

OUR IMPACT IN

2024

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.



Annual report and accounts



A YEAR TO BUILD ON

Read on to find out how we've made a difference for people affected by diabetes.

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AMBITIOUS FOR CHANGE



Colette Marshall
Chief Executive



Dr Carol Homden CBE
Chair

Welcome to Diabetes UK's 2024 annual report and accounts. The following pages are packed with stories of the impact we as a community made this year. So many people make up the charity: people with and at risk of diabetes, supporters, volunteers, healthcare professionals, researchers, partners and colleagues. We're proud to share our collective achievements and ambitions for the future.

This year, UK data revealed an alarming rise in the number of people under 40 developing type 2 diabetes, especially in those from Black and South Asian backgrounds and people in our most deprived communities. This is a shocking development and, as complications tend to be more aggressive in these people, swift action is absolutely vital. That's why, ahead of the general election, we took the opportunity to compel incoming decision-makers to prioritise diabetes prevention and care. We'll continue to work tirelessly to push diabetes up the health agenda in 2025.

In June, we revealed the annual UK healthcare cost of diabetes complications has topped £6 billion. However, the figures showed that front-loaded investment – such as in diabetes technology – saves money further down the line. This adds a clear economic argument to prioritise prevention, support after diagnosis, and annual checks for everyone living with diabetes.

My family make plans around my diabetes, without even asking me.



Investment in diabetes research also continues to be key to driving impact. The incredible areas of progress in diabetes care in recent years – particularly remission from type 2 and hybrid closed loop technology – stem from research. And now, immunotherapies to treat the root cause of type 1 diabetes are starting to become a reality. We are hopeful we'll start to see people getting access to a UK-licensed immunotherapy in 2025, and our long-standing investment in this area of research is paving the way for rapid progress in its wake.

A real watershed moment for us this year was the start of our work to raise awareness of the stigma associated with diabetes. This really

gained momentum when we invited people with diabetes to send us their day-to-day experiences of stigma. We were inundated with stories, and shocked by what they revealed. We'd expected to be tackling issues around public opinion and health system bias, which we will, but people told us that stigma from friends and family hurts the most and is widespread.

I didn't realise how much my sister's family judged me until they came round, and told me I should walk more.



My family will say, 'do you have to do that right now', when my insulin alarm goes off.



These insights shaped 'If You Knew', our first stigma campaign, and informed a session at the Diabetes UK Professional Conference, where we started the conversation about stigma and bias with healthcare workers and researchers.

We're totally committed to the work in this area because we believe it's critical to the future of diabetes care. Entrenched stigma and misconceptions have held diabetes back as a healthcare and research priority. Shame and guilt are holding people back from living life to the fullest. It has to stop, and we won't stop until it does.

Finally, we want to send a huge thank you to the whole diabetes community who work phenomenally hard year in, year out. Reading this report, people should feel really proud of what's been achieved together and excited about what we'll do next to realise our ambition of a world where diabetes will do no harm.



WE'RE FIGHTING FOR A WORLD WHERE DIABETES CAN **DO NO HARM**

We are Diabetes UK and it's our mission to tackle diabetes, day in and day out, until it can do no harm. It's why we campaign for better care, give support in times of need and fund ground-breaking research into new treatments and cures. Diabetes doesn't stop, so neither do we.

How we're getting there

- ➔ We're listening to and working with people living with diabetes, healthcare professionals, researchers and many others to drive change.
- ➔ We're developing, delivering and championing the most effective ways for people to manage their diabetes, or their risk of type 2, so they can live more confident lives.
- ➔ We're building a strong community of support that finds and shares the knowledge needed to fight diabetes.





A GENERATION TO END THE HARM

Our strategy is focused on curing and preventing diabetes, as well as helping people to live well and longer with the condition. We want to end the harm of diabetes within a generation.

What we're aiming to achieve

To do this we are focusing our efforts on working towards Ambitions in the key areas that people with and at risk of diabetes tell us are important to them. These are:

- Ensuring more people newly diagnosed with diabetes get the support to live well with diabetes.
- Ensuring more people with diabetes get the essential care they need.
- Stemming the rise in type 2 diabetes and improving support for those at greater risk.
- Tackling the stigma of diabetes and the discrimination it can bring.
- Delivering the ground-breaking Type 1 Diabetes Grand Challenge, to bring us closer to new treatments and a cure.
- Delivering our Together Type 1 programme for all 11-25 year-olds with type 1 diabetes.
- Tackling inequality in diabetes care and outcomes.

OUR IMPACT AT A GLANCE

Together, we changed lives in 2024. Here are some highlights.

OVER 131,000

contacts requesting help and information through our Customer Care Centre. We also had over 574,000 forum visitors.

£4 MILLION

invested into 17 new research projects exploring all types of diabetes and its complications, bringing the total value of our active grants to over £45 million.

OVER 12,000

people were recruited into clinical trials and studies funded by us.

OVER 20,000

new users registered for Learning Zone, taking the total to over 190,000.

563,000

people reached through our World Diabetes Day campaign, and over 250 stories from people with lived experience.

AN ADDITIONAL £392,000

was secured for diabetes research through working in partnership.

OVER £1 MILLION

committed to new research into beta cell therapies for people with type 1 diabetes, through the Type 1 Diabetes Grand Challenge partnership.

OVER 349,000

people completed our Know Your Risk tool to find their risk of developing type 2 diabetes.

32%

of people who completed NHS England's Path to Remission programme, which we campaigned for and was informed by Diabetes UK funded research, put their type 2 diabetes into remission

99

people living with diabetes sat on committees and panels to help us make decisions about our research.

OVER 7,000

healthcare professionals signed up to our CPD e-learning platform in 2024, bringing total number of registered learners to over 20,000.

87%

of people using Learning Zone have said that it has helped improve their confidence in managing their diabetes.

OVER 300

new research articles in academic publications acknowledged our funding.

OVER 500

experts from over 100 institutions worked on Diabetes UK-funded projects to improve diabetes care and get us closer to preventing and curing the condition.



FIGHTING STIGMA

People living with or at risk of diabetes face stigma that harms their health and wellbeing. We envision a world where no one encounters discrimination or judgement due to diabetes. Over the past year, we've deepened our understanding and strengthened our commitment to confronting this persistent issue.

Breaking new ground in research

Stigma in diabetes has been largely overlooked, but addressing it requires understanding its roots and impacts. To lead the way, we funded two pioneering studies.

Professor Nick Oliver at Imperial College London is investigating how stigma around type 1 diabetes develops and evolves, providing insights to shape strategies that mitigate its harm. Meanwhile, Professor Angus Forbes and Dr Rita Forde at King's College London are focused on gestational diabetes, developing tools to challenge misconceptions and educate healthcare professionals and communities.

We have also supported research into the multifaceted causes of type 2 diabetes. These findings will not only advance treatments but also challenge the misconceptions fuelling stigma.

By uncovering the origins of stigma and creating tools to combat it, we aim to build a world where people with diabetes feel empowered, understood, and free from judgement.

Guided by lived experiences and addressing cultural misconceptions

Our approach is shaped by those most affected. In June 2024, we established a group of 18 individuals with lived experience of diabetes. They meet regularly, guiding our initiatives, including refining our 2025 plans and shaping our World Diabetes Day campaign. Their insights are integral to our direction and success.

To tackle stigma in underrepresented groups, we undertook research to explore the unique experiences of people from Black African, Black Caribbean, and South Asian backgrounds. The findings revealed entrenched beliefs passed through generations, making stigma particularly challenging to address. For instance, individuals are often expected to hide their diagnosis from extended family, and despite diabetes being viewed as inevitable, blame and shame persist.

Language also plays a crucial role; for example, some participants of Black African descent preferred the term "controlling" diabetes over "managing" it. This research



I've faced countless unkind comments over the years from classmates, colleagues, and even healthcare professionals. So when Diabetes UK set out to tackle stigma, I knew I had to be involved. Helping to shape a vision for change was emotional, but I'm proud to have contributed to work that will educate, challenge mindsets, and improve life for people with diabetes.

Christine, who has type 1 diabetes, provided invaluable lived experience to help produce our stigma resource for World Diabetes Day.

allows us to tailor support and information more effectively, ensuring culturally relevant and impactful messaging.

Together, through understanding, action, and collaboration, we are building a future free from diabetes stigma — a future where everyone affected by diabetes can thrive without judgement.

Our aim:

We know that diabetes stigma hinders progress; tackling it now is vital to create lasting systemic change for everyone affected.

This year we learnt:

We will remain open to conversations about stigma, recognising its challenges, while addressing potential resistance from some healthcare professionals to acknowledge it as an issue, we must work in partnership to ensure we have a joint objective to reducing harm from diabetes.



TACKLING DIABETES- RELATED INEQUALITY

Diabetes does not affect everyone equally. Ethnicity, location, and income can all influence a person's risk of developing type 2 diabetes, the care they receive, and their long-term outcomes. Tackling these inequalities is at the heart of our work.

Our aim:

Grow and act on our understanding of inequality in diabetes.

This year we learnt:

Equality data collection at Diabetes UK is limited, however, colleagues aspire to improve but lack confidence. We have used 2024 to share best practices internally and externally to enhance understanding and drive meaningful change.

Ensuring young people have access to diabetes tech

During Diabetes Week, the North of England team and NHS England Northwest hosted the third annual Northwest Children and Young People's Technology Conference, led entirely by inspiring Young Leaders. They celebrated strides in reducing inequalities in diabetes technology access, with 91% of children with type 1 diabetes using continuous glucose monitors and 50% utilising hybrid closed-loop technology.

Gracie, 7, opened with a heartfelt video message, setting the tone for a day focused on real-life impacts. Young Leaders

shared powerful stories – including Aaron's Story, which underscored the need for integrated diabetes and psychological care. Interactive sessions spotlighted underserved communities, while presentations showcased technology's transformative impact.

The Young Leaders' contributions resonated deeply, securing further NHS England involvement and reinforcing their mission: amplifying young voices and shaping the future of diabetes care.

Addressing inequality in Northern Ireland

During Diabetes Week 2024, we launched the Western Diabetes Group in Northern Ireland, responding to stark disparities in the Western Trust locality. This region faces significant challenges, with 24% of residents living in relative poverty compared to the national average of 17%. Of the 300,000 residents, 17,500 live with diabetes, and 11,000 have prediabetes. The group – comprising statutory bodies, community representatives, researchers, and people with lived experience – aims to raise awareness, deliver prevention programmes and improve diabetes management in the region.

This is a big step in the right direction. We need more diabetes researchers from Black British backgrounds – they will be in a better position to focus on issues relevant to their own communities and the end result of their research will provide a better understanding of the most effective care for underrepresented groups.

Nana, as a member of our Diabetes Inclusive Communities Engagement Group, is hopeful the Black Leaders scheme will help make diabetes research more inclusive.



Increasing representation in research

Black researchers remain underrepresented in the UK's diabetes research community. In 2024, we launched the first UK funding schemes to support aspiring Black students in pursuing careers in diabetes research. These initiatives provide financial support, mentorship and skill development to ensure researchers from underrepresented backgrounds thrive.

By increasing representation in the diabetes research community, we hope to unlock new ideas and insights that can address inequalities in diabetes care, particularly for Black African and African Caribbean communities. We also hope it will encourage greater involvement of Black people affected by diabetes in research, bringing previously unheard voices to the forefront.

Diabetes UK is committed to inspiring future generations from underrepresented backgrounds to join the fight against diabetes through research.



PREVENTING TYPE 2 DIABETES

Type 2 diabetes is caused by a combination of genetics, age, body weight and how body fat is stored. Our environment significantly impacts health and type 2 diabetes risk. At Diabetes UK, we aim to shape policies for healthier environments and support high-risk individuals including those with prediabetes or gestational diabetes, to reduce their risk.

Our aim:

Fewer people will get type 2 and gestational diabetes.

This year we learnt:

Our Continuing Professional Development (CPD) platform for healthcare professionals has added new content, including mini-modules and webinars to improve the learner experience.

Reversing the trend – reducing type 2 diabetes in young people

In Type 2 Prevention Week in May we took our 'Reverse the Trend' report to Parliament, calling for government action to address the alarming rise in the number of people under 40 developing type 2 diabetes.

We held a parliamentary reception centred around stories from people living with diabetes, attended by around 30 MPs, including the then Minister for Public Health, Andrew Stephenson.

Significant awareness of the need to do more to prevent type 2 diabetes was raised, with 56 headlines in national print and online media coverage, reaching more than 120 million people. A key highlight was The Guardian front page story: "Alarm over big increase in under-40s with diabetes", which was discussed on BBC Breakfast.

Partnering for community impact

With £25,000 funding from NHS England, our Midlands & East team launched a diabetes prevention and awareness initiative in partnership with medical devices and healthcare company Abbott. From May to July, a health bus in Tesco car parks offered health checks and tests in areas of deprivation and diversity. More than 650 people were tested: 60.6% were found to have high blood pressure, 8.8% non-diabetic hypoglycaemia, and 9.8% type 2 diabetes. Another 2,000 people received leaflets to support self-management and access local

prevention services. A campaign amplified the initiative online, achieving 648,283 social media impressions.

Crucially, 101 people were urgently referred to their GPs following test results, highlighting the programme's life-changing potential.

I like the traffic light for patients, it is clear and simple... to bridge the gap and help stop these patients slipping through the net.

A diabetes specialist midwife in Bristol congratulates us for the effectiveness of our easy-to-use traffic light tool.



Improving women's health

A pilot in our South West and South Central region introduced a 'traffic light tool' to improve follow-up care for women with gestational diabetes, reducing their risk of type 2 diabetes. The tool assigns a red, amber, or green rating based on tests after pregnancy, prompting engagement between women and primary care teams for ongoing support and Diabetes Prevention Programme referrals.

One GP practice using the tool recalled 12 out of 18 high-risk women, and referrals to the Diabetes Prevention Programme rose from 20 to 120 within six months.

The Midlands & East team hosted the 13th annual Diabetes in Pregnancy UK Conference, drawing 800 delegates from the UK, Ireland, USA, Pakistan, and beyond. Estimated to impact over 15,000 diabetes-in-pregnancy cases annually, the event has driven awareness and best practices while elevating gestational diabetes on the NHS agenda. In the post-evaluation survey, 88% agreed they now feel more knowledgeable about diabetes in pregnancy, and 80% agreed they now feel more confident to speak to patients about their diabetes in pregnancy.



DRIVING TOWARDS A CURE FOR TYPE 1 DIABETES



TYPE 1
DIABETES
GRAND
CHALLENGE

Since its launch in 2022, the Type 1 Diabetes Grand Challenge has invested over £23 million in 19 groundbreaking research projects, uniting 161 experts from 47 institutions across eight countries in pursuit of better treatments and a cure for type 1 diabetes. Together, the global Grand Challenge community is harnessing expertise, innovation, and lived experience to tackle the toughest challenges in type 1, bringing hope to millions.



The Grand Challenge is funded by the Steve Morgan Foundation. We thank the incredible generosity, ambition and support of Steve and Sally Morgan.

Steve Morgan
FOUNDATION

Our aim:

To accelerate the development of new treatments and a cure for type 1 diabetes.

This year we learnt:

Our inaugural Grand Challenge Symposium, which brought together over 100 researchers and individuals with lived experience of type 1 diabetes, highlighted the power of a shared ambition to spark new ideas that can accelerate progress for those affected by the condition.



Innovation at the heart of the Grand Challenge

In 2024, the race towards a cure picked up pace with £1.1 million allocated to three pioneering beta cell therapy projects. These cutting-edge studies are exploring microRNAs (recently recognised with a Nobel Prize in Physiology and Medicine) in beta cell survival, if insulin-producing brain cells can help in the development of immune-resistant therapies, and immune-evading treatments inspired by tick saliva. Focused on replacing insulin-producing cells and halting immune attacks, these projects aim to eliminate the need for insulin injections and immunosuppressive drugs, offering transformative hope for millions.

Amplifying lived experience

At the heart of the Type 1 Diabetes Grand Challenge is the community itself — 29 individuals living with type 1 diabetes are using their expertise, gained through years of living with the condition, to shape the research and ensure it meets real-world needs.

