

Chairman's Report on 2020 activities

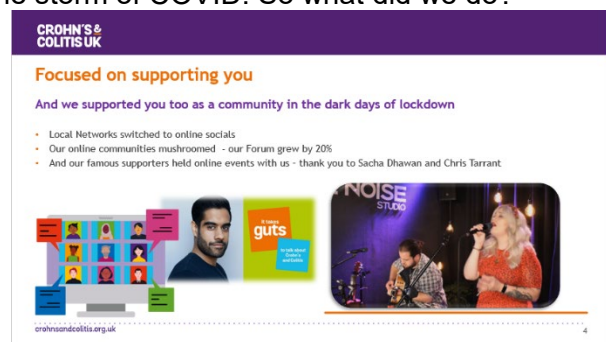
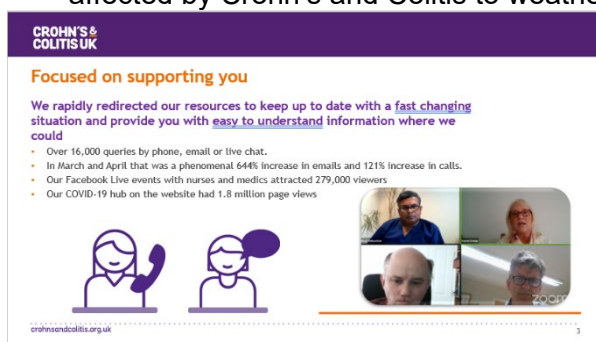


We're just going to pause on this slide and have a moment. 2020 as a year, none of us will ever forget. I think that's the understatement of the century. I think everybody, whether you're 5 or 95 has a lens and a story to tell of what 2020 was like. I've always been proud to be your Chairman and in 2020, looking back on it, it was an absolute privilege to lead such a committed, devoted, hard working team of people who did all they could to support anybody affected by Crohn's and Colitis. I'd like to thank Sarah Sleet for her unfailing leadership to respond to ever changing situation (I know she'll hate this) and that was despite her having a really nasty dose of COVID when were in the early days, I think it was in March, it hit her before we knew much about it but she kept going. She was supported by her leadership team and our staff. We also had the support of our board, many of whom have big jobs themselves, but at very short notice would give of their time to make sure we were there to make the decisions we needed to. Underpinning it all you, with your constant support. I'd like to thank each and every one of you for being there for Crohn's & Colitis UK when we need to do most.

We really lived our values.

- We were ambitious, we all did the best we could.
- We were compassionate, we focused all our efforts on supporting those who needed us.
- And we absolutely were stronger together because everyone played their part, whatever was asked them,

I adopted the mantra that we should prepare for the worst and hope for the best. Because it was absolutely clear that our income was going to be hit, and it was. Tom will talk about that after I've spoken. I'm now going to share what we did. Our focus was to support anyone affected by Crohn's and Colitis to weather the storm of COVID. So what did we do?



We very rapidly had to redirect our resources to keep up to date with the fast changing situation and provide you with easy to understand information where we could. We saw an exponential rise in the call for information from us, as you'll see here 16,000 queries by phone, email and live chat. In March and April alone. It was phenomenal. The increase of emails 644% and 121% increase in calls. Our Facebook live events with nurses and medics attracted nearly 300,000 viewers. COVID-19 hub on the website had 1.8 million pageviews. So we obviously have to redirect the resources we had to meet that need. We focused on supporting you in those dark days of lockdown. As Tarik said, we were under house arrest. Local networks switched to online socials. Our online community mushroomed. Our forum grew by 20%, and our famous supporters came up Trumps and held online events for us. Thank you to Sacha Dhawan and Chris Tarrant.

CROHN'S & COLITIS UK

Beyond direct support



Not Every Disability is Visible

- Kept the profile up on keeping open accessible toilets particularly when COVID has shut so many



In My Shoes

Finishing eight research grants in the year

- From self managing pain to genetic profiling managing fibrosis

Winning awards

- For our In my shoes app, to our NEDIV campaign to our It Takes Guts film

IBD Standards of Care

- Finishing line on the most comprehensive analysis of the quality of care in UK IBD services to date

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Beyond our direct support, we kept the profile on not every disability is visible. By keeping open as many accessible toilets as we could influence so many worship. We finished eighth reserve research grants covering a wide range of topics. We won awards for our app in my shoes for an advert campaign of right it takes guts film. We were delighted to see the IB D standards of care The finishing line, and which is to date the most comprehensive analysis of quality of care of IBD services in the UK

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We could not have done it without you



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We quite simply could not have done it without you.

Here we have just a number of you who kindly let us use your photos for our slides.

