Diabetes UK

Report and financial statements 2010

The British Diabetic Association operating as Diabetes UK

Contents

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Chair's introduction

Diabetes is one of the biggest health challenges facing the UK. More than 2.8 million people in the UK have been diagnosed with diabetes and it is estimated that a further 850,000 people have the condition but do not know it. Not that long ago, in 1996, the number of people diagnosed was 1.4 million. This is a staggering increase and diabetes now costs the NHS nearly £10 billion a year – approximately 10 per cent of its budget – both to treat the condition and its complications. It's estimated that more than five million people will have diabetes in the UK by 2025. Those who live with the condition may face a range of serious complications – including cardiovascular disease, stroke, blindness, kidney disease and amputations – though many of them are avoidable with good quality care and good self-management. It is vital that those currently undiagnosed with diabetes are identified so that treatment can help prevent the complications.

Diabetes UK is the UK's leading charity for people living with diabetes and each year our work becomes more important. With the coming reorganisation of the NHS in England, the charity is the one fixed point for all people with diabetes and their carers. It is therefore critical that we represent the interests of people with diabetes, support them with services and information and highlight areas where care needs to be improved. We also need to grow our income so that we can respond to the challenges ahead.

Our efforts to foster high class research continue unabated. Much of this is directed at improving day to day care of people with diabetes whilst other projects are directed at the long hard road to finding a cure – both for Type 1 and for Type 2 diabetes. Despite the difficult financial climate we are making every effort to sustain our research support. Over the last five years we have awarded research grants totalling just under £30 million – 43 per cent related to Type 1 diabetes and 54 per cent related to Type 2 diabetes.

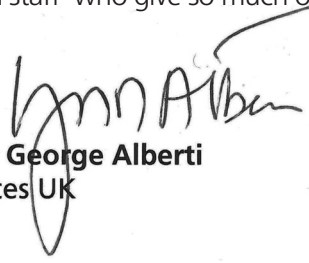
We were able to continue our successful Roadshow programme in 2010, staging 79 events across the UK, risk assessing 10,000 people for diabetes and talking to many more about the condition. We couldn't run this number of events without the valuable support of our volunteers and I'm delighted to say that during 2010 we recruited and trained 450 Event Volunteers who helped to stage the Roadshows. The value of our Roadshows has been recognised by the Big Lottery Fund which will help fund them over the next two years.

Volunteers continue to be central to the charity's work whether it is those who are active in our Voluntary Groups, Event Volunteers, those who help to campaign in their local area for better care for people with diabetes, or many others. In 2010 we were able to recruit and train 99 people to act as 'Community Champions'. These are volunteers who raise awareness of diabetes and promote healthy lifestyles to the Black, Asian and ethnic minority communities who are more at risk of developing Type 2 diabetes. In all we work with over 17,000 individual volunteers and 351 Voluntary Groups UK-wide.

One of our major challenges in 2011 is how the charity responds to the significant changes proposed to the structure of the health service in England. After consulting our members we have responded to the Department of Health voicing our concerns about the need to involve people with diabetes in the design of services and to ensure services are integrated around their needs. We are working to ensure that we eventually have a Diabetes UK volunteer or staff member at every table where decisions about care will be made in future, supported to engage with the distinctive issues in each of the four countries of the UK.

In November I was delighted to welcome Barbara Young as Chief Executive of the charity who brings with her a wealth of healthcare and charity experience. She replaced Douglas Smallwood who worked tirelessly during his six year tenure and significantly raised the influence and income of Diabetes UK. My fellow trustees and I offer our sincere thanks to Douglas for his major contribution and commitment to the charity and to people living with diabetes.

Finally, my thanks go to our trustees, advisory councils, working groups, advisory networks, all our other volunteers and staff who give so much of their time and effort to the cause. Together we will defeat diabetes.



Professor Sir George Alberti
Chair, Diabetes UK
26 May 2011

Diabetes in context

Type 1 diabetes develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin. It can develop at any age but usually appears before the age of 40, and especially in childhood. Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). It usually appears in people over the age of 40, though in South Asian and Black people, who are at greater risk, it often appears from the age of 25. It is also increasingly becoming more common in children, adolescents and young people of all ethnicities.

Since 1996 the number of people diagnosed with diabetes in the UK has doubled from 1.4 million to 2.8 million, including an increase of 140,000 people in the last year alone. It is estimated that there are also 850,000 people who are undiagnosed. This continued increase has led experts to revise their estimate of the future prevalence of diabetes and it is now estimated that more than five million people will have diabetes in the UK by 2025. The vast majority of these cases will be Type 2 diabetes, linked to our ageing population and the increasing number of overweight and obese people, but we are also seeing a rise in the number of children with Type 1 diabetes, especially under the age of five, and it is now estimated that there are 29,000 children under 18 in the UK with diabetes.

Across the UK the overall prevalence of diabetes is now 4.26 per cent of the adult population. Within the adult population of the UK with diabetes, we estimate that 10 per cent have Type 1 diabetes and 90 per cent have Type 2.

The complications of diabetes are serious. Diabetes is now the major cause of amputation, blindness, stroke and kidney failure.

There are many examples of excellent diabetes care and people living full and successful lives with diabetes. However care is variable across the UK and not all people with diabetes receive the agreed national standards of care.

- 68 per cent of people with Type 1 diabetes and 49 per cent of people with Type 2 do not get the nine recommended health checks.
- The National Diabetes Audit in England/Wales showed that over 16 per cent of people with diabetes have very high risk of future complications with an HbA1c of over 86 mmol/mol (10%). HbA1c is a measure of overall diabetes control. For most people with diabetes the ideal target is to achieve an HbA1c below 48 mmol/mol (6.5%). The audit also found that children and young people still have the highest levels of HbA1c in Europe. These findings are reflected in Scotland and Northern Ireland as well.
- End stage renal failure in people with diabetes has almost doubled in six years, a figure that could be reduced if there was more comprehensive testing of microalbuminurea – a simple test that can be done at a GP surgery.
- Three people are diagnosed in the UK with diabetes every 10 minutes yet we know that 60 per cent of people with impaired glucose regulation (who are at high risk of developing the condition) will not develop Type 2 diabetes if given appropriate lifestyle interventions.
- There is a growing concern over the level of specialist care support available across the UK. Recent surveys suggest that 1,200 clinical hours of podiatry time are currently being lost through vacant and frozen posts; 9 per cent of dietetic services have no posts working exclusively for diabetes; 43 per cent of vacant diabetes specialist nurse (DSN) posts are unfilled due to costs saving initiatives in trusts
- In 2010 30 per cent of Primary Care Trusts (PCT) in England had no commissioning plan taking into account a comprehensive population needs assessment for diabetes. With plans to further diversify NHS services and a move to smaller commissioning clusters, this is of concern for the commissioning of appropriate diabetes services for the whole diabetes community.

Aims and objectives

The work of Diabetes UK is governed by the Memorandum and Articles of Association which include the charitable objects listed below. In 2010 we undertook a wide and diverse range of activities to achieve our charitable objects for the public benefit. We plan and deliver these activities with a focus on our three priorities, 'Quality care for all', 'Healthy lifestyle' and 'Research for a better life', as outlined below:

Charitable object	Priority
1 To provide relief for people with diabetes and its related complications, and for those who care for them	Quality care for all Research for a better life
2 To promote the welfare of people with diabetes and its related complications, and of those who care for them	Quality care for all Healthy lifestyle
3 To advance the understanding of diabetes through the education of people with diabetes and the healthcare professionals and others who care for them, and the general public	Quality care for all Healthy lifestyle
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	Quality care for all Healthy lifestyle Research for a better life

We could not carry out our activities for the public benefit without also focusing on the two areas that support these frontline sectors: **fundraising** and our **people – both staff and volunteers.**

Our Mission

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

Public benefits of our activities

Diabetes UK undertakes a wide range of activities, all of which aim to further its charitable purposes for the public benefit. A review of the main activities, achievements and benefits of 2010 can be found on pages 6–13.

Our charitable objects limit our work to providing relief for, and promoting the welfare of, people with diabetes and those who care for them. Our objects do not, however, limit the groups of people to whom we provide education about diabetes and raise awareness of the condition. For example, there are no restrictions on who can join Diabetes UK, phone our Careline to obtain professional support from trained counsellors, or attend a local support group.

Access to some of our services is limited by our capacity to provide them. There is, for example, a limit to the number of care events we can run, since these are delivered by healthcare professionals and trained volunteers. Where an event is oversubscribed, we give priority to applicants who have not attended one before. All our care events are provided to beneficiaries at a heavily subsidised cost; for applicants who cannot meet the cost of the event, we provide information on accessing a range of likely funding sources. We also offer a full or part bursary to those who have been unable to access other funding.

We review the aims, objectives and activities of Diabetes UK each year during a Board away-weekend. We also review the performance of the charity in carrying out its activities and delivering its intended benefits over the preceding 12 months. In reviewing our aims and objectives and setting our priorities each year, we have regard to the Charity Commission's general guidance on public benefit.

Delivery of our 2010 plan: Quality care for all

Diabetes UK wants to ensure that everyone diagnosed with diabetes receives the most effective care realisable according to national standards/guidelines and that all public and private institutions act inclusively for all those living with diabetes and do not tolerate discrimination of any kind.

Key objectives for 2010

- A definition of good quality integrated care, including how this should be delivered.
- An assessment of current standards of care for all sections of the community for each NHS organisation.
- Discussions will have taken place with every NHS organisation regarding an improvement in at least one area of care, and where possible an agreed work plan to do this.
- A cross-organisational work plan to overcome at least one major area of inequality or discrimination that affects the quality of life of people living with diabetes.
- Influencing care policy across the UK.
- An annual professional conference for 3,000 healthcare professionals.
- A portfolio of information available to download free (including previously charged-for information) to support people living with diabetes in all stages of the diagnosis and healthcare professionals.
- A well marketed Careline service responding to 33,000 or more enquiries every year and investigating areas for future development.
- 350 children and 100 families living with diabetes attending support events.

Activities and achievements in 2010

- Each of the four nations of the UK has standards in place for the delivery of diabetes care but there is variation in how these standards of care are presented and used. Diabetes UK therefore has developed a set of Measuring Diabetes Standards as a method of assessing and monitoring the real delivery of services in different areas of diabetes care, to ensure that people are aware of the level of quality they are, or should be, receiving. These will be rolled out locally throughout 2011.
- Diabetes UK has been closely monitoring and responding to the major changes proposed to the structure of the health service in England announced in 2010. As well as consulting with our members, we also responded to the Department of Health, voicing our concerns and taking part in discussions. As part of that work, we have been meeting with local commissioners and providers of care and, in England, 145 Individual Engagement Plans related to specific areas of care had been agreed with the 151 Primary Care Trusts.
- In 2010 Diabetes UK focused on the discrimination faced by elderly people with diabetes living in residential care. A report was produced with key recommendations to improve the management of people with diabetes in care homes. Discussions with the Care Quality Commission who monitor standards in residential care have been held and we will work to promote the implementation of the report in 2011.
- Diabetes UK works hard to influence the healthcare agenda in all four nations. In England we worked in conjunction with other charities to shape the Quality, Improvement, Productivity and Prevention (QIPP) agenda which is trying to save £20 billion for the NHS. We have also successfully influenced the Department of Health on issues such as personal health budgets, choice and the importance of information for service improvement.