These experts by experience help identify priority areas for funding, ensuring that research aligns with the treatments they

believe will be most beneficial. Collaboration is embedded at every stage with people with type 1 supporting and influencing funding decisions, and the design, management and dissemination of the research projects. Some co-lead projects as grant co-applicants, directly contributing to the groundbreaking work. A peer support network has been established to bridge the research and lived experience communities.

The collective effort of people with type 1 and researchers is the lifeblood of the Grand Challenge, essential for translating research into the clinic as quickly as possible.



My hope for the future is a cure. It would be amazing if we can find a solution where people with type 1 don't have to rely on technology or insulin. Something that makes their lives easier.

Amelia, whose daughter has type 1 diabetes, is hopeful we can find a solution where we don't have to rely on technology.

SUPPORTING NEWLY DIAGNOSED PEOPLE

Each year, on average, roughly 250,000 people in England Wales are diagnosed with type 2 diabetes. We are continuing to enhance our support to reach more individuals at this key moment of diagnosis, guiding them towards remission, and empowering them. By doing so, we can help to boost confidence and create the foundations for support throughout their time with diabetes.



Absolutely fabulous. As I am very new to addressing diabetes, I have found it both informative and supportive. As a vegetarian I was surprised with the references to a meat-free diet.

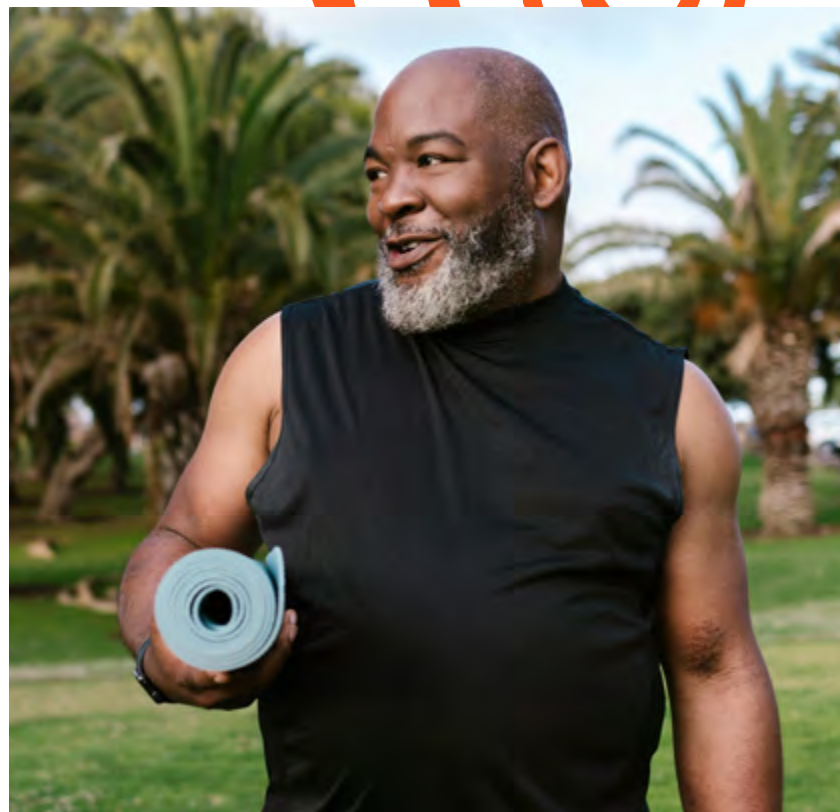
Feedback on our shop for our revised 'Your guide to type 2 diabetes'

Our aim:

More people will live better and more confident lives with diabetes, free from discrimination.

This year we learnt:

A lack of unified health service pathways for new type 2 diagnoses complicates influencing efforts. Work is underway to improve coordination, ownership, and partnerships with governments and trusts.



Support through partnerships

We're proud of our partnerships which support people to better understand all types of diabetes. Thanks to our partnership with Tesco, Let's Talk-trained pharmacists are available in the community to provide advice and support to people living with or at risk of type 2 diabetes, and our joint recipes are an accessible source of healthy, affordable mealtime inspiration.

Thanks to our partnership with Slimming World, we have been able to support people to make informed choices and challenge misconceptions through sustainable and healthy changes, including tailored recipes and resources. Our Clinical Team have also delivered Diabetes Education Sessions to key Slimming World staff members which are designed to further their knowledge and understanding of all types of diabetes.

Expanding support through Live Well Hubs in Northern Ireland

In Northern Ireland, we launched two additional Live Well Hubs, increasing the total to five as part of a five-year project funded by the National Lottery Community Fund. With nearly 115,000 people living with diabetes and 73,500 more diagnosed with prediabetes, these hubs provide essential, accessible support.

Live Well Hubs offer a one-stop shop where individuals at risk of, or living with, diabetes can connect with local healthcare professionals in a supportive, non-clinical setting. Participants can access tailored advice on managing their condition, understanding their risks, and improving emotional wellbeing. The hubs also share key insights on diabetes care and breaking the stigma surrounding the condition.

Growing remission support

We are proud that the findings of our innovative DiRECT research programme have led to the development of the NHS England Type 2 Diabetes Path to Remission Programme. Our research and influence have significantly expanded the programme and this joint initiative between us and NHS England is now available in 42 local health areas across England, doubling its capacity from last year. Eligible patients can now access this programme in every part of England.

As access to remission grows, we created our Remission Information and Support Services (RISS) to raise awareness and support for those with type 2 diabetes on their remission journey. RISS includes a Remission Forum for peer support, a Remission Hub on the website for information, and a 45-minute Remission Course on our Learning Zone e-learning platform. Over its one-year lifecycle ending in May, the Forum saw over 1,200 new posts. Surveys revealed users sought detailed information and inspirational support. On Learning Zone, 92% of participants felt more knowledgeable about type 2 diabetes remission after completing the course.

Launching an updated guide to type 2 diabetes

We relaunched 'Your guide to type 2 diabetes', offering updated, user-centred content informed by people with diabetes and healthcare professionals. Available in versions for England, Scotland, Wales and Northern Ireland, our guide emphasises emotional support and practical tools.

Redesigned to be shorter and more accessible, our guide addresses the emotional journey of a diagnosis while offering practical steps for coping and achieving remission.

IMPROVING DIABETES CARE

Making diabetes a political priority

The 2024 General Election and the formation of a new UK government marked key moments in a pivotal year for our campaigning and advocacy efforts to improve access to essential diabetes care.

In June, we commissioned research from the York Health Economics Consortium, published in Diabetic Medicine Journal, to emphasise the seriousness of diabetes to political and NHS decision-makers.

This research provided updated estimates of the current and future costs of diabetes to the NHS and UK economy. It highlighted the devastating and largely preventable complications of diabetes, which cost the UK healthcare system £6.2 billion annually, and showcased the significant opportunity for the new government to transform lives through greater focus on early diabetes care and support.

Our campaigners played a vital role, sending nearly 7,000 emails to 2,750 parliamentary candidates across the four nations, urging them to champion diabetes. After the election, nearly 2,000 emails reached 594 of 650 MPs, laying the foundation for impactful engagement.

Essential diabetes care processes are key to improving health outcomes, reducing mortality and achieving treatment targets. We prioritise strong leadership, an equipped workforce, effective data use and integrated care within health systems.

Our policy work is highlighting to decision-makers that real change is possible, to both transform the lives of people with diabetes for the better and reduce pressures on the NHS.

Our aim:

More people will get the quality of care they need to manage their diabetes.

This year we learnt:

Feedback from healthcare professionals highlights that the Why Diabetes Check-ups Matter – Easy Read is popular and valuable with target audiences. However, they also suggest reconsidering the format because limited, digital-only resources may not be inclusive for all groups.

One-stop-shop for annual checks

To address rural isolation and healthcare disparities, we partnered with Cornwall Integrated Care Board to pioneer diabetes super clinics. These one-stop sessions offered all nine essential care processes in a single 30-minute appointment at local practices.

Held outside regular surgery hours, the clinics served nearly 300 individuals, saving significant appointment time and reducing health inequalities for those less able to travel to appointments. Delivered by a multi-agency team, the clinics identified urgent referrals and provided social prescribing links to rurally isolated, lower income and working age populations. This innovative model has gained national interest, with plans to expand in 2025.



This kind of one-stop shop is invaluable for people with diabetes living in areas like mine who often cannot get to appointments further afield due to lack of available transport and finances. We are all very passionate about diabetes care and helping deliver high-quality care for our patients. Especially for a condition like diabetes, that is often complex and difficult to manage and treat.

Clinical pharmacist Rob sees new ways of reaching as many people with diabetes as vital.

Addressing systemic health inequalities

We partnered with the Black Men's Consortium to examine the policies, bureaucracies and power structures within the diabetes system that help shape the experiences of those living with the diabetes.

Clinical Champions from our healthcare professional leadership programme identified areas for improvement and witnessed how addressing inequality could transform health outcomes. Champions were encouraged to embrace systems leadership over 'heroic leadership', focusing on diverse perspectives and shared goals to drive meaningful change.

Subsequent sessions delved into power dynamics and stakeholder engagement, equipping Champions with a deeper understanding of complex systemic challenges. Clinical Champions will use the skills developed through this and other aspects of the programme within their health systems to bring about more systemic change to improve care.



TOGETHER TYPE 1

EMPOWERING YOUNG PEOPLE WITH TYPE 1

Living with type 1 diabetes can be challenging – frustrating, isolating, and overwhelming. That is why Together Type 1 (TT1) exists: to create a supportive community for 11 to 25-year-olds living with type 1 diabetes. We connect, share, and thrive together, because no one should face diabetes alone. Together Type 1 is funded by the kind generosity of the Steve Morgan Foundation.

Steve Morgan
FOUNDATION

Supporting wellbeing and awareness

Our TT1 Youth Teams have introduced the Tree of Life programme, a one-day wellbeing initiative designed to help young people reflect on their diabetes journey. Guided by healthcare professionals, participants explore their experiences through the metaphor of a tree — its roots, branches, and the storms it endures. This programme has already launched in English and Welsh regions, offering valuable tools for self-reflection and resilience.

We are also working with schools to raise awareness and provide support. For example, our Southwest and South Central teams delivered a live school assembly from their TV studio, reaching over 2,200 pupils and 88 classes. The session covered the 4Ts of diabetes, busted myths, and educated students about life with type 1 diabetes.

Amplifying young voices

Empowering young people to share their experiences is at the heart of TT1. In 2024, seven Young Leaders represented us at the Diabetes UK Professionals Conference. They engaged healthcare professionals through interviews, panel discussions, and co-facilitating sessions, ensuring that youth voices influenced key conversations. These leaders also presented their insights to the Steve Morgan Foundation and Diabetes UK's Executive Team, driving change at the highest levels.

Our aim:

The Together Type 1 programme supports 11-25-year-olds living with type 1 diabetes offering community, skills, advocacy, and improved diabetes care.

Measuring impact

We've captured the transformative impact of TT1 through a new report and video, highlighting how young people are shaping the future of diabetes care. From advocating for better healthcare to improving clinical environments, their stories reflect real change. Partnering with an evaluation consultant, we developed an evidence-based framework to assess the programme's effectiveness, culminating in the Stories of Change report and video.

Together Type 1 is more than a community — it is a movement empowering young people to shape a better future for everyone living with type 1 diabetes.

The highlight of being a Young Leader has been the sense of community that we have. We are people from all backgrounds, but we all share the fact that we are diabetic or have some sort of connection to diabetes. I'm proud to be able to be a part of this incredible movement that empowers so many people.

Calum, a Together Type 1 Young Leader, celebrates the empowering effects and achievements of Together Type 1.



This year we learnt:

We involved young people in developing the Digibete app, recognising the importance of authentic engagement, though creating a new digital space is time-intensive and requires working within external partners' capacity.

ADVANCING OUR AMBITIONS THROUGH RESEARCH

Every improvement in diabetes care, every step toward preventing and curing diabetes, begins with research. That's why in 2024 we invested £4 million into 17 new projects, bringing the total value of our active grants to over £45 million.

The impact of our research this year has been remarkable. From screening 20,000 children for their risk of developing type 1 diabetes and helping thousands of people with type 2 diabetes go into remission to uncovering new ways to tackle retinopathy, the results are transforming lives. Looking ahead, we're excited about the potential of the new projects we've funded this year. These include those that aim to advance beta cell therapies for type 1 diabetes, tackle health inequality

and stigma, prevent and treat diabetes distress, develop better treatments for type 3c diabetes, and support younger people with type 2 diabetes.

With over 500 researchers from 100 institutions working on 123 Diabetes UK-funded projects in 2024, we're committed to ensuring that every penny invested in research delivers maximum benefits for people with or at risk of diabetes. Supporting the UK's brightest diabetes researchers, both today's leaders and tomorrow's innovators, remains a top priority. This year, we're proud to have launched two new pioneering funding schemes to address the low representation of Black heritage researchers in the UK diabetes research community. We've also continued to

prioritise involving people with diabetes at every stage of the research process. Around 100 people with diabetes sit on our research committees and panels. Their views inform our funding decisions, and how our research is designed, delivered and disseminated.

In diabetes research, it's often the small, steady steps that pave the way for breakthroughs. Each discovery builds on the last, bringing us closer to transformative change. Thanks to the incredible diabetes research community and our generous supporters, step by step, our research has and will continue to make life better for everyone affected by diabetes in the UK.



We work to make sure the research we fund has the greatest possible benefit for people with diabetes. Knowing the most important priorities of people with or treating diabetes helps us direct funding to where it's needed most.

Dr Elizabeth Robertson,
Director of Research and
Clinical at Diabetes UK.





SUPPORTING PEOPLE TO **LIVE WELL** WITH DIABETES

In 2024, we continued to deliver outstanding and vital services to people with diabetes as part of our universal offer. We used our expertise, knowledge and understanding to ensure you can rely on us when you need the best information to manage your diabetes or to support others who need that valuable guidance.

Learning Zone

We successfully launched our new and improved Learning Zone, the charity's personalised online diabetes education service, which helps people understand their diabetes and how best to manage it for them. Learning Zone provides content and support on diabetes care, healthy eating, physical activity and emotional wellbeing, and everything is tailored based on a person's type, medication, ethnicity, and much more. It launched with a suite of new bitesize videos and quizzes, four new online courses, and several new app-style features including

your Checks Planner, Diabetes MOT and the Check In tool. We will be adding further diabetes education content throughout 2025, and looking to collaborate with colleagues to signpost to other products, services and campaigns across the charity.

It's good to talk

The highly trained advisors on our dedicated diabetes Helpline offered support and information by phone, email, webchat, and social media, ensuring people could reach the Helpline however worked best for them. The three biggest areas we were contacted about were healthy eating, physical activity, insulin, medications, and day-to-day management of diabetes. Our Online Community Forum continued to grow with over 4,500 new members joining. New volunteer hosts and moderators joined the team and gave their precious spare time to welcome new members and support the moderation of the over 90,000 posts shared by members.

Learning Zone taught me everything I needed to know about the basics, as well as all those things I felt reluctant to ask about at a medical appointment.



George, who lives with type 1 diabetes, tells us how Learning Zone has helped him understand more about his condition.

WE CAN'T DO IT WITHOUT YOU

Your contributions to our essential work

Strengthening partnerships and driving change

Our partners and supporters are essential to transforming lives for those living with or at risk of diabetes. Their unwavering commitment has driven another year of remarkable progress toward our vision: a world where diabetes causes no harm.

Reaching the local community

In November, the Sheffield Diabetes UK Group hosted the impactful Diabetes and Me event, attended by 70 people seeking vital diabetes care, services, and support. Prof Simon Heller led an expert panel, while a marketplace showcased local services and a children's wellbeing session added value.

The Bexley group raised over £2,000 through fundraising events, including supporting a supporter who planned on running 100-mile in 24 hours. The Bexley Group have also strengthened ties with Darent Valley Hospital, engaging Trainee Diabetes Ward Champions and hosting hospital staff talks, further enhancing community support.



I've raised just over £9,000 in five Swim22s. I swam 70 miles and raised £3,500 in my first Swim22. Every pound makes a difference. I was 25 stones when I started swimming – I'm now 20 stones. I have gained so much – a sense of purpose, self-respect. It's helped my mental health. And importantly, my diabetes is mostly under control. I still swim – it's part of who I am now.

