every one of our supporters for enabling us to reach so many people living with Crohn's, Colitis and other forms of IBD in 2017.

For more information about who we are, what we do and how you can help, please get in touch.

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45 Grosvenor Road
St Albans
AL1 3AW

info@crohnsandcolitis.org.uk

Office Direct Line: **01727 830038**

Information Service: **0300 222 5700**
(Mon, Tue, Wed & Fri: 09:00 - 17:00, Thu: 09:00 - 13:00)

Crohn's & Colitis Support: **0121 737 9931**
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