Diabetes UK

Report and financial statements 2008

The British Diabetic Association known as Diabetes UK

Contents

The *Report and financial statements 2008* is available in audio format and as a pdf on our website: www.diabetes.org.uk

Chair's introduction
Professor Sir George Alberti

I am delighted to be presenting this review of 2008 in my new position as Chair of Diabetes UK. Under my predecessor, Professor Simon Howell, it was a particularly busy and challenging year as we delivered the widest range of activities in our history to fight diabetes. Some of those activities and the impact they have had on people with diabetes are described in the following pages.

Diabetes is a massive and growing problem that has serious consequences for individuals with the condition, their families and carers, and society as a whole. Diabetes has a huge impact on the quality and length of people's lives. Fifty per cent of people with diabetes die from cardiovascular disease, and they also have a high risk of stroke, blindness, kidney disease and amputations. Living with this condition can put a tremendous strain on the individual and on the people around them.

The cost of diabetes is not just limited to those with the condition. It costs the NHS a great deal of money, £9 billion per year, to treat diabetes and the conditions it causes. That is £25 million a day, and accounts for 10 per cent of the NHS budget.

In the UK, 2.5 million people have been diagnosed with diabetes, and another person is diagnosed every three minutes. Unfortunately, diabetes is likely to increase further, and by 2025 there could be as many as 4 million people with diabetes in the UK.

Diabetes UK is the major UK charity in the field, and we are facing growing challenges in the fight against diabetes. In 2008, we continued to focus on our key strategic priorities – raising awareness; improving the information, care and support that people with diabetes receive; and carrying out research into preventing and ultimately curing diabetes.

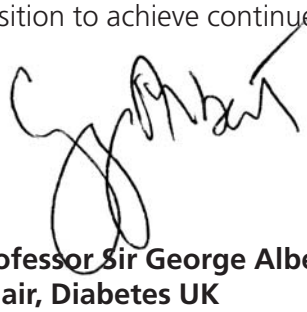
In 2008, we undertook our largest ever awareness campaign – the Silent Assassin. The messages and images of the campaign were challenging, but they were necessary to communicate just how serious diabetes is. The campaign generated significant coverage in national and local media, and succeeded in raising awareness of diabetes and Diabetes UK. The campaign led us up to World Diabetes Day on 14 November, which we marked with a children's lobby of Parliament that MPs rated as one of the most memorable of the year.

Through our Year of Care project, we are doing vital work with the Department of Health, the Health Foundation and the National Diabetes Support Team to redesign and commission routine care in a way that provides a personalised approach for people with diabetes. The Year of Care pilot continues in 2009. In 2008, we also succeeded in getting our information to over 1 million people and Diabetes UK continues to set the quality benchmark for information for people with diabetes.

In October 2008, we held our first 'Frontiers in Diabetes' meeting, to generate practical strategies for the prevention of Type 2 diabetes in the UK. The meeting brought together the knowledge and ideas of UK and international academics and those of policymakers, funding agencies and people with and at risk of Type 2 diabetes. It was a great success and we hope to repeat the format for other areas of research.

In 2009, we mark our 75th anniversary, which presents us with an opportunity to reflect on our successes of the last 75 years and plan for greater success in the future. It will be a challenging year, as we face the growth in diabetes alongside worsening economic conditions in the UK and abroad. We cannot ignore the impact that these conditions may have on our income and, in turn, our ability to deliver against our objectives. However, I feel confident that we have the right systems in place to manage our activities successfully through this potentially difficult period. Most importantly, we have a dedicated team of staff, volunteers, members and supporters who will continue to lead the fight against diabetes. I would like to thank them all for their hard work and commitment, which enabled us to achieve our objectives in 2008: it will be down to them that we are able to achieve continuing success. My thanks and gratitude also go out to our Chief Executive, Douglas Smallwood, our trustees and our Advisory Councils, Working Groups and Advisory Networks.

Finally, I would like to thank Professor Simon Howell for the work he has done in his three years as Chair of Diabetes UK. In that time Diabetes UK has grown tremendously and our influence is greater than ever. I hope that I can continue Simon's good work so that we can approach the challenges of 2009 and beyond in the confidence that we are in the strongest possible position to achieve continued success.



Professor Sir George Alberti
Chair, Diabetes UK
28 May 2009

Review of the year
2008 in context

Diabetes in the UK and worldwide
Nearly 3 million people in the UK are currently living with diabetes, of whom up to 500,000 are undiagnosed. The number of people diagnosed has been rising every year, and rose by 150,000 people in 2007/08. Diabetes is one of the greatest health challenges facing the UK today.

Diabetes is a growing problem and one where real action is needed to support those with the condition immediately.

Type 1 diabetes
Type 1 diabetes is on the increase in the UK. There are now around 375,000 people who live with daily injections and the threat of sight, kidney, nerve and heart problems.

Type 2 diabetes
Another person is diagnosed with Type 2 diabetes every three minutes in the UK. There are currently over 2 million people diagnosed with Type 2 diabetes and up to 500,000 are undiagnosed.

Impact
Diabetes has a profound impact on health, quality and length of life. People who live with diabetes have a high risk of heart disease, stroke, blindness, kidney disease and amputations. It is the leading cause of blindness in the working age population, and across the UK over 1,000 people with diabetes have a kidney transplant each year and over 3,000 are on dialysis. Up to 10 per cent of NHS expenditure is spent on diabetes, accounting for over £9bn annually or £1m per hour. This is more than double the spending in 2002. Much of this money is spent on dealing with the complications of diabetes.

Unfortunately it is expected that the number of people diagnosed with diabetes in the UK will increase over the next few years. By 2010 it is estimated that over 5 per cent of the population of England will have diabetes. This is a 15 per cent increase in prevalence between 2001 and 2010, 40 per cent of which is due to an ageing population and 60 per cent due to increasing obesity. Diabetes is a long-term condition for which early identification and good self-management can make all the difference to quality of life. Action is needed to raise awareness and enable those people at high risk to reduce their risk.

Many factors are driving the explosion in the number of cases of diabetes. Increasing numbers and failures in care are putting lives at risk. Unless something is done to tackle the causes and the effects of diabetes it will continue to take a massive and ever increasing toll.

Diabetes: Worldwide
Globally there are 246 million adults living with diabetes, representing 6 per cent of the adult population and the numbers are increasing by 7 million per year. If left unchecked, it is projected that by 2025 there will be nearly 380 million adults with diabetes worldwide.

Estimated prevalence of diabetes in the adult population (20–79 year olds), (*Diabetes Atlas*, International Diabetes Federation, 2007):

- UK – 4% (2.9%)
- USA – 9.2% (7.8%)
- Italy – 8.7% (5.8%)
- India – 6.2% (6.7%)
- Netherlands – 7.3% (5.2%)

The figures in brackets are the comparative prevalence, which is adjusted to the world population.

World Diabetes Day
On 14 November 2008, World Diabetes Day was celebrated across the world. The theme was children and young people, with the aim to raise awareness of the rising prevalence of both Type 1 and Type 2 diabetes in children and adolescents. Major buildings across the world were lit up in blue, including The London Eye and the Tower of London; Liverpool City Hall; Gateshead Millennium Bridge; Inverness Castle and Cathedral; and the Shree Swaminarayan Temple in Cardiff.

Media coverage of World Diabetes Day was also extensive. A diabetes supplement, which contained interviews with Diabetes UK staff and a large Silent Assassin feature, was carried in *The Times* to over 600,000 purchasers. Television, radio and other national and regional newspapers throughout the United Kingdom also carried coverage of diabetes stories in which Diabetes UK staff were extensively quoted and interviewed.

We used World Diabetes Day to launch our campaign to highlight concerns in relation to the support that is available to help children manage their diabetes at school. On 18 November, at a parliamentary reception in the House of Commons, Diabetes UK launched a new report that makes a number of recommendations to address the issues that children with diabetes face in school. Prior to the reception more than 200 children took part in a lobby of Parliament, where they had the opportunity to talk to their MPs about their experiences and take part in a media photo call.

Our aims: Awareness

We want to improve people's awareness and understanding of diabetes and of Diabetes UK, to reduce the number of people who have diabetes that is undiagnosed and to ensure that political parties are committed to tackling diabetes.

Key objectives for 2008 were to:

- increase by 25 per cent awareness of diabetes risk factors and Diabetes UK
- roll out our roadshows and screen people for diabetes
- run an awareness campaign to reach 85 per cent of the adult population, with six opportunities to see our message.

Significant activities in 2008

- Silent Assassin, our biggest-ever UK-wide awareness raising campaign, ran between October and November 2008 and aimed to increase awareness of diabetes and its serious complications, and of Diabetes UK. The campaign reached 89 per cent of adults in the UK, with 12 opportunities to see, and was covered in over 250 media articles.

- Over 20,000 people took our online assessment to see if they were at risk of diabetes.

- The campaign was a success politically too, with 50 MPs contacting us after receiving our campaign information and the Prime Minister mentioning Diabetes UK and World Diabetes Day during Prime Minister's Questions in November 2008.

- In December 2008, a MORI poll showed that the proportion of people who were aware of Diabetes UK had doubled since September 2008.

- On 14 November we marked World Diabetes Day with campaigns linked with the theme of the day – Children and Young People. At a parliamentary reception at the House of Commons we launched our report, *Making all children matter*, that makes recommendations to address the issues that children with diabetes face at school. Prior to the reception more than 200 children took part in a lobby of Parliament, where they had the opportunity to talk to their MPs about their experiences and take part in a media photo call. The long-term objective of the campaign is to make sure that children with diabetes have a better future, with improved care and improved experience within the education system.

- Our Measure Up London campaign saw us test the blood glucose levels of over 2,000 people at our roadshows at five locations across the capital over nine days. Thirty per cent of those tested were sent for further tests and three people were sent immediately to casualty as their blood glucose levels were dangerously high. We also took roadshows to Manchester, Southampton, Nottingham and Leicester.

- Our press and web teams continued to maximise our reach across the UK. Our press coverage generated an average of 99 million opportunities to see our brand and information every month – double what we achieved in 2007 – and our website had over 1.6 million visitors in 2008.

- 2008 also saw us embrace social media to reach as many people with diabetes as we can. Our Facebook page averaged 120 views per day and we gained over 4,000 fans. The most popular video on our YouTube site was about Type 1 diabetes. Posted in mid-September, it had been viewed 3,658 times by the end of the year – that's over 1,000 views per month. We also set up a virtual Diabetes UK in the online virtual world 'Second Life' to coincide with the Silent Assassin campaign, where people could visit us online and learn more about diabetes and the campaign.

- We worked in collaboration with our corporate partners to raise funds and promote our key messages about diabetes to their employees and customers. The HBOS Charity of the Year partnership raised in excess of £1m for Diabetes UK, which will be used to fund mobile educational vans to screen, inform and advise people all over the UK about diabetes. In addition, our partnership with Specsavers highlighted important issues around retinopathy and eye care amongst people with diabetes and those at risk, while at the same time raising £120,000 for Diabetes UK.

Review of the year
Our aims: Education

We want to be the first point of call for all information needs, to ensure healthcare professionals know what standard of care they should be providing and to improve the level of understanding that people with diabetes have of their condition.

Key objectives for 2008 were to:
- reach 1 million people with our information
- provide education about diabetes to 20 per cent of people with diabetes.

Significant activities in 2008
- Through our information strategy we reached 1.1 million people with our information. We were also chosen to pilot the Department of Health's new information accreditation scheme, which will provide a recognised way to reassure people that the information they are using is from a reliable source.

- In March 2008, we held our Annual Professional Conference (APC). The APC is the only event of its kind in the UK run exclusively for healthcare professionals and scientists working in the field of diabetes. There were 2,993 attendees at the conference and 90 per cent of them rated it as excellent or good.

- We delivered a wide range of support events that helped educate and inform people with diabetes. These took place all over the UK, and included 'living with diabetes' days, 'family network' days, children's holidays, adults' weekends and family weekends. We offer advice on alternative funding sources to families unable to pay for these events themselves, and we make bursaries available to pay or part pay for those unable to access other sources of funding.

- Our Careline counsellors ran a training course for healthcare professionals in November and December 2008, which focused on raising and responding to emotional and sensitive issues during consultations. 100 per cent of attendees said they would change their practice as a result of the course.

- We produced, in partnership with Speak Up (a self-help advocacy charity for people with learning disabilities), a DVD called *Diabetes – living a healthier life*. This DVD is specifically tailored for people with learning disabilities and diabetes. It will contribute towards raising awareness of diabetes and support the management of diabetes in a community that is at risk of developing the condition and faces inequalities in accessing care.

Our aims: Care and support

We want to ensure that all people with diabetes have access to the best care. To enable this we aim to increase the proportion of people with diabetes who are receiving the standard of care that they should, and devise, deliver or promote services to meet previously unmet need.

Key objectives for 2008 were to:

- increase calls to our Careline to 50,000 annually
- provide £4.6 million of services to meet previously unmet needs
- offer advocacy services to people with diabetes
- influence Primary Care Organisations (PCOs) across the UK.

Significant activities in 2008

- We developed a strategy for influencing PCOs, monitoring our relationships with them, and monitoring their delivery of national care standards.

- We started delivering diabetes awareness training to businesses and PCOs. For example, in November we launched a Work Fit programme on diabetes for British Telecom (BT) staff. This joint initiative between BT and Diabetes UK consisted of a six week programme which emphasised the preventative lifestyle changes that can reduce the risk of developing Type 2 diabetes. It also aimed to help the BT workforce assess their risk of having diabetes and encouraged them to go for screening if appropriate. The campaign was not just a UK initiative, but worldwide, reaching all 120,000 BT employees.

- We worked with Healthy Interactions to develop four Diabetes Conversation Maps: interactive tools used by healthcare professionals to facilitate discussions with a group of people with diabetes and in turn increase the likelihood of behaviour change and positive health outcomes. After a successful pilot, Healthy Interactions trained seven lead facilitators, including two from Diabetes UK, in May 2008. These facilitators trained more than 600 healthcare professionals in using the maps at over 40 training sessions. The aim is to train 2,000 healthcare professionals by 2010.

- Diabetes UK Careline provides support and information to people with diabetes as well as friends, family and carers. The Careline is staffed by trained counsellors who can provide a listening ear and the time to talk things through. In 2008, our Careline received and responded to 29,477 calls, almost 5,000 emails and over 700 letters.

- We launched the Year of Care in partnership with the Department of Health, The Health Foundation and the National Diabetes Support Team. The Year of Care aims to improve care for people with long-term conditions in the NHS by redesigning and commissioning care to provide a personal approach. It puts people with long-term conditions in the driving seat of their own care and supports them to self manage. The programme is being piloted in three sites and an evaluation of the feasibility phase was published in the autumn. The implementation phase will run until 2010 and we are in discussions with Strategic Health Authorities and PCTs about how we can help them.

- In April 2008, we launched our Advocacy service for people with diabetes who may be vulnerable. This means we are now able to offer special support for people with a learning disability, including those with a physical or sensory impairment; a very serious illness; a mental illness; and those with very poor spoken or written English. This service currently takes the form of letter writing and telephone calls on behalf of vulnerable people and is also available to the elderly (over 60), children (under 17), and people with diabetes who are in a form of institution. We also support people with diabetes who are not in need of assistance but are confused about their rights to advocate for themselves. In the last eight months of 2008, we dealt with 2,183 enquiries.