- Our Diabetes UK Annual Professional Conference was again a great success in 2010 with over 3,000 delegates and very positive feedback from the healthcare professionals who attended. We also worked to support those working in Primary Care with the launch of our Diabetes UK GP Surgery Network. About 2,000 practices have now joined the Network and receive regular information updates on the latest developments in diabetes care. We also sent all Network members *Diabetes in Primary Care*, a new medical education resource accredited by the Royal College of Nursing, which comprehensively covers all aspects of diabetes and effective clinical management.
- In 2010 we started a full strategic review of our information provision. We moved 60 per cent of our information online to make it more easily accessible to a wider range of people with diabetes. We also redesigned our magazines *Balance* and *Diabetes Update* in response to feedback from readers. Information is only valuable if it can be used by the people who access it. Therefore in 2010 we started evaluating the impact of individual publications.
- Our Careline service continues to support people with any concerns or questions about diabetes and we dealt with nearly 33,000 enquiries in 2010. We are also directly linked to NHS Direct so can seamlessly pass calls of a more clinical nature through to that service.
- Our care events once again supported children and their families, especially those coming to terms with their diagnosis of diabetes. As well as holidays, we also ran weekend events. The events need approximately 300 volunteer staff to run them and once again we express our great thanks to those people, both lay and healthcare professionals, who willingly give their time to enable us to do this.

Delivery of our 2010 plan: Healthy lifestyle

Diabetes UK works to encourage lifestyle changes, in partnership with the Government, the NHS, the media and other civil society agencies, to prevent:

- the development of complications with Type 1 and Type 2 diabetes
- the development of Type 2 diabetes.

Key objectives for 2010

- A total of 79 Roadshows, with risk assessments being undertaken at all of them; increased use of volunteers to deliver the events; cooking demonstrations or dance sessions incorporated into at least five Roadshows.
- Baseline and success metrics for Eat Better, Move More campaign.
- Development of a buddy service to support the newly diagnosed, to be ready for launch in 2011.
- Deliver two campaigns aimed at public bodies to ensure the appropriate public resources are committed to issues of relevance to people with diabetes and those at risk of diabetes, as prioritised during the year.

Activities and achievements in 2010

- In 2010 we held 79 Roadshows across the UK and risk assessments took place at all of them with more than 10,000 people being risk assessed in total. Four hundred and fifty special Event Volunteers were recruited and trained to help deliver the Roadshows of which five were Super Roadshows incorporating dietary advice and dance sessions. Media coverage for the Roadshows achieved 16 million opportunities to see through 196 articles.
- We established a research programme that has enabled us to monitor people's attitudes to eating more healthily and exercising more as part of the Roadshow programme.
- In 2010 we delivered two campaigns relevant to people with diabetes and those at risk of diabetes:

  1. *The Children's Charter petition*

  The Children's Charter petition, launched at the end of August 2010, now has over 6,000 signatures. The petition demands that children and young people with diabetes are respected, involved, understood and supported and calls on the Government to facilitate the implementation of the Children's Charter.

  2. *Diabetes in Care Homes*

  To mark World Diabetes Day and to highlight the importance of high quality provision and standards of diabetes care in care homes in England, Diabetes UK launched a report *Diabetes in Care Homes: Awareness*, *Screening, Training* at a Parliamentary reception hosted by Adrian Sanders MP in November. The reception, attended by over 30 parliamentarians was followed up by parliamentary activity including an Early Day Motion (EDM 1002) which has now been signed by over 50 MPs.

Delivery of our 2010 plan: Research for a better life

Funding research is a major activity for the charity and we fund research aimed at 'care and treatment', 'cause and prevention' as well as research towards a cure. We aim to ensure that the care and treatment of people with diabetes benefits as directly and quickly as possible from groundbreaking research, whether funded by Diabetes UK or others.

Key objectives for 2010

- A Research Strategy for 2011-2015 including measurable targets for research for the short-, medium- and long-term over the next five years linked to Diabetes UK's mission and five year priorities.
- Proactive funding of new avenues of research to improve services, service delivery and self-management.
- A high quality research portfolio.
- Promote and build on the outcomes of the 2nd Frontier meeting focusing on research towards a cure for Type 1 diabetes.
- Continued support for careers of clinicians and basic scientists in diabetes research through effective use of studentship and fellowship grants, networking events and other activities.

Activities and achievements in 2010

- During 2010, much of the work of the newly formed Science and Research Advisory Group was taken up with preparing a new research strategy. The group, made up of 10 people living with diabetes and 10 researchers, clinicians and allied healthcare professionals, did a fantastic job identifying and refining research goals under each of the three key strategic priorities agreed by the Board. The Research Strategy 2011–15, *Working Together Towards a Future Without Diabetes and its Complications*, was approved by the Board of Trustees in November 2010.
- An evaluation was carried out of the previous Research Strategy 2006–2010 and it showed that over the five year period just under £30 million had been awarded as research grants, with 43 per cent of spend related to Type 1 diabetes and 54 per cent of spend to Type 2 diabetes. Three per cent of spend was related to other types of diabetes such as gestational and neo-natal.
- The Science and Research Advisory Group advised that to proactively target research areas, Diabetes UK needed to have in place a robust and transparent mechanism to ensure that the funds were allocated in the most appropriate way. We now have that process and one award was made in 2010 for a joint project with the Juvenile Diabetes Research Foundation and the Diabetes Research Network, to set up a group of people at the point of diagnosis of Type 1 diabetes, to participate in further research. Work has started on identifying priority areas in 2011.
- Despite a difficult financial year, our strategy of continuing to fund international calibre research across all funding schemes was successful. We have funded eight new project grants, one new equipment grant and 14 new small grants.
- We funded, jointly with the Chief Scientist's Office in Scotland, a major new initiative to create a resource of samples for Type 1 diabetes research that will benefit global efforts in research to help prevent Type 1 diabetes.
- We continued to support approximately 110 ongoing research projects covering all types of diabetes.
- We contribute £25,000 each year to the National Prevention Research Initiative (NPRI) and in 2010, 10 awards were made with relevance to preventing Type 2 diabetes or behaviours associated with Type 2 diabetes at a total cost of approximately £5.3 million.

- The follow up to the Diabetes UK 2009 meeting, focusing on research towards a cure for Type 1 diabetes has not yet resulted in any collaborative funding requests to Diabetes UK but we will continue to ensure that this is kept on our agenda in 2011.
- To ensure that the best and most promising candidates are trained in diabetes research for the future, we funded one RD Lawrence Fellowship, three Clinical Training Fellowships, and six PhD studentships. In November 2010, we held our 4th Networking Day for Fellows and PhD Students. The meeting was well-attended and continues to evolve. Many of our funded researchers are part of the Innovators in Diabetes programme which is supported by the Diabetes UK Research Team. Based on a similar International Diabetes Federation initiative, this programme brings together a network of UK scientists to drive forward diabetes research in the UK and increase commitment to this specialty.

Delivery of our 2010 plan: National offices

In 2010 our National plans prioritised NHS engagement and the development of focused volunteering. Our goal was to be active at the relevant tables of influence to drive up standards of care and achieve our strategic priority of attaining quality care for all. However the task was complex given a NHS in a state of flux.

Northern Ireland

Throughout the year meetings were held with all new NHS organisations regarding service redesign and improvement plans, following the complete reorganisation of the NHS in Northern Ireland. This included developing high-level contact and relationships with the Health & Social Care Board, the Public Health Agency, the Patient & Client Council and the Local Commissioning Groups. As a result we have been able to influence the Assembly's Public Accounts Committee inquiry into the Health Service. Its final report recommended increased investment in prevention programmes, patient education and increased integration between Primary and Secondary Care. In November our Northern Ireland office launched the *Quality Care for All* report reflecting its findings from this activity. The office also worked closely with the Northern Ireland Department of Health to develop and publish a set of standards for healthcare professionals, care home staff, patients and families for use by the Department of Health when undertaking inspections of care homes.

Scotland

The securing of a new Diabetes Action Plan was critical in 2010 to ensuring quality care for all. NHS Engagement work focused on influencing the Health Department, Scottish Diabetes Group and the 14 Health Boards to sign up to the plan in uncertain economic and political times. Care planning was a priority issue and we secured funding to run a project across three Health Boards to roll out the SCI-DC capability for patient-led care planning. The project, 'Choices', will take the Patient Hand-held Summary held by SCI-DC and support its use as a care-planning tool with patients. A key element of the project is to remove barriers and engage directly with patients in the design and delivery of the tool.

We also continued to focus on supporting children, young people and their families and this year a unique new partnership with the Edinburgh International Science Festival was secured. The partnership will deliver an innovative schools programme called 'Live for it!' which covers healthy eating, exercise and how the body uses insulin.

The Diabetes UK Scotland Annual Professional Conference was held in March and saw a record-breaking 450 healthcare professionals from across Scotland come together to discuss diabetes care. Work was also taken forward with individual Managed Clinical Networks to support patients pursuing insulin pump treatment, access to blood glucose strips and diabetes specialist nurse provision.

Wales

Following the 2009 NHS restructure in Wales, from 22 Local Health Boards to seven new Health Boards, work focused on influencing this new structure. We built on our work with GPs by addressing the national conferences of both the Primary Care Diabetes Society and Primary Care Cardiovascular Society – building important bridges. 2010 saw the first meeting of the All Wales Diabetes Forum, a development of the Professional Forum that was adopted as the main advisory body by the Welsh Assembly Government. Plus, Diabetes UK Cymru was instrumental in initiating a Cross Party Diabetes Group at the Assembly which has already proven to be an important focal point for diabetes.

We continued to raise awareness of diabetes with members of the public through traditional media, and by developing our presence on the internet with Facebook and Twitter. The charity's efforts have contributed to the establishment of Diabetes Planning & Delivery Groups set up to deliver the National Standards Framework by 2013.

Delivery of our 2010 plan: Other key deliverables

Key objectives for 2010

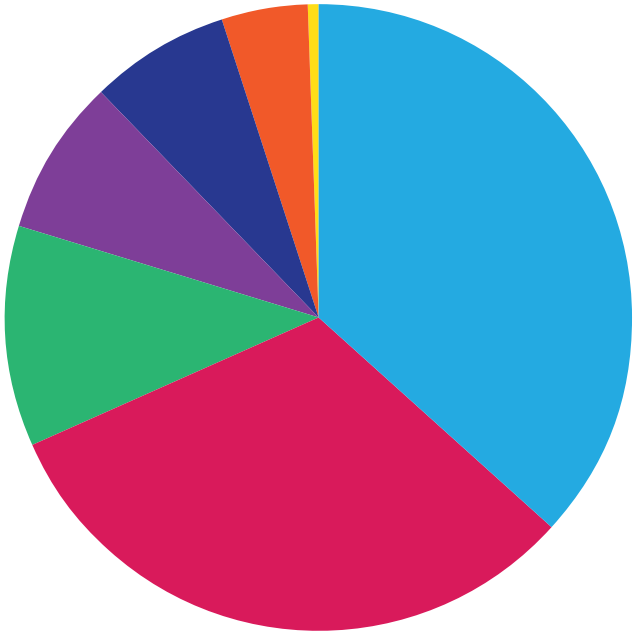
- A robust volunteer plan, to provide a committed, engaged and supported team of volunteers.
- An NHS engagement plan.
- Total income of £28.2 million or more.
- A consistent communications strategy reaching 80 million or more people a month and a further 150,000 online visitors per month.
- A service-based planning and support services function to underpin delivery of the organisational priorities.