Some of you will recognise:

- Amy Dowden,
- fundraisers,
- members of our online community
- people whose stories were told for virtual awareness
- researcher, Bernie Carter
- campaigners and local network volunteers
- IBD, nurses
- MP Daisy Cooper, and
- finally, our online community who shared their stories, raising awareness.

Yes, we quite simply couldn't have done it without you. Thank you,

Treasurer's Report on 2020 finances

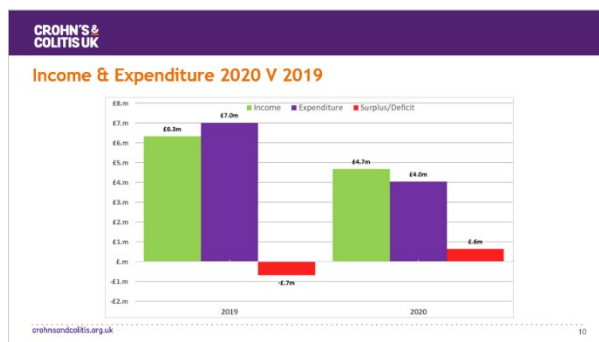
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2020 Financials
Tom Reddy
Vice Chair and Treasurer

"2020 is a year none of us will ever forget"

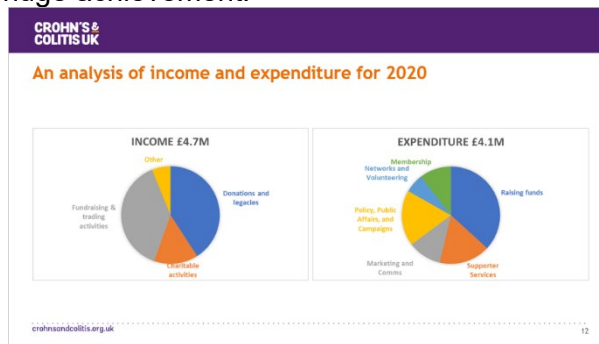
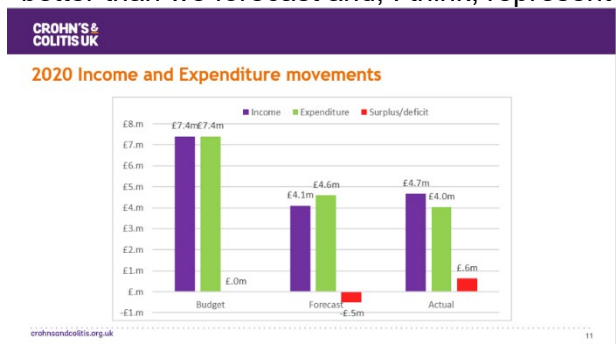
Opening line from the 2020 Annual Report's
 Chair and CEO Welcome

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I've deliberately put up the same quote for Sue. Because from a financial perspective, we definitely won't forget 2020 gets a business, Andrew from go to the next slide, please. So this shows the really high level summary. In 2020, we saw a 1.6 million reduction in income as the COVID pandemic hit. We also made some significant cuts to our cost base so that we move from a 700,000 pound deficit to a 600,000 pounds surplus. And I'll show you in a minute how this has been achieved.

I want to share a little bit of historic context and what we expected. Our budget at the start of the year was 7.4 million for both income and expenditure. In other words, we wanted to have no surplus. It became apparent very quickly in March that that wasn't going to be possible. So we did a re forecast. Our refund forecasts said that we would get 4.1 million of income and 4.6 million of expenditure, which would leave us with a further deficit of half a million. It's also worth saying that our worst case income projection at that point was below 3 million. We were obviously very worried about what that meant. In the event, we got 4.7 million pounds worth of income, 4 million pounds worth of costs, and we made a surplus. The final figures were much better than we forecast and, I think, represent a huge achievement.