- The prevalence of diabetes among Black, Asian and Minority Ethnic (BAME) and diverse communities is considerably higher than in the general population. We developed a new strategy for engaging these communities. The most effective way is to work with the communities at grass root level. Our Silent Assassin campaign increased awareness of our work among BAME communities by 260 per cent.

- We also worked internationally to offer care and support to people with diabetes in Mozambique as part of an ongoing twinning initiative.

Review of the year
Our aims: Research

Ultimately, we want to defeat diabetes. We are driving a research agenda incorporating care and treatment, cause, prevention and cure.

Key objectives for 2008 were to:

- commission new research where a need is identified to: find a cure for Type 1 and Type 2 diabetes; prevent diabetes; prevent the complications of diabetes; and improve the day-to-day management of diabetes
- hold a Frontiers in Diabetes meeting to explore research needed to move toward preventing Type 2 diabetes.

Significant activities in 2008

- In October 2008, we held our first Frontiers in Diabetes meeting, which aimed to generate practical strategies for the prevention of Type 2 diabetes in the UK. The meeting was specifically designed to combine the knowledge and ideas of UK and international academics with those of policymakers, funding agencies and people with – and at risk of – Type 2 diabetes, in order to identify the barriers to diabetes prevention and how they can be overcome. Type 2 diabetes now affects over 2 million people in the UK and an estimated 200 million people worldwide, a figure predicted to double over the next 20 years. This Frontier meeting will enable us to outline practical strategies for preventing Type 2 diabetes in the UK, as well as influence both Diabetes UK's research funding in the future and other major funders of diabetes research. We hope to hold more Frontiers in Diabetes meetings to address outstanding questions in other key areas of diabetes research.

- We launched a call for research proposals to investigate 'Novel interventions for the complications of diabetes'. This aimed to focus on one of the Diabetes UK research priorities: 'Research to prevent the complications of diabetes'. We received 25 expressions of interest, and 16 full applications within the remit of the call were submitted with a total requested value of £7.9m. We funded one application in the area of an intervention for the prevention of Charcot foot. We gave detailed feedback to all unsuccessful applicants and encouraged them to improve and resubmit their applications in 2009.

- We want to make sure we fund high-calibre research grants, studentships and fellowships which continue to have the potential to make a difference to the lives of people with diabetes. Therefore, it is important to improve, wherever possible, on the systems of grant management at Diabetes UK. In 2008 several improvements were made to the systems used at Diabetes UK, including:

  - making sure that every project grant and fellowship application goes forward to the Research Committee and Fellowship Panels with a minimum of three expert peer-review reports, and in the case of large multi-component projects a minimum of five reports
  - the installation of a grants database to monitor, record and administer applications and funded research more effectively and efficiently
  - the development of online application forms for all Diabetes UK research funding schemes: To be launched externally May 2009
  - a reissue of the Terms and Conditions of Grant for funded research, especially in relation to intellectual property issues related to research funding.

- We undertook a number of activities to improve communication about Diabetes UK funded research. We talked more to voluntary groups about research and our research team began working more closely with our press and fundraising teams. We also began providing information on newly awarded research and research outcomes to the public via a tri-annual update of the *Project directory* and the publication of three issues of *Research matters*. In addition, a review of *Research matters* with current readers was undertaken and the UK Advisory Council (UKAC) was consulted about the communication of research by Diabetes UK with suggestions from both reviews being fed back and implemented where possible.

Our aims: Enablers – our people

Volunteers and staff are at the heart of what we do, and without them we could not carry out our vital work across the UK. We want to support, inform and inspire our people so they can work as effectively as possible.

Key objectives for 2008 were to:

- have 16,500 active volunteers, up from 15,256 in 2007
- grow our supporter base
- have 90 per cent consider our customer service good or very good.

Significant activities in 2008

- By the end of 2008, we had 16,741 volunteers (up from 15,256 in 2007) and 383 voluntary groups affiliated to Diabetes UK (up from 369 in 2007). These volunteers contributed over 500,000 hours in 2008, and their work had an estimated value of £13 million.

- We continued to deliver our integrated UK-wide training to volunteers: 1,459 in 2008. This covered a range of issues including giving talks about diabetes, running a voluntary group, and supporting the newly diagnosed.

- 84 per cent of volunteers who attended our campaigning training said it helped them be more effective as a volunteer, 88 per cent of our volunteers reported feeling valued by Diabetes UK, and 86 per cent feel they have made a difference to people with diabetes.

- Our volunteers have taken part in a wide range of events and activities to raise money for Diabetes UK, campaign on diabetes issues and raise awareness of diabetes. They have supported and contributed to children's holidays, family network days and weekends.

- Our voluntary groups raised £1.6m (2007: £1.3m), of which £0.8m (2007: £0.7m) was donated directly to Diabetes UK.

- We launched a talent management programme, designed to make sure our staff are developed and supported to reach their full potential.

- Our governance restructure was completed. Our new structure is designed to make sure that we represent and engage efficiently and effectively with our broad range of members and other stakeholders. Full details are on page 20.

Review of the year
Our aims: Enablers – income

We want our fundraising activity to support delivery of our services to the increasing number of people with diabetes.

Key objective for 2008 was to:
- increase income by 18 per cent, from £29.3m to £34.5m.

Significant activities in 2008
- We worked with companies and charitable trusts to raise awareness and generate funds – our Charity of the Year partnership with HBOS raised over £1m.

- We were one of the major charities taking part in the Great North series of runs and walks, and some of our staff and supporters took part in the first ever Great North Swim to raise money for Diabetes UK. These events not only raise money, but also support and encourage healthy lifestyles.

- We organised and participated in a variety of events and activities, from treks to tea parties. All of our events were well supported by our members, their families and their friends and could not have taken place without them.

- We continued to promote our lotteries, develop our membership base and run special appeals, such as our old jewellery appeal. This encourages people to send us their unwanted jewellery and raised £30,000 in 2008. In 2009, the appeal is aiming to raise £75,000.

- In May, we joined the Fundraising Standards Board (FRSB). In joining the FRSB we have agreed to adhere to the Institute of Fundraising's strict codes of fundraising practice and the FRSB's own fundraising promise. This commits us to treat the public (and our supporters) with respect, fairness, honesty and clarity in all our fundraising activities.

- On 7 July 2008, we acquired control of the Diabetes Foundation, a UK charity. The Diabetes Foundation's objects are to support and advance research in the field of diabetes, particularly juvenile (insulin dependent) diabetes.

- We launched an income strategy group to strengthen our income generating capability. In 2008, this group, which consisted of representatives from all income generating areas, developed a strategy incorporating robust income growth which will allow Diabetes UK to fund delivery of our objectives. It will achieve this through close collaboration between traditionally distinct areas of fundraising and continual review of all fundraising areas.

A detailed breakdown of our income and expenditure is available on pages 30–50. Some of the highlights are:
- our total income for 2008 was £32.9m; up 12 per cent on 2007
- thanks to the generosity of those who remembered us in their wills, Diabetes UK received £10.8m from legacies
- individual donations were up to £10.7m
- membership income was consistent at £2.3m
- our dedicated national and regional fundraisers raised £4m
- our 383 voluntary groups raised £1.6m
- due to the economic downturn, the value of our investments was down £2.2m.

Our national and regional offices

We have three national and eight regional offices, meaning we can reach people locally and influence healthcare delivery across the UK. Some significant activities specific to our national and regional offices were:

Awareness

Scotland

- We secured a charity partnership with Dundee's Overgate Centre, which will offer not only opportunities to raise funds for our work but build our profile in a city which has often been at the heart of diabetes developments in Scotland.
- Our work with hard to reach groups included us organising awareness events for Chinese and asylum seeker and refugee communities in partnership with Diabetes Managed Clinical Networks and local community groups. In March, we produced an audio leaflet on CD for the Chinese community in partnership with the Royal National Institute for the Blind, which included general diabetes information and specific information about diabetes and the eyes.
- We secured a partnership with the Scottish Building Society, providing fundraising opportunities and also access to their 30,000 strong membership which closely matches the demographic we try to reach.

Wales

- Diabetes UK Cymru launched a campaign to raise awareness of Type 1 diabetes in children, sending posters to GP surgeries and schools across Wales.
- We worked with the British Heart Foundation at the Royal Welsh Show and National Eisteddfod to offer visitors a chance to check out their risk of developing diabetes and heart disease. We held joint stalls in Llanelwedd and Cardiff this year, offering a range of health checks and advice.
- Our new Ambassador for Diabetes UK in Wales, broadcaster Chris Needs, broadcasts live for two hours every evening and his show is becoming a focus point for people with diabetes in Wales.
- We won BBC Wales Charity of the Year status for 2009, which will bring us 25 short commercials on BBC1 in Wales.
- We continued to work hard to increase our political influence, and met with the Children's Minister on several occasions to draw attention to the difficulties experienced by children with diabetes and their families.

Northern Ireland

- Diabetes UK Northern Ireland achieved a significant increase in its media profile, which has increased the public awareness of diabetes and the work of Diabetes UK. Our direct contact with people with diabetes and the general public increased as the result of our effective community awareness activities.

English regions

- Our Primary Care Trust (PCT) engagement strategy was developed throughout 2008. The strategy sets out how we will advance our healthcare priorities in England's 152 PCTs and we will work hard to deliver against it in 2009 and beyond.
- Our PCT 'Visioning Days' brought together healthcare professionals, practice-based commissioners and public health specialists for a day of interactive facilitated workshops and sessions. The objective was to develop a PCT-wide vision for diabetes. We delivered three of these days in the West Midlands and they were attended by over 250 people.
- We held 10 public consultation meetings in the West Midlands, the outcomes of which we are using to influence PCTs to deliver more for people with diabetes. These were attended by over 2,000 people, including PCT chief executives and commissioners.
- We secured a partnership with *Yorkshire Evening Post*, NHS Leeds, Real Radio, Leeds Metropolitan University and Thomas Danby College to deliver 'The Well Walk' – a 7.5 mile walk around the grounds of Temple Newsam in Leeds. This resulted in multiple radio and media releases promoting the event and raising the profile of diabetes and Diabetes UK.
- We held a number of roadshows, including one at the Body Worlds exhibition at the Museum of Science and Industry in Manchester. This gave us an opportunity to place Diabetes UK literature and materials around the exhibition itself.
- We attended melas (Hindu festivals) to increase our reach with Asian communities – at Ipswich Mela we spoke to over 150 people about diabetes and gave out literature in a variety of languages.

Review of the year
Our national and regional offices

Education

Scotland

- In January, Diabetes UK Scotland submitted a petition to the Scottish Parliament on the provision of structured education for people with diabetes. The petition has opened up new channels to make our case for support for self management and has raised the profile of the issue, and of Diabetes UK Scotland.
- Diabetes UK Scotland also co-hosted a professional conference with the Scottish Government and the Scottish office of the Association of the British Pharmaceutical Industry. This was attended by over 200 healthcare professionals.

Wales

- Diabetes UK Cymru worked in partnership with the Juvenile Diabetes Research Foundation (JDRF) to hold a Type 1 diabetes update meeting for parents and children in Wales. An expert panel of nurses attended to answer questions and concerns.
- Our revamped Wales Professional Forum is re-energised and has an improved focus and increased membership. This will enable us to increase its influence in Wales as the voice for diabetes.
- We also set up a paediatric diabetes specialist nurse network – which is proving to be very successful and will be a model for other similar ventures – to feed into the Wales Professional Forum.

Northern Ireland

- As a direct result of lobbying work by Diabetes UK Northern Ireland, the Northern Ireland Department of Health allocated additional funding to diabetes patient education.
- We established a range of new parents groups to help deliver our information and advice to people in the community who really need it.

English regions

- Our Living with Diabetes days took place all over the country. These interactive days provide vital information and education to people with diabetes through presentations, workshops and discussions. Through them we have given hundreds of attendees the tools to better manage their condition.
- We worked in partnership with York University and Huddersfield University to deliver a conference to 200 healthcare professionals.
- We secured funding from Halton and St Helens PCT for training sessions on diabetes for staff in both primary and secondary schools in the area.
- We held training sessions for pharmacy staff to improve their diabetes knowledge in order that they in turn are able to better serve people with diabetes.
- We marked World Diabetes Day on 14 November all over England. In the Eastern region, for example, we held an innovative training event for healthcare professionals, in partnership with Successful Diabetes and Lifescan. The training was based around patient-centred care planning.

Care and support

Scotland

- In March, Diabetes UK Scotland launched a collaborative report with NHS Quality Improvement Scotland on the quality of diabetes care in Scotland. The report was the first of its kind in Scotland and demonstrated a commitment to working in partnership.
- Our Careline Scotland, which was launched at the end of 2007, took 780 calls and responded to 162 emails in 2008.
- We launched *Making connections*: a new publication for young people in Scotland (aged 16–25) bringing together everything they need to know to understand their diabetes. This resource includes lifestyle advice and information on how to get the best diabetes care.

Wales

- We launched a diabetic ketoacidosis (DKA) awareness campaign to improve the diagnosis of DKA in children with Type 1 diabetes. This was piloted with the Brecon Group and we spoke extensively about this work, including at the Annual Association of Children's Diabetes Clinicians' Conference at Warwick.

Northern Ireland

- Our work in partnership with local healthcare professionals and Health Service management led to the first Diabetes Managed Clinical Network being established in Northern Ireland during 2008.
- In partnership with Diabetes UK Northern Ireland, the Northern Ireland Department of Health was able to complete the full implementation of the Diabetic Retinopathy Screening Programme. This means that every person living with diabetes in Northern Ireland should now have access to a full retinopathy eye test every year.

- We ran a vigorous public campaign to have a Diabetes Service Framework introduced to Northern Ireland. The campaign was recognised by the Health Minister, Chief Medical Officer and politicians as highly effective. As a result diabetes has been shortlisted for consideration as a possible new framework in 2009.
- We established a local advocacy service for people living with diabetes.

English regions

- Our work with Black, Asian and Minority Ethnic people saw us attend events, hold talks and run workshops all over England. We launched tailored patient information packs at Telford PCT, enabling us to help and support groups that are often hard to reach.
- We organised and ran family days for children with diabetes and their families across all of our regions. Through these we supported hundreds of families, with the help of healthcare professionals and volunteers. At these events the children engaged in fun activities aimed to get over messages regarding healthy eating and physical activity. Parents received education from healthcare professionals to enable them to encourage their children to manage their diabetes.

Enablers

Scotland

- We were involved in the 'Pedal for Scotland' Glasgow to Edinburgh bike ride for the first time, which raised funds while helping to promote our messages about healthy living.
- The Scottish Advisory Council for the first time elected a non-healthcare professional as Chair.
- Last year's Volunteer Conference was attended by over 100 delegates from all across Scotland. Delegates participated in training sessions covering fundraising, working with the media and the speaker scheme. There were opportunities for networking and a range of complementary therapies including t'ai chi and goal setting, which delegates found useful and informative. The evaluation of the event was excellent and provided a strong foundation on which to develop the conference in 2009.
- Diabetes UK Scotland continued to build on its existing income streams and look for new avenues of support, meeting 2008 fundraising targets. Many individuals continued to support our work by taking part in Diabetes UK sponsored events, many of which were developed with voluntary groups. We also provided more opportunities for people to take part in varied events by working with partnership organisations such as Pedal for Scotland to develop new activities. We expanded our work with companies and established a strong working partnership with a company to develop textile recycling throughout Scotland. We secured funding from the Scottish Government to support our Careline work and to deliver our user involvement training, Diabetes Voices.