Activities and achievements in 2010

- There was an increase of 8 per cent in volunteers recruited to undertake specific activities making a total of 6,751 such volunteers. There were 450 volunteers successfully recruited to help deliver the 79 Roadshows held across the UK and 308 volunteers helped run 11 support event holidays for children with diabetes and their families. We trained 99 people to become 'Community Champions' to raise awareness of diabetes and promote healthy lifestyles to people from Black, Asian and ethnic minority communities. We held 10 Volunteering Conferences around the UK, which were attended by 572 volunteers. Currently there are 351 Diabetes UK voluntary groups around the UK,including seven new groups which opened in 2010.
- By year end, all 178 NHS organisations across the UK (Primary Care Trusts, Managed Clinical Networks, Local Health Boards, etc) had been contacted to identify opportunities to collaborate; only 14 did not engage with the charity. Plans to advance work varied including developing patient education programmes, care planning, holding 'visioning' events with healthcare professionals, and the promotion of commissioned services including User Involvement that ensures the patient voice is heard at forums determining care.
- Total income raised was £29 million. This figure was boosted by notification at the end of December of a £935,000 legacy payment that needed to be accounted for in 2010 although received in 2011.
- Our communications activity continued to play an important role in raising awareness of diabetes and Diabetes UK. Media coverage generated an average of 122 million opportunities to see our brand and information every month (2009: 100 million) through an average of 750 items naming Diabetes UK in the media each month. Our website was visited by an average of 209,000 people a month (2009: 165,000). Our Challenge fundraising site also won two awards in 2010 – Best in Class at the Interactive Media Awards and Communicator Awards' Award of Excellence.
- Improvements were made to the service that the IT and Finance departments provide to the charity's staff from new software to improve home-working to more user-friendly financial reporting. A governance healthcheck was initiated to help streamline and improve arrangements for governance and stakeholder engagement.

Financial summary

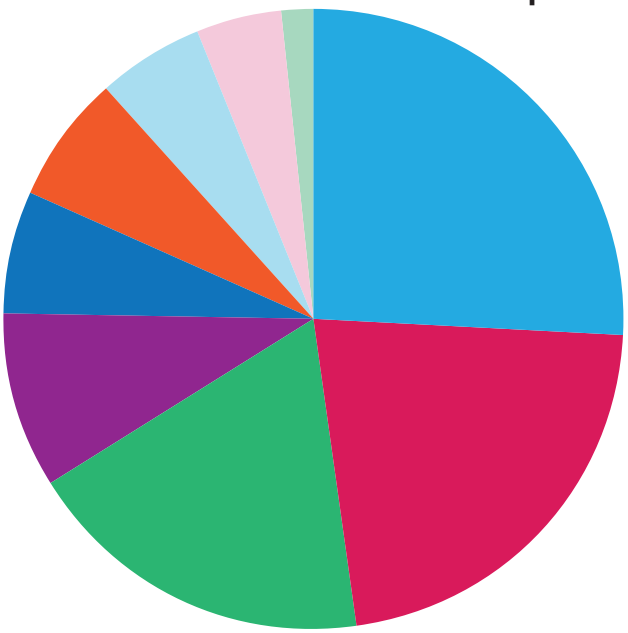
Income



- Legacies (£10.8m)
- Donations (£9.3m)
- Trading (£3.3m)
- Membership (£2.4m)
- Publications, care information and grants (£2.1m)
- Conferences and events (£1.3m)
- Investment (£0.1m)

Total: £29.3m

Expenditure



- Research (£6.8m)
- Care and campaigns (£5.8m)
- Fundraising (£4.8m)
- Publications (£2.4m)
- Trading (£1.7m)
- Conferences and events (£1.8m)
- Healthcare and policy (£1.4m)
- Awareness and education (£1.2m)
- Governance (£0.4m)

Total: £26.3m

Financial review

In 2010 the charity's total incoming resources were £29.3 million, slightly up on 2009 (£28.9 million). After the decrease in income experienced the previous year (£4 million) due to the effects of the economic recession, it is important that the charity managed to stabilise its income in 2010.

If various one-off elements and income received by the Diabetes Foundation are stripped out of the above figures, together with ring-fenced income raised by our voluntary groups and retained locally for charitable purposes, the underlying income for 2010 was £28.6 million in 2010 compared to £28.1 million in 2009. Legacies are a major source of income for the charity and £10.8 million was received in 2010, compared to £9.5 million in 2009. This is an increase of 14 per cent and includes notification of a large legacy payment of £935,000 which, although not received during the year, is recognised in the accounts. This notification was received at the very end of December and has therefore increased the surplus for the year as it could not be spent during the year.

The investment portfolio made a gain of £330,000 in 2010 compared to a gain of £547,000 in 2009.

Total expenditure in 2010 was £26.3 million compared to £30.7 million in 2009. Although this represents a drop in expenditure it was not as a result of any significant reduction in the services and activities of the charity. For example, the charity was able to maintain its funding of research in 2010 and spent £6.8 million, the same amount as in 2009. The charity did make savings of £1.5 million on staff salaries in 2010 as a result of a staff restructure carried out at the end of 2009 in order to make sure that another deficit of £1.8 million, incurred in 2009 as a result of the economic situation, was not repeated. Efficiency savings and savings in fundraising costs were also made in 2010 which reduced expenditure compared to 2009. Expenditure was also reduced by the fact that we received a one-off VAT rebate and in 2010 we had gift-in-kind expenditure of just £13,000 compared to £460,000 in 2009.

Overall we finished the year with a surplus of £3 million compared to a deficit of £1.8 million in 2009. This surplus was bolstered by the late notified legacy mentioned previously as well as one-off items including a £350,000 VAT windfall following a review carried out by the charity. The underlying surplus, excluding these items has helped to restore the charity's funds back to where they stood at the end of 2008.

The cash position remains healthy at £7.45 million (up from £6.7 million in 2009). The pension reserve deficit decreased from £1.4 million in 2009 to £1.1 million in 2010.

Our strategy for 2011–15

We have reviewed our strategic priorities for the next five years in light of the challenges for people living with diabetes and the changing nature of the NHS and related services.

The Board had already confirmed in 2009 that the charity's three strategic priorities are:

- Quality care for all.
- Healthy lifestyle and prevention.
- Research for a better life – underpinning the other two priorities.

The Board has now agreed a series of strategic projects to build on the work of previous years and to deliver these priorities. They include:

- **Strategic outcomes**. Defining a set of longer-term outcomes including slowing the rise of diabetes and reducing complications of the disease. These outcomes will be the beacon towards which all our efforts are directed.
- **Influencing the NHS**. Monitoring quality and standards of care as the NHS changes and influencing these nationally, while working with volunteers and healthcare professionals locally to advocate for better standards and quality of care. We will also provide access to information on local standards of care to allow people with diabetes to seek the quality of care they should receive.
- **Dialogue for life**. Developing a dialogue for life with our supporters to enable Diabetes UK to provide the best support to them from the time of diagnosis onwards and to ensure that more of our supporters feel closer to us and are able to offer volunteer time, campaigning support and donations to ensure the work of Diabetes UK on behalf of people with diabetes can be spread further.
- **Prevention**. Flagship initiatives on the prevention of diabetes and to reduce the number of people at risk.
- **Towards a future without diabetes**. Funding research on care and treatment, cause and prevention and cure. We are seeking to fund research excellence and also focusing on specific research areas where we want to prompt research activity.
- **A more powerful voice**. A more powerful voice to raise awareness of diabetes and to enable Diabetes UK to campaign more effectively for people with diabetes. Diabetes is a big and growing challenge for the nation and needs to be better understood by the public and by the NHS.
- **Fundraising**. Strengthened and focused fundraising to ensure Diabetes UK can do more for research, quality care for all, healthy lifestyle and prevention.

We will also be working to ensure we develop our growing network of volunteers who give their time generously to raise the profile of diabetes, to provide support and information, to campaign and influence locally and nationally and to raise funds. We will also be renewing our relationship with our networks of health service professionals to find out what they need of Diabetes UK and how they can help Diabetes UK. Internally we will be developing new skills to enable us to address these challenges.

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.

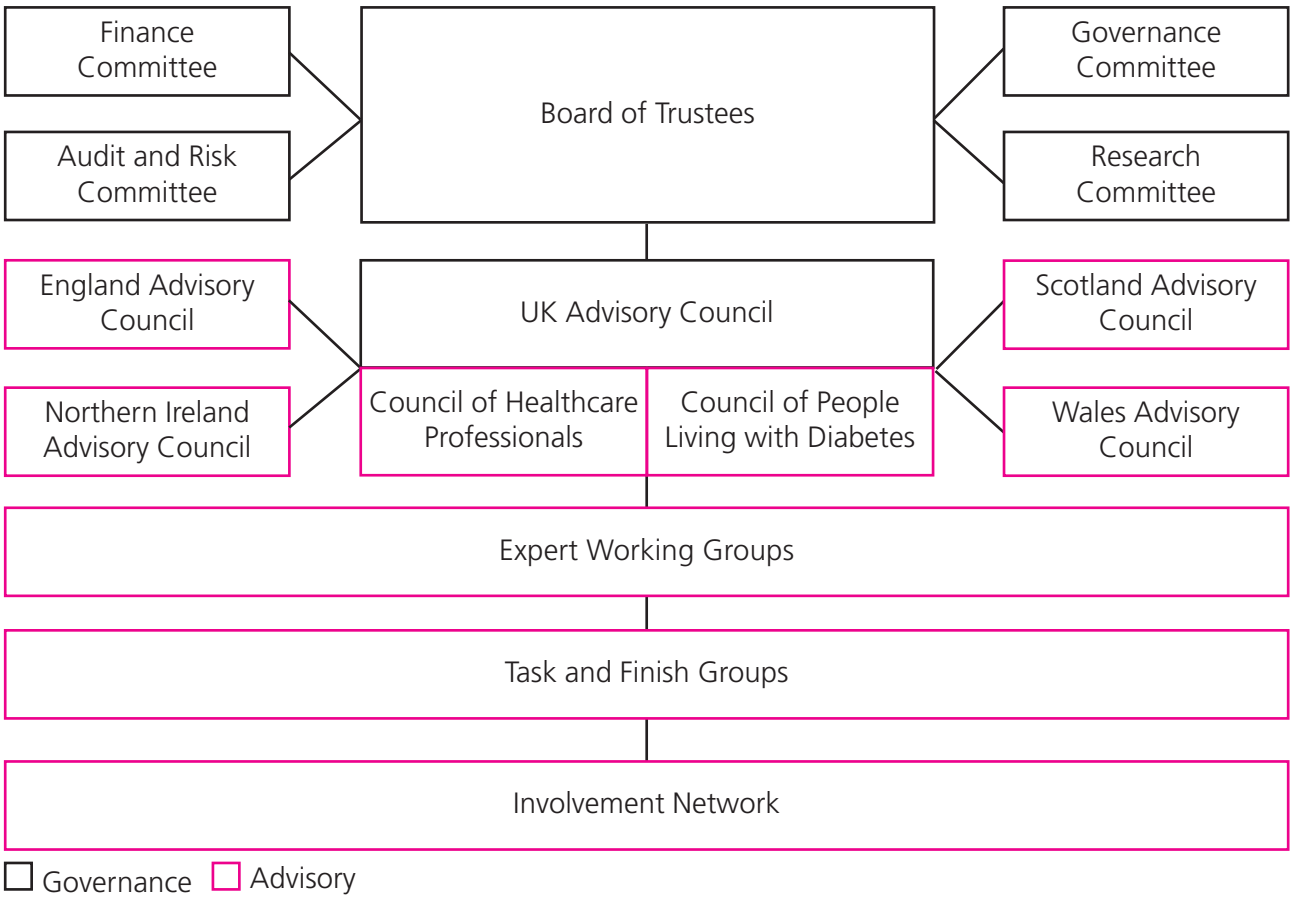
Our governance structure was designed to ensure that we:

- have strong representation from both healthcare professionals and people living with diabetes
- are advised by a breadth of people
- have a cohesive, well-supported UK Advisory Council
- give our supporters a clear, influential role
- have flexible mechanisms for engaging our leading supporters.