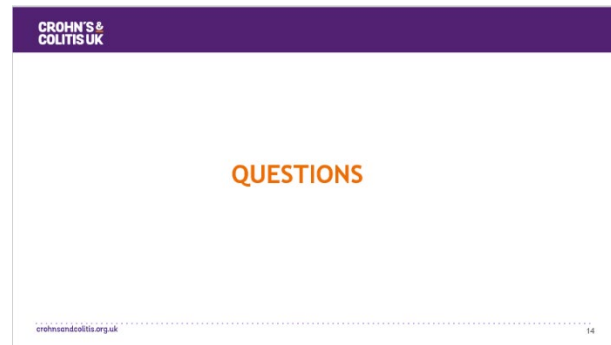
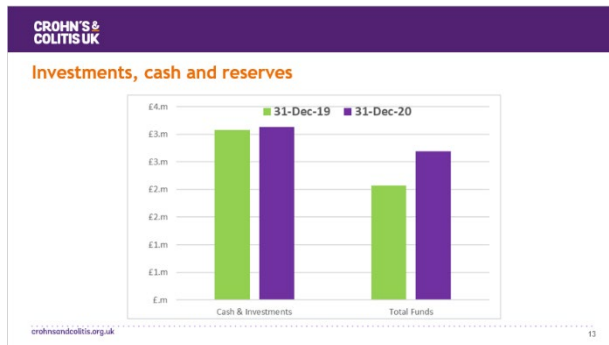
I'll talk now about a little bit of detail. We'll start with income, which is 4.7 million. Obviously, there was a massive challenge to income and I think we did tremendously well, which I think reflects two things. Firstly all the really hard work from our income generation team under Claire, but even more so the generosity of our supporter base and our local networks. In both cases, we saw a huge amount of adaption to COVID. As a charity, we've done very well to diversify our income streams to new things such as virtual fundraising initiatives, and also points to the emergency appeals which were embraced and really well supported by our community. We also got lots of support from companies, pharmaceutical in particular. Just in terms of the actual movements, the fallen income was really driven by fundraising, which fell from 3.4 million in 2019 to 1.8 million in 2020. With cancellation of nearly all of our physical events, such as walking marathons and runs, we also had a drop off in legacy income, which was less than half the previous year, caused by delays in probate and property sales. Other streams generally held steady such as membership income.

If I turn to expenditure, this was 4.1 million, down 3 million and the big challenge when it comes to our cost is where to cut. Ideally, we want to cut our overhead with as small as an impact as we can on the provision of services and actions that directly deliver on the charities, objects, and really what our supporters want. We can't avoid the fact we had to make some really tough choices. Ultimately, we focused on our core essential services, including some of the areas of work where demand has really increased such as helplines. and elsewhere, we paused or stopped activities.

To summarise, again, some of the key things.

- staff headcount fell from 78 to 70, with associated staff costs falling by about 300,000.
- we had 25 staff furloughed during the year,
- the remaining staff all had their working hours reduced by 20%, from April to October.

So, it's a huge impact on our staff. From my perspective I hugely appreciate the commitment that they continue to show despite the fact that it wasn't easy for them personally, The cost of generating funds fell by 600,000, largely due to events being cancelled, staff costs and putting research on hold meant costs falling by 1.2 million.



The net effects of this performance was an unexpected 600,000 pounds surplus from our income and expenditure for the year. The left hand side of this slide shows the real liquid buffer that we have in terms of cash and investment. You can't see it here, but we saw something of a dip in the middle of the year and, by the end of the year, this had been recovered. Overall, the level of cash and investments remained flat. From the perspective of our formal reserves, which you see in our balance sheet, the surplus directly benefited them. It's split between unrestricted reserves which increased by 400,000 and restricted which increased by 200,000. To summarise, if you'd asked me in March what the outcome for the year would be, I'd have said that, firstly, it's incredibly difficult to know and secondly, we're facing into a real position of risk, driven by the huge impact that we thought we were going to get to income. In that context, I'm incredibly proud of the way that we've responded, both the charity itself and our supporter base to whom I, and I know the rest of the trustees, are enormously grateful. We've shown ourselves to be adaptable and resilient and we've come out of this confident that we're well placed to the future, with renewed determination to continue to fight for the need of all those affected by Crohn's and colitis.

CEO's Report on the next three year strategy



We weathered the storm, and we're in a really good place going forward for concentrating on getting change for you for the better. Our current strategy was put together in 2017 and it was due to end in 2022. But with what happened in 2020 we really have to think: has the world changed? Do we need to adjust that strategy? We went back to review it and that's what we've been doing over the last few months. In that original strategy there were some really key aims for us which were developed, with a lot of consultation and a lot of discussion with our community, to identify those issues which you feel are most important to you. They're up on screen now. We feel that those are still highly relevant themes for the charity going forward and we're not going to change those. It's been shown, really significantly over the last year, how important it is that we really do more work:

- getting people to understand the impact of Crohn's and Colitis, and what that means when you are living with a long term condition, which can have a really significant impact on your life. Too often people just aren't aware of the implications of that and it's our job to keep shouting about that to make sure that people understand the impact.
- as you know, in terms of research. You've heard from Tarik, what a difference research makes to lives.
- to continue to support and empower people, as we have been doing over the last year, getting out of information to the community. It really did make a difference.
- to continue with getting better clinical care, particularly going forward when things are going to be really pressurised in the NHS.

So we're going to stick with the same aims, but the way that we're going to do it is going to slightly change.