Wales

- Diabetes UK Cymru continued to build good relationships with our voluntary groups so we can support them as well as we possibly can. We visited and spoke at half the groups in Wales in 2008.
- We drew up plans to reshape our media team and improve our web strategy for Wales. This should give us an improved web presence and increase our ability to reach people with diabetes in Wales.

Northern Ireland

- We worked hard to establish strong partnerships, leading to Diabetes UK Northern Ireland being selected as the Charity of the Year for a number of local councils and companies.

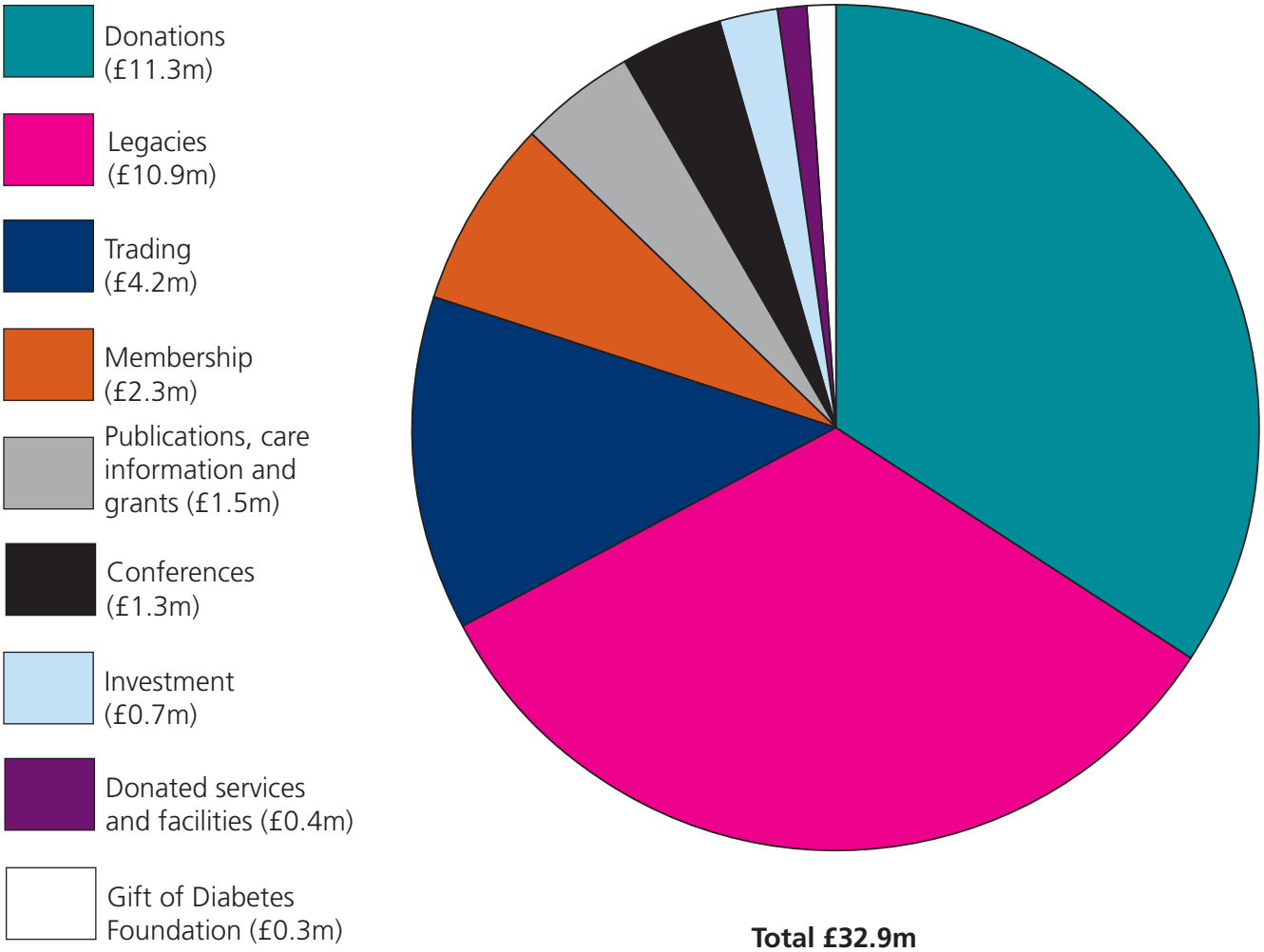
English regions

- 800 people ran the Great North Run for Diabetes UK. They helped raise money and our profile by wearing colourful wigs, which really stood out in the crowds.
- A number of our regional offices worked together to put a team of 40 swimmers together for the very first Great North Swim, which was a mile across Lake Windermere. Two of our staff led by example by taking part in the event.
- We offered support to our voluntary groups through our regional network of offices. For example, our Eastern office delivered talks to six voluntary groups attended by 95 people. The same office also attended four voluntary group committee meetings to offer help, support and advice.

Financial summary
Income and expenditure

Where the money came from:

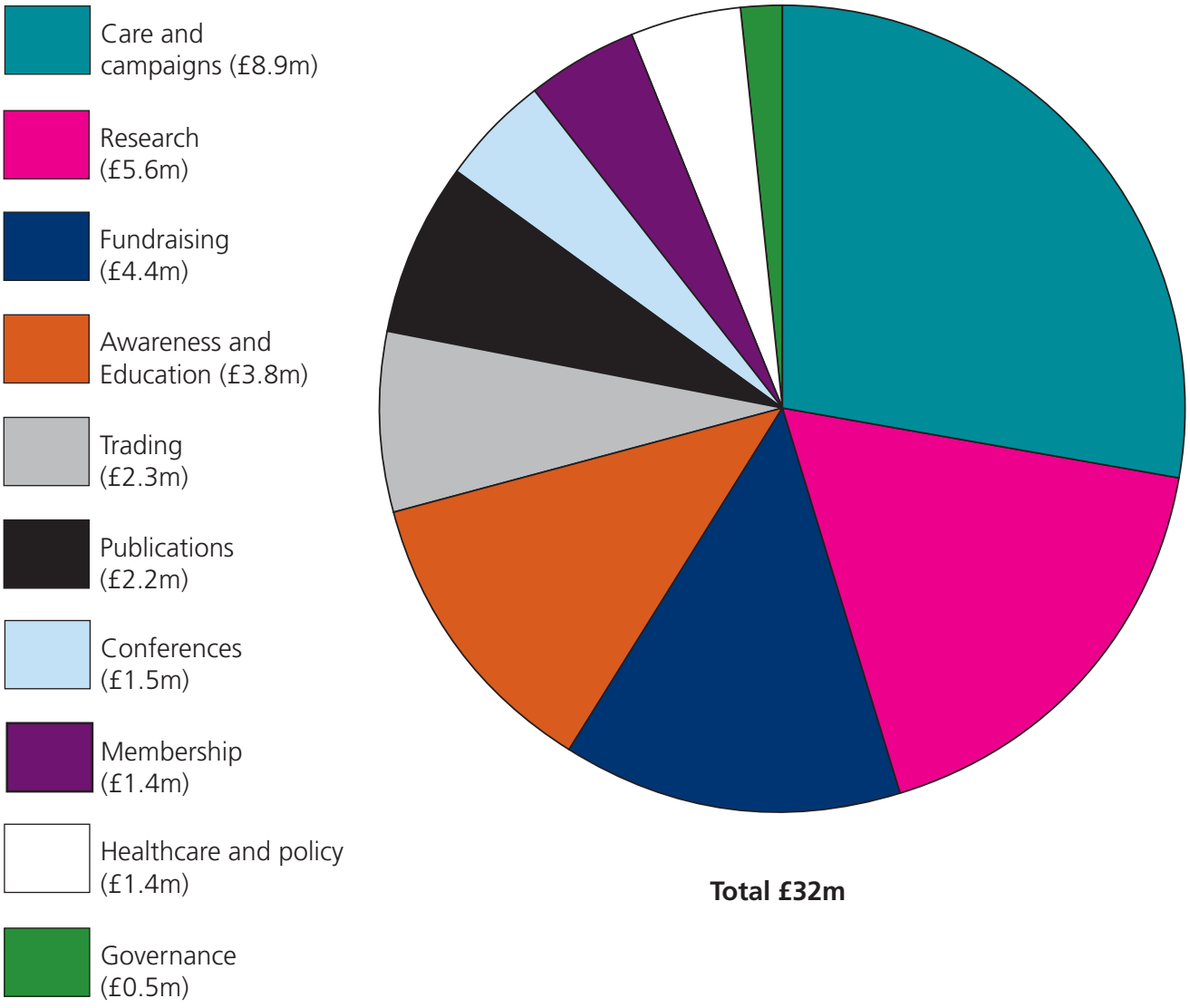
74% of our revenue came from Voluntary Income, comprising donations (34%), legacies (33%), and membership (7%).



Total £32.9m

Where the money is spent:

Our main areas of expenditure on charitable activities were care and campaigns (28%), research (18%) and awareness and education, including publications (19%).



Total £32m

At 31 December 2008, we had committed to spend £10 million under existing research contracts. The total lifetime value of all of our active grants was £27.5 million.

Financial review

Our total income for 2008 was £32.9m, an increase of £3.6m (12%) over 2007. The main area of growth was in voluntary income, which grew by £2.7m (12%). This growth was mainly in legacies, up £1.5m (15%), which reached an all time high of £10.9m. Our trading income was boosted by successful corporate partnerships, particularly our Charity of the Year partnership with HBOS. Overall, trading income was up 8% on 2007.

The cost of generating this voluntary income grew by £0.2m (4%), mainly due to the increased cost of recruiting new members. Return on Investment for voluntary income increased from 3.9:1 in 2007 to 4.2:1 in 2008. Our Return on Investment for trading activities increased from 1.6:1 in 2007 to 1.8:1 in 2008.

We generated a profit from cards and publications. Publications fulfil the joint purpose of generating income and also providing information to people with diabetes, and as such have previously been run at a loss. Likewise our conferences are a key way of providing information and support. This year, as in previous years, they were run at a loss on a full cost recovery basis.

Our expenditure on charitable activities increased by £4m (20%). This is due to a £4.5m (38%) increase in our expenditure on publications, care and information, largely owing to the large awareness campaign that we ran, called Silent Assassin. This is a major area of our work which supports our objectives related to care, information, access to services and awareness. At 31 December 2008, we had committed to spend £10m under existing research contracts. The total lifetime value of all of our active grants was £27.5m.

Overall we finished the year with a surplus of £0.9m before investments and movements on the pension scheme. However, due to the general downturn in the economy the value of our investments fell by £2.2m. This was partly offset by a reduction in the deficit of our defined benefit pension scheme. Consequently, at the end of the year we had a deficit of £0.9m, which has reduced our reserves. The year concluded with free reserves of £7m.

Our cash position at the end of the year was still healthy at £5.1m (down from £6.8m in 2007). Throughout the year, cash is monitored very carefully as timing of events and seasonality can materially affect cash levels. We have a Key Performance Indicator to hold a minimum of one month's cash and this was comfortably adhered to throughout the year.

Our strategy for 2009

Plans for the future
In 2009, we will look to deliver results in line with our five-year strategic plan *The way ahead*, which runs from 2007 to 2011, and to further develop our long-term plans so that we can continue to improve and achieve more for people with diabetes.

Our strategy for 2009

Awareness
Strategic objective: Ensure everyone is aware of the seriousness of diabetes through our communications, campaigns and partnerships.

Key objectives for 2009
- Increase awareness of Diabetes UK by 10 per cent.
- Secure a stated commitment from each major political party to develop policies that will improve the lives of people with diabetes and work to stem the increasing prevalence of the condition.
- Increase our impact on hard to reach groups.

Information and education
Strategic objective: Ensure everyone with diabetes, those at risk, and healthcare professionals understand how to manage it by us providing them with the information they need and supporting them to convert such information to knowledge and action.

Key objectives for 2009
- Reach 1.25m people with our information.
- 15 per cent of people with diabetes to report they have received education.
- Pilot provision of education to healthcare professionals.
- Develop and distribute *Diabetes for general practice* to 1,100 GP practices.

Care
Strategic objective: Identify and agree the standards of care and support people with diabetes should receive and ensure they get it delivered, either directly by Diabetes UK or by us working in partnership with commissioners, providers and healthcare professionals.

Key objectives for 2009
- Increase number of people with diabetes with a care plan from 47 per cent to 60 per cent in England and establish a baseline elsewhere.
- Increase our number of professional members.
- Achieve provision of Diabetes UK services to commissioners.
- Increase the provision of advocacy, support and information to inform people and improve diabetes care.

Research
Strategic objective: To demonstrate progress towards a future without diabetes while continuing to fund research that has the potential to improve the lives of people with diabetes through an effective programme providing project grants, PhD studentships and Fellowships and which gives equal priority to the causes and prevention, care and treatment and cure of both Type1 and Type 2 diabetes.

Key objectives for 2009
- Fund existing research grants, studentships and Fellowships, and new research in line with our research strategy.
- Commission research in the prevention of Type 2 diabetes.
- Fund at least three new Fellowships and at least five new PhD studentships.
- Launch the Allied Health Professional and Nursing Research Training Fellowship Scheme.
- Hold a second Frontiers in Diabetes meeting in the area of 'Cure'.
- Publish a report with the South Asian Health Foundation on gaps in research relevant to South Asians.
- Continue supporting the National Prevention Research Initiative.

Our strategy for 2009

Fundraising
Strategic objective: Optimise our income by sustaining and increasing our current and potential income streams, demonstrating efficiency in fundraising and at all times being consistent with organisation priorities.

Key objectives for 2009
- Generate £36.7m of income to fund our activities.
- Achieve a Return on Investment of not less than 3:1 on fundraising events.
- Introduce a new membership scheme in May 2009 – 'Supporting Membership'.
- Develop a mid-value donor programme.
- Develop a communications strategy for major donors.
- Grow government and trust funding streams significantly.

Our people
Strategic objective: The continuous improvement of performance and capability of individuals, teams, and the whole organisation.

Key objectives for 2009
- Improve quality of leadership by building talent pipelines and driving forward leadership selection, succession planning, and development processes.
- Build staff engagement.
- Improve cross-organisational team working and shared learning.
- Implement a volunteering strategy linked to the delivery of our strategic priorities.
- Enable supporters to influence decisions by fully implementing all governance changes introduced in 2008.
- Increase our total supporters from 302,750 to 310,000.

You can help
Diabetes UK only exists because of the passion, commitment and generosity of thousands of people and organisations who give money and time in support of our work.

Some ways you can help:
- become a member of Diabetes UK
- make a donation and include gift aid in it
- remember us in your will
- take part in one of our fundraising events
- play our weekly lottery
- talk to your employer about payroll giving and matched giving
- join your local Diabetes UK voluntary group, or set one up in your area
- encourage your employer to make us their Charity of the Year
- volunteer for one of our events.

For more information visit our website: www.diabetes.org.uk

Report of the Board of Trustees

Principal aims and activities
The work of Diabetes UK is governed by its Memorandum and Articles of Association, as amended by Special Resolution passed on 29 September 2008.

The objects of Diabetes UK are:
1. To provide relief for people with diabetes and its related complications and to those who care for them.
2. To promote the welfare of people with diabetes and its related complications and of those who care for them.
3. To advance the understanding of diabetes by education of people with diabetes, the healthcare professionals and others who care for them, and the general public.
4. To promote and fund research related to the causes, prevention and cure of diabetes and into improvements in the management of the condition and its complications; and to publish the useful results of any such research.