In practice this has not always been the case and in 2010 the Board of Trustees initiated a Governance Healthcheck to see how the structure might be improved. At the 2010 annual UK Advisory Council meeting a set of principles was agreed on how to improve the system – the keys ones being that 'governance' and 'stakeholder engagement' should be separated, that duplication should be removed from the structure and that it should be possible to seek advice in more flexible ways, depending on the advice needed. A consultation is nearly completed as to how best to implement these agreed principles.

For this report we will explain our existing structures.

Our governance structure



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 to fill any gaps in skills or representation. Elections are normally held annually at the UK Advisory Council meeting, and the Governance Committee is responsible for scrutinising the process and ensuring that applicants have the skills and experience needed to lead a charity. On appointment, trustees receive an induction pack and attend an induction programme focusing on their role and responsibilities as trustees and the work and governance of the charity. They are 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 two three-year terms, with a possible further two three-year terms following a period of at least three years. The appointment and election of the Chair and Vice-Chair of the Board of Trustees are matters reserved for the Board. One trustee was re-elected for a second term and three new trustees were elected in 2010.

The Board meets regularly throughout the year, including at an away-weekend to review strategy and performance (including that of the Board) with the Chief Executive and the Executive Team.

All trustees give their time voluntarily and receive no benefits from the charity. However, to ensure that no one is excluded from contributing on financial grounds, Diabetes UK operates a policy of reimbursing trustees for expenses incurred in their role. Any expenses reclaimed by trustees are disclosed in aggregate in note 13 to the accounts.

Committees of the Board

The Board has a number of committees, each with specific terms of reference prescribed by the Standing Orders.

- The **Finance Committee** oversees and regularly reviews all financial aspects of the charity's activities, including its operational and strategic plans, so as to ensure short- and long-term viability. The Finance Committee ensures that financial guidelines and legal regulatory regimes are adhered to and advises the Board accordingly. The Committee also scrutinises and evaluates the draft annual budget, before Board approval.
- The **Audit and Risk Committee** oversees the financial audit and reporting process; reviews the effectiveness of the independent audit process and the charity's management systems and procedures. The Audit and Risk Committee also monitors compliance with external requirements and internal policies.
- The **Remuneration Committee** agrees the annual pay award for staff and makes recommendations to the Board about the pay package for the Chief Executive and Executive Team.
- The **Governance Committee** ensures that Diabetes UK has sound governance. Its role is to: establish and oversee 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 shortlist the most suitable candidates using 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 the Board and its committees.
- **The Research Committee** has authority to assess and approve applications for the funding of basic, clinical and health-services research, in accordance with parameters agreed by the Board.

Membership of committees (with the exception of the Research Committee) is generally restricted to trustees. However, reflecting its role in relation to governance of the charity and in the recruitment and training of trustees, the Governance Committee has two trustee members and four 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, discussion between both bodies is encouraged.

UK Advisory Council (UKAC)

The members of the UKAC are the legal members of Diabetes UK. The principal right associated with legal membership is to attend and to vote at the Annual General Meeting.

In addition to the Board members who are ex officio members, the UKAC consists of up to 50 members and the role of the Council is:

- 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.

The UKAC has two councils: Council of People Living with Diabetes (CPD) which has up to 30 members, and the Council of Healthcare Professionals (CHP) which has up to 20 members. The two councils meet together as a unified UKAC at least once a year.

UKAC members 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 UKAC members are automatically appointed, depending on their place of residence or work. (See below for further details.)

The UKAC is supported by Expert Working groups and Task & Finish groups. These are standing bodies with specific remits to represent Diabetes UK's stakeholders and 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 comprising both healthcare professionals and people with diabetes. Cross-membership is strongly encouraged where appropriate.

A total of 24 seats on the UKAC have been ring-fenced to draw members from specific national and regional areas:

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

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

The Involvement Network is a virtual network of people with an expressed interest in specific areas, who are invited to participate in focus groups and consultations in order to ensure the views of people with diabetes are incorporated into the development of the charity's work.

Risk management and internal controls

The trustees acknowledge their responsibility for Diabetes UK's system of internal control and for reviewing its effectiveness. They recognise that our internal controls are designed to provide reasonable but not absolute assurance against material misstatement or loss.

During the year, the trustees considered and identified the major risks to which Diabetes UK is exposed. 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 detail any further actions required to address the risks. The register is reviewed on a twice-yearly basis by the Audit and Risk Committee. The highest risk identified remains the impact of the current economic climate on our revenue streams and the ability to adjust expenditure commitments should income targets not be met.

We employ an external firm of internal auditors to perform 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 over a three-year period. During the year a series of recommendations have been issued and have either been implemented, or are in the process of being implemented. 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 a half 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 2010 the charity's free reserves of £9.9 million represented 4.1 months of forward expenditure. The charity exceeded its reserves policy in 2010 in part due to the notification at the very end of the year of a legacy payment of £935,000 which needed to be recognised in 2010 although the cash was not received until 2011. The reserves policy is reviewed annually and in 2010 the bottom of the range was increased from two to two and a half months.

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 should 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. For bonds and cash, investments are only in products that have an AA or above rating.

C Hoare & Co became the charity's investment manager in 2010, taking over from UBS AG. As the new investment manager was appointed the trustees reviewed and updated the charity's investment policy. At 31 December 2010, the relative weightings in the portfolio were cash and fixed-interest securities (58%); equity and equity-related investments (40%) and a property fund (2%).

Policy on corporate sponsorship

Diabetes UK seeks to ensure that the commercial organisations with whom we work and the ways that we work with them are consistent with our organisational values. All relationships are based on the principles of integrity and openness, maintenance of independence, equality in partnership and mutual benefit for all concerned.

Diabetes UK will not accept more than five per cent of total income per annum from one corporate partner with a vested interest in diabetes, nor more than 20 per cent of total income per annum from commercial organisations with a vested interest in diabetes, so as not to compromise our integrity.

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_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 the charity from funded researchers 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. Diabetes UK has the right to suspend payment of any grant if a satisfactory annual or final report is not received. Diabetes UK publicly disseminates the results of funded results 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 adhere strictly to Home Office regulations for the welfare of all animals involved, and also 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 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 (www.diabetes.org.uk/Research/Research_position_statements) or are available from our offices on request.

Subsidiary companies

During 2010 Diabetes UK had 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 £1.6 million was generated in 2010 and was donated to Diabetes UK under gift aid.

BDA Research Limited exploits the potential value of any intellectual property arising as a result of research funded by Diabetes UK. At 31 December 2010 the company had no research funding commitments but retains an interest in the intellectual property of certain research projects that may provide future benefits. Any profits made by the company are donated to Diabetes UK under gift aid.

Diabetes Foundation's objectives were to establish and advance research in the field of diabetes and particularly juvenile (insulin-dependent) diabetes. A total of £64,000 was raised by Diabetes Foundation in 2010 (2009: £191,000).

Following a review of the Foundation's income streams and activities a decision was taken by the trustees of the Foundation and the trustees of Diabetes UK to merge Diabetes Foundation with Diabetes UK. All activities and net assets of the Foundation were transferred to Diabetes UK on 31 December 2010. From this date the activities of the Foundation itself ceased and are now carried out by Diabetes UK.

Charitable and political donations

Diabetes UK made no charitable donations during the year outside the scope of its own objects. 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 2010, particularly in the difficult circumstances post the staff restructure in the latter half of 2009.

Diabetes UK believes that communicating effectively with its employees in all aspects of its work, particularly regarding the economic and financial factors affecting its performance, is important to its future success. Its Executive Team meets each month and there are regular team meetings to cascade information to all staff.

We also acknowledge with gratitude the work of the many volunteers who willingly and unstintingly give their time to the considerable benefit of people living with diabetes. The value of work performed by our volunteers is estimated at £10 million.

In 2010 Diabetes UK's voluntary groups raised a total of £0.9 million (2009: £1.2 million) of which £0.4 million (2009: £0.6 million) was donated directly to Diabetes UK. The total cash held by the groups at 31 December 2010 was £1.6 million (2009: £1.6 million).

Employment strategy

Diabetes UK recognises its responsibilities in this key area and is continually taking steps to balance employee needs with its objectives. It has a wide and varied employee base with significant numbers of female employees, many at senior management level, as well as significant numbers of employees who come from ethnic minority groups. Diabetes UK's operational working practices and policies comply with the Equality Act 2010.

Diabetes UK is committed to the principle of equal opportunity for all staff in matters of employment, training, career development and promotion on the basis of their abilities and aptitudes. Diabetes UK applies employment policies which are fair and equitable for all employees and which ensure that entry into, and progression within, Diabetes UK is determined solely by application of job criteria and personal ability and competency.

Full and fair consideration (having regard to the person's particular aptitudes and abilities) is given to applications for employment and career development of disabled persons. Diabetes UK's learning and development policies make it clear that the organisation will take all steps practicable to ensure that employees who become disabled during the time they are employed by Diabetes UK are able to continue to perform their duties.

Environmental policy

Diabetes UK recognises the need to consider its wider environmental impact. Improving its environmental sustainability can bring benefits to the organisation which will allow it to meet its core objectives more effectively.

Our environmental sustainability policy covers:

- a commitment to awareness
- procurement
- energy efficiency
- elimination of waste
- conservation of water
- transport
- individual behaviour.

Health and safety

The Board of Trustees is aware of its health and safety responsibilities towards the staff, volunteers and all users of the organisation's services. The Health and Safety Policy is reviewed annually by the Audit and Risk Committee.

Trustees' responsibilities statement

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 regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities SORP
- make judgments and accounting estimates that are reasonable and prudent

- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as each of the trustees is aware:

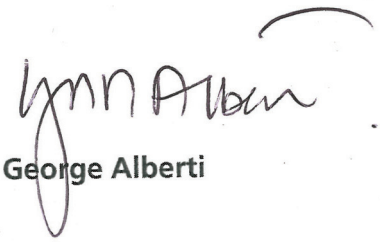
- there is no relevant audit information of which the charitable company's auditor are unaware
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor are aware of that information.

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

Audit

Grant Thornton UK LLP, having expressed their willingness to continue in office, will be deemed reappointed for the next financial year in accordance with section 487(2) of the Companies Act 2006 unless the company receives notice under section 488(1) of the Companies Act 2006.