Swim22 fundraiser Archie tells us about how much money he has raised to support our vital work and how much swimming has improved his life - both mentally and physically.

Legacy Giving Campaign Success

Our 'A World Without Diabetes' legacy TV campaign reached millions of people and we're so thankful to the thousands of supporters of this campaign who have enquired about leaving a gift in their Will. At our annual stewardship event, hosted by CEO Colette Marshall, we celebrated the profound impact of these gifts, inspiring continued support for a future without diabetes.

Through these partnerships and innovative work, we are transforming lives and building a healthier future for people affected by diabetes.

WE CAN'T DO IT WITHOUT YOU

Partners who share our passion

Our partners are vital in helping us achieve our shared vision of a world where diabetes can do no harm.

We have big ambitions, and we couldn't do it without the continued support and commitment of our partners. Working together, we've made huge steps forward this year, in essential care for all, prevention of type 2, and supporting those newly diagnosed.

We thank all partners who share our passion for your ongoing support, without which we couldn't do this vital work.



Tesco

We renewed our Health Charity Partnership with Tesco, British Heart Foundation and Cancer Research UK through to March 2027. Since 2018, we have been working together to tackle the nation's biggest health challenges and inspire, empower and support Tesco colleagues, customers and their families to live healthier lives. The partnership has been recognised as the most admired charity partnership, raising over £32 million for the charities since its inception. We're proud of our joint work supporting people living with and at risk of type 2 diabetes through Tesco pharmacies, our collaboration on healthy and affordable recipe content on Tesco Real Food, and our 2024 summer campaign which saw us working with Tesco to provide advice, recipes, and tips to support families to eat well during the summer holidays.



Slimming World

In 2024, we teamed up with Slimming World in a three-year partnership to work together and share expertise on weight loss, healthy eating and diabetes. In our first year, we reviewed all Slimming World's materials where diabetes was mentioned, and updated it where required, to ensure the best possible fit and information for people living with diabetes. On top of this, we created 24 tasty new recipes for members to try.

We also ran Diabetes Education Sessions with Slimming World staff, designed to increase their knowledge and understanding of diabetes. We're very much looking forward to working together in our second year of partnership and beyond.



Next

Next once again kindly chose us as beneficiaries of their Charity Christmas cards, with a portion of funds supporting our life-changing work.

Steve Morgan Foundation

Thanks to the unprecedented £50 million pledge from the Steve Morgan Foundation in 2022 and our partnership with Breakthrough T1D, the Type 1 Diabetes Grand Challenge research programme continues to thrive. Building on last year's progress, over £4.8 million has been committed in 2024 across the programme's three research streams, launching 10 new projects. Of this funding, Diabetes UK has allocated over £1.1 million to advance research into beta cell therapies.

Trusts and foundations

Over 100 trusts and foundations supported us in 2024, funding a range of ambitious projects to improve the lives of people living with and at risk of diabetes. They helped to fund our peer-to-peer support programmes for young people living with diabetes, our pioneering research into better treatments and finding a cure, and supported our collaboration with the Obesity Alliance as part of our policy and campaigning work.

The Drapers' Company

The Drapers' Company chose us as its charity of the year. As part of this support, Neil Redcliffe, Rej Bhumbra, Piers Thomas and Richard Winstanley, from The Drapers' Company, took part in the Four Nations Bike Ride, a remarkable 1,216km cycle ride from north to south and across the four nations. The challenge raised over £55,000, which will support us in our vital work, including events for children and young people living with type 1 diabetes.

WE CAN'T DO IT WITHOUT YOU

Partners who share our passion

We're proud to have sector-leading partnerships with pharmaceutical and medical technology companies, where their support helps us to continue working to improve the lives of people affected by diabetes.

We received **£1.4 million** from pharmaceutical and medical technology companies in 2024, which included **£485,000** supporting diabetes services and our work with healthcare professionals and **£960,000** for event sponsorship and advertising.

Novo Nordisk

We're grateful to Novo Nordisk for contributing funding towards our Clinical Champions Programme in 2024. This programme aims to enable healthcare professionals to drive system-level change, and tackle complex challenges within diabetes care.

We developed new relationships with trusts, foundations, and corporate partners in 2024, helping to transform lives and build healthier futures for people affected and at risk of diabetes.

We'd like to thank all our partners for their generous support, and we look forward to achieving even more together in 2025.

See page 42 for full list.



Abbott, Lilly UK, Dexcom and Boehringer Ingelheim

Thanks to the funding of these partners, we continued to grow our Continued Professional Development platform to enable us to educate healthcare professionals so that they have the right knowledge and tools to confidently support people to live well with diabetes.

The Diabetes UK Clinical Champions Programme has been developed and led by Diabetes UK. Novo Nordisk has provided sponsorship to Diabetes UK to support the costs associated with running this programme. Novo Nordisk has had no influence or involvement in the selection/recommendation of delegates, programme content or arrangements.

Abbott

Thanks to continued funding from Abbot, we commissioned further market research to understand how diabetes stigma is experienced by Black British and Caribbean communities. This research helped us to gain a better understanding of diabetes related stigma experienced by people living with diabetes in these communities. This growing body of knowledge will be key in moving our plans forward in tackling diabetes stigma in 2025 and beyond.

In 2024, Abbott's FreeStyle Libre were the headline sponsors of our Glasgow, Birmingham and London Bridges Wellness Walks. We're so grateful to have the support of Abbott at our Wellness Walk events, and in 2024 we hit a huge milestone with our London Bridges walk having 5,444 walkers, our biggest number yet!

Lilly UK and Sanofi

Funding from Lilly UK and Sanofi enabled us to tackle inequality and stigma through the creation and production of new, easy-to-read materials about living with diabetes. These guides were developed in partnership with people living with diabetes, healthcare professionals and community organisations.

To further our understanding of diabetes-related stigma, we began a review of internal materials to inform any areas that needed adjusting internally. We achieved this through working with focus groups and the results will help inform the development of new internal guidelines next year.

We thank Lilly UK and Sanofi for funding this work.

WE CAN'T DO IT WITHOUT YOU



Vital insights from lived experience

We strive to provide the services that people with diabetes want and need.

We use our influence to fight for the things that really matter to you.



Being part of such a knowledgeable, passionate, committed and friendly group of people who want to help Diabetes UK achieve its aims of tackling diabetes until it can do no harm.

Meeting so many inspiring people who really care whether lay or professional members.

We strive to provide the services that people with diabetes want and need. We use our influence to fight for the things that really matter to you.

To make sure we're getting it right, we involve people affected by diabetes in all our work. You're the experts by experience – living with the realities of diabetes day in and day out, so who better to help shape our work and the decisions we make?

So when we say involvement, we really mean it. We want leadership, staff and volunteers across Diabetes UK to work hand in hand to shape the design, delivery and review of every service and activity. We want to ensure that involvement is meaningful and that it matters. In 2022, we launched Diabetes Communities in Action. A vibrant community of over 500 individuals affected by or at risk of diabetes, their unique insights, knowledge, and experiences take centre stage to make positive change happen. It offers opportunities for anyone affected by diabetes to get involved in a way that works for you – picking and choosing opportunities based on their interests and in ways that fit into busy lives. Anyone whose life has been touched by diabetes or is at risk can join. Your personal experiences and willingness to contribute are what we value most.

Diabetes research can't happen without the help of people living with the condition. We involve people affected by diabetes in every stage of our research funding process to make sure all our projects address issues that matter most to them. From reviewing applications for funding, to helping researchers understand the day-to-day realities of life with diabetes, and advising research teams on the design and delivery of their projects. Input from people affected by diabetes helps to make sure that every project we fund has the best chance of transforming lives. We strive to provide the services that people with diabetes want and need.

A more formal way that your voices influence our work is via our Diabetes Lived Experience Advisory Committee (DLEA). It consists of up to 30 volunteers from across the UK who all have experience of living with or caring for someone with diabetes. Members can volunteer for up to six years and meet regularly with our Executive Team to discuss our strategy and long-term projects.

We also have a panel for healthcare professionals, our Healthcare Professional Advisory Committee. It's a group of up to 30 members from a range of healthcare professions, including psychologists, pharmacists, dietitians, podiatrists, practice nurses, consultants and GPs. They volunteer to bring insights from the frontline of diabetes treatment and care, to make sure our work meets the needs of people living with diabetes and the healthcare professionals who deliver their care.

For me, it was about my concerns being heard and actioned. I was happy to see the team discuss solutions.

Examples of feedback from our annual survey of DLEA members showing how important the committee, and lived experience, is in shaping our work.

THANK YOU

Our supporters continue to amaze and inspire us with the incredible ways they have fundraised for us over the past year. Thank you for continuing our journey together to create a world where diabetes can do no harm. Without you, our work quite simply wouldn't be possible.



Douglas Robertson

The wonderful Douglas took part in Wellness Walk London Bridges at the end of September – at the age of 91! He took the 10 mile walk and the fundraising in his stride, raising **£600** in memory of his partner who passed away from diabetic ketoacidosis (DKA). Douglas was our oldest participant, but that didn't stop him walking the whole route without stopping, as he wanted to share awareness of DKA to increase knowledge.



Daniel Fairbrother

In 2024, Daniel attempted to beat the world record for 'the fastest marathon carrying a household appliance (white goods)' at the London Marathon, for his best friend Sam, who lives with diabetes. While training with his fridge Tallulah, police stopped Daniel as they thought he'd stolen her! After an explanation, Daniel was released. Their story spread in the press, with appearances on BBC, Sky News, Good Morning Britain and the One Show to name a few. Daniel raised over **£12,000** – incredible!

Gail Walker

Gail fundraised for us in memory of her late brother, Gary White. Gail raised an amazing **£6,437** back in April, by holding a fundraising night marking the first anniversary of Gary's passing, and then a bingo event in November raising a further **£2,318**. She is a true inspiration as she has put so much into both raising awareness of diabetes and much needed funds, while going through such a traumatic time as a family. Gail has put her heart and soul into what she does for our charity, thank you.



Ros

Ros, a 21-year-old content creator, hosted Build by Build, a creative Minecraft event raising **£3,015** for us. Diagnosed with type 1 diabetes two years ago, Ros combined her passion for gaming and her mission to raise awareness of the condition. Held from 8 to 17 July, the event inspired a vibrant community to support our important cause. Thank you Ros, for your creativity and dedication, your efforts make a real difference!

THANK YOU



Scamp and Dude

Huge thank you to the ongoing support we receive from Scamp and Dude and beauty guru Caroline Hirons! They raised a massive **£19,570** in 2024 through their Swag Bag for Purpose campaign, donating funds from each bag sold to Diabetes UK. Caroline chose to support us in honour of her husband who was diagnosed with type 1 diabetes, designing a stylish bag that supported our cause as well! We couldn't be more grateful!



Shane Fardon

Shane was diagnosed early in 1961 at just 7-months old. At the time, his parents knew nothing about diabetes and turned to us for support. Throughout his life, Shane was fiercely committed to Diabetes UK and the people we support, as a long-term member, friend and advocate. Sadly, Shane passed away in February and kindly included a gift in his Will to us as **“a gift from our generation to the next”**. We are forever grateful for Shane's unwavering support and extend our heartfelt sympathies to his family.

Lisa Sutton and her husband Marcus

Lisa was diagnosed with type 1 diabetes in 2023, at age 54, following a routine GP fitness check. Her diagnosis inspired Lisa and Marcus to take on the challenge of walking from Land's End to John O'Groats to fundraise and raise awareness of the importance of booking that overdue GP check. They walked 1,114.7 miles in 79 days, raising an incredible **£6,419!** Raising awareness, chatting with many people en route and featuring on local BBC News and the 'WE ARE T1D PODCAST', they are truly amazing ambassadors!



Kirstin Cushnie

In July 2022, Kirstin's daughter Isla was diagnosed with type 1 diabetes and it came as a massive shock. Kirstin went on to take part in Swim22 2024 to raise awareness, and to fundraise towards finding a cure. When nearing her original distance of 22 miles, Kirstin's page total had far exceeded her expectations, so she went on to complete the full 44 miles! A huge thank you Kirstin for raising an amazing **£1,269**.

THANK YOU



Individuals

We'd like to thank our dedicated and committed philanthropists and their families, members of our Banting Circle and Reith Lawrence Circle, who generously support us each year.

Together they have joined forces to create a better life for people with and at risk of diabetes. We couldn't do it without you, thank you. We couldn't achieve the incredible things we do, without your consistent and dedicated support.

Kip and Alison Bertram
Shaun and Jennie Bowler
Mr Donald Burt
Mr David Dupont
Mr Bryan Jenkins
Mr and Mrs Trevor and Evie Pitman
Mike and Angie Rutherford
David and Christine Thorp
Mr Paul Plewman
Mr Graeme Clark
Jane and Tony Smith

Corporate partners

Abbott
Amarin UK
AstraZeneca UK Ltd
Boehringer Ingelheim Limited
Dexcom
Eli Lilly
Next PLC
Novo Nordisk Ltd

Places for People
Sanofi UK
Slimming World
Tesco
The Drapers' Company
The Insurance Surgery
Xpert Workwear

Trusts and foundations

AN McKechnie Foundation
Apex Fund & Corporate Services (UK) Ltd
Cancer Research UK
Catteralls Solicitors
Cecil Pilkington Charitable Trust
Colton Trust Ltd
Genesys Legacy Project Ltd
Hospital Saturday Fund
Lidbury Family Trust
Lloyds Bank Private Banking
Ludlow Trust Company Ltd
Masonic Charitable Foundation
Moondance Foundation
Mukul Madhav Foundation UK
Pilkington Charities' Fund

ShareGift
Steve Morgan Foundation
The Access Foundation
The ALLIANCE and Mental Health Foundation
The Corton Hill Trust
The Foster Wood Foundation
The Joseph & Lena Randall Charitable Trust
The National Lottery Community Fund Northern Ireland
The RS Macdonald Charitable Trust
The Second Joseph Aaron Littman Foundation
The Simon Gibson Charitable Trust
Tarrisse Murphy Foundation
The Johnson Family Trust

Regional and national partner organisations

All volunteers, fundraisers and supporters
Action Mental Health
Age UK
Aware
Bedford, Luton, Milton Keynes, BSol, and Mid & South Essex ICB
Callaloo Club Waltham Forest
Cardiff Council
Connected Voices
Faizan e Islam Mosque
Inverclyde Health and Social Care Partnership
Leyton Orient Trust
Multicultural Network Wales
NACRO Wales
National Lottery Community Fund
NHS England Midlands and East of England
NHS Scotland and associated partners
Natural England

Northern Ireland Ambulance Service
North West Children & Young People Transformation Programme, NHS England
One You Kent
Richmond and Wandsworth Councils
Rotherham United Football Club
Scottish Diabetes Group
Scottish Professional Football League Trust
Somerset and Gloucestershire NHS Diabetes Prevention Programme providers
South Yorkshire ICB
St Michael's Hospital, Bristol
Turning Heads
University of Oxford Centre for Research Equity – NI Partnership
Valley Veterans
Western Diabetes Group

LOOKING AHEAD TO 2025



Supporting all newly diagnosed people

In 2025, we aim to empower thousands more people newly diagnosed with type 2 diabetes by ensuring they receive vital support at the right time. By the end of the year, we will have launched and promoted a tailored support journey to provide essential information and guidance at diagnosis. New strategic partnerships will enable us to reach underserved groups, tackling health inequalities head on. We'll also collaborate closely with the NHS and healthcare professionals to encourage direct referrals, ensuring more people benefit from our support when they need it most.



Improving diabetes care

Our aim is to improve care for people with diabetes by increasing access to all nine care processes, the foundation of effective diabetes management. We will work with national governments to prioritise diabetes care and collaborate with healthcare professionals, whose support is essential to this effort. By engaging with health systems, we hope to drive meaningful change and improve access to these processes. Additionally, we will support people with diabetes by providing resources to enhance their understanding of the care they need, empowering them to advocate for better care and improved health outcomes.

We have ambitious plans to make a real difference to diabetes care and to challenge the narrative around diabetes, tackle inequality and enable breakthroughs at scale.