Diabetes UK's mission

To improve the lives of people with diabetes and to work towards a future without diabetes.

Specifically our vision is:
- to set people free from the restrictions of diabetes
- the highest quality care and information for all
- an end to discrimination and ignorance
- universal understanding of diabetes and of Diabetes UK
- a world without diabetes.

In striving to achieve our mission, Diabetes UK is working to a five-year strategic plan, *The way ahead*, which runs from 2007 to 2011. This plan is framed around four priorities. These priorities relate to our core work and are:
- to improve awareness and understanding of diabetes
- to provide information and educate people with diabetes, at risk groups and healthcare professionals
- to improve the standard of care for people with diabetes
- to increase the impact of Diabetes UK research on cause and prevention, care and treatment and cure.

Review of the year
For a review of Diabetes UK's main activities, achievements and developments during 2008 please see pages 4–13.

Structure, governance and management
Diabetes UK (the operating name of The British Diabetic Association) was incorporated as a company limited by guarantee in 1938 and is governed by Memorandum and Articles of Association and Standing Orders. Diabetes UK operates from offices in all four nations of the United Kingdom and its registered office at Macleod House, 10 Parkway, London NW1 7AA. Diabetes UK is registered with The Charity Commission in England and Wales and with the Office of the Scottish Charity Regulator in Scotland.

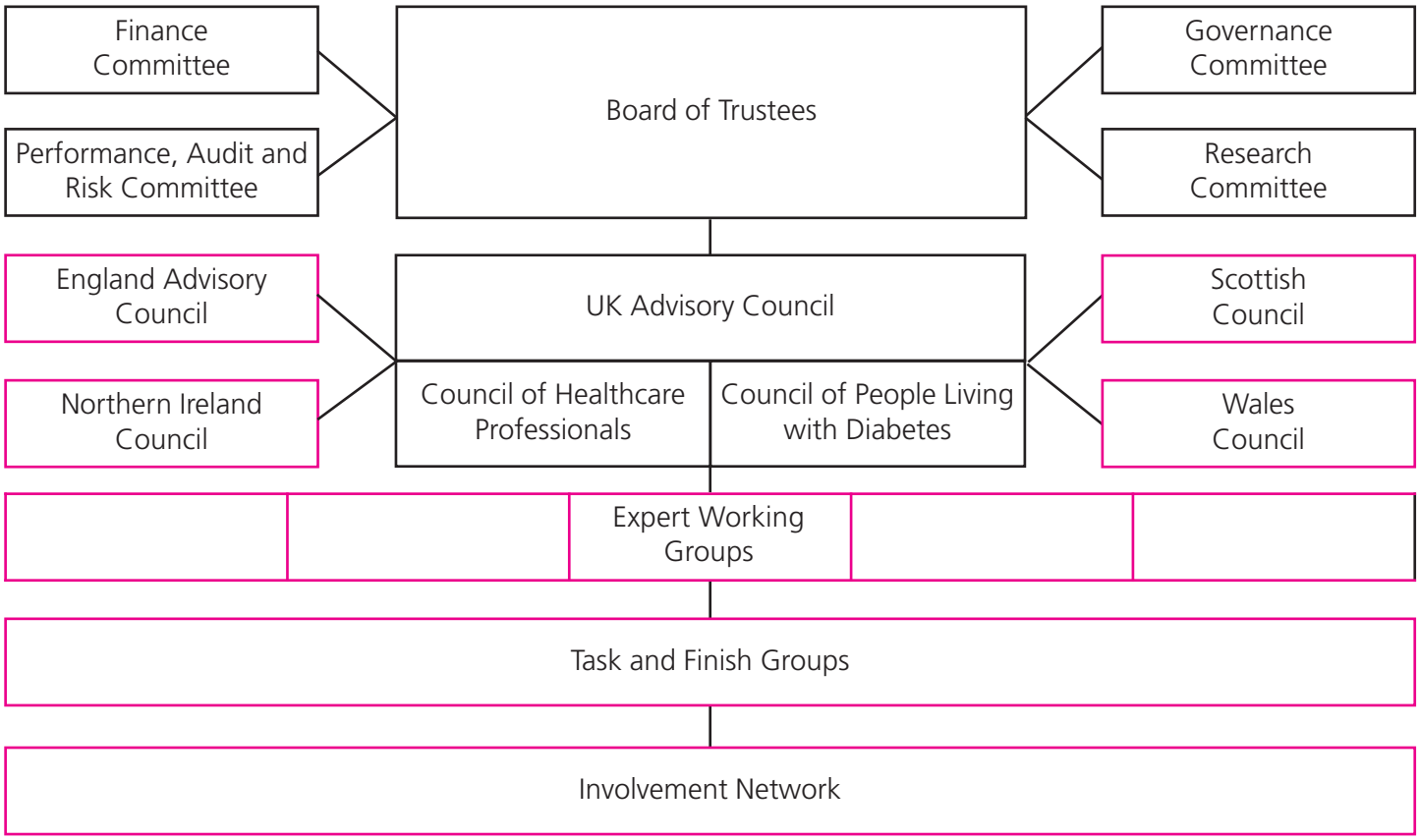
Governance review
In 2007, we undertook a governance review, the aim of which was:

> *to examine existing governance arrangements to ensure that they are representative, effective and provide value for money.*

On 12 December 2007, the Board approved the recommendations of the review, which were implemented in 2008. We have:
- retained the key strength of representation from both healthcare professionals and people living with diabetes
- increased the breadth of people that advise us
- worked to establish a more cohesive, better supported UK Advisory Council (UKAC)
- ensured that all our supporters have a clear, influential role
- provided more flexible mechanisms for engaging our leading supporters
- retained as many of our current supporters in important roles within the charity as wish to.

If you would like any further information about the governance review, please contact the Governance team on 020 7424 1000 or at governance@diabetes.org.uk

Report of the Board of Trustees
Governance structure



Key Governance Advisory

The Board of Trustees

The governing body of the charity is the Board of Trustees, which consists of a maximum of 12 members of whom eight are elected and up to four may be appointed in order to fill any gaps in skills or representation. Elections are held annually at the UK Advisory Council Conference and the Governance Committee is responsible for scrutinising and ensuring that applicants have the necessary skills and experience to lead a charity. On appointment, trustees receive an induction pack and attend an induction programme which focuses on the structure, the governance of the charity and their role and responsibilities. They are also required to abide by a code of conduct that stipulates, among other things, the disclosure of certain financial interests. Trustees may serve a maximum of four, three-year terms. The appointment and election of the Chair and Vice-Chair of the Board of Trustees are matters reserved for the Board.

The Board meets seven times per year, including at an away weekend to review strategy and performance (including that of the Board), together with the Chief Executive and the Executive Team. Management presentations at Board meetings keep the trustees informed about the operations of the charity and the latest developments in the charity and health sectors.

Committees of the Board

The Board has a number of committees, each with specific Terms of Reference prescribed by the Standing Orders. Terms of reference and membership rules of all committees of the Board were reviewed during our 2007 Governance review and Standing Orders were updated.

- The **Finance Committee** oversees and reviews regularly all financial aspects of the charity's activities, including its operational and strategic plans, so as to ensure their short- and long-term viability. The Committee ensures that financial guidelines, legal and regulatory regimes are adhered to and advises the Board accordingly. The Committee also scrutinises and evaluates the draft annual budget, prior to Board approval.

- The **Performance, Audit and Risk Committee** oversees the financial audit and reporting process and monitors the performance and impact of the charity (including that of the Chief Executive and of the Board) against the Strategic Plan, internal objectives and external benchmarks. It also reviews the effectiveness of the independent audit process; the charity's management systems and procedures; and the performance of areas of the organisation. This committee monitors compliance with external requirements and internal policies and acts as a sounding board for the Chief Executive. This committee replaced the Performance Review Committee following our 2007 Governance Review.

- The **Remuneration Committee** agrees the annual pay award for staff and makes recommendations to the Board about the pay package for the Chief Executive.

- The **Governance Committee's** role is to: establish and to evaluate appropriate search, nomination, induction, continuing development and training processes and procedures for members of the Board and UK Advisory Council (UKAC); evaluate and monitor the implementation of the Trustee Code of Conduct; direct the search for members of the Board and the UKAC and short-list the most suitable candidates using the selection criteria approved by the Board; and recommend processes for the election of the Officers of the Board. The Governance Committee also assesses the performance of committees of the Board. This committee replaced the Trustee Committee following our 2007 Governance Review.

- The **Research Committee** has authority to assess and to approve applications for funding for basic, clinical and health services research.

Membership of committees (with the exception of the Research Committee) is generally restricted to trustees. However, reflecting its role in the recruitment and training of trustees, the Governance Committee has three trustee members and three non-trustee members elected from, and by, the UKAC.

While the approval of policy is a matter for the Board, it is the Chief Executive and the Executive Team who are charged with the implementation of policy. To this end, Executive Team members attend meetings of the Board and relevant committees and regular, less formal, discussions between both bodies is encouraged.

UK Advisory Council (UKAC)

The rights and responsibilities of legal membership of The British Diabetic Association (BDA) (as opposed to membership of the charity) were restricted in 2006 to those UKAC members who consented to become legal members. All UKAC members appointed from 2007 were required as part of their role to become legal members. The principal right associated with legal membership is to attend and to vote at the Annual General Meeting. As for responsibilities, each legal member is asked to guarantee that, in the event of the BDA being wound up, they will contribute £1 to the BDA's assets.

Following our 2007 Governance review the UKAC was restructured:

1. The UKAC consists of 50 members (previously 110) and is responsible for:
   - electing and holding to account the Board of Trustees
   - advising on the charity's overall strategic direction
   - acting as legal members of the charitable company
   - leading the Expert Working Groups and National Advisory Councils
   - maintaining effective communication between the Board and individuals on the Expert Working Groups and National Advisory Councils.

2. The UKAC now has two councils: the Council of People Living with Diabetes (CPD), with 30 members, and the Council of Healthcare Professionals (CHP), with 20 members. The size of these two groups is proportionally the same as on the previous UKAC. The two councils meet together as a unified UKAC at least once a year.

3. The members of the UKAC serve both on the relevant stakeholder advisory council (CPD or CHP) and on a National Advisory Council. There are four National Advisory Councils, one for each of the home nations, to which the UKAC members are automatically appointed, depending on their place of residence/work. See overleaf for further details.

4. The UKAC is supported by expert working groups and task and finish groups. These are standing, influential bodies, with specific remits to represent the charity's stakeholders and to advise the charity based on professional or personal knowledge and experience. There are three expert working groups consisting principally of healthcare professionals and various task and finish groups across professionals

and people with diabetes. Cross-membership will be strongly encouraged where appropriate.

5. An Involvement Network will be established. The Network will be an informal pool of people with an expressed interest in specific areas, who will be invited to participate in task and finish groups, focus groups and consultations.

National Advisory Councils

A total of 28 seats on the UKAC have been ring-fenced for the national advisory councils:

- England: 8 (England North – 4; England South – 4)
- Scotland: 8 (CPD – 4; CHP – 4)
- Wales: 8 (CPD – 2; CHP – 2)
- Northern Ireland: 4 (CPD – 2; CHP – 2)

The remaining 22 seats on the UKAC are elected/appointed UK-wide by personal experience, volunteering experience and working group representation.

National Advisory Council Chairs and Vice-Chairs are elected by National Advisory Council members. National Advisory Councils, with national offices, determine the frequency and format of their meetings. Where possible, National Advisory Council meetings are co-ordinated across the four nations to ensure congruence of their meeting schedule and discussion topics.

Board of Trustees

Details of membership of the Board of Trustees and its committees can be found on page 27. Members of the Board of Trustees are also ex-officio members of the UKAC and relevant National Advisory Councils.

Risk management and internal controls

The trustees acknowledge their responsibility for the charity's system of internal control and for reviewing its effectiveness. The trustees recognise that the charity's system of internal control is designed to provide reasonable but not absolute assurance against material misstatement or loss.

During the year the trustees have considered and identified the major risks to which the charity is exposed. The risk registers are developed on a departmental basis, which are then consolidated into a single corporate risk register. The risk register details the risks considered and is used to identify the types of risks the charity faces, prioritise them in terms of potential impact and likelihood of occurrence, identify the controls, systems and procedures that are in place to manage those risks and to detail any further actions required to address the risks. The risk register is reviewed on a twice yearly basis by the Performance, Audit and Risk Committee. The highest risk identified is the impact of the current economic climate on our revenue streams and the ability to adjust expenditure commitments should income targets not be met.

During the year, the charity has continued to enhance its formal risk management process, with training provided to directors and heads of teams. Our internal auditors completed a review of our risk management function during the year and concluded that the policies and procedures in place were adequate. We appointed new internal auditors in the year and the current three-year internal audit plan includes an annual review of the controls over the core financial system in addition to a review of controls within each of the risk areas identified as significant. The trustees are satisfied that the systems in place manage our exposure to the major risks identified.

Reserves policy

The reserves policy of the charity is to retain a level of reserves sufficient to meet all expenditure commitments (including research and pension contributions but excluding FRS 17 pension deficit funding) for between two and three months of forward expenditure.

Reserves are defined as all cash, investments, current assets and current liabilities held in the name of Diabetes UK and its trading subsidiary (Diabetes UK Services Limited) and excluding restricted or designated funds. At 31 December 2008, the charity's free reserves of £6.9 million represented 2.3 months of forward expenditure. The reserves policy is reviewed annually.

Investment policy

In accordance with the Memorandum and Articles of Association, the trustees have the power to invest in such stocks, funds, shares, securities or other investments as they see fit.

The investment objective of Diabetes UK is to make investments, which will provide the opportunity for an overall return on the portfolio and which will as a minimum maintain the purchasing power of the portfolio over time. There is no direct investment in tobacco. We invest in property funds, including global property funds. Equity investments are made through collective vehicles or through direct mechanisms such as an investment committee. For bonds and cash, investments are only in products that have an AA or above rating.

UBS AG were appointed in 2006 and are currently retained as investment manager to Diabetes UK. At 31 December 2008, the relative weightings in the portfolio were cash and fixed interest securities (69%), equity and equity related investments (29%) and a property fund (2%). Performance in 2008 did not achieve the objective outlined primarily due to a general downturn in economy which affected the value of our equity funds.

Grant-making policy

Diabetes UK invites applications for funding of projects, fellowships and studentships through advertising in specialist medical and scientific media and on the web. Applicants based at not for profit UK based academic institutions submit proposals using the appropriate application form. The applications are reviewed against criteria such as relevance to diabetes, scientific merit, feasibility and value for money. All grant applications are assessed by a minimum of three external peer reviewers before being submitted to the Research Committee. High-level research strategy and objectives are set by the Board of Trustees and the decisions about the funding of specific projects are delegated to the Research Committee. Our research strategy is available on our website:
www.diabetes.org.uk/research/publications/research_strategy

Diabetes UK offers fellowships and studentships to carry out diabetes research. Applicants for fellowships are invited for interview by an expert panel which makes the funding decision. At least one member of the Research Committee sits on each fellowship panel. Funding decisions for studentships are decided by a remote panel, consisting of Research Committee members wherever possible.

Diabetes UK may also invite applications in specific areas from time to time to support its policy and care objectives as well as its research strategy.