On behalf of the Board of Trustees:



Professor Sir George Alberti
Chair
26 May 2011

Legal and administrative information

Diabetes UK is 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

Patron
Her Majesty the Queen

President
Mr Richard Lane OBE

Vice Presidents
Professor Sir George Alberti
Mrs Barbara Elster
Mrs Anne Felton
Dr Michael Hall
Sir Michael Hirst
Professor Simon Howell
Professor Harry Keen CBE
Mrs Judith Rich OBE

Board of Trustees
Professor Sir George Alberti (Chair) [3, 4]
Mr Julian Baust (elected 3 July 2010) [4]
Ms Sue Browell
Mr Gavin Cookman (elected 3 July 2010)
Ms Renata Drinkwater [2]
Ms Gill Fine (elected 3 July 2010) [2]
Ms Alison Finney (retired 3 July 2010)
Mr John Grumitt (Vice-Chair) [2, 3]
Dr David McCance
Mr Frank Moxon (Re-elected 3 July 2010; Interim Treasurer from 8 February 2011) [1, 2, 3]
Dr Niti Pall (retired 3 July 2010) [2]
Mr Ian W Powell (retired 3 July 2010) [1, 4]
Mr Graham Spooner (Treasurer, resigned 8 February 2011) [1, 2, 3]
Mr Gerald Tosh [1]
Ms Rekha Wadhwani [1]

[1] Finance Committee member
[2] Audit & Risk Committee member
[3] Remuneration Committee member
[4] Governance Committee member

Executive Team

Chief Executive
Barbara Young

Director of Care, Information & Advocacy Services
Simon O'Neill

Director of Engagement
Paul Watkins

Director of Fundraising & Communications
Andy James

Director of Human Resources
Deirdre Saliba

Director of Planning & Support Services
Caroline Moore

Director of Research
Iain Frame

Advisors

Auditors
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Melton House
London NW1 2EP

Investment managers
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London EC4P 4DQ

Solicitors
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London EC1N 6TD

Bankers
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Email wales@diabetes.org.uk

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Fax 01372 731368
Email south.east@diabetes.org.uk

Diabetes UK South West
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Victoria Street
Taunton TA1 3FA
Telephone 01823 324007
Fax 01823 324550
Email south.west@diabetes.org.uk

Independent auditor's report to the members and trustees of The British Diabetic Association

We have audited the financial statements of The British Diabetic Association for the year ended 31 December 2010 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated cash flow statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members and trustees, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members and trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement set out on page 22 to 23, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

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

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the APB's website at www.frc.org.uk/apb/scope/private.cfm

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 December 2010 and of the group's charitable company's incoming resources and application of resources, including its income and expenditure, for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matters prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- the parent charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us
- the parent charitable company's financial statements are not in agreement with the accounting records or returns
- certain disclosures of trustees' remuneration specified by law are not made
- we have not received all the information and explanations we require for our audit.

Grant Thornton UK LLP

Carol Rudge
Senior Statutory Auditor
for and on behalf of Grant Thornton UK LLP
Statutory Auditor, Chartered Accountants
London
26 May 2011

Grant Thornton UK LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Consolidated statement of financial activities (SOFA) for the year ended 31 December 2010

	Notes	Unrestricted £'000	Restricted £'000	2010 Total £'000	2009 Total £'000
INCOMING RESOURCES					
Incoming resources from generated funds					
Voluntary income	2	18,518	4,023	22,541	22,354
Activities for generating funds: trading	3	3,279	–	3,279	3,439
Investment income	4	140	1	141	189
		21,937	4,024	25,961	25,982
Incoming resources from charitable activities:					
Publications, care & information	5	1,177	–	1,177	1,161
Conferences and events	6	1,250	–	1,250	1,200
Grants receivable	7	28	918	946	533
		2,455	918	3,373	2,894
Total incoming resources		**24,392**	**4,942**	**29,334**	**28,876**
RESOURCES EXPENDED					
Cost of generating funds					
Cost of generating voluntary income	2	4,788	1	4,789	5,978
Fundraising trading: cost of goods sold & other	3	1,684	–	1,684	2,108
Investment management costs	4	30	–	30	28
		6,502	1	6,503	8,114
Charitable activities					
Publications, care & information	5	10,030	771	10,801	13,691
Conferences and events	6	1,336	452	1,788	1,628
Research	9	2,705	4,133	6,838	6,807
		14,071	**5,356**	**19,427**	**22,126**
Governance costs	11	398	4	402	480
Total resources expended	8	**20,971**	**5,361**	**26,332**	**30,720**
Net incoming/(outgoing) resources before other recognised gains and losses		3,421	(419)	3,002	(1,844)
Gains/ (losses) on investments	16	315	15	330	547
Actuarial gains/(losses) on defined benefit pension	28	74	–	74	(1,283)
Net movement in funds		3,810	(404)	3,406	(2,580)
Fund balances at the beginning of the financial year		6,078	2,127	8,205	10,785
Fund balances at the end of the financial year	21	**9,888**	**1,723**	**11,611**	**8,205**

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 income/expenditure for the year under the historical cost accounting convention is £3,099,000 net income (2009: £872,000 net expenditure).

Balance sheet at 31 December 2010

	Notes	Group		Diabetes UK	
		2010	2009	2010	2009
		£'000	£'000	£'000	£'000
Fixed assets					
Tangible assets	15	1,114	1,571	1,114	1,571
Investments in subsidiary undertakings	24	–	–	40	40
Other investments	16	7,791	8,358	7,791	8,358
		8,905	9,929	8,945	9,969
Current assets					
Stocks		51	55	–	–
Debtors	17	5,182	3,601	6,347	4,269
Cash at bank and in hand		7,450	6,699	6,998	5,572
		12,683	10,355	13,345	9,841
Creditors: amounts falling due within one year	18	(8,873)	(10,137)	(9,575)	(10,082)
Net current assets / liabilities		**3,810**	**218**	**3,770**	**(241)**
Net assets before provision		**12,715**	**10,147**	**12,715**	**9,728**
Provisions for liabilities and charges	19	–	(502)	–	(502)
Provision: defined benefit pension scheme liability	28	(1,104)	(1,440)	(1,104)	(1,440)
Net assets		**11,611**	**8,205**	**11,611**	**7,786**
Funds	20				
Restricted income funds		1,723	2,127	1,723	1,708
Unrestricted income funds					
General funds		10,800	7,093	10,800	7,093
Revaluation reserve		192	425	192	425
Unrestricted funds excluding pension liability		10,992	7,518	10,992	7,518
Pension reserve deficit	28	(1,104)	(1,440)	(1,104)	(1,440)
Unrestricted funds including pension liability		9,888	6,078	9,888	6,078
Total funds		**11,611**	**8,205**	**11,611**	**7,786**

The notes on pages 31 to 48 form part of these accounts.

Approved by the Board of Trustees on 26 May 2011 and signed on their behalf by:

Professor Sir George Alberti
Chair

Frank Moxon
Interim Treasurer

A company limited by guarantee, registered in England and Wales: registration number 339181.

Consolidated cashflow statement for the year ended 31 December 2010

	2010 £'000	2009 £'000
Net cash inflow from operating activities (see note below)	(134)	(1,667)
Returns on investments		
Investment income received (net)	85	184
Interest received	15	31
Net cash inflow from returns on investments	**100**	**215**
Capital expenditure and financial investment		
Purchase of tangible fixed assets	(123)	(792)
Purchase of investments	(6,834)	(2,982)
Proceeds from sale of fixed asset investments	7,731	6,912
Net cash inflow from investing activities	**774**	**3,138**
Movement in net cash	**740**	**1,686**

	At 1 January 2010 £'000	Cashflow £'000	At 31 December 2010 £'000
Analysis of net funds			
Cash at bank and in hand	6,699	751	7,450
Cash held as short-term investments	106	(11)	95
	6,805	**740**	**7,545**

Notes to the consolidated cashflow statement

	2010 £'000	2009 £'000
Reconciliation of changes in resources to net cash inflow/(outflow) from operating activities		
Net (expenditure)/income for the year per the SOFA	3,002	(1,844)
Depreciation	580	534
Investment income receivable (net)	(111)	(161)
Decrease/(increase) in stocks	4	9
Decrease/(increase) in debtors	(1,581)	1,232
(Decrease)/increase in creditors	(1,766)	(1,163)
Difference between payments to defined benefit pension scheme and amount charged to expenditure	(262)	(274)
Net cash inflow from operating activities	**(134)**	**(1,667)**

Notes to the financial statements for the year ended 31 December 2010

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 2006. No separate income and expenditure account has been included for Diabetes UK because it has no endowment funds.

As per section 397 of SORP 2005 and section 408 of the Companies Act 2006, 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 Trustees' Report for further information).

Basis of consolidation

The consolidated financial statements comprise Diabetes UK and its voluntary groups (Diabetes UK) together with its subsidiaries, Diabetes UK Services 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.

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 261 out of 342 (76%) (2009: 303 out of 354 (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. The income from the bulk purchase of memberships by Primary Care Trusts (PCTs) is deferred until such time as the memberships are purchased by individuals and activated.

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.

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 up front, 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
Overheads consist of central team costs including information technology, finance and office management functions. Overheads are allocated based on the number of staff involved in each activity.

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 to 10 years
Computer hardware	3 to 5 years
Computer software	3 to 8 years
Motor vehicles	5 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 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.

Taxation
Diabetes UK has charitable status and is thus exempt from taxation of its income and gains falling within Section 478 of the Corporation Tax Act 2010 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	2010 Total £'000	2009 Total £'000
Incoming resources				
Legacies	9,748	1,076	10,824	9,483
Donations	6,310	2,947	9,257	10,032
Membership	2,447	–	2,447	2,378
Donated services and facilities	13	–	13	461
Total	**18,518**	**4,023**	**22,541**	**22,354**
Resources expended				
Legacies	82	1	83	116
Donations	3,774	–	3,774	4,122
Membership	919	–	919	1,279
Donated services and facilities	13	–	13	461
Total	**4,788**	**1**	**4,789**	**5,978**

3. Activities for generating funds: trading

	Unrestricted £'000	Restricted £'000	2010 Total £'000	2009 Total £'000
Incoming resources				
Lotteries	1,708	–	1,708	1,542
Corporate	569	–	569	800
Advertising	477	–	477	505
Affinity products	155	–	155	212
Cards and publications	370	–	370	380
Total	**3,279**	**–**	**3,279**	**3,439**
Resources expended				
Lotteries	912	–	912	993
Corporate	383	–	383	621
Advertising	99	–	99	258
Affinity products	21	–	21	64
Cards and publications	269	–	269	172
Total	**1,684**	**–**	**1,684**	**2,108**

All trading activity was undertaken by a subsidiary undertaking.