In 2025, we're focusing on key areas that people with or at risk of diabetes have told us are most important to them, and where there is potential for us to have a major influence. Here we look at some of the vital work we are planning over the year.

Preventing type 2 diabetes

The Type 2 Diabetes Grand Challenge aims to challenge the research community to come together to accelerate progress in tackling key questions in type 2 diabetes. Guided by a steering group chaired by Professor Nick Wareham and including people living with type 2, the challenge will focus initially on how to drive innovative research to prevent diabetes for everyone at risk. We know type 2 diabetes does not affect people in the same way. A precision prevention approach enables the research community to find ways to target populations at high risk, including those who are underserved by current prevention programmes. During 2025, as lived experience shapes the research ambition to answer the most important and urgent questions, we will work with partners to drive this work forward.



Reducing risk of type 2 diabetes

We aim to help stem the rise of type 2 diabetes by influencing governments across the UK to tackle our unhealthy food environment, and improving support for people with prediabetes and women who have had gestational diabetes which puts them at higher risk of developing type 2 diabetes. We will continue advocating for stronger obesity prevention policies, better access to treatment and support for people living with obesity, as well as sustainable type 2 diabetes prevention programmes across all parts of the UK. We will provide information and support for people at an increased risk of developing type 2 diabetes and the health professionals involved in their care.



LOOKING AHEAD TO 2025

Fighting stigma

We aim to ensure that people with or at risk of diabetes no longer face stigma or discrimination, and that stigma does not hinder progress in care or research. We will expand our stigma campaign community to engage more people with diabetes, deliver two major campaign moments to raise awareness, and work with healthcare professionals, decision-makers, and support networks to challenge stigma. We will develop a long-term strategy to address diabetes stigma alongside our manifesto for change, including securing significant funding to sustain this work and drive meaningful change for those affected.



Tackling diabetes-related inequality

During 2025, we will be launching a 5-year plan to tackle diabetes-related inequality in response to our Tackling Inequalities Commission. We will focus on developing internally as an inclusive organisation, funding and enabling more inclusive research and calling for action across the health system to improve lives of people experiencing inequity. We will implement our equality, diversity and inclusion in research strategy and use our voice externally to highlight and challenge inequities. The pilot of a new Council of community organisations will strengthen relationships with underserved communities to keep our work to tackle diabetes health inequity aligned with the needs of those with lived experience.



We have big plans to make a real difference to diabetes care and to challenge the narrative around diabetes, tackle inequality and enable breakthroughs at scale.

In 2025, we're focusing on key areas that people with or at risk of diabetes have told us are most important to them, and where there is potential for us to have a major influence. Here we look at some of the vital work we are planning over the year.



Empowering young people with type 1

We will continue to deliver our funded programme Together Type 1, empowering young people to develop confidence in self-managing their type 1 diabetes. Through 2025 we will focus on recruitment and development of Young Leaders, delivery of peer support activities (online and face-to-face) for children, young people and families. We will build local and national partnerships with community organisations, schools and the health system to make positive change to support young people living with type 1 diabetes. We will explore resources and guides to support people at the point of diagnosis and through the first year of care. Together, we're building a vibrant, supportive community that drives positive change for young people with type 1 diabetes.

Driving forward towards a cure for type 1 diabetes

In 2025, we aim to make the UK the global leader in beta cell therapy trials by launching the Type 1 Diabetes Cell Therapy Clinical Trial Network. To overcome a critical challenge in beta cell therapy research – the limited availability of beta cells for research – we will facilitate the development of a reliable supply of high-quality, pre-made cells for UK scientists. We're also eager to share findings from our innovative projects as they emerge, and to host our second Beta Cell Therapy and Root Causes Symposium that will unite the Grand Challenge community to drive forward progress towards a cure for type 1 diabetes.





GET INVOLVED

Without you, we couldn't achieve our vision of a world where diabetes can do no harm. Here are some of the ways you can be part of our fight.

Donations

Your donations help us fund everything from research and campaigns to services such as our helpline. Thank you.

diabetes.org.uk/donate

Become a member

Membership gives you expert, up-to-date information on diabetes, put together by our team of nurses, dietitians and editors to support you every step of the way.

diabetes.org.uk/support-for-you/membership

Challenge yourself

Whether it's walking, running or cycling, we have a range of fundraising events to get involved with – both in person and virtual.

diabetes.org.uk/support-us/fundraise/fundraising-events

Fundraise 'Your Way'

From the silly to the strenuous, your one true passion to facing your fears, raise vital funds Your Way in your community, at work or at school. Download the fundraising pack today.

diabetes.org.uk/get_involved/raising_funds

Volunteer your time

Run events, raise awareness in local communities or provide advice at one of our local groups. Our volunteers are the backbone of our organisation.

diabetes.org.uk/get_involved/volunteer



Community Champions help educate and raise awareness of diabetes and Diabetes UK to people from Black, Asian and minority ethnic communities across the UK. For volunteers like me, there are a lot of people at Diabetes UK we can reach out to for advice. As an organisation, it's great at supporting its volunteers.

Muhammad, a doctor and one of our Community Champions, appreciates our work in supporting volunteers, especially to raise awareness of diabetes to minority ethnic groups.

Leave a gift in your Will

Gifts in Wills raised 36% of our voluntary donations in 2024. These special gifts, from kind people like you, are vital to every aspect of our work.

Find out more at diabetes.org.uk/giftsinwills or contact our friendly Gifts in Wills team at giftsinwills@diabetes.org.uk

Campaign for change

Join our network of campaigners pushing for improved care and support for people with and at risk of developing diabetes. You could be campaigning to secure government action at a national level one day and pushing for improvements to services the next.

diabetes.org.uk/get_involved/campaigning

Philanthropists, charitable trusts and foundations

You can be part of our story, like many other individuals, trusts and foundations who have helped to fund our pioneering research and support services like our Learning Zone and helpline.

Find out how you can help by contacting philanthropy@diabetes.org.uk

Corporate partners

We're proud to work with businesses from a variety of sectors and sizes. Our partners are vital in helping us be there for people living with and at risk of diabetes. If you'd like to team up, get in touch with us at partnershipenquiries@diabetes.org.uk



GET SUPPORT

Go online

Our website is packed with useful information and tips to help you learn more about diabetes. Find out your risk of developing type 2 diabetes by using our Know Your Risk tool. More advice and help are available from our interactive Learning Zone tool, online support forum and Facebook and X communities. They're ready and waiting to answer your questions and point you in the right direction.

Head to:

diabetes.org.uk

riskscore.diabetes.org.uk

learningzone.diabetes.org.uk

forum.diabetes.org.uk

 **[/diabetesuk](https://facebook.com/diabetesuk)**
 **[@DiabetesUK](https://twitter.com/DiabetesUK)**

Talk to us

We have a dedicated helpline for anyone living with diabetes, their family or friends, and people who are worried they might be at risk.

Our team can provide advice on practical issues like driving or problems at work, or talk through any social, emotional or psychological difficulties you might be facing. Call us if you need expert advice and trusted information about living well with diabetes, reducing your risk of diabetes, and even potentially putting your type 2 diabetes into remission. Or if you simply just want to chat to someone who understands and will listen without judgement, we're here.

Call **0345 123 2399**

Monday to Friday, 9am to 6pm

Email **helpline@diabetes.org.uk**

Join a local group

If you'd love to meet and talk to people in your area, check out your local support group. We run more than 180 of them up and down the UK, with many of them meeting online too. Our groups are filled with people who've been there, done that and got the Diabetes UK t-shirt. Along with providing support, information and understanding, they also raise awareness, campaign, fundraise and organise social events.

Find your nearest group:

Visit **diabetes.org.uk/groups**

Call **0345 123 2399**

Email **info@diabetes.org.uk**

HOW WE'RE RUN

Our governance and financial statements

DIABETES IS
RELENTLESS.
SO ARE WE.

Financial review

Overall

Financially, as for many charities, the year was a challenging one. We took a number of decisions to reduce financial risk due to the combined effects of very high inflation, reduced income from some areas of fundraising and a significant dip in legacy income. We also looked at opportunities to invest in growing income with an eye on future years. Having already made savings as part of the year's budgeting, in early 2024 we could see further income risk coming through and enacted a strategy led-change programme to further right size the organisation in line with our income outlook. Results for the year have confirmed that this very difficult decision (the changes included 66 redundancies resulting in £389,000 payments to staff as they left the organisation) was the right one. We are now in a position where break even should be achievable in 2025, notwithstanding that there will always be a degree of financial risk that we will need to continue to manage.

Despite these very difficult changes, as you can see in the annual review, above, we have continued to deliver for people affected by all forms of diabetes now and in the future. We have also taken care, through our Strategic Ambitions, to re-structure the organisation so we make the most impact with the resources we have. Despite the financial challenges, we remain absolutely committed to delivering the maximum benefit we can.

Overall in 2024, our income reduced £4.3 million to £38.4 million (£42.7 million in 2023). This was primarily due to our lowest level of legacy income for several years of £13.8 million (compared to £16 million in 2023 and £20.5 million in 2022). Our expenditure in 2024 of £44.1 million was a £5.3 million decrease on 2023 due to the impact of the savings implemented during the year through the change programme.

We continue to be deeply grateful for the gifts we receive as legacies, and from all our supporters.

Income

Income of £38.4 million reduced £4.3 million due to the fall in legacy income and also changes in phasing to the Steve Morgan Foundation funding. This income is received in line with the associated programme expenditure, so did not cause any financial issues. Income from donations of £14.1 million dropped slightly compared to the previous year driven by a reduction in philanthropy income.

The health and fundraising partnership with Tesco, the British Heart Foundation and Cancer Research UK continued to provide vital funding and raised £1.2 million in donations for Diabetes UK. We are very excited to see this longstanding partnership with Tesco continue for another three years.

Our trading activities generated £4.0 million of income, £0.3 million more than in 2023, due to an increase in corporate sponsorship and small increases in our income from merchandising and other income. Income from lotteries of £1.5 million held up well in the challenging environment, and was only down £100k from the prior year.

Income for charitable activities of £6.1 million saw a £1.7 million decrease on 2023. The key driver to this movement, as noted above, was the £2.7 million income from the Steve Morgan Foundation which reduced from the £4.3 million received in 2023 due to the timing of spend on research grants. This is forecast to dramatically increase to circa £7 million in 2025 as this highly impactful programme shifts up another gear in our efforts to cure type 1 diabetes.

We were also fortunate to see an increase in our income from UK Research & Innovation to £1.1 million which compares to £0.8 million received in 2023. This is restricted funding that supports our vital research work.

Expenditure

As set out above, we worked across the year to reduce costs and support income, spending £44.1 million in 2023, £5.3 million lower than 2023.

As an abiding principle, when we made cost changes in 2024, we really focused on ensuring that we leveraged the income we do have to maximise our impact in a very difficult funding environment. This has put us in a good position for the start of 2025 where we are now committed to achieving around break-even in our budget.

Our expenditure on charitable spend was £31.2 million, £5.8 million lower than the £36.7 million due to the impacts of addressing our current financial position and the phasing of Steve Morgan Foundation funding, which was £1.6 million lower in 2024. As noted, this programme will increase significantly in 2025. Spend on our support costs reduced from £5.5 million in 2023 to £4.8 million in 2024.

In 2024, we spent £3.7 million (2023: £3.7 million) on our work tackling stigma and inequalities surrounding diabetes launching our first stigma campaign “If you knew,” tackling the stigma people with diabetes face from the public and also those best positioned to support them.

We spent £4.5 million (2023: £7.7 million) on our work curing and preventing diabetes. This included raising awareness on the alarming risk in the number of people under 40 developing type 2 diabetes and our research work towards a cure for type 1 diabetes.

We spent £6.8 million (2023: £7.3 million) on our work supporting people to live well with diabetes. This includes growing remission support, increasing the number of Live Well hubs in Northern Ireland, launching an updated guide to type 2 diabetes and making diabetes care a top political priority.

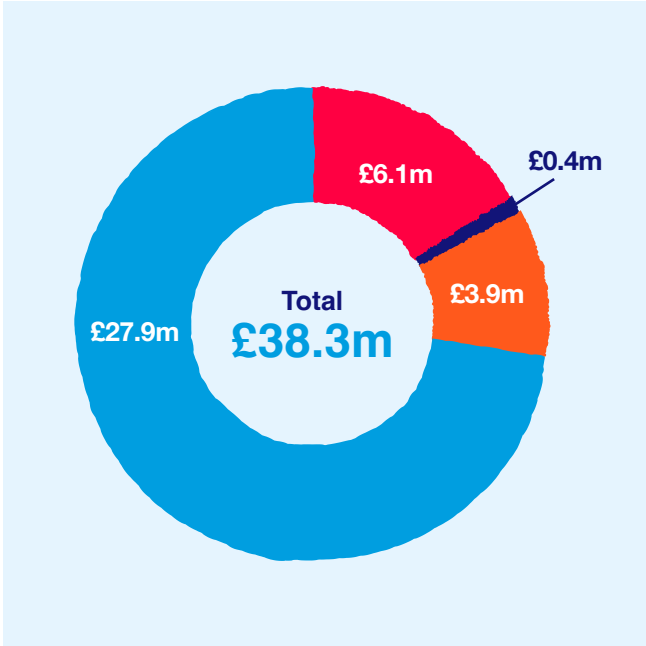
We spent £16 million (2023: £18.3 million) on our universal offer in the fight against diabetes. This includes our expenditure on core research, our type 1 events and family weekends and our helpline. Our online community forum continued to grow with 4,500 new members joining and we invested in and successfully launched our new and improved Learning Zone – our personalised online diabetes education service to support diabetes care.

Overall, across all areas we spent £6.2 million on research grant funding (2023: £9.8 million). This is lower than in 2023 largely due to the timing of Steve Morgan-funded research grants discussed above which meant that 2023 was an exceptionally high year. It is also due to the timing of the research grants which we had awarded in previous years and is dependent on the progress of the research. The reach from this spend is phenomenal with over 500 researchers from 100 institutions working on 123 Diabetes UK-funded projects in 2024.

Our spend on charitable activity is directly related to the amount of fundraised income we receive and is therefore available for investment. Our expenditure on raising funds grew by £0.5 million compared to 2023, standing at £12.9 million in 2024 compared to £12.4 million in the prior year. In 2024, we invested in our Wellness Walks events, our membership programme and in our legacy marketing to ensure our long-term income was protected with our “A world without diabetes” TV legacy campaign reaching over 10.5 million people generating 2,494 new inquiries. We’re continuing to ensure that our investment here is used effectively and in a way that reflects the changing fundraising landscape.

INCOME AND EXPENDITURE

Income



- Donations and legacies
- Other trading activities
- Income from investments
- Income from charitable activities

Expenditure



- Expenditure on raising funds
- Changing the narrative: tackling stigma and inequality
- Curing and preventing diabetes
- Supporting people to live well with diabetes
- Our offer for all in the fight against diabetes

Our approach to reserves management

We hold reserves for several practical reasons, these include:

- Ensuring we are able to continue to fund our vital work should our income fall below target. Our reserves should give us time to adjust expenditure in a planned and structured way so that disruption is minimised.
- To provide working capital to meet upfront expenditure during the year before income is received.
- To provide resource for investment, for example, developing services and ensuring we maximise outreach by developing our ability to engage people at scale.

As at 31 December 2024, our reserves totaled £8.4 million of which £8.0 million are unrestricted reserves. After accounting for

fixed assets (£2.6 million) we have £5.4 million considered available to fund regular activities. The balance of our total funds comprises restricted cash (£0.4 million) donated to us to fund specific activities.

In common with many charities who fund long-term research work, for our reserves policy, we use a measure of liquid reserves which includes liquid investments and unrestricted cash only. The policy is designed to ensure we meet our long-term research commitments (£11.1 million as shown in note 25) as they fall due, as well as deal with risk and investment opportunities. During the year, we reviewed our reserves policy and confirmed our minimum tolerable level of liquid reserves to a range of £11 million – £14 million, which is equivalent to four months projected forward cashflows. Our current level of liquid reserves of £12.2 million is within our reserves range, despite financial pressures.