All funded research is monitored routinely via annual reports to ensure continued funding is appropriate and subject to satisfactory performance and compliance with the contractual Terms and Conditions of Grant. The funding of most projects continues for up to five years and a final report detailing progress is required at the end of each project. The terms and conditions of all Diabetes UK grants give the charity the right to suspend payment of the grant if a satisfactory annual or final report is not received. If a satisfactory report is not received payment is suspended until a report is received to ensure that the project is following the objectives of the grant. Diabetes UK publicly disseminates the results of funded research as appropriate.

Because of the nature of diabetes and its effects, Diabetes UK believes that under some circumstances the ethical and humane use of animals is appropriate and essential in medical and scientific research to further the treatment, prevention and cure of diabetes and its complications. All Diabetes UK funded projects involving animals must strictly adhere to the Home Office regulations for the welfare of all animals involved as well as comply with Diabetes UK's conditions concerning the care and handling of animals as outlined in the Diabetes UK 'Terms and Conditions of Grant'. Each grant application is also carefully reviewed by the Diabetes UK Research Committee and is also peer reviewed by other external national and international experts to ensure that animals are only used if no alternative method is available.

Further to wide ranging consultation with members and with due attention to ethical considerations, Diabetes UK has decided to support stem cell research, both publicly and financially through our research grant programme.

Copies of Diabetes UK's full position statements on animal research and stem cell research can be found on our website or are available from our offices on request.

Subsidiary companies

Diabetes UK has three subsidiary companies.

- **Diabetes UK Services Limited** trades in Christmas goods and insurance services, sells advertising, receives sponsorship income and organises lotteries to raise funds for Diabetes UK. The performance of the company continues to be satisfactory and a profit of £1.9 million was generated in 2008 and was donated to Diabetes UK under gift aid.

- **BDA Research Limited** exploits the potential value of any intellectual property which arises as a result of research funded by Diabetes UK. At 31 December 2008, the company had no research funding commitments, but retains an interest in the intellectual property of certain research projects which may provide future benefits. Any profits made by the company are donated to Diabetes UK under gift aid.

- On 7 July 2008, Diabetes UK acquired control of **Diabetes Foundation**, a UK charity, for nil consideration. Diabetes Foundation's objects are to

establish and advance research in the field of diabetes and particularly juvenile (insulin dependent) diabetes. Its results for the period from 7 July 2008 have been consolidated within these financial statements. A total of £109,000 was raised by Diabetes Foundation in that period.

Charitable and political donations
Diabetes UK made no charitable donations during the year outside the scope of its own objectives. No donations were made for any political purposes.

People
The work of Diabetes UK is only possible through the dedicated service it receives from both staff and volunteers. We would like to place on record our appreciation of the hard work and commitment of all staff to the objectives of Diabetes UK during 2008. We also acknowledge with gratitude the work of the many volunteers who willingly and unstintingly give their time to the considerable benefit of Diabetes UK and the people it helps. Our volunteers raise funds in a wide variety of ways from collecting with tins, through to sponsored events. The value of work performed by our volunteers is £13m.

In 2008, the voluntary groups raised a total of £1.6m (2007: £1.3m) of which £0.8m (2007: £0.7m) was donated directly to Diabetes UK. The total cash held by the groups at 31 December 2008 was £1.6m (2007: £1.7m).

Employment strategy
Diabetes UK encourages the recruitment of the best person for the job regardless of gender, marital status, ethnic origin, disability, religious belief or age. Should a situation arise where two short listed applicants are thought to be equally suitable for a position and one of them has diabetes, the person with diabetes will be offered the position.

Diabetes UK is committed to the principle of equal opportunity and offers this to all staff in matters of career advancement, providing that they have the ability to perform their duties with or without training where necessary. If a member of staff becomes disabled while employed by Diabetes UK, retraining will be provided where appropriate.

Statement of trustees' responsibilities
The trustees (who are also directors of the British Diabetic Association 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 the trustees to prepare financial statements for each financial year which give a true and fair view of the state of 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
- make judgments and estimates that are reasonable and prudent
- state whether applicable 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 proper 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 1985. 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.

In so far as the trustees are aware:
- there is no relevant audit information of which the charitable company's auditors are unaware
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

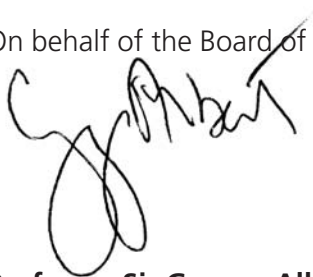
The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Public benefit
With effect from our 2009 financial year, the trustees will have a duty to report on public benefit. All charities will be required to:
- report on those activities undertaken by the charity to further its charitable purposes for the public benefit
- produce a statement by the charity trustees as to whether they have complied with the duty in section 4 of the Charities Act 2006 to have due regard to public benefit guidance published by the Commission.

Although not mandatory for this year, we have complied with the first requirement in our review of the year on pages 4–13 of this report.

Audit
A resolution to reappoint Grant Thornton UK LLP as auditors will be proposed at the Annual General Meeting.

On behalf of the Board of Trustees:



Professor Sir George Alberti
Chair
28 May 2009

Legal and administrative information

Central office and registered office

Macleod House
10 Parkway
London NW1 7AA
Tel 020 7424 1000
Fax 020 7424 1001
Email info@diabetes.org.uk

Diabetes UK Careline
Telephone: 0845 120 2960

Diabetes UK Careline
careline@diabetes.org.uk

Diabetes UK Careline Scotland
carelinescotland@diabetes.org.uk

A company limited by guarantee, registered in England and Wales: registration number 339181
A charity registered in England and Wales (registration number: 215199) and in Scotland (registration number: SC039136)
Member of the International Diabetes Federation

National and regional offices

Diabetes UK Scotland
The Venlaw
349 Bath Street
Glasgow G2 4AA
Telephone 0141 245 6380
Fax 0141 248 2107
Email scotland@diabetes.org.uk

Diabetes UK Northern Ireland
Bridgewood House
Newforge Business Park
Newforge Lane
Belfast BT9 5NW
Telephone 028 9066 6646
Fax 028 9066 6333
Email n.ireland@diabetes.org.uk

Diabetes UK Cymru
Argyle House
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Diabetes UK West Midlands
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Telephone 01922 614500
Fax 01922 646789
Email w.midlands@diabetes.org.uk

Patron: Her Majesty the Queen

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Vice Presidents:
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Professor Simon Howell (resigned 28 February 2009)
Ms Lubna Kerr (resigned 26 September 2008)
Dr James Walker (resigned 26 September 2008)

[1] Remuneration committee member
[2] Governance committee member
[3] Finance committee member
[4] Performance audit and risk committee member

Executive team

Chief Executive
Douglas Smallwood
Director of Relationships and Marketing
Andy James
Director of Care, Information and Advocacy Services
Simon O'Neill
Director of Operations
Rosemary Thomas
Director of Research
Iain Frame

Advisors

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London
NW1 2EP

Investment Managers
UBS AG
1 Curzon Street
London
W1J 5UB

Solicitors
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EC1N 6TD

Bankers
National Westminster Bank PLC
Marylebone & Harley St Branch
PO Box 2021
10 Marylebone High Street
London
W1A 1FH

Report of the independent auditor to the members of The British Diabetic Association

The report is issued in respect of an audit carried out under the Companies Act 1985, section 43 of the Charities Act 1993 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005.
We have audited the group and parent charitable company's financial statements (the 'financial statements') of The British Diabetic Association for the year ended 31 December 2008, which comprise the principal accounting policies, the group statement of financial activities, the group and charity balance sheets, the group cash flow statement and notes 1 to 28. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the members, as a body, in accordance with section 235 of the Companies Act 1985, 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 regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the members and the charity's 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 charity, its members as a body and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors
The trustees' (who are also the directors of the charitable company for the purposes of company law) responsibilities for preparing the annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) and for being satisfied that the charity's financial statements give a true and fair view are set out in the Statement of Trustees' Responsibilities.

We have been appointed as auditors under section 43 of the Charities Act 1993 as amended and report in accordance with regulations made under section 44 of that Act, and have also been appointed under section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with regulations made under that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the relevant financial reporting framework and are prepared in accordance with the Companies Act 1985 and the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

In addition we report to you if, in our opinion, any information contained in the statement of account is inconsistent with the trustees' annual report, the charitable company has not kept proper accounting records , if the charitable company's statement of account is not in agreement with these accounting records, or if we have not received all the information and explanations we require for our audit.

We read other information contained in the annual report, and consider whether it is consistent with the audited financial statements. The other information comprises only the Chair's introduction. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to other information.

Basis of audit opinion
We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by the trustees in the preparation of the financial statements and of whether the accounting policies are appropriate to the group's and charitable company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion
In our opinion:

- the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the group's and the charitable company's affairs as at 31 December 2008 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- the financial statements have been properly prepared in accordance with the Companies Act 1985, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations
- the information given in the Trustees' Report is consistent with the financial statements for the year ended 31 December 2008.

Grant Thornton UK LLP

Grant Thornton UK LLP
Registered auditors
Chartered accountants
London
29 May 2009

Consolidated statement of financial activities (SOFA)
Year ended 31 December 2008

	Notes	Unrestricted £'000	Restricted £'000	2008 Total £'000	2007 Total £'000
Incoming resources					
Incoming resources from generated funds:					
Voluntary income	2	19,435	5,424	24,859	22,143
Gift of Diabetes Foundation	15	–	367	367	–
Activities for generating funds: trading	3	4,185	–	4,185	3,877
Investment income	4	678	65	743	549
		24,298	**5,856**	**30,154**	**26,569**
Incoming resources from charitable activities:					
Publications, care & information	5	937	167	1,104	898
Conferences	6	1,296	–	1,296	1,353
Grants receivable	7	–	393	393	471
		2,233	**560**	**2,793**	**2,722**
Total incoming resources excluding Diabetes Foundation		26,531	5,799	32,330	29,291
Total incoming resources from Diabetes Foundation		–	617	617	–
Total incoming resources		**26,531**	**6,416**	**32,947**	**29,291**
Resources expended					
Cost of generating funds					
Cost of generating voluntary income	2	5,881	1	5,882	5,679
Fundraising trading: cost of goods sold & other	3	2,309	–	2,309	2,379
Investment management costs	4	20	–	20	19
		8,210	**1**	**8,211**	**8,077**
Charitable activities					
Publications, care & information	5	14,647	1,564	16,211	11,719
Conferences	6	1,490	–	1,490	1,470
Research	9	2,094	3,523	5,617	6,163
		18,231	**5,087**	**23,318**	**19,352**
Governance costs	11	510	6	516	403
Total resources expended excluding Diabetes Foundation		26,951	4,953	31,904	27,832
Total resources expended by Diabetes Foundation		–	141	141	–
Total resources expended	8	**26,951**	**5,094**	**32,045**	**27,832**
Net incoming/(outgoing) resources excluding Diabetes Foundation		(420)	846	426	1,459
Total incoming resources from Diabetes Foundation	–	476	476	–	
Net incoming/(outgoing) resources before other recognised gains and losses		(420)	1,322	902	1,459
Losses on investments	17	(2,034)	(161)	(2,195)	(414)
Actuarial gains on defined benefit pension	28	352	–	352	714
Net movement in funds		**(2,102)**	**1,161**	**(941)**	**1,759**
Fund balances at the beginning of the financial year		10,409	1,317	11,726	9,967
Fund balances at the end of the financial year	20	**8,307**	**2,478**	**10,785**	**11,726**

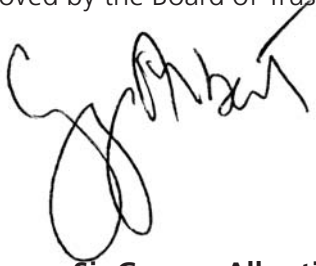
Reconciliation of funds. There are no other unrealised gains or losses which do not appear on the SOFA. All the above results are derived from continuing activities. The net expenditure for the year under the historical cost accounting convention is £1,142,000 (2007: £3,456,000 net surplus). The notes on pages 33 to 50 form part of these accounts.

Balance sheets as at 31 December 2008

	Notes	Group 2008 £'000	Group 2007 £'000	Diabetes UK 2008 £'000	Diabetes UK 2007 £'000
Fixed assets					
Tangible assets	16	1,313	1,254	1,313	1,254
Investments in subsidiary undertakings	24	–	–	40	40
Other investments	17	11,741	9,567	11,741	9,567
		13,054	**10,821**	**13,094**	**10,861**
Current assets					
Stocks		64	31	–	–
Debtors	18	4,833	4,523	6,356	5,521
Cash at bank and in hand		5,067	6,809	4,306	6,508
		9,964	**11,363**	**10,662**	**12,029**
Creditors: amounts falling due within one year	19	(11,802)	(9,405)	(13,016)	(10,111)
Net current assets		**(1,838)**	**1,958**	**(2,354)**	**1,918**
Net assets before provision		**11,216**	**12,779**	**10,740**	**12,779**
Provision: defined benefit pension scheme liability	28	(431)	(1,053)	(431)	(1,053)
Net assets		**10,785**	**11,726**	**10,309**	**11,726**
Funds					
Restricted income funds	20	2,478	1,317	2,002	1,317
Unrestricted income funds					
General funds		8,738	11,613	8,738	11,613
Revaluation reserve		–	(151)	–	(151)
Unrestricted funds excluding pension liability		**8,738**	**11,462**	**8,738**	**11,462**
Pension reserve deficit	28	(431)	(1,053)	(431)	(1,053)
Unrestricted funds including pension liability		**8,307**	**10,409**	**8,307**	**10,409**
Total funds	21	**10,785**	**11,726**	**10,309**	**11,726**

The notes on pages 33 to 50 form part of these accounts.

Approved by the Board of Trustees on 28 May 2009 and signed on their behalf by:



Professor Sir George Alberti
Chair

John Grumitt
Vice Chair

Consolidated cash flow statement
Year ended 31 December 2008

	2008 £'000	2007 £'000
Net cash inflow from operating activities (see note below)	**2,039**	**1,216**
Returns on investments		
Investment income received	386	–
Interest received	369	386
Net cash inflow from returns on investments	**755**	**386**
Capital expenditure and financial investment		
Purchase of tangible fixed assets	(567)	(250)
Purchase of investments	(11,402)	(8,168)
Proceeds from sale of fixed asset investments	7,033	8,168
Net cash outflow from investing activities	**(4,936)**	**(250)**
Acquisitions and disposals		
Cash at bank and in hand acquired with gift of Diabetes Foundation	400	–
Net cash inflow from acquisitions	**400**	**–**
Movement in net cash	**(1,742)**	**1,352**

	At 1 January 2008 £'000	Cashflow £'000	At 31 December 2008 £'000
Analysis of net funds			
Cash at bank and in hand	6,809	(1,742)	5,067
Cash held as short term investments	–	–	–
Cash at 31 December	**6,809**	**(1,742)**	**5,067**

Note to the consolidated cash flow statement	**2008** £'000	**2007** £'000
Reconciliation of changes in resources to net cash inflow/(outflow) from operating activities		
Net income for the year per the SOFA	902	1,459
Depreciation	496	464
Loss on disposal of fixed assets	12	–
Gift of Diabetes Foundation	(367)	–
Investment income receivable (net)	(723)	(503)
Decrease/(increase) in stocks	(33)	7
(Increase) in debtors	(326)	(1,163)
Increase in creditors	2,348	1,177
Difference between payments to defined benefit pension scheme and amount charged to expenditure	(270)	(225)
Net cash inflow from operating activities	**2,039**	**1,216**

1. Accounting policies

Basis of preparation
The financial statements are prepared in accordance with applicable accounting standards using the historical cost convention except for investments, which are stated at market value.