4. Investment income

	Unrestricted £'000	Restricted £'000	2010 Total £'000	2009 Total £'000
Incoming resources				
Dividends from listed securities	125	–	125	157
Interest on cash asset investments	1	–	1	1
Interest on cash at bank	14	1	15	31
Total	**140**	**1**	**141**	**189**
Resources expended				
Investment management costs	30	–	30	28
Total	**30**	**–**	**30**	**28**

5. Publications, care & information

	Unrestricted £'000	Restricted £'000	2010 Total £'000	2009 Total £'000
Incoming resources				
Diabetic Medicine	547	–	547	512
Care support	259	–	259	290
Professional membership	164	–	164	173
Publications	207	–	207	186
Total	**1,177**	**–**	**1,177**	**1,161**
Resources expended				
Publications and information	2,385	–	2,385	2,759
Healthcare and policy	1,209	209	1,418	1,449
Awareness	1,213	3	1,216	1,790
Careline	602	2	604	702
Care support holidays	435	134	569	769
Wales, Scotland and Northern Ireland care and campaigns	1,432	191	1,623	2,030
English local care and campaigns	1,506	18	1,524	2,072
Voluntary groups care support	164	–	164	236
Other care and campaigns	1,084	214	1,298	1,884
Total	**10,030**	**771**	**10,801**	**13,691**

6. Conferences and events

	Unrestricted £'000	Restricted £'000	2010 Total £'000	2009 Total £'000
Incoming resources				
Central conferences and events	1,204	–	1,204	1,157
Regional conferences and events	46	–	46	43
Total	**1,250**	**–**	**1,250**	**1,200**
Resources expended				
Central conferences and events	1,254	452	1,706	1,571
Regional conferences and events	82	–	82	57
Total	**1,336**	**452**	**1,788**	**1,628**

7. Grants receivable and royalties

	Unrestricted £'000	Restricted £'000	2010 Total £'000	2009 Total £'000
Grants receivable arise from the following sources:				
Bradford & Airedale Primary Care Trust – Year of Care	–	241	241	284
NDST – Year of Care Project	–	54	54	41
Various Groups – Young Diabetologists Forum	–	251	251	166
Imperial Innovations	–	–	–	33
Scottish Executive Careline Grant	–	40	40	–
Scottish Executive PIPS	–	74	74	–
Community Champions project	–	15	15	–
Long term Conditions Alliance Scotland	–	58	58	–
Charles Wolfson Trust	–	144	144	–
The Health Foundation	–	40	40	–
Others less than £10,000	28	1	29	9
Total grants receivable	**28**	**918**	**946**	**533**

8. Analysis of total resources used

	Activities undertaken directly £'000	Activities undertaken by grant funding £'000	Support costs £'000	2010 Total £'000	2009 Total £'000
Cost of generating funds					
Cost of generating voluntary income	3,925	–	864	4,789	5,978
Trading costs	1,684	–	–	1,684	2,108
Investment management costs	30	–	–	30	28
Cost of charitable activities					
Publications, care & information cost sub groups:					
Publications and information	1,937	–	448	2,385	2,759
Healthcare and policy	1,107	–	311	1,418	1,449
Awareness	853	–	363	1,216	1,790
Careline	604	–	–	604	702
Care support holidays	569	–	–	569	769
Wales, Scotland and Northern Ireland care and campaigns	1,623	–	–	1,623	2,030
English local care and campaigns	1,524	–	–	1,524	2,072
Voluntary groups care support	164	–	–	164	236
Other care and campaigns	114	–	1,184	1,298	1,884
	8,495	–	2,306	10,801	13,691
Conferences and events	1,657	–	131	1,788	1,628
Research	346	6,405	87	6,838	6,807
Governance	299	–	103	402	480
Total	**16,436**	**6,405**	**3,491**	**26,332**	**30,720**

9. Research grants

The institutions receiving grant funding in the year of £100,000 or more were:

	2010 £'000
University of Dundee	1,113
King's College London	877
Imperial College London	722
University of Bristol	252
Southampton University	197
University of Manchester	192
University of Liverpool	172
Queen's University Belfast	170
Peninsula Medical School	169
University of Glasgow	168
Subtotal	4,032
Other grants	2,373
Direct administration and support costs	433
Total	**6,838**

	2010 £'000	2009 £'000
Analysis of grant by area of research		
Care and treatment	2,777	3,186
Cause and prevention	3,550	3,090
Cure	78	109
Direct administration and support costs	433	422
Total	**6,838**	**6,807**
Grants reconciliation		
Creditor at the beginning of the year	5,565	6,818
Grants awarded in the year	1,999	1,509
Liabilities arising on existing grants	4,470	5,015
Payments in year	(6,951)	(7,777)
Creditor at the end of the year	**5,083**	**5,565**

10. Support costs allocations

	Facilities	Finance	Human Resources	IT	2010 Total	2009 Total Restated
	£'000	£'000	£'000	£'000	£'000	£'000
Cost of generating voluntary income	385	166	222	91	864	821
Research	39	17	22	9	87	117
Publications, care & information	1,026	444	593	243	2,306	2,619
Conferences and events	58	25	34	14	131	131
Governance	45	20	27	11	103	81
Total	**1,553**	**672**	**898**	**368**	**3,491**	**3,769**

11. Governance costs

	2010	2009
	£'000	£'000
Trustee costs	12	14
External audit	45	44
Support costs	96	81
Advisory Council expenses	66	80
Company Secretariat	183	261
Total	**402**	**480**

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

	2010	2009
	£'000	£'000
Depreciation (see note 15)	580	534
Auditor's remuneration		
statutory audit	45	44
other non-audit	12	19
Non-recoverable VAT	417	359
Operating leases		
property	787	811
other	21	17

13. Transactions with trustees

Trustees have not been remunerated in the year (2009 Nil). A total of 12 trustees (2009: 9) have been reimbursed for expenses in relation to trustee meetings at a total cost of £12,000 (2009: £13,000). All amounts were for reimbursement of travel and subsistence costs.

During the year a research grant of £210,264 was awarded to Kings College London under the leadership of Professor Stephanie Amiel who is the wife of the Chair, Professor Sir George Alberti. The award was made by the Clinical Training Fellowships Interview Panel and George Alberti was not involved in the decision-making process.

One trustee, David McCance, is a co-applicant on a grant held by Dr Valerie Holmes at the University of Belfast, the purpose of which is to design, develop and pilot an interactive DVD to increase awareness of reproductive health issues and preconception care in women with diabetes. The total amount awarded over 5 years is £202,373.

His involvement is to work 1 hour a week on the grant, sitting on a multidisciplinary steering group to advise the researchers on design and content as a Physician specialising in diabetes and pregnancy. For this, he receives no salary.

14. Staff costs

	2010 £'000	2009 £'000
Salaries	7,931	9,298
Social security costs	879	960
Other pension costs	831	926
Total	**9,641**	**11,184**

	2010 number	2009 number
Staff numbers		
Voluntary income	94	128
Publications, care & information	114	108
Conferences	2	5
Research	6	6
Support	46	41
Governance	4	7
Total	**266**	**295**

The average full-time equivalent number of employees during the year was 246 (2009: 277).

Pension costs
Pension costs comprise £494,000 (2009: £589,000) in respect of defined contribution pension schemes and £337,000 (2009: £337,000) in respect of the defined benefit pension scheme.

Number of employees whose remuneration fell within the following ranges:

	2010 Number	2009 Number
£60,000 – £70,000	3	3
£70,000 – 80,000	2	–
£90,000 – 100,000	1	1

Payments to defined contribution pension schemes in respect of the above staff amounted to £35,000 (2009: £28,000) 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. Tangible fixed assets

Group and Diabetes UK

	Office equipment fittings & furniture £'000	Computer equipment & software £'000	Motor vehicles £'000	Total 2010 £'000
Cost				
At 1 January 2010	1,319	2,463	299	4,081
Additions	21	102	–	123
Disposals	–	–	–	–
At 31 December 2010	1,340	2,565	299	4,204
Depreciation				
At 1 January 2010	(1,044)	(1,431)	(35)	(2,510)
Charge for the year	(76)	(444)	(60)	(580)
Disposals	–	–	–	–
At 31 December 2010	(1,120)	(1,875)	(95)	(3,090)
Net book value				
31 December 2010	**220**	**690**	**204**	**1,114**
31 December 2009	275	1,032	264	1,571

All tangible fixed assets are used for or to support charitable purposes. At the year end there were no contracted capital commitments (2009: nil).

16. Investments

	2010 £'000	2009 £'000
Group and Diabetes UK		
Market value at 1 January	8,358	11,741
Acquisitions at cost	6,834	2,982
Disposal proceeds	(7,731)	(6,912)
Gains/ (losses) on investments	330	547
Market value at 31 December	**7,791**	**8,358**
Historical cost at 31 December	**7,599**	**7,933**
Represented by:		
Listed securities	4,547	4,063
Property funds	149	191
Treasury bills	3,000	3,998
Cash	95	106
	7,791	**8,358**

Investments which comprised more than 5% of the total market value of investments at 31 December 2010 were:

	2010 £'000	2009 £'000
M & G Securities Ltd, Charity Inc – UK Unit Trust	734	685
Jupiter Ecology Fund	456	–
Treasury bills & deposits	3,000	3.998

17. Debtors: amount falling due within one year

	Group		Diabetes UK	
	2010	2009	2010	2009
	£'000	£'000	£'000	£'000
Trade debtors	940	1,035	873	963
Donation due from subsidiary undertaking	–	–	1,555	1,156
Other debtors	1,459	695	1,459	695
Prepayments and accrued income	2,783	1,871	2,460	1,455
Total	**5,182**	**3,601**	**6,347**	**4,269**

18. Creditors: amount falling due within one year

	Group		Diabetes UK	
	2010	2009	2010	2009
	£'000	£'000	£'000	£'000
Trade creditors	466	453	465	492
Amounts due to subsidiary undertakings	–	–	879	90
Taxation and social security	543	655	543	655
Other creditors	238	215	236	215
Accruals and deferred income	2,543	3,249	2,369	3,065
Research grants creditor	5,083	5,565	5,083	5,565
Total	**8,873**	**10,137**	**9,575**	**10,082**

19. Provisions for liabilities and charges

	Provision	Total
		2010
	£'000	£'000
Balance brought forward at 1 January 2010	502	502
Amount paid to a third party in respect of the provision	(153)	(153)
Amount released to the SOFA in the period	(349)	(349)
Balance carried forward at 31 December 2010	**–**	**–**

At the end of 2009 the charity had a provision related to a potential payment of £502,000. During 2010 the charity reviewed certain records and concluded its work in this area. The amount owed was quantified and paid in full and the remainder was released.