Our reserve measures are calculated as follows (all £k):

	Total reserves	General reserves	Liquid reserves
Tangible fixed assets	2,606	2,606	–
Fixed asset investments	10,213	10,213	10,213
Stock	122	122	–
Debtors	4,391	4,391	–
Unrestricted cash	1,980	1,980	1,980
Restricted cash	392	–	–
Creditors	(11,032)	(11,032)	–
Provisions	(279)	(279)	–
Total	8,393	8,001	12,193

Our approach to investments

We manage our reserves as a combination of cash and investments. Cash reserves can be accessed quickly if we need them, while investments guard reserves against being eroded by inflation over time. Reserves that we don’t expect to draw down for five years are held in a fund managed by Legal and General Investment Managers. The Finance Committee reviews the amount of reserves invested and our approach to investment at least annually as part of our budget process. As part of our overall approach, we have an ethical policy that means the charity will not invest directly in tobacco production companies or those that derive greater than 10% revenue from sales of tobacco products.

We transferred our investments to the Legal and General Future World ESG Multi-Index 5 Fund in early 2024, which was chosen through a tender process to ensure we had the right combination of risk, return and environmental considerations. We receive regular performance and ESG updates from the fund managers and we assess their performance throughout the year.

During the year we made a gain on investments of £0.7 million (2023: £0.3 million gain). Our current long-term target return is Consumer Price Index (CPI) plus 3% (measured on a total return basis net of all fees) and we regularly assess performance to check whether we are on track to achieve this goal. The Finance Committee were satisfied with performance during the year.

Cash is only held with creditworthy financial institutions and deposits are sufficiently diversified to manage risk. We aim to place no more than £4 million in an individual institution, and we do not commit funds for more than 12 months. Placement in any new institutions must be approved by the Finance Committee.

Pensions

We provide employees with the opportunity to participate in a defined contribution pension scheme. In the past, we also provided a defined benefit scheme. The scheme is subject to a formal triennial funding valuation, with the most recent completed on 31 December 2022. This showed a strong position with a funding surplus of £0.4 million.

The next valuation on 31 December 2025 will be available in late 2026. For financial reporting purposes, the actuary carries out a separate annual valuation in accordance with FRS 102: Employee Benefits, in which different funding assumptions are applied. The FRS 102 valuation on 31 December 2024 showed a surplus of £0.3 million (2023: £0.2 million surplus) and is further explained in note 30 to the financial statements. The Directors of the charity work closely with the Trustee Board of our pension scheme and their fiduciary advisers to review valuation reports, review sponsor risks and build the impacts of these into our financial modelling. This enables us to understand any risks to our finances and manage them such that we remain able to achieve our charitable objectives.

Going concern

The Board of Trustees has reviewed our activities, financial position and risk management policies together with factors likely to affect future development, including the impact of economic uncertainty and cost of living pressures on voluntary income. The Trustees therefore have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future, being at least 12 months from the date of approval of these financial statements and are not aware of any other material uncertainties which may adversely affect the organisation. Accordingly, the financial statements continue to be prepared on the going concern basis.

Audit

Crowe UK LLP have expressed their willingness to continue in office and will be 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.

Risk and uncertainties

We have an established approach to risk management which we call Keeping Safe, Legal and Healthy which is based on the three lines of defence model. We encourage our employees and volunteers to notice and report operational risks as soon as possible through a framework of risk leads and integrated reporting. The Board and Executive Team identify and monitor risks that may prevent us from delivering our charitable impact. In addition, our internal auditors, BDO LLP, conduct independent audits each year to provide further assurance that we have the systems and processes in place to identify, mitigate and manage key risks.

Our Audit and Risk Committee (which our internal auditors report to), and the Board of Trustees, have overall responsibility for ensuring we have appropriate systems and processes in place to manage risks, while reviewing the most significant risks regularly.

Our risks and mitigations are:

Pressures on our income and cost base due to challenging environment.

In common with many charities, the combination of high inflation, a flat economy and cost of living pressures has made for a challenging financial environment. In addition, towards the end of 2023 we could see a high likelihood of adverse volatility in our legacy income further exacerbating the existing pressure on our net unrestricted income. If we did not address these pressures and did

so strategically, there is a risk that we may experience financial difficulties which may impact our mid- to long-term sustainability and ability to deliver.

At the beginning of the year, with the support of the Board of Trustees, the Executive Team put a plan in place to manage the impacts of these potential financial challenges. Unfortunately, the risks we had identified played out during the year meaning that the plan was enacted. This has involved comprehensively reviewing our expenditure against our strategic goals and making changes, including redundancies, to ensure that expenditure continues to support people impacted by diabetes but does not exceed our reduced levels of unrestricted income. Considerable effort was also made to ensure we supported colleagues and managed potential disruption from our change programme.

We do not sufficiently adapt our strategic choices to maximise the difference we make for people affected by diabetes.

The world continues to change at a fast pace and, while this throws up myriad challenges, we are also seeing many potential opportunities to improve the lives of people affected by diabetes (through new technology and therapies, for example), including many made possible by the work we have done. If we are not alive to these changes and adapt sufficiently there is a risk we will not maximise our charitable impact with the resources we have.

A key mitigation to this risk is that we have an outcome-based strategy in place which, through regular horizon scanning and review, has allowed us to focus on long-term benefit through our strategic ambitions while identifying and managing near-term risks (for example, changes to government, rising prevalence, and financial constraints) and opportunities.

Challenges and competing priorities in health care policy.

Turbulence due to the pandemic, funding shortages and changes in political leadership all pose risks to ensuring that both policy and the health care system adequately prioritise prevention and the care of people already with diabetes. If we do not influence and engage successfully the condition may become deprioritised.

Our mitigation is to ensure we engage both locally and nationally with a range of key stakeholders including government, the NHS and health care professionals to influence policy, practice and the focus of research. We continue to be active in these areas, securing many benefits for people impacted by diabetes.

Cyber security

Our technology and systems need to be secure in an environment of escalating threat from cyber criminals and other bad actors. The impact of these threats may adversely affect our ability to operate and could harm our reputation. We follow industry guidelines to ensure our approach is robust and conduct regular external audits and testing to identify weaknesses and ensure these are addressed.

Assurance reviews of controls and processes of a selection of our broader risks take place each year. We continue to implement our agreed three-year plan of internal audits with our internal auditors BDO LLP. This third-party view alongside our own internal reporting provides assurance to trustees that we have identified and are managing the risks we face.

Our approach to modern slavery and our supply chain

We have a zero-tolerance approach to modern slavery and are committed to acting ethically in all operations. We continuously improve our processes to combat slavery and human trafficking in our business and supply chain and hold our suppliers and partners to high standards in doing the same. We also have due diligence procedures around potential and current partners. Our full statement is available on our website.

How we're organised and governed

The Diabetic Association was set up in 1934 by the novelist HG Wells and Dr RD Lawrence, both of whom lived with diabetes. We changed our name 20 years later to The British Diabetic Association and whilst this remains our legal name, we have operated as Diabetes UK since 2000.

Diabetes UK is a company limited by guarantee and registered with the Charity Commission in England and Wales and the Office of the Scottish Regulator in Scotland (OSCR), which is the independent regulator and registrar for Scotland's charities. This means our trustees are also company directors so subject to both company and charity law.

We work across all four nations, adapting our services as appropriate to relevant regional and local circumstances as well as need.

Our Board of Trustees

Our Board of Trustees – referred to as the Board from now on – has collective responsibility for everything we do and is responsible for:

- Our overall strategic direction, including evaluating progress against our strategic plans.
- Ensuring our financial stability, acting in the best interests of our organisation.
- Ensuring that we comply with our governing documents, and any other relevant legislation.

The maximum number of trustees permitted under our Articles of Association is 14, and during 2024 they numbered between 12 and 14. Trustees are usually appointed for up to three years and may be re-appointed for two further terms of up to three years but cannot serve for more than a continuous period of nine years.

The Board benefits from the wide range of skills and expertise across different disciplines that its trustees bring, as well as personal experience of living with diabetes and experience as a healthcare professional.

Trustee recruitment

A sub-committee of the Board – our Governance and Nominations Committee (GNC) – is responsible for overseeing the recruitment and appointment process of trustees. We recruit trustees through open advertising or more targeted recruitment searches when appropriate to ensure that we have right balance of skills and experience that we need.

An induction programme is put in place upon appointment, and all trustees meet the Chair of the Board on a one-to-one basis.

The expertise and contributions of the single Trustee we appointed during 2024 have been

highly beneficial to the work of the Board and helped us increase diversity within the context of meeting recommended practice in the Charity Governance Code. We also thank Dr Carol Homden for the completion of her first full term of three years and were delighted to confirm her reappointment to a second term of leading the Board as Chair for a further three years in December 2024.

In January 2024, the Board appointed two Trustees to the roles of Co-Vice Chairs.

In addition, a further four Trustees were successfully reappointed to their second term of three years in September 2024, including our Treasurer and one of the Co-Vice chairs.

In March 2024, the Board passed a special resolution to retain a Trustee with specialist clinical expertise for a 10th year, in order to recruit a replacement with the appropriate succession. This role was recruited to in November 2024, and the successful Trustee is set to join from March 2025.

Charity Governance Code

The Board first adopted the Charity Governance Code in 2019. After initially identifying increasing diversity as a key priority, work continued in this space.

Particularly in recruitment, where we saw an increase in diversity on our Board of Trustees.

In December 2024, several Trustees were involved in and attended the inaugural Tackling Inequality Advisory Group meeting, and will be integral to the planning of our Tackling Inequalities five-year plan in 2025.

Board meetings

Our Board usually meets in person up to six times a year, holding one meeting as an annual away day where trustees and the Executive Team (the Chief Executive and senior staff colleagues) can explore key strategic issues in more depth.

Sub committees of the Board

The Board delegates some areas of its work to sub-committees, which usually meet between three and four times a year. The sub committees of the Board are:

Finance

Oversees and reviews all financial aspects and advises the Board accordingly and evaluates the annual budget before board approval.

Remuneration

Considers the total rewards policies, including remuneration and benefits, of the whole organisation as well as considering broader staff satisfaction and people metrics, and recommends organisation-wide pay increases for Board approval.

Audit and Risk

Oversees the financial audit and reporting process, reviews the effectiveness of the independent audit, and leads on reviewing risk and monitors compliance with external requirements and internal policies.

Membership of our sub-committees is made of Trustees and co-opted members of the Committees with most serving on at least one. Exceptions are our Governance and Nominations Committee – there are two non-Trustee members including the committee chair as well as Trustee members, and our Research Committee, which is made up of

Governance and Nominations

Ensures that we have sound governance arrangements so we can achieve our charitable aims and the highest possible standards of governance and leads on trustee recruitment.

Brand and Income Generation

This committee is responsible for assisting the Board in carrying out strategic oversight of brand, voluntary and commercial income matters, as well as supporting the Director of Engagement & Fundraising (and the Executive Team) in maximising the Charity's income generation.

Research

Assesses and approves applications for funding for basic, clinical and health services research within the guidelines set by the Board and in accordance with the Association of Medical Research Charities' recommendations.

non-Trustee members who have specialist expert knowledge across all our varied areas of research.

The Audit and Risk, Governance and Nominations, and Brand and Income Generation Committees benefit from the expertise of a single co-opted member as of January 2024.

Key stakeholders – our advisory groups

We are very grateful to the following permanently established advisory groups, who help us enormously, and whose meeting minutes are circulated to the Board:

Diabetes Lived Experience Advisory Committee (DLEA)

DLEA informs our work so that we focus on what really matters to people living with diabetes. There can be up to 30 members, drawn from all four nations, including people with direct experience of any type of diabetes as well as carers and parents of children with diabetes. This year, we are recruiting 10 new members from across the UK particularly those from Black or South Asian backgrounds and people living with type 2 diabetes. We experimented with new ways of working, such as increasing involvement opportunities between meetings, working more closely with our Healthcare Professional Advisory Committee, and making feeding back easier to share the positive impact of our work.

Healthcare Professional Advisory (HPA) Committee

The HPA committee helps us provide effective support and advice to the wider community of healthcare professionals working in a range of disciplines and settings. There are up to 30 members who form a multidisciplinary team including GPs, diabetes specialist nurses, practice nurses, consultants, pharmacists, dietitians, a podiatrist, an ophthalmology specialist, a psychologist and a dentist.

National Advisory Councils in Scotland, Wales and Northern Ireland

Each of the three nations has an Advisory Council comprising people with lived experience of diabetes, healthcare professionals and others with relevant experience or interests such as researchers.

Council members provide advice and support to National Directors and teams in developing and delivering local plans. The Scotland Advisory Council will be reviewed in 2025.

The Science and Research Advisory Group

The Science and Research Advisory Group is made up of people living with diabetes, diabetes researchers and healthcare professionals. Members of the group are responsible for working with Diabetes UK to formulate the research strategy periodically. They review the broad field of diabetes research and make recommendations to the Diabetes UK Board of Trustees on the areas in which the charity should focus its research effort.

How we organise our work

The Board delegates responsibility for operational management to our Chief Executive, who leads the Executive team. We have six directorates, each led by an Executive team member.

Chief Executive Office and Policy & Campaigns
Research and Clinical
People and Organisational Development
Corporate Services
Engagement and Fundraising
Services, Communities and Improvement

Subsidiaries and related parties

We have a wholly owned trading subsidiary – Diabetes UK Services Limited. Its principal activities relate to corporate sponsorship, running the lottery, sales of various seasonal goods including Christmas cards, and income from promotional activities. The results for the subsidiary are consolidated in the accounts and presented in note 26.

The Company's performance was comparable to 2023 where for a second year since Covid the Diabetes UK Professional Conference was again held in person. The taxable profit of 0.4 million (2023: £0.4 million) will be donated to Diabetes UK under Gift Aid.

How our work delivers public benefit

We have a duty to report on the public benefit that we deliver under section four of the Charities Act 2011. Taking the Charity Commission's guidance into consideration, the Board is satisfied that our public benefit requirements have been met.

We provide a range of direct services and practical support to people affected by diabetes or at risk of diabetes. We train and support healthcare professionals from a wide range of disciplines to improve diabetes services in their local areas. We continue to commit more of our own funds to research – building our knowledge of diabetes, developing improved treatments and, one day, finding a cure.

How we fundraise

We're almost entirely reliant on donations to fund our work. Without the public's generosity we wouldn't be able to support people with or at risk of diabetes or make research breakthroughs.

We are registered with the Fundraising Regulator (FR) and are open about how we raise our funds. We continually strive to adhere to the Code of Fundraising Practice and are committed to the Fundraising Promise. We are also a member of the Chartered Institute of Fundraising (CIOF), the Direct Marketing Association (DMA) and licensed by the Gambling Commission. This report covers the requirements charities must follow as set out in the Charities Act 2016.

We seek to minimise the risk of breaches of fundraising compliance through training and inductions for new employees on the Fundraising Code of Practice and implementing compliance policies. We will proactively engage with the Fundraising Regulator and other bodies as needed to ensure that any concerns raised are addressed as a priority.

Our generous supporters raise money for us in many different ways, including fundraising in their local communities and through our local groups. We run several in-person events including our Wellness Walk Series as well as our popular 'virtual challenges' such as One Million Step Challenge and Swim22.

We have partnerships with several organisations, including some commercial participator agreements for which written agreements are in place. We see partnership working as a crucial route to achieving our mission – for more information, see 'Partners who share our passion' section. We have safeguards in place with our partners to ensure that we do not compromise our independence in any way. We're also supported by charitable Trusts and Foundations, as well as receiving generous philanthropic gifts from donors.

People can sign up to make a regular donation, play our lottery, or become a member through a variety of routes. We also ask people to give to us through our regular appeals, our raffles or by leaving a gift in their Will.

Some of our fundraising activity is conducted on our behalf by carefully selected fundraising agencies who ask people if they would like to take part in our weekly lottery, events or become members.

We work very closely with our agencies Unity 4 (CIOF Corporate Member) and DTV Optimise (registered with the FR, Corporate member of the CIOF and DMA) to ensure they represent our work and our organisation to the very highest standards. We monitor our agencies regularly, to ensure that everyone who works on our behalf adheres to our high standards.