The financial statements comply with the requirements of the Charities Act 1993 and are in accordance with applicable accounting standards. They also comply with the requirements of the Statement of Recommended Practice 'Reporting and Accounting by Charities' (SORP) issued in March 2005 and updated in 2008 and the Companies Act 1985. No separate income and expenditure account has been included for Diabetes UK because it has no endowment funds.

In accordance with section 397 of SORP 2005, the charity has not prepared a separate SOFA for the charity.

Company status
The charity is a company limited by guarantee. The members of the company are the UK Advisory Council (see the Report of the Board of Trustees for further information).

Basis of consolidation
The consolidated financial statements comprise the financial results of Diabetes UK and its voluntary groups (Diabetes UK) together with its subsidiaries, Diabetes UK Services Limited, BDA Research Limited and Diabetes Foundation (the Group). A summarised profit and loss account and balance sheet for each subsidiary is given in note 24.

The results of subsidiaries have been consolidated on a line by line basis. During the year Diabetes UK acquired Diabetes Foundation following a decision by that charity to make Diabetes UK its sole member. The results of this subsidiary have been consolidated since the date on which this decision was confirmed by the Charities Commission.

Diabetes UK includes the income and expenditure of voluntary groups where returns have been made prior to the preparation of the consolidated financial statements. The number of voluntary group returns received when the financial statements were prepared was 313 out of 389 (80%) (2007:316 out of 369 (86%)).

Incoming resources
All income is accounted for when the charity has entitlement, there is certainty of receipt and the amount is measurable.

Legacies
Entitlement is considered to be on the earlier of the date of receipt of finalised estate accounts, the date of payment or where there is sufficient evidence to provide the necessary certainty that the legacy will be received and the value is measurable with sufficient reliability. In addition, full provision is made for any clawback of legacy payments when notification of such clawbacks is received.

Donations
Where donations have been collected by a third party, these are recognised when the third party notifies Diabetes UK of the amount of the donations.

Membership subscriptions
In general, subscriptions, including life membership subscriptions, are credited to income on receipt as these are considered to be in the nature of donations.

Donated services and facilities
These are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers.

Where possible, gifts in kind are valued at their market value on date of receipt. If no market value is available, gifts in kind are valued at their estimated value to the charity.

Grants receivable
Grants receivable are credited to income as these become receivable, except in situations where they are related to performance, in which case these are accrued as the charity earns the right through performance.

1. Accounting policies (continued)

Resources expended
All expenditure is accounted for on an accruals basis and includes irrecoverable VAT where applicable.

Costs of generating funds
Costs of generating funds comprise the costs incurred in fundraising, commercial trading activities and investment management. Fundraising costs include salaries, direct costs and an appropriate allocation of central overhead costs.

Charitable activities
Expenditure is allocated to the relevant charitable activities on a basis consistent with resource use and includes salaries, direct costs and an appropriate allocation of central overhead costs.

Research grants
Diabetes UK contracts with a range of institutions to fund specific research projects. Payment is conditional on the performance of key tasks and where such tasks remain incomplete, payment is withheld. Diabetes UK operates an annual review process whereby grants are reviewed to ensure progress is being made and the research programme complies with expectations before continuing payment is confirmed. As a result of this the first year of each research grant is recognised upfront, except where the grant is for one year only, when the final payment for that first year is not recognised until the final report is received. Further detail on the grant making policy is contained in the trustees' report.

Governance costs
Governance costs are made up of the staff costs for the Governance Team, Board of Trustee costs, UK Advisory Council costs and audit fees and an appropriate allocation of central overhead costs.

Support costs reallocation
Attributable overheads consist of central office costs including rent, rates, insurance, non-recoverable VAT, depreciation and staff costs relating to the information technology, personnel, finance and office management functions. Overheads are allocated to departments based on the number of staff involved in each activity.

Gift of Diabetes Foundation
The net assets of Diabetes Foundation received as a gift have been recognised in full in the consolidated SOFA within incoming resources.

Tangible fixed assets
All expenditure on fixed assets in excess of £500 is capitalised. The charge for depreciation is calculated to write off fixed assets by equal instalments over their expected useful lives. These are estimated to be:
- office equipment, fittings and furniture (7–10 years)
- general computer equipment and software (4–5 years)
- database equipment and software (8 years).

Where any assets are impaired in value, provisions are made to reduce the book value of such assets to the recoverable amount.

Investments
Investments are shown at market value and any unrealised gain or loss is transferred to reserves.

Stocks
Stocks are valued at the lower of cost and net realisable value. The cost of publications held for charitable purposes is expensed as incurred.

Operating leases
Rental payments under operating leases are charged against income on a straight line basis over the term of the lease.

Retirement benefits
For the defined benefit scheme the amount charged to the SOFA in respect of pension costs and other post retirement benefits is the estimated regular cost of providing the benefits accrued in the year adjusted to reflect variations from that cost. Current service costs, interest costs and expected return on assets are included within charitable expenditure, allocated on a headcount basis by department. Past service costs and the costs of curtailments and settlements are included within support costs.

Actuarial gains and losses arising from new valuations and from updating valuations to the balance sheet date are recognised in the SOFA under the

1. Accounting policies (continued)

heading of actuarial gains and losses on defined benefit pension scheme.

The defined benefit scheme is funded, with the assets held separately from the group in separate trustee administered funds. Full actuarial valuations, by a professionally qualified actuary, are obtained at least every three years, and updated to reflect current conditions at each balance sheet date. The pension scheme assets are measured at fair value. The pension scheme liabilities are measured using the projected unit method and discounted at the current rate of return on a high quality corporate bond of equivalent term and currency. A pension scheme asset is recognised on the balance sheet only to the extent that the surplus may be recovered by reduced future contributions or to the extent that the trustees have agreed a refund from the scheme at the balance sheet date. A liability is recognised to the extent that the charity has a legal or constructive obligation to settle the liability.

For defined contribution schemes the amount charged to the SOFA in respect of pension costs and other post retirement benefits is the contributions payable in the year. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

Provision is made in full for the estimated cost of unfunded pensions payable to a small number of retired former employees. The provision is re-estimated each year, based on the pensions in payment, estimated future increments and changes in the pensioners' circumstances.

Funds

The funds of Diabetes UK consist of unrestricted and restricted amounts. Diabetes UK may use unrestricted amounts at its discretion. Restricted funds represent income contributions which are restricted to a particular purpose in accordance with the wishes of the donor.

Designated funds represent unrestricted funds which are designated for a specific purpose.

Taxation

Diabetes UK has charitable status and is thus exempt from taxation of its income and gains falling within Section 505 of the Taxes Act 1988 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that they are applied to its charitable objectives. No material tax charges have arisen in its subsidiaries and no provision is required for deferred taxation.

2. Voluntary income

	Unrestricted £'000	Restricted £'000	2008 Total £'000	2007 Total £'000
Incoming resources				
Legacies	9,770	1,111	10,881	9,421
Donations	6,990	4,313	11,303	10,351
Membership	2,293	–	2,293	2,343
Donated services and facilities	382	–	382	28
Total	**19,435**	**5,424**	**24,859**	**22,143**
Resources expended				
Legacies	110	1	111	70
Donations	3,946	–	3,946	4,421
Membership	1,443	–	1,443	1,160
Donated services and facilities	382	–	382	28
Total	**5,881**	**1**	**5,882**	**5,679**

3. Activities for generating funds: trading

	Unrestricted £'000	Restricted £'000	2008 Total £'000	2007 Total £'000
Incoming resources				
Lotteries	1,587	–	1,587	1,724
Corporate	1,648	–	1,648	920
Advertising	468	–	468	517
Affinity products	112	–	112	252
Cards and publications	370	–	370	464
Total	**4,185**	**–**	**4,185**	**3,877**
Resources expended				
Lotteries	1,102	–	1,102	1,181
Corporate	709	–	709	397
Advertising	222	–	222	162
Affinity products	65	–	65	107
Cards and publications	211	–	211	532
Total	**2,309**	**–**	**2,309**	**2,379**

All trading activity was undertaken by a subsidiary undertaking.

4. Investment income

	Unrestricted £'000	Restricted £'000	2008 Total £'000	2007 Total £'000
Incoming resources				
Dividends from listed securities	152	12	164	166
Interest on cash asset investments	193	13	206	122
Interest on cash at bank	333	40	373	261
Total	**678**	**65**	**743**	**549**
Resources expended				
Investment management costs	20	–	20	19
Total	**20**	**–**	**20**	**19**

5. Publications, care and information

	Unrestricted £'000	Restricted £'000	2008 Total £'000	2007 Total £'000
Incoming resources				
Diabetic Medicine	567	–	567	514
Care support	76	167	243	143
Professional membership	190	–	190	224
Publications	104	–	104	17
Total	**937**	**167**	**1,104**	**898**
Resources expended				
Publications & information	2,198	–	2,198	2,171
Healthcare and policy	1,382	–	1,382	1,396
Awareness	3,739	–	3,739	1,783
Careline	500	318	818	667
Care support holidays	619	154	773	652
Other care and campaigns	6,209	1,092	7,301	5,050
Total	**14,647**	**1,564**	**16,211**	**11,719**

6. Conferences

	Unrestricted £'000	Restricted £'000	2008 Total £'000	2007 Total £'000
Incoming resources				
Central conferences	1,219	–	1,219	1,209
Regional conferences	77	–	77	144
Total	**1,296**	**–**	**1,296**	**1,353**
Resources expended				
Central conferences	1,382	–	1,382	1,339
Regional conferences	108	–	108	131
Total	**1,490**	**–**	**1,490**	**1,470**

7. Grants receivable

	2008 Total £'000	2007 Total £'000
Grants receivable arise from the following sources:		
Department for Education and Skills – Safeguarding Co-ordinator	11	39
NDST – Year of Care Project	92	203
Food Standards Agency	11	34
Department of Health – Year of Care Project	–	110
Health Foundation – Year of Care Project	85	25
Various groups – Young Diabetologists Forum	185	21
NHS Health Board – Scotland – Ethnic Care Project	–	14
Scottish Executive Health Dept – Scotland Careline Project	–	30
Others less than £10,000	9	(5)
Total grants receivable	**393**	**471**

8. Analysis of total resources used

	Activities undertaken directly £'000	Activities undertaken by grant funding £'000	Support costs £'000	Total 2008 £'000	Total 2007 £'000
Cost of generating funds					
Cost of generating voluntary income	4,275	–	1,607	5,882	5,679
Trading costs	2,309	–	–	2,309	2,379
Investment management cost	20	–	–	20	19
Cost of charitable activities					
Publications, care & information cost sub-groups:					
Publications & information	1,862	–	336	2,198	2,171
Healthcare & policy	846	–	536	1,382	1,396
Awareness	3,353	–	386	3,739	1,783
Other care and campaigns	6,540	–	2,352	8,892	6,369
Conferences	1,308	–	182	1,490	1,470
Grant-funded research activities	435	5,032	150	5,617	6,163
Governance	440	–	76	516	403
Total	**21,388**	**5,032**	**5,625**	**32,045**	**27,832**

9. Research grants

	2008 £'000
The institutions receiving grant funding in the year in excess of £100,000 were:	
Kings College, London	524
University of Bristol	503
University of Newcastle	452
University of Dundee	364
University of Cambridge	325
Cardiff University	292
Medical Research Council	227
University of Oxford	201
University of East Anglia	179
University of Manchester	162
University of Exeter	158
University of Ulster	152
University of Surrey	118
University of Glasgow	105
University College, London	101
Sub total	**3,863**
Other grants	1,169
Direct administration and support costs	585
Total	**5,617**

	2008 £'000	2007 £'000
Analysis of grant by area of research		
Care and treatment	1,651	3,084
Cause and prevention	3,211	2,590
Cure	170	27
Direct administration and support costs	585	462
Total	**5,617**	**6,163**
Grants reconciliation		
Creditor at the beginning of the year	6,080	4,261
Grants awarded in the year	2,598	4,879
Liabilities arising on gift of Diabetes Foundation	45	–
Liabilities arising on existing grants	2,434	822
Payments in year	(4,339)	(3,882)
Creditor at the end of the year	**6,818**	**6,080**

10. Support costs allocations

	Operations	Finance	Human resources	IT	CEO	Total 2008	Total 2007
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost of generating voluntary income	565	263	407	254	118	1,607	1,436
Research	53	24	38	24	11	150	216
Publications, care & information	1,270	590	914	571	265	3,610	3,432
Conferences	64	30	46	29	13	182	181
Governance	27	12	19	12	6	76	77
Total	**1,979**	**919**	**1,424**	**890**	**413**	**5,625**	**5,342**

11. Governance costs

	2008	2007
	£'000	£'000
Trustee costs	13	24
External audit	64	40
Support costs	76	77
Advisory Council Expenses	99	88
Company Secretariat	264	174
Total	**516**	**403**

12. Net incoming resources for the year is stated after charging:

	2008	2007
	£'000	£'000
Depreciation (see note 16)	496	464
Loss on disposal of fixed assets	12	–
Auditors remuneration:		
• statutory audit	46	40
• further assurance services	11	5
• other non-audit	7	7
Non-recoverable VAT	558	485
Operating leases		
• property	804	799
• other	24	19

13. Trustees' emoluments and reimbursed expenses

Trustees have not been remunerated in the year (2007 Nil). A total of 8 trustees (2007:7) have been reimbursed for expenses in relation to trustee meetings at a cost of £4,000 (2007: £4,000). Total expenses in relation to trustees were £13,000 (2007: £16,000). All amounts were for reimbursement of travel and subsistence costs.

During the year ended 31 December 2008, the charity awarded grants of £nil (2007: £114,000) for projects to which members of the Board of Trustees were connected. These members of the Board of Trustees did not participate in the decisions to award the respective grants.

14. Staff costs

	2008 £'000	2007 £'000
Salaries	8,255	6,643
Social security costs	999	634
Other pension costs	811	708
Total	**10,065**	**7,985**

	2008 number	2007 number
Staff numbers		
Voluntary income	122	72
Publications, care & information	108	125
Conferences	6	8
Research	6	6
Support	41	38
Governance	6	5
Total	**289**	**254**

The average full-time equivalent number of employees during the year was 268 (2007: 226).

Pension costs

Pension costs comprise £499,000 (2007: £396,000) in respect of defined contribution pension schemes and £42,000 (2007: £82,000) in respect of the defined benefit pension scheme.

	2008 Number	2007 Number
Number of employees whose remuneration fell within the following ranges:		
£60,000 – £70,000	4	3
£70,000 – £80,000	1	1
£90,000 – £100,000	1	1

Payments to defined contribution pension schemes in respect of the above staff amounted to £45,000 (2007: £27,000) in the year. As at the year end, the defined benefit pension scheme was closed and no benefits were accruing to the above staff.

15. Gift of Diabetes Foundation

The Diabetes Foundation ('Foundation') was gifted to Diabetes UK with effect from 7 July 2008 and included in the consolidated balance sheet as at 31 December 2008. The book and fair values at the date of the gift are as noted below, valuing the gift at £367,000 which has been credited to incoming resources.