20. Funds

Group

	At 1 January 2010 £'000	Incoming funds £'000	Outgoing funds £'000	Transfers and gains/ losses £'000	At 31 December 2010 £'000
General funds	7,093	24,392	(20,971)	286	10,800
Revaluation reserve	425	–	–	(233)	192
Pension reserve (see note 28)	(1,440)	–	–	336	(1,104)
Total unrestricted funds	**6,078**	**24,392**	**(20,971)**	**389**	**9,888**
Restricted funds					
Diabetes Foundation	419	64	(352)	–	131
Research funds	736	3,763	(3,785)	–	714
Care and information funds	659	774	(929)	–	504
Geographical funds	–	161	(161)	–	–
Children funds	–	180	(134)	–	46
Warren Memorial Fund	313	–	–	15	328
Total restricted funds	**2,127**	**4,942**	**(5,361)**	**15**	**1,723**
Total of unrestricted and restricted funds	**8,205**	**29,334**	**(26,332)**	**404**	**11,611**

Diabetes UK

	At 1 January 2010 £'000	Incoming funds £'000	Outgoing funds £'000	Transfers and gains/ losses £'000	At 31 December 2010 £'000
General funds	7,093	24,392	(20,971)	286	10,800
Revaluation reserve	425	–	–	(233)	192
Pension reserve (see note 28)	(1,440)	–	–	336	(1,104)
Total unrestricted funds	**6,078**	**24,392**	**(20,971)**	**389**	**9,888**
Restricted funds					
Diabetes Foundation transfer	–	131	–	–	131
Research funds	736	3,763	(3,785)	–	714
Care and information funds	659	774	(929)	–	504
Geographical funds	–	161	(161)	–	–
Children funds	–	180	(134)	–	46
Warren Memorial Fund	313	–	–	15	328
Total restricted funds	**1,708**	**5,009**	**(5,009)**	**15**	**1,723**
Total of unrestricted and restricted funds	**7,786**	**29,401**	**(25,980)**	**404**	**11,611**

20. Funds (cont)

Other adjustments include gains on investment funds recognised within general funds £315,000 and the Warren Memorial Fund £15,000, and adjustments to the pension reserve £336,000.

The Diabetes Foundation fund represents the reserves of Diabetes Foundation, whose objectives are to support and advance research in the field of diabetes and 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 providing care and information. The geographical funds are restricted to use in specified areas of the UK. 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

Total funds are invested as follows:

Group:

	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Tangible fixed assets	1,114	–	1,114
Fixed asset investments	7,463	328	7,791
Current assets	11,288	1,395	12,683
Current liabilities	(8,873)	–	(8,873)
Defined benefit pension scheme liability	(1,104)	–	(1,104)
Total net assets	**9,888**	**1,723**	**11,611**

Diabetes UK:

	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Tangible fixed assets	1,114	–	1,114
Investments in subsidiary undertakings	40	–	40
Fixed asset investments	7,463	328	7,791
Current assets	11,950	1,395	13,345
Current liabilities	(9,575)	–	(9,575)
Defined benefit pension scheme liability	(1,104)	–	(1,104)
Total net assets	**9,888**	**1,723**	**11,611**

22. Operating lease commitments

	Property		Other	
	2010 £'000	2009 £'000	2010 £'000	2009 £'000
Annual lease commitments under non–cancellable operating leases expiring:				
Within one year	17	42	9	1
Between two and five years	74	78	12	16
After five years	696	691	–	–
Total	**787**	**811**	**21**	**17**

23. Commitments to spend – research grants

At 31 December 2010 Diabetes UK had entered into contracts in respect of expenditure on research amounting to £7,229,000 (2009: £8,792,000). 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.

	2010 £'000	2009 £'000
2010	–	5,177
2011	2,523	2,699
2012	2,823	916
2013	1,672	–
2014	104	–
2015	107	–
Total	**7,229**	**8,792**

24. Subsidiary undertakings

	2010 £'000	2009 £'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 Limited and Diabetes Foundation are audited and filed at Companies House. BDA Research Limited did not carry out any business activity in the year. Its financial position is summarised below.

All activities and net assets of Diabetes Foundation transferred to Diabetes UK on 31st December 2010. The transfer of funds of £129,631 to Diabetes UK comprised of cash of £203,641 and creditors of £74,010.

Profit and loss accounts for the year ended 31 December 2010

	Diabetes Foundation		Diabetes UK Services Limited	
	2010 £'000	2009 £'000	2010 £'000	2009 £'000
Turnover			1,423	1,852
Expenditure			(533)	(996)
Other operating income (net)			665	300
Interest receivable			–	–
Profit on ordinary activities before and after taxation			1,555	1,156
Profit donated to Diabetes UK			(1,555)	(1,156)
Net income			**–**	**–**
Incoming resources	64	191		
Resources expended	(352)	(248)		
Net incoming resources	**(288)**	**(57)**		
Summarised Balance Sheets as at 31 December				
Current assets	–	422	1,772	1,376
Creditors: amounts falling due within one year	–	(4)	(1,732)	(1,336)
Net assets	**–**	**418**	**40**	**40**

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 2010

24. Subsidiary undertakings (cont)

(2009: £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 2010 (2009: £40,003).

Diabetes UK's investment in Diabetes Foundation is £nil.

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

	2010 £'000	2009 £'000
Net income/(expenditure)	3,002	(1,844)
Gain on sale of investments calculated under the historicalcost accounting convention	97	972
Surplus/(loss) under the historical cost accounting convention	3,099	(872)

26. Members

The legal members of the company are the members of the UKAC as explained in the Trustees' annual 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 £6.37 million (2009: approximately £5.32 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 £493,000 (2009: £585,000). The scheme did not give rise to any provision.

British Diabetic Association Pension and Life Assurance Scheme
The charity sponsors the British Diabetic Association Pension 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 69 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 was carried out as at 1 January 2008 in accordance with the scheme funding requirements of the Pensions act 2004 and the funding of the scheme is agreed between the charity and the trustees in line with those requirements. These in particular require the surplus/deficit to be calculated using prudent, as opposed to best estimate actuarial assumptions.

This actuarial valuation showed a deficit of £2,598,000. The charity 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 as at 1 January 2011.

For the purpose of FRS17, the actuarial valuation as at 1 January was carried out by a qualified independent actuary and has been updated on an approximate basis to 31 December 2010.

28. Pensions (cont)

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

	2010	2009	2008
	£'000	£'000	£'000
Fair value of scheme assets	5,528	5,372	5,176
Present value of scheme liabilities	(6,632)	(6,812)	(5,607)
Deficit in scheme	**(1,104)**	**(1,440)**	**(431)**

The present value of scheme liabilities is measured by discounting the best estimate of future cashflows to be paid out by the scheme, using the project 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 balancesheet date with a suitable insurer. This represents the amount that would be required to settle the scheme liabilities rather than the charity continuing to fund the ongoing liabilities of the scheme. The estimated value of liabilities at the date of the last full actuarial valuation prepared for the trustees of the pension scheme at 1 January 2008 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

	2010	2009
	£'000	£'000
Scheme liabilities at 1 January	6,812	5,607
Interest cost	366	328
Actuarial losses	87	1.585
Benefits paid	(633)	(708)
Scheme liabilities at 31 December	**6,632**	**6,812**

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

	2010	2009
	£'000	£'000
Fair value of scheme assets at 1 January	5,372	5,176
Expected return of scheme assets	291	265
Actuarial gains	161	302
Contributions by employer	337	337
Benefits paid	(633)	(708)
Fair value of scheme assets at 31 December	**5,528**	**5,372**

The actual return on the scheme assets over the period ended 31 December 2010 was £452,000 (2009: £567,000).

Total expense recognised in SOFA

	2010	2009
	£'000	£'000
Interest cost	366	328
Expected return of scheme assets	(291)	(265)
Total expense recognised in SOFA	**75**	**63**

28. Pensions (cont)

Statement of recognised gains and losses

	2010	2009
	£'000	£'000
Difference between expected and actual return on scheme assets: gain	161	302
Experience gains and losses arising on the scheme liabilities: gain/(loss)	337	(152)
Effects of changes in the demographic and financial assumptions underlying the present value of the scheme liabilities: (loss)	(424)	(1,433)
Total amount recognised in the statement of recognised gains and losses: gain (loss)	**74**	**(1,283)**

The cumulative amount of actuarial gains and losses recognised in the statement of total recognised gains and losses since the adoption of FRS17 is £(661,000) (2009: (£735,000).

Assets

	2010	2009	2008
	£'000	£'000	£'000
Equities	2,239	1,644	933
With profits policy	3,261	3,674	4,190
Cash	28	54	53
Total assets	**5,528**	**5,372**	**5,176**

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

	2010	2009	2008
	% per annum	% per annum	% per annum
Inflation (RPI)	3.50	3.50	2.90
Rate of discount	5.40	5.70	6.30
Allowance for pension in payment increases of RPI or 5% if less	3.50	3.50	2.90
Allowance for revaluation of deferred pensions at RPI or 5% if less	3.50	3.50	2.90
Allowance for commutation of pension for cash at retirement	None	None	None

The mortality assumptions adopted at 31 December 2010 are 100% of the standard tables PNxA00 with year of birth improvements in accordance with the Long Cohort improvement tables with a 1% improvement underpin for males and females.

These imply the following life expectancies:

Male retiring at age 62 in 2010	26.8 years
Female retiring at age 62 in 2010	29.4 years
Male retiring at age 62 in 2030	29.0 years
Female retiring at age 62 in 2030	31.4 years

28. Pensions (cont)

Expected long-term rates of return

The long term expected return on cash is set to be slightly below the yield on long dated government bonds. The long term expected rate of return on equities is based upon long dated government bond yields with an allowance for out-performance. The long term return on with profits policy has been set by considering the bonus strategy of the with profits fund.

The expected long term-rates of return applicable at the start of each period are as follows:

	2010 % per annum	2009 % per annum
Equities	7.20	7.20
Cash	5.00	3.40
With profits policy	4.00	5.00
Overall for scheme	5.66	5.38

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 0.5% pa	Decrease/increase by 12.0%
Rate of inflation	Increase/decrease of 0.5% pa	Increase/decrease by 9.0%
Rate of mortality	1 year increase in life expectancy	Increase by 1.6%

Duration of the liabilities and expected benefits payable

It is estimated that the average duration of the scheme liabilities is 24 years. The benefits payable by the scheme are expected to be payable as follows:

Expected Benefit payments	£'000
Year 1	189
Year 2	141
Year 3	105
Year 4	203
Year 5	62
Year 6	272
Year 7	203
Year 8	300
Year 9	371
Year 10	342

Amounts for the current and previous four periods

	2010 £'000	2009 £'000	2008 £'000	2007 £'000	2006 £'000
Fair value of assets	5,528	5,372	5,176	5,516	5,084
Present value of scheme liabilities	6,632	6,812	5,607	6,569	7,081
Surplus (deficit) in scheme	(1,104)	(1,440)	(431)	(1,053)	(1,997)
Experience adjustment on scheme assets	161	302	(489)	78	149
Experience adjustment on scheme liabilities	337	(152)	349	18	17

The best estimate of contributions to be paid by the employer to the scheme for the period beginning 1 January 2011 is £337,200.