Our website outlines our complaints process clearly. In 2024, we received 13 complaints about fundraising. We work to ensure we resolve, learn and take action to prevent issues happening again. We report the number of complaints we receive each year to the FR. We also publish an internal complaints report that is shared with our directors.

We train and support our staff and agencies to identify and protect people in vulnerable circumstances in accordance with our Vulnerable People Policy. All of our direct marketing communications contain clear instructions of how a supporter can easily opt out of receiving any further communication should they wish to. We are also signed up to the Fundraising Preference Service to enable people to let us know that they do not wish to receive fundraising communications from us. We received 15 requests from this service last year.

A controls framework is in place for effective internal governance of our fundraising. The Board receives regular reports on performance, compliance and plans. Our Audit and Risk Committee considers our fundraising compliance in more detail and the Finance Committee looks closely at our financial performance. In addition, we have reviewed in detail and reported on the controls we have in place relating to each area of accountability covered in the Charity Commission's guidance set out in CC20 Charity fundraising: a guide to trustee duties.

Our people

Our colleagues are key to our success, and we know that investing in our people enables us to continue to make meaningful impact in the lives of those affected by diabetes. This year we provided additional opportunities to support wellbeing as we made changes to our organisational structure. The key aim of the change programme was to enhance our organisational efficiency and effectiveness. Support provided include coaching sessions, open spaces to connect with peers, managing through change sessions, interviewing skills as well as independent support through our employee assistance programme. Additional outplacement support provided by a third party – Working Transitions, was also provided to colleagues who, sadly, left Diabetes UK through redundancy.

Our values and behaviours remain the cornerstone of our organisational culture. This year, we engaged widely with colleagues through surveys and focus groups to refresh our values and behaviours to better reflect our outcomes-based strategy. A new visual identity was also created which emphasises the centrality of lived experience to our work and our commitment to tackling inequality.

To continue to foster an open and transparent organisational culture, we introduced an anonymous feedback channel (Hive Open door) to enable colleagues to share their thoughts, concerns, and suggestions on an ongoing basis. This is in addition to regular pulse and engagement surveys and enables us to get more regular feedback from colleagues.

Equity, diversity and inclusion

We are committed to creating an inclusive culture where every colleague and volunteer can thrive and be at their best.

We created opportunities for colleagues to connect and learn about EDI through our regular 'Let's talk about' series and developed a new compulsory EDI module for new starters at the charity as part of our induction programme, 'Explore, Discover, Thrive'. Following a successful pilot, we launched the Equity, Diversity and Inclusion Assessment tool, which helps colleagues to plan projects and activities with inclusion in mind and we provided training for colleagues on how to use it.

We continued to use data to inform our approach, completing pay gap reporting for gender and ethnicity. In 2024 we also published our ethnicity pay gap externally for the first time to demonstrate our commitment and outline the actions we will take to address it, as well as capturing the diversity data of our Board of Trustees to identify any gaps and inform our recruitment approach.

Learning and development

We offer a range of learning and development opportunities for our people, both in-house and external.

Being able to "disagree well" with one another was a common theme taken from the 2023 Colleague Survey. Improving this skill would enable more diversity of thought and

experience – aligning with our EDI commitment – and ultimately leading to more creativity. A half day online course was rolled to 400 colleagues and has been incorporated into induction programme for all new starters.

We have reviewed and refreshed our Values and Behaviour framework and implemented a self-authored e-learning platform to enable create and adapt our learning content as needed.

Communication and engagement

Our charity keeps colleagues informed and fosters pride in our work by sharing updates on strategy, priorities, finances, and impactful stories. We highlight our influence on governments, health systems, and fundraising efforts, benefiting millions affected by diabetes. This is achieved through information sharing, listening, and co-creating with colleagues.

Staff stay updated via the intranet, iKnow, and the bi-weekly e-newsletter, News Pump. Quarterly town hall events, online conversations, presentations, and vlogs provide additional updates. Regular meetings with trade union representatives and the Colleague Forum ensure staff voices are heard. Managers hold team and department meetings to help individuals understand their contributions and progress.

Pay and benefits

To attract and retain top talent, we ensure fair pay and competitive benefits. We benchmark against similar organisations and use an external tool to determine job value. Our trustees oversee pay policies, while the Remuneration Committee approves pay rises for the entire organisation and the Executive team. We also reward staff achievements with various benefits.

Our approach to grant making

Our research strategy and objectives are set by the Science and Research Advisory Group, underpinned by priorities developed in partnership with the Diabetes Research Steering Groups. We invite applications for funding of research projects, early career small grants, fellowships and studentships through open advertisement to the research community via email, on relevant websites, social media and through partners.

Applicants based at not-for profit UK-based academic or NHS institutions may submit proposals. Decisions about funding of specific projects are delegated to the Research Committee, or specially convened panels made up of experts from the the Research Committee and coopted experts.

Applications are reviewed by a minimum of three external peer reviewers against criteria such as relevance to diabetes, scientific merit, feasibility and value for money. The reviewers' assessments are then submitted to the Research Committee, or the Fellowship and Studentship Panels. Shortlisted applicants for fellowships are invited for interview by an expert scientific and lay panel who make the funding decision. At least one member of the Research Committee sits on each fellowship panel. Funding decisions for early career small grants and shortlisted studentships are decided by an expert panel, including Research Committee members. We involve our Grants Advisory Panel of people living with or caring for someone with diabetes in our funding processes for project and strategic grants, early career small grants, and fellowships awards.

How we work to achieve our Ambitions

To be successful in achieving our Ambitions, we need to hear the voices of people with diabetes, our volunteers, healthcare professionals, partners and our staff in everything we do. Section 172 of the Companies Act requires our directors to act in a way they consider to be mostly likely to promote the success of the charity to achieve our Ambitions. To do this we consider:

The long-term consequences of our decisions

We are grateful for the support of our advisory groups who enable us to consider the impact of the decisions we take over the medium and long term. You can read about the main ones on page 62. In 2024, we consulted with these groups on topics including our partnership with Slimming World, NHS 10-year plan proposals to the government, the impact of stigma for people living with diabetes and our tackling inequalities strategy.

Our strategy sets out the change we want to see for people with diabetes (page 8) – and we have developed a number of Ambition programmes that contribute to this change, and a measurement framework so we can track progress and learn. We also pay close attention to the external context, and views of people living with and at risk of diabetes refreshing our plans annually so we can adapt and respond as needed.

The interests of our employees

Our colleagues are our greatest asset, and we value their input and feedback. We have a Colleague Forum that plays a vital role in shaping our policies and practices. The wellbeing of our colleagues continues to be a key focus and we offer a range of benefits that suit their needs. We regularly measure employee satisfaction through 'pulse checks' and foster a culture of collaboration and inclusion through our employee networks.

The need for good relationships with partners, suppliers, customers and others

Our partners and suppliers are key to much of the work we do, and we work hard to drive high standards and to build great relationships with them. We have clear policies on who we work with and procure from and effective contract and supplier management. You can read about some of our work with partners on page 32. We use feedback to improve our customer service and are committed to an ongoing programme of work aimed at ensuring excellent customer experience in all our interactions.

The impact of what we do on the communities we work in and the environment

We take care to consult the communities we work in. We recognise our responsibility to minimise our environmental impact and have implemented all practical recommendations from our Energy Savings Opportunity Scheme report. We also comply with the Streamlined Energy and Carbon Reporting (SECR) reporting regulations, constantly reviewing our impact on the environment as an organisation which you can read about on page 68.

The benefits of maintaining a reputation for high standards of conduct

Our reputation is very important to us and to the people we support. We want to be trusted to inform and advise those who need our support and have clear expectations of staff and volunteers, underpinned by our values.

The need to act fairly

Fairness is key to achievement of these aspirations and our organisation policies reflect a consistently fair and transparent approach. We are also committed to equity in our workforce and are actively ensuring the fair treatment of colleagues which you can read about on page 65.

Streamlined Energy and Carbon Reporting

Executive summary

This report summarises Diabetes UK Limited’s (Diabetes UK) energy usage, associated emissions, energy efficiency actions and energy performance under the government policy Streamlined Energy & Carbon Reporting (SECR). This is implemented by the Companies (Directors’ Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018. Mandatory information for compliance is outlined on pages 4, 6 and 7 of this report.

Year-on-year changes

- **Natural gas emissions (Scope 1)** have decreased by 51.63% from the previous year because of occupancy levels and efficiency improvements. This includes the installation of a new boiler at the Wolverhampton office, alongside optimised heating controls that prevent unnecessary energy consumption.
- **Electricity emissions (Scope 2)** decreased by 14.61% year-on-year driven by the implementation of a more efficient Building Management System (BMS). Enhancements to the BMS, including the removal of pre-emptive timers, have ensured that heating and cooling systems are used only when needed, optimising overall energy consumption.
- **Transport emissions (Scope 3)** have decreased by 13.27% compared to last year owing to expanded hybrid working patterns. Increased use of remote collaboration tools and refined hybrid work policies have significantly reduced the need for business travel, lowering associated emissions.

Annual reporting figures

The following tables show the consumption and associated emissions for the years ending December 2024 and December 2023 for comparison.

Consumption and location-based emissions

Scope 1 consumption and emissions include direct combustion of natural gas, and fuels utilised for transportation operations, for example, company vehicle fleets.

Scope 2 consumption and emissions cover indirect emissions related to the consumption of purchased electricity in day-to-day business operations.

Scope 3 consumption and emissions cover emissions resulting from sources not directly owned by Diabetes UK i.e., grey fleet business travel undertaken in employee-owned vehicles only.

Totals

Diabetes UK Limited FY2024 total energy consumption (kWh)

	UK 2024 Consumption (kWh)	UK 2023 Consumption (kWh)
Utility and Scope		
Natural gas (Scope 1)	38,780	80,164
Grid-Supplied Electricity (Scope 2)	266,778	312,395
Transportation (Scope 3)	144,074	164,632
Total	449,632	557,191

Diabetes UK Limited FY2024 total location-based emissions* (tCO2e)

	UK 2024 Consumption tCO2e	UK 2023 Consumption tCO2e
Utility and Scope		
Natural gas (Scope 1)	7.09	14.66
Grid-Supplied Electricity (Scope 2)	55.24	64.69
Transportation (Scope 3)	32.11	37.03
Total	94.44	116.38

*NB Market-based emissions are reported in tCO2 only, and reflect the specific emissions associated with the supplier-specific fuel mix. Please see the Reporting methodology for further details.

Diabetes UK Limited FY2024 total emissions intensity metric**

	Location-based		Market-based	
Intensity metrics	2024	2023	2024	2023
Total FTE	394.02	426.49	394.02	426.49
All Scopes tCO2e per FTE	0.24	0.27	0.32	0.33
Percentage change	-12.16%		-1.81%	

**NB The reported Scope 1, 2 and 3 emissions have been rounded to two decimal places. Any year-on-year comparison calculations have been conducted using complete unrounded figures.

Energy efficiency improvements

We are committed to year-on-year improvements in its operational energy efficiency. A register of energy efficiency measures has been compiled, with a view to implementing these measures in the next five years.

Measures undertaken in 2024:

- **Optimised heating controls**
We have installed timers on electric radiator systems to ensure they operate only during designated hours. This targeted approach prevents unnecessary energy consumption, improving overall efficiency and reducing heating-related electricity usage.
- **Building management system enhancements**
Further improvements to the Building Management System (BMS) were implemented to ensure heating and cooling systems are used only when necessary. Pre-emptive timers have been removed from most floors, preventing unnecessary climate control adjustments and optimising energy use.
- **Hybrid work expansion**
We have continued to leverage technology to reduce travel wherever practicable. By utilising remote collaboration tools and refining hybrid working policies, the organisation has reduced the need for business travel, leading to lower energy consumption and associated emissions.

Measures to be addressed in 2025:

- **Office space review**
With multiple office leases set to expire in 2026, we will undertake a comprehensive review of our estate and office utilisation. This assessment will focus on optimising space usage to improve energy efficiency and ensure that office environments are used as effectively as possible.
- **Space consolidation**
We plan to close 4,000 square feet of space in our London office, restructuring floor layouts to maximise occupancy per floor. This strategic move enhances energy efficiency by concentrating staff in fewer areas, allowing for more effective heating and cooling management while reducing overall operational energy demands.

Compliance responsibility

This report has been prepared by the ESG division of Inspired PLC for Diabetes UK Limited by means of interpreting the Companies (Directors’ Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018 as they apply to information supplied by Diabetes UK Limited and its energy suppliers.

Diabetes UK Limited’s registered CEO and CFO are responsible for complying with the Regulations. They must be satisfied that to the best of their knowledge, all relevant information concerning Diabetes UK Limited’s organisation structure, properties, activities and energy supplies has been provided to Inspired PLC.

This includes details of any complex ownership structures (for example, private equity funds, franchises for private finance initiatives) and electricity/gas usage that is covered by the EU Emissions Trading Scheme (ETS) or Climate Change Agreements (CCA) scheme generated on-site (including Combined Heat and Power(CHP)) or supplied to/from a third party (i.e. not a licenced energy supplier or a landlord/tenant).

Reporting methodology

This report (including the Scope 1, 2 and 3 kWh consumption and CO2e emissions data) has been developed and calculated using the GHG Protocol – A Corporate Accounting and Reporting Standard (World Resources Institute and World Business Council for Sustainable Development, 2004); Greenhouse Gas Protocol – Scope 2 Guidance (World Resources Institute, 2015); ISO 14064-1 and ISO 14064-2 (ISO, 2018; ISO, 2019); Environmental Reporting Guidelines: Including Streamlined Energy and Carbon Reporting Guidance (HM Government, 2019).

Government Emissions Factor Database FY24 version 1.1 has been used, utilising the published kWh gross calorific value (CV) and kgCO2e emissions factors relevant for the reporting period 01/01/2024 – 31/12/2024.

Estimations were undertaken to cover missing billing periods for properties directly invoiced to Diabetes UK Limited. These were calculated on a kWh/day pro-rata basis at the meter level.

All estimations equated to 0.02% of reported consumption.

For the market-based emissions methodology, the electricity supplied to Diabetes UK during the period 01/01/2024 – 31/12/2024 was sourced from Npower, Power NI, and Energia (renewable electricity). Market-based emissions were calculated using supplier-specific fuel mix factors with residual factors used for properties where the supplier was not known, such as landlord sites.