	Book values £'000	Alignment of accounting policies £'000	Fair values £'000
Debtors: legacies receivable	128	(115)	13
Debtors: other	3	–	3
Cash at bank and in hand	400	–	400
Creditors: grants payable	(45)	–	(45)
Creditors: other creditors	(4)	–	(4)
Net assets acquired	**482**	**(115)**	**367**
Purchase consideration: acquisition costs			–
Gift of Diabetes Foundation			**367**

The fair value adjustments relate to the alignment of accounting policies in respect of legacies receivable. The incoming resources and resources expended of the Foundation for the period from 1 July 2008 to the date of control passing were both £nil (year ended 30 June 2008: £374,000 and £554,000 respectively). The results of the Foundation post-control passing are given in note 24.

16. Tangible fixed assets

Group and Diabetes UK	Office equipment fittings & furniture £'000	Computer equipment & software £'000	Total 2008 £'000
Cost			
At 1 January 2008	1,105	1,691	2,796
Additions	148	419	567
Disposals	(1)	(59)	(60)
At 31 December 2008	**1,252**	**2,051**	**3,303**
Depreciation			
At 1 January 2008	(796)	(746)	(1,542)
Charge for the year	(161)	(335)	(496)
Disposals	–	48	48
At 31 December 2008	**(957)**	**(1,033)**	**(1,990)**
Net book value			
31 December 2008	295	1,018	1,313
31 December 2007	309	945	1,254

All tangible fixed assets are used for or to support charitable purposes. At the year end there were contracted capital commitments of £150,000 (2007: £59,000).

17. Investments

	2008 £'000	2007 £'000
Group and Diabetes UK		
Market value at 1 January	9,567	9,869
Acquisitions at cost	11,402	8,280
Disposal proceeds	(7,033)	(8,168)
Losses on investment assets	(2,195)	(414)
Market value at 31 December	**11,741**	**9,567**
Historical cost at 31 December	**11,741**	**9,718**
Represented by:		
Listed securities	3,368	5,593
Property funds	272	300
Treasury bills	8,049	–
Cash	52	3,674
Total	**11,741**	**9,567**

Investments which comprised more than 5% of the total market value of investments at 31 December 2008 were:

	2008 £'000	2007 £'000
M & G Investments, Charifund	628	927
AXA Framlington Equity Income GBP	689	1,314
Henderson UK & Europe Funds	664	–
J O Hambro Cap Mgmt Umbrella Fund UK	–	1,221
Standard Life Inv Equity Inc UK	749	1,097
Rathbone Income Fund SHS GBP	638	1,034
Treasury bills	8,049	–
UBS Cash	–	773
UBS Money Market Deposit	–	2,901

18. Debtors: amount falling due within one year

	Group		Diabetes UK	
	2008 £'000	2007 £'000	2008 £'000	2007 £'000
Trade debtors	871	1,075	800	1,030
Donation due from subsidiary undertaking	–	–	1,918	1,529
Other amounts due from subsidiary undertakings	–	–	64	–
Other debtors	709	1,166	709	1,166
Prepayments and accrued income	3,253	2,282	2,865	1,796
Total	**4,833**	**4,523**	**6,356**	**5,521**

19. Creditors: amount falling due within one year

	Group		Diabetes UK	
	2008	2007	2008	2007
	£'000	£'000	£'000	£'000
Trade creditors	442	299	443	299
Amounts due to subsidiary undertakings	–	–	1,557	896
Taxation and social security	190	50	180	50
Other creditors	434	466	434	465
Accruals and deferred income	3,918	2,510	3,584	2,321
Research grants creditor	6,818	6,080	6,818	6,080
Total	**11,802**	**9,405**	**13,016**	**10,111**

20. Funds

	At 1 January 2008	Incoming funds 2008	Funds used	Transfers and gains/ (losses)	At 31 December 2008
	£'000	£'000	£'000	£'000	£'000
General funds	11,613	26,531	(27,221)	(2,185)	8,738
Revaluation reserve	(151)	–	–	151	–
Pension reserve (see note 28)	(1,053)	–	270	352	(431)
Total unrestricted funds	**10,409**	**26,531**	**(26,951)**	**(1,682)**	**8,307**
Restricted funds					
Diabetes Foundation	–	617	(141)	–	476
Research funds	702	3,280	(3,389)	–	593
Care and information funds	(84)	2,330	(1,401)	–	845
Children funds	–	163	(163)	–	–
Warren fund	699	26	–	(161)	564
Total restricted funds	**1,317**	**6,416**	**(5,094)**	**(161)**	**2,478**
Total of unrestricted and restricted funds	**11,726**	**32,947**	**(32,045)**	**(1,843)**	**10,785**

Other adjustments include losses on investment funds recognised within general funds (£2,034,000) and the Warren Fund (£161,000), release of the revaluation reserve deficit to general funds (£151,000) and adjustments to the pension reserve (£352,000).

The Diabetes Foundation fund represents the reserves of Diabetes Foundation, whose objects are to support and advance research in the field of diabetes, particularly in that of juvenile (insulin dependent) diabetes. The research funds represent funds received and used to meet the direct costs of maintaining the research programme. The care and information funds are restricted to meeting the costs of maintaining the care and information. The children funds are restricted funds to be used to meet additional cost of holidays, parent/child weekends and other youth activities. The Warren Memorial fund is restricted to expenditure on projects which commemorate the names of Alec and Beryl Warren.

21. Total funds: Group and Diabetes UK

	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Total funds are invested as follows:			
Tangible fixed assets	1,313	–	1,313
Fixed asset investments	10,907	834	11,741
Current assets	8,320	1,644	9,964
Current liabilities	(11,802)	–	(11,802)
Defined benefit pension scheme liability	(431)	–	(431)
Total net assets	**8,307**	**2,478**	**10,785**

22. Operating lease commitments

	Property		Other	
	2008 £'000	**2007** £'000	**2008** £'000	**2007** £'000
Annual lease commitments under non-cancellable operating leases expiring:				
• within one year	27	27	13	–
• between two and five years	98	76	–	13
• after five years	646	677	–	–
Total	**771**	**780**	**13**	**13**

23. Commitments to spend: research grants

At 31 December 2008, Diabetes UK had entered into contracts in respect of expenditure on research amounting to £10,033,000 (2007: £9,559,000). These contracts are subject to an annual review process at which future funding is determined. Diabetes UK recognises grant expenditure on an annual basis as explained in note 1.

	2008 £'000	**2007** £'000
2008	–	2,933
2009	4,546	4,139
2010	3,813	1,645
2011	1,450	612
2012	224	230
Total	**10,033**	**9,559**

24. Subsidiary undertakings

	2008 £'000	2007 £'000
Investment in subsidiary undertakings	**40**	**40**

Diabetes UK has three wholly owned subsidiaries, BDA Research Limited, Diabetes UK Services Limited and Diabetes Foundation which are incorporated in the UK and registered in England. The financial statements of Diabetes UK Services and Diabetes Foundation are audited and filed at Companies House. BDA Research Limited did not carry out any business activity in the year. Their financial position is summarised below.

Profit and loss accounts for the year ended 31 December 2008	**Diabetes UK Services Limited**	
	2008 £'000	**2007** £'000
Turnover	2,542	1,998
Expenditure	(853)	(928)
Other operating income (net)	221	422
Interest receivable	6	37
Profit on ordinary activities before and after taxation	**1,916**	**1,529**
Profit donated to Diabetes UK	(1,916)	(1,529)
Net income	**–**	**–**

	Diabetes Foundation		
	2008 £'000		
Incoming resources	250		
Resources expended	(141)		
Net incoming resources	**109**		
Summarised Balance Sheets as at 31 December			
Current assets	547	2,284	1,758
Creditors: amounts falling due within one year.	(71)	(2,244)	(1,718)
Net assets	**476**	**40**	**40**

Note: the results for the Diabetes Foundation are for the six month period ended 31 December 2008.

Diabetes UK's investment in BDA Research Limited is £2, being the whole of the issued share capital of that company. BDA Research Limited has net assets and called up share capital of £2 as at 31 December 2008 (2007: £2). Diabetes UK's investment in Diabetes UK Services Limited is 40,003 ordinary shares of £1 each, being the whole of the issued share capital of that company. Diabetes UK Services Limited has net assets and called up share capital of £40,003 as at 31 December 2008 (2007: £40,003).

Diabetes UK's investment in Diabetes Foundation is £nil (see note 15).

25. Result for the year under the historical cost accounting convention

	2008 £'000	2007 £'000
Net income	902	1,459
(Loss)/gain on sale of investments calculated under the historical cost accounting convention	(2,044)	1,283
(Loss)/surplus under the historical cost accounting convention	**(1,142)**	**2,742**

26. Members

The legal members of the company are the members of the UKAC as explained in the trustee report. The liability of the members is limited to £1 per member.

27. Legacies

The value of legacies notified to the charity but which do not meet the recognition criteria (and so are not accounted for within the financial statements) is approximately £5.99 million (2007: approximately £6.73 million).

28. Pensions

Defined contribution scheme
The charity contributes towards a defined contribution scheme. The cost of this scheme is charged to the SOFA and amounted to £499,000 (2007: £396,000). The scheme did not give rise to any provison.

British Diabetic Association Pension and Life Assurance Scheme
The charity sponsors the British Diabetic Association and Life Assurance Scheme, a funded defined benefit arrangement which closed to future accrual on 31 August 2004. This is a separate trustee administered fund holding the pension scheme assets to meet long-term pension liabilities for some 76 current and former employees with entitlements to preserved benefits. Pensions in payment are secured by annuity purchase at retirement. The level of retirement benefit is principally based on salary earned in the last three years of employment before the cessation of accrual.

The trustees of the scheme are required to act in the best interest of the scheme's beneficiaries. The appointment of the trustees is determined by the scheme's trust documentation.

A full actuarial valuation showed a deficit of £2,598,000. The employer has agreed with the trustees that it will aim to eliminate the deficit over a period of 10 years from 1 January 2008 by the payment of annual contributions of £337,200. In addition, the employer has agreed with the trustees that it will meet the expenses of the scheme and levies to the Pension Protection Fund.

The next valuation is due at 1 January 2011. For the purpose of FRS17, the actuarial valuation as at 1 January 2008 was carried out by a qualified independent actuary and has been updated on an approximate basis to 31 December 2008.

28. Pensions (continued)

Present value of scheme liabilities, fair value of assets and deficit.

	2008 £'000	2007 £'000	2006 £'000
Fair value of scheme assets	5,176	5,516	5,084
Present value of scheme liabilities	(5,607)	(6,569)	(7,081)
Deficit in scheme	**(431)**	**(1,053)**	**(1,997)**

The present value of scheme liabilities is measured by discounting the best estimate of future cash flows to be paid out by the scheme, using the projected unit method. The value calculated in this way is reflected in the net liability in the balance sheet as shown above.

A further measure of the scheme liabilities is the solvency basis, often taken as an estimate of the cost of buying out benefits at the balance sheet date with a suitable insurer. This represents the amount that would be required to settle the scheme liabilities were the employer no longer to fund these liabilities on an ongoing basis. The last full actuarial valulation prepared for the trustees of the pension scheme at 1 Janaury 2008 showed that the estimated value of liabilities on the solvency basis was £10,877,000 compared with assets at the same date of £5,262,000.

Reconciliation of opening and closing balances of the present value of the scheme liabilities

	2008 £'000	2007 £'000
Scheme liabilities at 1 January	6,569	7,081
Interest cost	385	362
Actuarial losses (gains)	(841)	(636)
Benefits paid	(506)	(238)
Scheme liabilites at 31 December	**5,607**	**6,569**

Reconciliation of opening and closing balances of the fair value of the scheme assets

	2008 £'000	2007 £'000
Fair value of scheme assets at 1 January	5,516	5,084
Expected return of scheme assets	343	280
Actuarial gains (losses)	(489)	78
Contributions by employer	312	312
Benefits paid	(506)	(238)
Fair value of scheme assets at 31 December	**5,176**	**5,516**

The actual return on the scheme assets over the period ended 31 December 2008 was (£146,000) (2007: £358,000).

Total expense recognised in SOFA

	2008 £'000	2007 £'000
Interest cost	385	362
Expected return of scheme assets	(343)	(280)
Total expense recognised in SOFA	**42**	**82**

28. Pensions (continued)

Statement of recognised gains and losses	2008 £'000	2007 £'000
Difference between expected and actual return on scheme assets: (loss)/gain	(489)	78
Experience gains arising on the scheme liabilities	349	18
Effects of changes in the demographic and financial assumptions underlying the present value of the scheme liabilities: gain	492	618
Total amount recognised in the statement of recognised gains and losses: gain	**352**	**714**

The cummulative amount of actuarial gains and losses recognised in the statement of total recognised gains and losses since the adoption of FRS17 is £548,000.

Assets	2008 £'000	2007 £'000	2006 £'000
Equities	933	1,025	682
With profits policy	4,190	4,490	4,402
Cash	53	1	–
Total assets	**5,176**	**5,516**	**5,084**

None of the fair values of the assets shown above include any of the charity's own financial instruments, any property occupied by the company or any other assets used by the company. It is the policy of the trustees and the charity to review the investment strategy at the time of each funding valuation. The trustees' investment objectives and the processes undertaken to measure and manage the risks inherent in the scheme's investment strategy are documented in the scheme's Statement of Investment Principles.

Assumptions	2008 % per annum	2007 % per annum	2006 % per annum
Inflation (RPI)	2.90	3.20	3.10
Rate of discount	6.30	5.90	5.20
Allowance for pension in payment increases of RPI or 5% if less	2.90	3.20	3.10
Allowance for revaluation of deferred pensions at RPI or 5% if less	2.90	3.20	3.10
Allowance for commutation of pension for cash at retirement	None	None	None

The mortality assumptions adopted at 31 December 2008 imply the following residual life expectancies at age 62:

Male retiring at aged 62 in 2028	28.8 years
Female retiring at aged 62 in 2028	31.2 years
Male retiring at aged 62 in 2008	26.6 years
Female retiring at aged 62 in 2008	29.2 years

Expected long-term rates of return

The long-term expected rate of return on cash is determined by reference to UK long dated government bond yields at the balance sheet date. The long-term expected rate of return on equities is based on UK long dated government bond yields with an allowance for out performance. The long-term expected rate of return on the with profits policy has been set by consideration of the bonus strategy of the with profits fund.