I'm just reflecting, first of all, on one of the big figures that has come out in the last 12 months. It used to be commonly accepted that there were about 300,000 people in the UK with Crohn's and Colitis. What we really know now, through research commissioned by the charity, is that in the UK there are over 500,000 people with Crohn's and Colitis. We know that people up and down the land, from all walks of life, all backgrounds, have got the condition. We need to tell their story in a much more nuanced way and to understand the impact on those lives. What we need to do is to think about how we can tell those stories better, how we can understand those stories, and communicate individual needs in a much richer fashion than we're currently doing. In terms of what the charity can do about that, we know at our core, the charity is really focused on you, that's what we're about. There is nobody else that is really doing that. It might be part of a healthcare professional's job but it not be the whole of the job. It might be part of a politics policymaker's remit, but it won't be the whole of their remit, Crohn's and Colitis is the whole of

our remit and that's why we are in the best position to bring together all of that understanding and knowledge and really make the case for you to get change. What we need to do as a charity is to become even better in terms of being experts on your lived experience, so that we can get change for you, wherever you are, wherever you work, wherever you get educated wherever you get your health services. As to how we're going to do that, at the very top level in the next three years, we're going to focus on three things:

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Investment in building the evidence base



- What do we know?
- What don't we know?
- What do we need to know to improve lives?

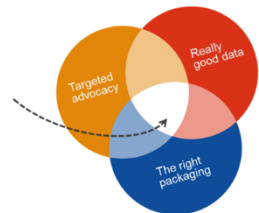
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The first thing we really need to do is to build the evidence base even more. There are bits of a picture in research papers in surveys and studies, and the charity has been really good at trying to build that evidence base in recent years, particularly through the IBD standards of care. I don't know how many of you on this the now joined in on answering the patient survey, but that was really important work because it allowed us to take evidence to policymakers and say, "this is actually what's happening on

the ground, we know this and we need to change it". Unfortunately, we haven't got enough yet and we need to do much more to understand the diversity of experience, the range of experience. We need to get that evidence base to push change so we're going to put a lot of investment into building a better evidence base, understanding what we know, what we don't know, where the gaps are, where do we need to prioritise getting evidence to support change.

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Delivering impact underpinned by evidence



- Public awareness increases.
- Time to diagnosis decreases and fewer A&E visits before diagnosis.
- GP survey on awareness and understanding shows improvement.
- Experience in workplace and education settings shown to have improved

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And with that understanding, we're really going to try and raise the game in terms of public awareness, more evidence, more stories, more things to go out to talk to the public about to get those media stories that we all want to see, to get the attention in terms of policymakers to get the attention in terms of people who are delivering in education or the workplace. So we want to raise public awareness, we want to specifically make sure that diagnosis is properly addressed, one of the things that was very

apparent in the IBD standards of care work was that diagnosis is a big issue. Still, we know that over a quarter of people took longer than a year to get diagnosed. with increase in length, the diagnosis, there were more and more a&e visits, that's not good for the health service. And that's certainly not good for the patients. And we need to make sure that it's not just secondary care in the hospitals that are doing better. It's also in primary care. We know there's a problem in some GP surgeries with recognising quickly friends and colitis. And we need to do much more about that. But we need the evidence to make that change to make people focus on it. And that was really evident in a meeting we held just this week with NHS England, talking to very senior leaders about the need to make change. And they're very willing to listen, and they're on board with it. But they want to see the facts and figures in order that they invest in that area. And that's where we're going to do more. And of course, we need to understand outside of healthcare where the app, the impact on your lives are, and where we can make changes there as well.

Better support for you

Keep building our **easy to use** information and support

Build new tools such as structured patient education that could be adopted by NHS

Keep providing the peer support that has kept us going over the last 18 months including our wonderful Local Networks and online communities



The charity has built up, over the years, a great reputation for providing support for you. We have got enormous amounts of information on our website and in publications. I sometimes describe it a bit like going into an enormous library, where we're putting row of shelves of books and being told "we've got everything here we've got loads of knowledge about IBD you can find out what you need by having a look around". It's not overly helpful. We know we need to be much more

targeted and help you find the information that is relevant to you much more quickly. We're going to do more around that:

- we're going to build a better website,
- we're going to build better tools for getting information out to you.

We also know that in the NHS, there is an increasing understanding that patient education is really important and delivering it keeps some of the pressure off of the NHS staff. That's an area where we think the charity can really help in providing building and providing patient led patient education that can be adopted by the NHS, and that's something that we will do going forward. Of course, we also really need that peer support. The community was so important to so many people, particularly in the last 18 months. We're going to continue building peer support, working with fantastic local networks and building online communities.

We will only be able to do it with you



We can only do it with you. Here are these fantastic supporters. Whether you're a volunteer, a fundraiser, a supporter or a donor. Whether you're a celebrity, a politician or a healthcare professional, we can do this if we do it together. We can make a real difference and change lives if we work together. That, in headline, is our strategic direction of travel, you're going to hear much more about it over the next few weeks and months, and specific work that we want to do for you. Thank you.