Intensity metrics have been calculated using total tCO2e figures and the selected performance indicator agreed with Diabetes UK Limited for the relevant report period:

	FY2024	FY2023
Full-time equivalent (FTE)	394.02	426.49

Statement of trustees' responsibilities

The trustees (who are also directors of The British Diabetic Association for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year. Under that 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 Statement of Recommended Practice (SORP).
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- State whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Board of Trustees is responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose (with reasonable accuracy) at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 55 Contents 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and the group and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Insofar as each of the trustees is aware:

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

Approved by the Board of Trustees of Diabetes UK on 22 May 2025 including in their capacity as company directors, the strategic report contained therein, and signed on its behalf by:



Dr Carol Homden CBE
Chair

Trustees, officers and professional advisors

Ambassadors

Professor Sir George Alberti
Anne Felton
John Grumitt

Sir Michael Hirst
Professor Simon Howell

Board of Trustees and the membership of sub committees

Dr Carol Homden CBE, Chair
Remuneration – Chair
Lead Safeguarding Trustee

Professor Linda Bauld OBE, Co-Vice Chair
Remuneration
Joint Chair of our Tackling Inequality Commission

Melanie Stephenson-Gray, Co-Vice Chair
Equity, Diversity and Inclusion Board
Liaison Lead

Alexandra Lewis, Treasurer
Finance Committee - Chair
Audit & Risk
Remuneration

Dr Sarah Ali

Martin Dewhurst
Finance Committee

Ngozi Emeagi
Audit & Risk

Emma Foulds
Brand & Income Generation Committee – Chair

Michael Gibbs
Finance Committee

Professor Wasim Hanif
Governance and Nominations

Matt Higham
Brand & Income Generation Committee

Dr Asiya Yunus
Governance & Nominations Committee

Kris Murali
Audit & Risk Committee - Chair

Sian Jarvis
Audit & Risk Committee (stepped down from Audit & Risk September 2024)
Brand & Income Generation Committee (from September 2024)

The Board thanks all the members of the Research Committee for the expert advice they provide and the following non-trustee members of the Governance & Nominations Committee:

Anne Heal
Chair of the Governance & Nominations committee

Our co-opted members of subcommittees:

Ben Lewis
Brand & Income Generation

Vivienne Dews
Audit & Risk Committee

Joe Usher
Governance & Nominations Committee

We also thank the trustees of the British Diabetic Association Pension and Life Assurance Scheme:

Simon Hartley – Chair

Colette Marshall (resigned 25 June 2024)

Danielle Williams (appointed 25 June 2024)

Simon O'Neill

Peter Shorrick

Senior management
(the Executive team)

Chief Executive
Colette Marshall

Director of Engagement and Fundraising
James Beeby

Director of Care and Clinical Intelligence
Simon O’Neill (until 17 December 2024)

Director of People and Organisational Development
Ir  n   Fufeyin

Director of Operations (Services, Communities & Improvement)
Dr David Chaney

Director of Corporate Services
Graham Galvin*

Director of Policy, Campaigns and Improvement
Dr Charlotte Augst (until 17 March 2024)

Director of Research (and later Research and Clinical)
Dr Elizabeth Robertson

* Company Secretary

Bankers and professional advisors

Bankers
Barclays Bank Plc
One Churchill Place
London E14 5HP

Auditor
Crowe UK LLP
55 Ludgate Hill
London EC4M 7JW

Investment managers
Legal & General Investment Management
One Coleman Street
London EC2R 5AA

Legal advisors
Bates Wells & Braithwaite LLP
10 Queen Street Place
London EC4R 1BE

Wilsons Solicitors LLP
4 Lincoln’s Inn Fields
London WC2A 3AA

Withers LLP
20 Old Bailey
London EC4M

Diabetes UK is the operating name of The British Diabetic Association, a company limited by guarantee, registered in England and Wales (company no: 339181) and a charity registered with the Charity Commission for England & Wales (registered charity no: 215199) and with the Office of the Scottish Charity Regulator (registration no: SC039136).

Diabetes UK

Registered office address

Diabetes UK
Wells Lawrence House
126 Back Church Lane
London E1 1FH

0345 123 2399
info@diabetes.org.uk

National and regional offices

Diabetes UK Midlands and East
Suite 2C
St David’s Court
Union Street,
Wolverhampton
WV1 3JE
01922 614 500

Diabetes UK South East Coast and London
Wells Lawrence House
126 Back Church Lane
London
E1 1FH
0345 123 2399

Diabetes UK South West and South Central
Victoria House
Victoria Street
Taunton
TA1 3FA
01823 448 260

Diabetes UK Scotland
The Venlaw
349 Bath Street
Glasgow
G2 4AA
0141 332 2700

Diabetes UK Northern Ireland
Suite 1, 1st Floor
Lisburn Square House
Lisburn
BT28 1TW
028 9066 6646

Diabetes UK Cymru
Wing A, Global Reach
Dunleavy Drive
Cardiff
CF11 0SN
029 2066 8276

Diabetes UK North
Suite C, 2nd Floor
Dallam Court
Dallam Lane
Warrington
WA2 7LT
01925 653 281

Independent Auditor's Report to the Trustees of The British Diabetic Association (Diabetes UK)

Opinion

We have audited the financial statements of the British Diabetic Association ('the charitable company') and its subsidiary ('the group') for the year ended 31 December 2024 which comprise the consolidated statement of financial activities, the consolidated and charitable company balance sheets, the consolidated cash flow statements and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinion on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

- adequate and proper accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 75, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

www.frc.org.uk/auditorsresponsibilities.

This description forms part of our auditor's report.

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

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

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

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

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

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

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

Use of our report

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



Dipesh Chhatralia

Senior Statutory Auditor

For and on behalf of Crowe UK LLP
Statutory Auditor, London

Date: 16 June 2025

Consolidated statement of financial activities
incorporating income and expenditure account and statement of total
recognised gains and losses for the year ended 31 December 2024

	Notes	Unrestricted £'000	Restricted £'000	2024 Total £'000	Unrestricted £'000	Restricted £'000	2023 Total £'000
Income from:							
Donations and legacies	3	25,490	2,444	27,934	27,751	2,764	30,515
Other trading activities	4	3,942	–	3,942	3,673	–	3,673
Investments	5	410	–	410	675	–	675
Charitable activities	6	1,907	4,209	6,116	1,958	5,879	7,837
Total income		31,749	6,653	38,402	34,057	8,643	42,700
Expenditure on:							
Raising funds	8	12,974	–	12,974	12,438	–	12,438
Charitable activities							
Stigma and inequality	9	3,073	612	3,685	3,448	244	3,692
Cure or prevent	9	1,970	2,606	4,576	3,316	4,415	7,731
Live well	9	5,850	998	6,848	6,369	917	7,286
Universal offer	9	13,903	2,160	16,063	15,844	2,415	18,259
Total expenditure	9	37,770	6,376	44,146	41,415	7,991	49,406
Net gain on investments	17	717	–	717	299	–	299
Net (expenditure)/income for the year		(5,304)	277	(5,027)	(7,059)	652	(6,407)
Transfers between funds	22	407	(407)	–	720	(720)	–
Other recognised gains							
Actuarial gains on defined benefit pension	30	–	–	–	–	–	–
Net movement in funds		(4,897)	(130)	(5,027)	(6,339)	(68)	(6,407)
Fund balances at the beginning of the financial year		12,898	522	13,420	19,237	590	19,827
Fund balances at the end of the financial year	22/23	8,001	392	8,393	12,898	522	13,420

There are no unrealised gains or losses which do not appear on the SOFA. All the above results are derived from continuing activities. The notes on pages 83 to 111 form part of these accounts.

Balance sheet
at 31 December 2024

	Notes	Group 2024 £'000	2023 £'000	Diabetes UK 2024 £'000	2023 £'000
Fixed assets					
Tangible assets	16	2,606	2,024	2,606	2,024
Investments in subsidiary undertakings	26	–	–	40	40
Other investments	17	10,213	17,163	10,213	17,163
		12,819	19,187	12,859	19,227
Current assets					
Stock		122	167	21	33
Debtors	18	4,391	6,243	4,520	6,624
Cash at bank and in hand		2,372	2,453	2,255	2,377
		6,885	8,863	6,796	9,034
Creditors: amounts falling due within one year	19	(11,032)	(14,392)	(10,983)	(14,603)
Net current liabilities		(4,147)	(5,529)	(4,187)	(5,569)
Net assets before provisions		8,672	13,658	8,672	13,658
Provision: for liabilities and charges	21	(279)	(238)	(279)	(238)
Provision: defined benefit pension scheme liability	30	–	–	–	–
Net assets		8,393	13,420	8,393	13,420
Funds					
Restricted funds	22/23	392	522	392	522
Unrestricted funds					
General funds		8,001	12,898	8,001	12,898
Pension reserve	30	–	–	–	–
Unrestricted funds including pension liability		8,001	12,898	8,001	12,898
Total funds		8,393	13,420	8,393	13,420

The notes on pages 83 to 111 form part of these accounts.

The net movement in funds for the financial year dealt with in the financial statements of the parent Company was a loss of £5.0m (2023: loss of £6.4m).

Approved by the Board of Trustees on 22 May 2025
and signed on their behalf by:

Registered company no: 339181



Dr Carol Homden
Chair



Alexandra Lewis
Treasurer

Consolidated statement of cash flows for the year ended 31 December 2024

	2024 £'000	2023 £'000
Cash flows from operating activities:		
Net cash used in operating activities (note 1 below)	(7,278)	(7,382)
Cash flows from investing activities:		
Dividends and interest from investments	410	675
Purchase of tangible fixed assets	(880)	(758)
Proceeds from the sale of investments	10,339	2,068
Purchase of investments	(7,624)	(2,486)
Movement on cash deposits	4,952	2,963
Net cash provided/(used in) investing activities	7,197	2,462
Change in cash and cash equivalents in the reporting period	(81)	(4,920)
Cash and cash equivalents at 1 January	2,453	7,373
Cash and cash equivalents at 31 December	2,372	2,453
Note 1 to the consolidated statement of cash flows	2024 £'000	2023 £'000
Reconciliation of changes in resources to net cash (outflow)/inflow from operating activities		
Net expenditure for the year per the SOFA	(5,027)	(6,407)
Adjustments for:		
Depreciation charges	298	310
Gain on investments	(717)	(299)
Loss on disposal of fixed assets	–	5
Dividends and interest from investments	(410)	(675)
(Decrease)/increase in stock	45	(51)
(Decrease)/increase in debtors	1,852	(2,905)
(Decrease)/increase in creditors	(3,360)	2,622
Increase in provisions	41	18
Net cash used in operating activities	(7,278)	(7,382)

The charity has taken advantage of the exemptions in FRS 102 from the requirement to present a charity only cash flow statement.

Notes to the financial statements

1. Charity information

The charity is a private company (registered number 339181), which is incorporated and domiciled in the UK. The address of the registered office is Wells Lawrence House, 126 Back Church Lane, London E1 1FH.

2. Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with the Charities SORP (FRS102) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006, and UK Generally Accepted Practice as it applies from 1 January 2015. The charity has taken advantage of exemption 408 of the Companies Act and as such a separate parent income statement has not been prepared.

Diabetes UK meets the definition of a public benefit entity under FRS 102.

Assets and liabilities are recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

Basis of consolidation

The consolidated financial statements comprise Diabetes UK and its local groups ("Diabetes UK") together with its subsidiary, Diabetes UK Services Limited ("the Group"). A summarised profit and loss account and balance sheet for the subsidiary is given in note 26. The results of the subsidiary have been consolidated on a line by line basis.

Going concern

We consider the going concern basis of accounting to be appropriate following careful consideration of our financial position and a commitment to close management of the ongoing financial and operational risks. The financial impact of the pandemic was central to these assessments, both regarding delivery plans and our ability to continue to raise voluntary income in a period of economic uncertainty.

Critical accounting judgements and key sources of estimation uncertainty

In the application of the charity’s accounting policies the trustees are required to make judgements, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects the current and future periods.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are pensions liabilities where the charity recognises its liability to its defined benefit scheme which involves a number of estimates as disclosed in note 30, and legacies which are recognised when evidence of entitlement exists and the charity is able to measure reliably. Recognition is therefore sometimes in advance of receiving the cash.

Notes to the financial statements

Income

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

Legacies

Income from legacies is recognised where evidence of entitlement exists, the value is measurable with sufficient reliability, and on the earlier of the date of receipt of finalised estate accounts, the date of payment or where there is sufficient evidence that the legacy will probably be received. 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 value is measurable with sufficient reliability through the third party systems.

Membership subscriptions

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

Donated goods, services and facilities

These are included at the value to the charity where this can be quantified. In accordance with the Charities SORP (FRS 102), 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 the 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.

Expenditure

All expenditure is accounted for on an accruals basis and includes irrecoverable VAT where applicable. Redundancy and termination payments are accounted for when agreed.

Raising funds

Costs of raising 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 against the strategic plan and includes salaries, direct costs and an appropriate allocation of central overhead costs.

Research grants

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

Support and governance costs reallocation

Support costs consist of central team costs including governance, information technology, human resources, finance and office management functions.

Governance costs are made up of the staff costs for the Governance Team, Board of Trustee costs, and audit fees.

Support and Governance costs are allocated to activities based on the number of staff involved in each activity.

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.

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

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, allocated between activities and to unrestricted and restricted funds on the same basis as other employee-related costs. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

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.

Assets and Liabilities

Tangible fixed assets

All expenditure on fixed assets in excess of £2,000 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:

Leasehold improvements	– 10 years
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.

Notes to the financial statements

Investments

The investments in the subsidiary undertakings are stated at cost less impairment; all other investments are stated at market value.

The SOFA includes the net gains and losses arising on revaluations and disposals throughout the year. Investment cash is held for investment purposes only. It is the intention of the trustees that fixed asset investments will not be drawn upon within the following year.

Stocks

Stocks are valued at the lower of cost and net realisable value. Stock is reviewed at year end to identify any impairment with reference to sales activity and other changes in the environment. 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.

Pension liability

The defined benefit scheme assets are measured at fair value at the balance sheet date. Scheme liabilities are measured on an actuarial basis at the balance sheet date using the projected unit method and discounted at a rate equivalent to the current rate of return on AA rated corporate bond yields. When scheme assets are in excess of scheme liabilities and the assets it not recoverable, in accordance with FRS102 it is not recognised.

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.

Financial instruments

The charity has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method.

Financial assets held at amortised cost comprise cash at bank and in hand, together with trade debtors, other debtors and accrued income.

Financial liabilities held at amortised cost comprise trade creditors, other creditors and accruals.

Investments, including bonds held as part of an investment portfolio are held at fair value at the balance sheet date, with gains and losses being recognised within income and expenditure. Investments in subsidiary undertakings are held at cost less impairment.

3. Donations and legacies

	2024 £'000	2023 £'000
Incoming resources		
Legacies	13,825	15,974
Donations	14,109	14,541
	27,934	30,515

4. Other trading activities

	2024 £'000	2023 £'000
Incoming resources		
Lotteries	1,526	1,565
Advertising	125	147
Corporate sponsorship	1,478	1,295
Fundraising registration fees	117	73
Merchandising	638	540
Service charges	41	43
Other	17	10
	3,942	3,673

5. Income from investments

	2024 £'000	2023 £'000
Dividends from listed securities	87	160
Interest on cash at bank	323	515
	410	675

Notes to the financial statements

6. Income from charitable activities

	2024 £'000	2023 £'000
Conferences	418	347
Service delivery	4,906	6,563
Diabetes events	–	30
Professional membership	139	134
Publications	516	623
Rental	137	140
	6,116	7,837
Changing the narrative: tackling stigma and inequality	338	263
Curing and preventing diabetes	2,129	3,824
Supporting people to live well with diabetes	1,637	1,625
Our offer for all in the fight against diabetes	2,012	2,125
	6,116	7,837

7. Government grants

	2024 £'000	2023 £'000
Government grants used to fund diabetes projects and recognised in the accounts are:		
NHS Bedfordshire, Luton and Milton Keynes ICB	18	12
NHS South Yorkshire ICB	–	64
National Lottery Community Fund Northern Ireland	88	128
Department of Work & Pensions	9	5
Department of Health Mental Health Fund (NI)	–	4
NHS East of England	6	0
NHS England	7	0
Nesta	10	3
Central & North West London NHS Foundation Trust Charitable Fund	25	–
NHS Midlands	15	–
Scottish Government	21	12
UK Research and Innovation	1,085	820
	1,284	1,048

There are no unfulfilled conditions and other contingencies attaching to government grants.