28. Pensions (continued)

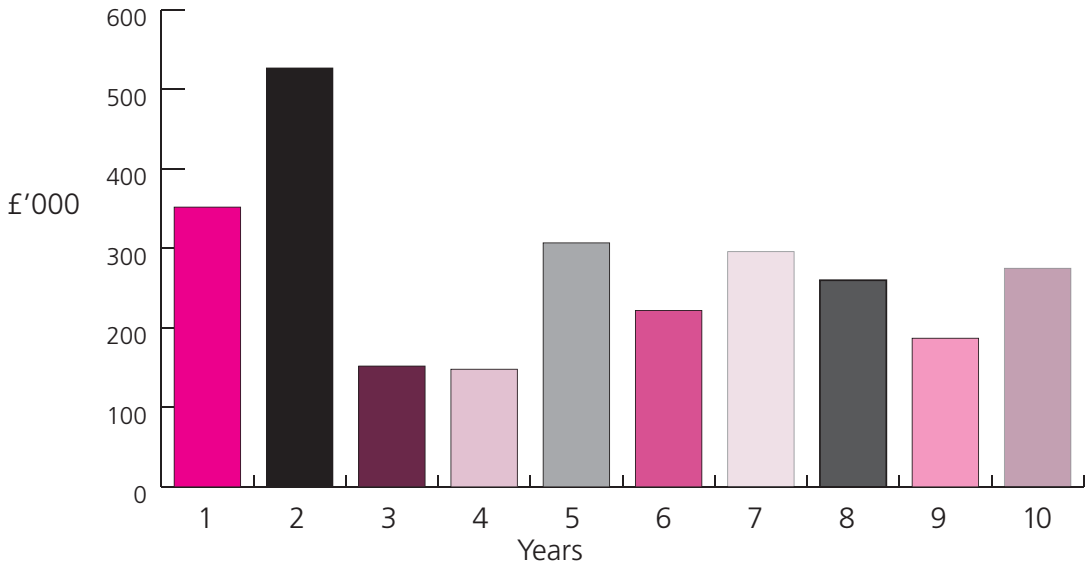
The expected long-term rates of return applicable at the start of each period are as follows:	2009 % per annum	2008 % per annum	2007 % per annum
Equities	7.20	7.40	6.50
Cash	3.40	n/a	n/a
With profits policy	5.00	5.80	5.30
Overall for scheme	5.38	6.10	5.46

Analysis of the sensitivity of the value of the scheme liabilities to the principal assumptions

Assumption	Change in assumption	Approximate impact on scheme liabilities
Discount rate	Increase/decrease of 5% pa	Decrease/increase by 12.5%
Rate of inflation	Increase/decrease of 5% pa	Increase/decrease by 5%
Rate of mortality	1 year increase in life expectancy	Increase by 1.5%

Duration of the liabilites and expected benefits payable

It is estimated that the average duration of the scheme liabilites is 23 years. The benefits payable by the scheme are expected to be payable as follows:



Amounts for the current and previous four periods	2008 £'000	2007 £'000	2006 £'000	2005 £'000	2004 £'000
Fair value of assets	5,176	5,516	5,084	4,575	4,184
Present value of scheme liabilities	5,607	6,569	7,081	7,306	6,390
Surplus (deficit) in scheme	(431)	(1,053)	(1,997)	(2,731)	(2,206)
Experience adjustment on scheme assets	(489)	78	149	22	13
Experience adjustment on scheme liabilities	349	18	17	321	(182)

The best estimate of contributions to be paid by the employer to the scheme for the period beginning 1 January 2009 is £337,200.

Legacies

We were sad to hear of the death of the following people during the year but we are very grateful to have been remembered in their wills.

Mrs D Adams
Ms EMS Adams
Mrs B Addinall
Mrs E Adger
Mrs BS Allen
Mrs CH Allen
Miss JM M Allen
Mrs DM Allsopp
Mr KT Almond
Mrs GE Anderson
Mrs HH Anderson
Mr FG Angell
Mrs DB Arundel
Ms M Ashmore
Mrs NE Aspland
Mrs M Astley
Mrs AJ Atkinson
Ms SJ Baines
Mr F Baker
Mrs JB Baker
Mr KP Baker
Ms RYF Baker
Mr VER Baker
Mrs JE Ball
Ms MM Barber
Mr N Barber
Ms ME Barnes
Mrs W Barnes
Mrs YE Barnett
Ms AM Barr
Mrs MB Bartlett
Ms CMP Bateman
Miss PA Bawden
Mr PA Beacham
Mr RCF Beales
Ms PM Beattie
Mrs BM Bennett
Mr T Bennett
Mr HJ Bentley
Mr WE Berryman
Miss FJ Beskeen
Mrs M Bewick
Mr F Bibby
Ms S Bird
Miss HGB Blackie
Mr DA Blackmore
Ms BM Blake
Mrs JM Bland
Ms JMG Blyth
Mr KW Bodfish
Ms DIM Bonney
Mrs N Bose
Mr AE Bostock
Mrs V Brackenbury
Mrs M Bray
Mr KW Bridgwater
Mrs DM Brookes
Mr VD Brooks
Mr C Brown
Mrs DH Burningham
Miss MG Burroughes
Mrs DG Burton
Mrs PJ Byford
Mr J Calderwood
Mrs EB Callaghan
Captain DVM Cameron
Ms ME Campbell
Mr TW Cannell
Miss GM Carden
Mr ENH Carpenter
Mrs L Carradice
Mr AJ Carroll
Ms VD Cato
Mr BA Chadwick
Mr R Chadwick
Ms BC Chalkley
Mr GLG Chapman
Miss GM Chapman
Mrs WE Chesworth
Miss M Chipperfield
Mrs ME Chrimes
Ms EA Churchill
Mrs BS Clamp
Mr AJ Clarke
Mr F Clarkson
Mrs JM Clayton
Mrs AC Cledwyn-Davies
Ms C Clemitson
Mr JN Clitheroe
Mr BCoburn
Miss RA Cockayne
Mr WW Coe
Ms AJ Coffee
Ms EG Coleman
Ms LP Coleman
Mrs MH Coleman
Ms GAP Collyer
Mrs B Connor
Mrs H Connor
Ms K Cook
Miss DE Corps
Mr A Cowie
Mr SB Craddock
Mr AN Cranmer
Ms FE Crawford
Mrs F Cronin
Mr D Croot
Ms MR Crump
Mrs EB Cummins
Mrs AM Cunningham
Mr RSE D'Alquen
Ms M Daltroff
Miss EL Daniels
Mr DG Davies
Miss N I Davies
Mrs P R Davies
Mr T Davies
Mrs E M Davis
Mr DI Dean
Mrs G Dewhurst
Mrs EA Diaper
Mr A Dixon
Mr SJ Dobson
Mrs A Doherty
Dr PJ Doherty
Mr J Donelan
Miss MO Douglas
Mr IC Drew
Ms M Drummond
Ms BM Ducat-Amos
Mrs M Dugdale
Dr EM C Dunlop
Miss LM Dyson
Miss RF Earrey
Mrs MV Eastwood
Mr L Eaton
Mr E Eddon
Ms PM Eden
Mr AC Edwards
Mr DB Edwards
Mrs JC Elstone
Mrs NC Emes
Mrs O Emmott
Ms SE Esler
Mr GDA Evans
Ms P Evans
Mr AC Everest
Mrs DM Ewing
Mr NFG Farnworth
Mrs D Farrall
Mrs OP Fasham
Miss JB Ferrans
Mrs GE Ferris
Ms KF Finch
Mrs L Fitton
Mrs MF Flemmich
Mr EE Foley
Mrs BA Foster
Mr AJ Fox
Ms BM Fox
Mr J Foxall
Mr JA Franklin
Mr JM Fraser
Mrs EM Freestone

Legacies

Mrs DE Frizell
Mrs BS Fussell
Mr E Gailor
Mrs EF Gale
Mr JJ Galloway
Mrs LM Garbutt
Mrs ML Garner
Mr DJ Gaskin
Mrs MR Gazder
Ms F George
Mrs M Gibb
Mr RS Gibbons
Miss G Giggal
Miss FW Gilbert
Mr JB Glendinning
Mrs MJ Godden
Ms KR Gollings
Mr LA Goss
Mr P Graham
Mr HG Grant
Miss IL Gray
Ms EF Green
Mr JR Green
Mr RH Green
Mr S Greenfield
Mr K Gregory
Mrs CJ Griffiths
Mrs M Griffiths
Mrs MME Grist
Mr E Gruenwald
Mr GHR Gwatkin
Mr EM Hadwen
Mr GM Hall
Mrs AR Ham
Miss WM Hamilton
Mr AW Hammersley
Ms RW Handel
Mrs RE Handley
Ms GY Harding
Miss DM Harper
Mrs BD Harris
Mr R Harris
Mrs EM Hartman
Mr FAH Hartry
Mr J R Harvey
Mrs M Harwood
Mr J Hay
Mrs AA Hayot
Ms WE Head
Mr JR Hearnshaw
Mr C Heathcote
Miss KR Hemsley
Mr SJ Hensley
Ms AM Henson
Mr KJ Hester
Mr DH Hewart
Mr DHickey
Mrs N Hide
Mr F S Hill
Mrs IE Hill
Mr TN Hobbs
Mrs SM Hodgkins
Mr A Hodgkinson
Dr EC Holdsworth
Ms M W Hole
Mrs JE Holland
Miss P Holmes
Mrs J Holt
Miss MIA Honeywood
Miss JP Hopkins
Mrs M Horsfall
Ms BA Houseman
Mrs N Hulmston
Mr GST Hurry
Mr G Hutchinson
Miss P Hutchinson
Mrs DCH Hutts
Mrs CKB Imrie
Miss D Ireland
Miss R Jacques
Ms EM Jagger
Mr HV James
Mr PS Jariwala
Mrs MK Jeeves
Mrs JG Jeffs
Mrs PJ Jessop
Ms GMM Johns
Ms BW Johnson
Miss JL Johnson
Mr R Johnson
Mr RRC Johnson
Mrs AL Jones
Mrs BF Jones
Miss BRA Jones
Mr DE Jones
Mrs E Jones
Mr I Jones
Ms MA Jones
Mrs MM Jones
Ms O Jones
Mr WR Jones
Mr L Karacachian
Ms B Kaye
Miss MKM Kearns
Mr M Keatley
Ms JD Keen
Mr AMR Kemsley
Mrs D Kendall
Miss M Kerswell
Mrs BI Kessack
Mr H Kessack
Ms S Kiely
Mrs PJ King
Mrs B Kirk
Mr WL Klaassen
Ms ME Knibbs
Ms EC Knight
Mr AA Kurtz
Mr PJ Lampard
Miss EA I Lancey
Mrs HM Lane
Mr J Langford
Mrs S Langran
Mr JEAT Lappin
Mr LH Latham
Mr GM Lefevre
Mr R Leggat
Mrs HB Lester
Mrs T Lewis
Mr KSB Ley
Mr KJ Lilbourn
Miss ME Lilliman
Mrs NA Lind
Mrs V Lindsay
Mr EW Linington
Ms M Lockyer
Miss AD Lomas
Mrs VR Lomas
Ms FA Lord
Mr TP Louth
Mrs DS Lowe
Mr DA Lowle
Ms L Lowrie
Mr JA Lunn
Mr JM MacKay
Mrs CC MacLean
Mrs MIT Major
Mr DMJP Manley
Mr E Martin
Mrs LR Massey
Mr WR Mathers
Ms HAM Mathieson
Mr TL Bennett MBE
Mr D J McCarthy
Mr C McClure
Miss S McGlinchey
Mrs P McGregor
Mrs E Meyer
Ms RM Middleton
Prof AEW Miles
Mr A Miller
Mrs DM Miller
Mr L Miller
Mr RH Milner
Miss CP Mitchell
Mrs PM Mitchell
Mrs EI Mizen
Mrs I Moat
Mr ER Moore
Ms SM Morris
Mr J Morrison
Mr LG Nason
Mr GE Naylor
Mr WG Newman
Mrs GM Newsome
Mr EU Nixon
Mrs SKS Norris
Mr HJ Nunn-Brown
Mrs V O'Boyle
Mrs PM O'Hare

Legacies

Miss PM O'Neill
Mrs PM Orchard
Mr LH Owen
Mr L Owen
Mrs M Oxley
Ms C Paige
Mr BA Pare
Mrs MI Pargeter
Mr EG Parkin
Mrs I Parkin
Mrs M Parsons
Mrs LK Paull
Mrs EM Pearson
Mrs KM Peck
Mr WA Pegg
Mrs G Pell
Mrs R Pepper
Mrs ME Peters
Mrs DL Phillips
Ms EL Phillips
Mrs JD Phillips
Mrs OM Phillips
Ms MR Piper
Mrs DM Platt
Mr JWW Platts
Mr VC Pogue
Mrs EA Pointer
Miss M Potter
Mr AE Pout
Miss DG Powell
Ms D Powell
Miss JM Powell
Mrs A Power
Mr GG Pratt
Mrs EA Price
Ms NA Prosser
Mr SW Read
Ms EM Reade
Ms GA Rees
Mrs BM Reilly
Ms NB Rennett
Mrs DM Rhodes
Ms M Riley
Mr BH Roberts
Mr E Robertson
Ms A Robinson
Mr M Robinson
Mrs NJ Robinson
Mrs VIG Robinson
Mrs BD Rogers
Mr J Rosenberg
Miss HN Rowe
Captain JL Rowe
Ms NPT Rowe
Mrs J Rylance
Mrs KE Sainsbury
Mrs P Saville
Ms EL Schofield
Mrs EM Scott
Mr JA Scott
Mrs VM Scott
Mr BE Sedgwick
Mrs N Selman
Mrs EP Setterington
Ms E Shaw
Mr HS Shaw
Mrs M Shaw
Mrs MW Shaw
Mr PA Simmons
Mrs MME Simpson
Mrs BM Skinner
Ms LA Skinner
Mrs VA Small
Mrs B Smith
Mr DG Smith
Mr DH Smith
Mrs EM Smith
Mrs F Smith
Mrs GA Smith
Mr ML Smith
Miss M Smith
Mr RI Smith
Mr JW Smithard
Ms SG Snowball
Mr EJ Solman
Mrs N Soper
Mrs HJA Spence
Miss DE Squibb
Mrs EM Staines
Mr R Stanbanks
Miss E Stanbrook
Mrs GA Stanley
Mrs HA Stanley
Dr EJ Stern
Mr GJ Stevens
Mr IF Stewart
Mrs R Stott
Ms YP Stott
Ms MI Stringer
Mrs AF Sutton
Mrs EE Swann
Mrs V Sykes
Mr HEJ Tandy
Miss PM Tarling
Mrs AV Taylor
Mr K Taylor
Mr LG Taylor
Mr J & Mrs Teale
Mr DG Thomas
Miss D Thomas
Mrs DT Thomas
Mr D Thomas
Ms T Thomas
Mrs ID Thompson
Mrs PR Thorogood
Miss J Ticehurst
Ms V Tipton
M Titley
Mr PW Tolhurst
Mr ER Town
Mrs DE Towner
Mrs DE Towner
Mr WH Townsend
Mrs PC Treble
Mr RCJ Treble
Mr AD Troman
Miss DE Tunks
Mr SF Turk
Ms F Turner
Mr BB Uglow
Mr RA Uncles
Ms Upton
Mrs JV Vagg
Ms PD Vowles
M AP Walden
Mr DR Walden
Mr CG Walton
Mrs C Walton
Mr M Walton
Ms I D Ward
Mr S Ward
Miss P Wareham
Mr W S Warner
Mrs I Watkin
Mr E J Watkins
Mr JR Watson
Miss MT Watts
Mr G Weatherley
Mr PJ Webb
Miss CR Webster
Mr DAS Wellington
Ms PO Wellington
Ms H West
Mr RF Whalley
Mrs CG Wheatley
Mr JH White
Mrs MPG Whitehouse
Mrs BL Whiteley
Mrs MM Wickins
Ms MG Wilder
Mr SG Wilkinson
Mrs BB Williams
Mr MG Williams
Mrs NM Williams
Ms WM Williams
Mrs C Wilson
Mrs EW Window
Ms V Windsor
Mrs R Winter
Mrs B Wood
Mrs G Woodcock
Mrs GW Worville
Ms EC Wright
Mr NE Wright
Mr J Wyatt
Ms MS Young
Mr AB Youngman

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