Legacies

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

Abbey, M E
Abblitt, Bessie Iris
Adams, Beryl Evelyn
Adcock, Grace
Alexander, Kathleen
Anderson, Joan Sheila
Anderson, J
Angus, Jannet
Armstrong, G A
Arrand, Kathleen
Atkinson, Noreen
Austin, Doris
Baker, Doreen
Ballinger, Alan
Bardsley, Vera
Barlow, J
Barnard, Georgina Eunice
Barnard, Irene Olive
Barratt, Phyllis
Bastow, M H
Batten, Lois
Baynes, V M
Beard, David
Beck, Beatrice Holmes
Beenham, Kathleen
Bell, Jean Doreen
Bellard, Louise
Bennett, Dorothy
Bentley, Henry Albert
Bentley, John Edwin
Berry, Thomas William
Birtles, Joshua Frank
Bishop, D E
Bisset, Jane Isabella Knight
Blow, Evelyn
Bolt, Sarah Freda
Bolt, K
Bolton, Pamela
Bond, Marjorie
Bond, H K
Booker, Mabel
Bosward, Elizabeth Jessie
Bothamley, Joyce
Botley, Victor
Bourne, James Morison
Bray, Violet
Bretherick, Elizabeth
Brewin, Joan Margaret
Brewster, K
Brindley, J E
Britton, Anthony
Bromley, Barbara
Broun-Lindsay, Beatrice
Brown, Georgina
Brown, Iris Daisy
Brown, Jeanetta Mary
Brown, M L
Brown, K M
Bryan, Marie
Bryant, Joan
Burnand, P
Burt, Marjorie Elsie
Byne, P A
Callingham, Reginold Cecil Joseph
Calway, Joan
Cameron, Catherine
Carr, Brian Leslie
Cartlidge, Eileen Ann
Case, Jean Crawford
Casey, Michael
Cassell, B
Chalmers, Dorothy
Chapman, Kathleen
Clare, L
Clark, Jean
Claxton, Olive May
Clayton, Shirley Beryl
Clegg, Irene
Clemence, Walter Richard
Clift, Avis
Cockshaw, Linda Mary
Coleman, P
Collett, Nora Marjorie
Collins, Dennis Harry Frederick
Cooke, Gwladys Eileen
Cordery, Douglas
Corrigan, Sarah
Cotton, Edgar
Cox, Brenda
Cox, Dennis Ernest
Cox, Ivor William
Craig, Ronald
Crilly, J
Critchley, Gwyneth Mary
Crocombe, Jean
Crowe, Edwin
Curtis, Eileen
Cussons, B
Davies, Mary
Davies, Robert George Albert
Davis, Julia Evelyn
Davis, V
Dean, Michael Bernard
Deeman, Doris
Denholm, Ian
Denning, Doreen
Denning, Jack
Dent, P R
Dickinson, Kathleen
Dixon, Jessie
Dollin, H J R
Doody, D J
Douglas, Margaret
Draper, Margery Irene
Duffy, James
Dugdale, May
Dyer, Barbara
Earl, J H
Eaves, A
Edwards, Denis Arthur
Edwards, Derek
Emmans, Mildred

Evans, D M
Evans, J
Evans, J E
Farley, William
Faulkner, Doris
Fellows, Frank Robert
Fellows, Gwendoline Maria
Fenton, Partricia Ann
Field, B
Fletcher, John Philip
Flowers, Hilda Emma May
Ford, Beryl
Forrester, Dorothy
Fowler, Reginald Alec
Franklin, Kathleen Veronica
Fridlington, Maud
Fry, Edwin
Gall, Roderick George
Gallagher, Nora
Gibbs, E M
Giles, John
Gilham, Ena Dorothy
Goad, Eileen Joan
Godden, Hilda
Godsiff, P G
Gollop, Michael Robert
Gordon, John
Gordon, Joseph
Gould, Elisabeth McCaw
Grabham, David Albert Edward
Graham, Eileen
Grainger, Donald
Granfield, Joyce
Grant, J A
Gray, Margorie
Green, Pamela June
Green, Welsey Kelge
Greenland, Irene Daisy
Greenwood, Lillie
Gregory, William
Gregory, W R
Gutstein, Klara Chaja
Hadley, Oliver Edwin
Hagger, John Gilbert
Hall, Eric
Hall, A
Halligan, Eileen
Hanmer, Elizabeth
Harber, Eleanor
Hardwick, Barbara
Harrington, Brenda
Harris, Christopher John
Harris, J P
Hart, Marion
Harvey, Frederick Clifford
Hatton, Frederick Joseph
Hearn, Kathleen Rose
Henderson, Maureen Ann
Herington, Oscar Edward
Hicks, Herbert Bertie
Hickson, Mary Elizabeth Sarah
Higgins, A M
Hills, Daphne
Hirst, Elaine Clara
Hirst, Joan Ethel
Hiscox, Barbara
Hoader, Joan
Holden, Andrew Christopher
Holland, Cissy Evelyn Bernice
Holland, Eileen Elizabeth
Hollies-Smith, E
Hooker, Daphne
Hooker, A
Hoole, Gordon
Hopkinson, M E
Horwood, Florence May
Hosking, Pamela
Houghton, Louisa
Houghton, L G
Hughes, Frank Edward
Hughes, Geoffrey Elrington
Hughes, William
Hunt, Keith
Hurdman, Harold
Hurst, Susan
Hutchinson, William James
Hyett, Barbara Mary
Hyham, John David
Hynam, John
Iley, Nora
Jackson, James Edward
Jackson, Madge
Jamieson, A G
Jennings, Stella Ethel Vera
John, Subina
Johnson, Eric Victor
Johnson, Margeret Alberta
Johnson, Margeret Mary
Jones, Hazel
Jones, Leonard
Jones, Margeret
Jones, Muriel
Jones, Randall
Jones, Susette Nea
Kay, Olga
Kent, Kathleen Florence Evelyn
Keys, Basil Henry Nelson
Keys, Margeret Lucy
Kingston, Henry
Kitchman, Patricia
Knights, Vera Lillian
Kottka, M
Kreitzman, Abraham
Lambert, Florence
Lang, Frances
Laughton, Alan
Laycock, Elizabeth Agnes
Leak, Dennis Gordon
Lee, Brian Edward
Leek, Kathleen Mary
Leeke, Margaret
Leslie, Signey Francis William
Lewington, Vera
Lewis, Annie
Lewis, Mary
Lewis, D E
Lightfoot, Gerard
Lloyd, J
Lockett, S E
Loft, V E
Long, D
Longhurst, Peter Graham
Longman, L J
Lowe, Jessie
Lowe, Valerie Rose
Lowman, Donald
Lumsden, A H
Lyons, May

Machin, Joan
MacKenzie, Janet Robertson
Mann, Ernest
March, E
Markham, Bridget Anne
Marsh, Leonard
Marsland, Glenys
Matthews, J
Matthews, P M
Maxim, Barry William
Mayne, Mavis Elsie
McKenzie, Jessie Alexander
McKinlay, M
McLean, S D
McWilliams, Samuel
Midson, Nancy Elizabeth
Miller, John
Miller, J
Mills, Lillian May
Millward, E
Moat, Hilda Elizabeth
Moffatt, Eileen Margaret
Moldauer, Edward
Moore, May
Morrell, Barbara Rosie
Morris, R H
Moss, Amy Gertrude Helen
Mostyn, Valerie
Mott, Sidney John
Moye, John
Mulcuck, Jean
Muncey, Stanley Roy
Murphy, Chantel
Mutch, Irene
Narraway, Mary
Nash, Tandy-Jade
Nash, Zina Millicent
Necker, George Larner
Nelson, Alfred
Newliff, Olivia Vanda
Nicholls, M
Nicholson, Violet
Norman, Ronald
Nutter, J R
Oakley, S J
O'Gorman, Dorothy
Ollerenshaw, Muriel Browning
Owen, Hywel
Palin, A V B
Palmer, D J
Parekh, Vasantrai Morarji
Parish, R
Parker, John Garner
Pattinson, Ralph
Pauncefort, Bernard
Pearce, Kenneth John
Pearl, Rose
Pearse, E M
Pearson, C M
Peters, Michael
Peters, Partricia
Peters, M
Phillips, Harold Victor
Phillips, B K
Phillips, S M
Phipps, Dorothy May
Phipps, A W
Pipkin, James Dennis
Pitts, Margaret Joan
Pockett, Raymond
Pointer, Avril
Polley, Olive Maud
Poole, Mary
Poole, D
Porritt, W
Porteous, Jean Thomson Arrol
Porter, Pamela Isobel
Powell, Kathleen Doris
Pratt, Maisie
Prescott, Marion
Preston, Constance Margaret
Preston, J A M
Prestwood, N
Prichards, H
Priddle, F D
Prince, John
Prior, John Gilman Leathes
Puckering, Lesley
Quickenden, George
Quinton, Stanley
Quinton, D
Racklyeft, Frederick James Purcell
Rao, Jishnu
Rarity, Thomas
Ratcliffe, Olive
Reed, Phyllis
Reed, D V
Reynolds, Peter
Rickards, Brenda Patricia
Riley, Alec
Ripley, K V
Roberts, Gladys Gregory
Roberts, Norman Arthur
Robson, Joan
Robson, M J
Roden, M H
Rogers, June
Rogers, A W
Rose, Elizabeth alison Lewis
Rose, Joan
Ross, S F
Rous, Mary Elizabeth
Rowbottom, Joyce
Roynon, Y
Sadre, Patsy
Sanders, J S
Savage, William
Sawyer, Irene Maud
Schofield, Mary
Shakespeare, M
Sheldon, Margaret Edna
Shelton, D N
Shemeld, David Arcules
Sherratt, Frances
Shutt, Florence
Skellern, S
Slingerland, Pauline
Smith, Dennis William
Smith, Doris
Smith, Elizabeth Murray
Smith, Florence Irene
Smith, Margaret
Smith, Muriel May
Smith, Philip Gordon
Snook, Ronald
Snook, R R
Soltow, Jean
Sparrow, Elizabeth Rebecca

Spurgeon, Marian
Stainsby, Marguerite
Stansfield, Beryl
Stapleton, R
Starling, J L
Stedman, Jennifer Susan
Stephen, A
Stevenson, Paul
Strange, Margaret Winifred
Stringer, Margery
Suter, Elizabeth Ann
Swan, Sandra Hope
Syson, Phyllis Ellen
Szulu, Gweneth Maisie
Tabrum, Alan
Taylor, Albert
Taylor, Authur George
Taylor, Ruby Ena
Terrell, Catherine Ellen
Thomas, Marion Joyce
Thompson, Maureen
Thomson, E P
Thorneycroft, E A
Thornley, Elsie Margaret
Thorpe, Paul Lawrence
Thrupp, Jennifer
Todd, D
Tole, Eileen
Tongue, Albert
Totterdell, B
Tourle, Muriel Bourner
Tunna, Gillian Mary
Turnbull, Ellen
Turner, Arthur
Turner, Denis William Victor
Turner, P C
Turner, P J
Turner, E R
Unwin, Raymond
van der Feltz, Diane
Vickers, G R
Vinton, Philip
Walker, I C
Walklin, Gail Patricia
Walters, Margaret
Warden, Elizabeth
Wareing, Dorothy
Warner, Frances
Warnes, Joyce Olive
Watson, Audrey
Watson, Edna Clara
Watt, Mary
Watts, Frederick William
Watts, Mary
Watts, J R
Weaver, John Robert
Webb, Christophet John Millward
Wells, Annie
Welsh, Audrey Doreen
Wenman, Cora
West, Rosina Ellen
Wheat, Douglas Ernest
Wheatley, Joyce Clare
Whitbread, Frederick
Whitehead, Clive
Whiting, Eileen
Whiting, Ivy May Mary
Whittaker, P D
Widdowson, Catherine Doris Scott
Widdowson, A
Wiener, Friederike Marie
Wilcox, Edith Mary
Wild, Barbara
Willis, C J
Wilson, A F
Wilson, Catherine
Winter, Annie Doig
Winter, Clifford Edward
Winterbottom, Carol
Wood, Francis Gordon
Woods, Kathleen Lal
Woodward, Maria
Woosey, Roy
Woosley, Alice
Wright, Ethel Florence
Wright, Irene
Wright, Marie Helen Isobel
Wrigley, E
Yearron, Daphne Constance
York, Mary
Young, Jean

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