8. Expenditure on raising funds

	2024 £'000	2023 £'000
Voluntary income		
Legacies	772	564
Donations	9,284	8,447
	10,056	9,011
Fundraising trading		
Lotteries	1,101	1,149
Advertising	25	88
Corporate sponsorship	805	440
Merchandising	721	681
Other	226	145
	2,878	2,503
Investment management costs	40	59
	12,974	11,573

9. Analysis of total expenditure

	Activities undertaken directly £'000	Activities undertaken by grant funding £'000	Support and governance costs £'000	2024 £'000	2023 £'000
Expenditure on raising funds	11,862	–	1,112	12,974	12,438
Expenditure on charitable activities					
Stigma and inequality	2,482	768	435	3,685	3,692
Cure and prevent	1,964	2,225	387	4,576	7,731
Live well	5,736	–	1,112	6,848	7,286
Universal offer	11,029	3,244	1,790	16,063	18,259
	33,073	6,237	4,836	44,146	49,406

Notes to the financial statements

10. Support costs allocations

	Governance £'000	Facilities £'000	Finance £'000	Human resources £'000	IT £'000	2024 Total £'000	2023 Total £'000
Expenditure on raising funds	25	259	181	259	388	1,112	1,268
Expenditure on charitable activities							
Stigma and inequality	10	101	71	101	152	435	551
Cure and prevent	8	91	63	90	135	387	496
Live well	24	259	180	260	389	1,112	1,212
Universal offer	39	418	291	417	625	1,790	1,984
	106	1,128	786	1,127	1,689	4,836	5,511

11. Governance costs

	2024 £'000	2023 £'000
Trustee costs	7	27
Governance and stakeholder support costs	24	97
External audit	75	75
	106	199

12. Grant funding

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

	2024 £'000	2023 £'000
King's College London	277	2,140
Imperial College	1,455	1,189
University of Oxford	459	972
University of Exeter	811	706
University of Edinburgh	229	585
University of Birmingham	299	508
University College London	–	411
University of Lincoln	–	355
The University of Manchester	213	244
Queens University Belfast	125	244
University of Dundee	463	212
University of Glasgow	120	192
Coventry University	–	192
University of Bristol	158	184
University of Liverpool	–	156
University of Aberdeen	–	153
Forward Action	–	126
Academy of Medical Sciences	–	119
Cardiff University	–	118
Health Data Research UK	–	110
University of Leeds	–	108
University of Leicester	409	–
Gloucestershire Hospitals NHS Foundation Trust	233	–
University of Cambridge	224	–
Manchester Metropolitan University	179	–
Department of Health and Social Care	136	–
University of Newcastle	163	–
University of Ulster	107	–
	6,060	9,024
Research grants to other institutions	714	822
Write back of grant creditor to reflect underspends	(506)	–
Refund of research grants from institutions	(39)	(95)
Other grants	8	20
Total grants to institutions	6,237	9,771
Of which funded by the Steve Morgan Foundation	1,394	3,220

Notes to the financial statements

12. Grant funding (continued)

	2024 £'000	2023 £'000
Grants reconciliation		
Creditor at the beginning of the year	10,751	8,083
Grants awarded in the year	1,723	5,437
Liabilities arising on existing grants	5,051	4,409
Write back of grant to reflect underspends	(506)	–
Grants received back to transfer to new institutions	98	–
Payments in the year	(8,841)	(7,178)
Creditor at the end of the year	8,276	10,751

The creditor at the end of the year includes £1,683k of grants (2023: £3,179k) funded by The Steve Morgan Foundation.

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

	2024 £'000	2023 £'000
Net incoming resources for the year is stated after charging:		
Depreciation (see note 16)	298	310
Auditors remuneration		
– external audit: group statutory audit	60	58
– tax services	–	9
Non-recoverable VAT	1,143	1,297
Operating leases		
– property	1,363	1,348

14. Transactions with trustees

Trustees have not been remunerated for their work as trustees during the year (2023: £NIL).

A total of 6 trustees (2023: 6) have been reimbursed directly for expenses or had such expenses met by payments made to third parties at a total cost of £6,600 (2023: £5,173). All amounts were for reimbursement of travel and subsistence costs in relation to board of trustee and advisory council duties.

15. Staff costs

	2024 £'000	2023 £'000
Salaries	18,227	18,698
Social security costs	1,883	1,915
Other pension costs	1,121	1,127
Redundancy and termination payments	389	–
	21,620	21,740

The redundancy and termination payments include £53k of ex-gratia payments which were agreed as part of severance packages to 10 individuals. As at the year end no redundancy and termination payments were unpaid.

	2024 number	2023 number
Average headcount		
Fundraising	90	96
Charitable activity	295	311
Support	43	49
Governance	1	2
	429	458

Pension costs

Pension costs comprise £1,120,607 (2023: £1,126,837) in respect of defined contribution pension schemes and £NIL (2023: £NIL) in respect of the defined benefit pension scheme.

	2024 number	2023 number
Number of employees whose remuneration fell within the following ranges:		
£60,001 – £70,000	32	30
£70,001 – £80,000	14	8
£80,001 – £90,000	5	5
£100,001 – £110,000	3	2
£110,001 – £120,000	3	4
£130,001 – £140,000	1	–

The key management personnel (of the charity) comprise the trustees (unremunerated for their role as trustees, see note 14), the Chief Executive Officer, and the Executive Team. The total employee benefits of the key management personnel (of the Charity) were £982,075 (2023: £1,124,225).

Notes to the financial statements

16. Tangible fixed assets

	Leasehold improvements	Office equipment fittings & furniture	Computer equipment & software	Total
	£'000	£'000	£'000	£'000
Group and Diabetes UK				
Cost				
At 1 January 2024	1,238	325	2,790	4,353
Additions	–	–	880	880
Disposals	–	–	(202)	(202)
At 31 December 2024	1,238	325	3,468	5,031
Depreciation				
At 1 January 2024	(845)	(244)	(1,240)	(2,329)
Charge for the year	(144)	(29)	(125)	(298)
Disposals	–	–	202	202
At 31 December 2024	(989)	(273)	(1,163)	(2,425)
Net book value				
At 31 December 2024	249	52	2,305	2,606
At 31 December 2023	393	81	1,550	2,024

The computer equipment and software category includes £2,154k (2023: £1,352k) of intangible assets, and of these £1,647k (2023: £1,153k) were assets under construction at year end. All fixed assets are used for or to support charitable purposes. At the year end there were no contracted capital commitments (2023: £NIL).

17. Investments

	2024 £'000	2023 £'000
Group and Diabetes UK		
Market value at 1 January	17,163	19,409
Acquisitions at cost	7,624	2,486
Disposal proceeds	(10,339)	(2,068)
Gain on investments	717	299
Net movement in short-term deposits	(4,952)	(2,963)
Market value at 31 December	10,213	17,163
Represented by:		
Listed securities	4,263	6,348
Property funds	406	470
Bonds	2,848	2,697
Cash	2,696	7,648
	10,213	17,163
Historical cost of investments at 31 December	9,978	16,357

All investments are carried at their fair value. Investments in securities are held in a diversified unit trust, the Legal & General Future World ESG Multi-Index 5 Fund. The basis of fair value for quoted investments is equivalent to the market price, using the bid price. There were no individual investments which comprised more than 5% of the total market value of non-cash investments at 31 December 2024.

Notes to the financial statements

18. Debtors: amount falling due within one year

	Group		Diabetes UK	
	2024	2023	2024	2023
	£'000	£'000	£'000	£'000
Trade debtors	341	262	137	209
Donation due from subsidiary undertaking	–	–	368	448
Other debtors	490	409	490	409
Prepayments	904	1,079	900	1,079
Accrued income	2,656	4,493	2,625	4,479
	4,391	6,243	4,520	6,624

19. Creditors: amount falling due within one year

	Group		Diabetes UK	
	2024	2023	2024	2023
	£'000	£'000	£'000	£'000
Trade creditors	1,020	1,871	980	1,820
Amounts due to subsidiary undertakings	–	–	269	289
Taxation and social security	367	528	367	528
Other creditors	25	40	26	40
Accruals	468	631	462	627
Deferred income	876	571	603	548
Research grants creditor	8,276	10,751	8,276	10,751
	11,032	14,392	10,983	14,603

20. Deferred Income

	Group		Diabetes UK	
	2024	2023	2024	2023
	£'000	£'000	£'000	£'000
Balance as at 1 January	571	833	548	640
Income deferred in the current year	813	484	540	475
Release from prior year	(508)	(746)	(485)	(567)
Balance as at 31 December	876	571	603	548

Income received in advance to fund activities due to take place in 2025 has been deferred where this is consistent with the terms of the funding agreement.

21. Provisions for liabilities and charges

	Pensioner Costs	Dilapidation Provision	Total 2024	Total 2023
	£'000	£'000	£'000	£'000
Balance brought forward at 1 January	8	230	238	220
New provision	–	–	–	–
Increase to provision	6	40	46	22
Payments made	(5)	–	(5)	(4)
Release of provision	–	–	–	–
Balance carried forward at 31 December	9	270	279	238

The pensioner cost provision is for future pensioner salaries that are estimated to be fully utilised by 2026. The dilapidation provision provides for the expected cost of returning our rented offices to the condition in which Diabetes UK occupied the properties. This expenditure is a condition of the lease agreements and provisions are expected to be utilised at the end of the lease agreements which range from 2025 to 2029.

Notes to the financial statements

22. Funds Group

	At 1 January 2024 £'000	Incoming funds £'000	Outgoing funds £'000	Gains £'000	Transfers £'000	At 31 December 2024 £'000
General funds	12,898	27,967	(34,578)	717	997	8,001
Diabetes UK Services Limited	–	3,782	(3,192)	–	(590)	–
Pension reserve (see note 30)	–	–	–	–	–	–
Total unrestricted funds	12,898	31,749	(37,770)	717	407	8,001
Restricted funds						
Research funds	309	4,885	(4,610)	–	(407)	177
Care and information funds	106	1,251	(1,322)	–	–	35
Geographical funds	39	145	(142)	–	–	42
Children funds	1	13	(14)	–	–	–
Prevention	67	181	(185)	–	–	63
Inequality and stigma funds	–	178	(103)	–	–	75
Total restricted funds	522	6,653	(6,376)	–	(407)	392
Total of unrestricted and restricted funds	13,420	38,402	(44,146)	717	–	8,393

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 the cost of youth activities. The inequality and stigma funds are used to fund programmes which tackle inequality and stigma.

The transfers from restricted to unrestricted represent expenditure on restricted fund projects which in the prior year were funded by general funds.

Group – Prior year comparative

	At 1 January 2023 £'000	Incoming funds £'000	Outgoing funds £'000	Gains/ (losses) £'000	Transfers £'000	At 31 December 2023 £'000
General funds	19,237	30,454	(38,555)	299	1,463	12,898
Diabetes UK Services Limited	–	3,603	(2,860)	–	(743)	–
Pension reserve (see note 30)	–	–	–	–	–	–
Total unrestricted funds	19,237	34,057	(41,415)	299	720	12,898
Restricted funds						
Research funds	477	6,543	(5,981)	–	(730)	309
Care and information funds	46	1,479	(1,402)	–	(17)	106
Geographical funds	65	506	(532)	–	–	39
Children funds	–	8	(7)	–	–	1
Prevention	2	107	(69)	–	27	67
Total restricted funds	590	8,643	(7,991)	–	(720)	522
Total of unrestricted and restricted funds	19,827	42,700	(49,406)	299	–	13,420

Notes to the financial statements

23. Analysis of net assets between funds

Total funds are invested as follows:

Current year	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Group			
Tangible fixed assets	2,606	–	2,606
Fixed asset investments	10,213	–	10,213
Net current liabilities	(4,539)	392	(4,147)
Provisions	(279)	–	(279)
Total net assets	8,001	392	8,393

	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Diabetes UK			
Tangible fixed assets	2,606		2,606
Investments in subsidiary undertakings	40	–	40
Fixed asset investments	10,213	–	10,213
Net current liabilities	(4,579)	392	(4,187)
Provisions	(279)	–	(238)
Total net assets	8,001	392	8,393

Prior year comparative	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Group			
Tangible fixed assets	2,024	–	2,024
Fixed asset investments	17,163	–	17,163
Net current liabilities	(6,051)	522	(5,529)
Provisions	(238)	–	(238)
Total net assets	12,898	522	13,420

	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Diabetes UK			
Tangible and intangible fixed assets	2,024		2,024
Investments in subsidiary undertakings	40	–	40
Fixed asset investments	17,163	–	17,163
Net current liabilities	(6,091)	522	(5,569)
Provisions	(238)	–	(238)
Total net assets	12,898	522	13,420

Notes to the financial statements

24. Operating leases – commitments and contracted income

	Property	
	2024 £'000	2023 £'000
Total lease commitments due under non-cancellable operating leases:		
within one year	1,291	1,252
between two and three years	435	1,472
between four and five years	80	25
	1,806	2,749
	Property	
	2024 £'000	2023 £'000
Total lease income due under non-cancellable operating leases:		
within one year	158	158
between two and three years	26	184
	184	342

The lease income relates to the rental, to a third party, of office space at our central office.

25. Commitments to spend – research grants

At 31 December 2024 Diabetes UK had entered into contracts in respect of expenditure on research amounting to £23,493,000 (2023: £23,732,000).

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.

	2024		Total 2023 £'000	2023		Total 2023 £'000
	SMF Funded £'000	DUK and SMF Funded £'000		SMF Funded £'000	DUK and SMF Funded £'000	
within one year	3,467	5,895	9,362	968	5,476	6,444
between two and three years	6,356	5,748	12,104	6,306	5,688	11,994
between four and five years	1,299	728	2,027	3,970	1,042	5,012
six years and beyond	–	–	–	273	9	282
	11,122	12,371	23,493	11,517	12,215	23,732

Notes to the financial statements

26. Subsidiary undertakings

Diabetes UK has two wholly owned subsidiaries, BDA Research Limited and Diabetes UK Services Limited which are incorporated in the UK and registered in England with registered office 126 Back Church Lane E1 1FH.

Their company registration numbers are 3339062 and 891004 respectively. The financial statements of Diabetes UK Services are audited and filed at Companies House. BDA Research Limited did not carry out any business activity in the year.

(a) Investment in subsidiary	2024 £'000	2023 £'000
Investment in subsidiary undertakings	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 2024 (2023: £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 2024 (2023: £40,003).

(b) Summary of results of consolidated entities

	Diabetes UK 2024 £'000	Diabetes UK Services Limited 2024 £'000	Intercompany Transactions 2024 £'000	Total 2024 £'000
Income				
Donations and legacies	28,302	–	(368)	27,934
Other trading activities	383	3,781	(222)	3,942
Income from investments	409	1	–	410
Income from charitable activities	6,116	–	–	6,116
	35,210	3,782	(590)	38,402
Expenditure				
Expenditure on raising funds	(10,096)	(2,878)	–	(12,974)
Expenditure on charitable activities	(30,858)	(314)	–	(31,172)
Donation to Diabetes UK	–	(368)	368	–
Service charge	–	(222)	222	–
	(40,954)	(3,782)	590	(44,146)
Net loss on investments	717	–	–	717
Actuarial gains on defined benefit pension	–	–	–	–
Net movement in funds	(5,027)	–	–	(5,027)

(c) Financial position of consolidated entities

	Diabetes UK 2024 £'000	Diabetes UK Services Limited 2024 £'000	Intercompany Transactions 2024 £'000	Total 2024 £'000
Fixed assets	12,859	–	(40)	12,819
Current assets	6,796	727	(638)	6,885
Creditors due within one year	(10,983)	(687)	638	(11,032)
Provisions	(279)	–	–	(279)
Net assets	8,393	40	(40)	8,393

Notes to the financial statements

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

	2024 £'000	2023 £'000
Net expenditure	(5,744)	(6,706)
Gain/(loss) on sale of investments calculated under the historical cost accounting convention	235	(119)
Deficit under the historical cost accounting convention	(5,509)	(6,825)

28. Members

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

29. 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 £20.5 million (2023: approximately £18.3 million).

30. 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 £1,120,607 (2023: £1,126,837). The scheme did not give rise to any provision.

British Diabetic Association Pension and Life Assurance Scheme

The Charity sponsors the British Diabetic Association and Life Assurance Scheme, a funded defined benefit arrangement which closed to future accruals on 31 August 2004. This is a separate trustee administered fund holding the pension scheme assets to meet long term pension liabilities for some 81 current and former employees with entitlements to preserved benefits. Pensions in payment are currently 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 accrual ceased and the length of service in the scheme.

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 31 December 2022 by a qualified independent actuary in accordance with the scheme funding requirements of the Pensions Act 2004. The funding of the scheme is agreed between the charity and the trustees in line with those requirements. These in particular require the funding position to be calculated using prudent, as opposed to best estimate, actuarial assumptions. This valuation revealed a funding surplus of £424,000. The next full actuarial valuation will be at 31 December 2025.

The results of the most recent formal actuarial valuation as at 31 December 2022 have been updated to 31 December 2023 by a qualified actuary. The fair value of the scheme assets exceed the present value of the scheme liabilities, which are measured by discounting the best estimate of future cash flows, as at 31 December 2024 by £424,000. In accordance with FRS 102 the asset has not been recognised as it will not be realised.

Notes to the financial statements

30. Pensions (continued)

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

	2024 £'000	2023 £'000
Fair value of scheme assets	9,951	10,795
Present value of scheme liabilities	(9,638)	(10,641)
Surplus in scheme	313	154
Less asset not recognised	(313)	(154)
Surplus in scheme shown in the balance sheet	–	–

The surplus has increased since last year. A lower value has been placed on the defined benefit obligation, primarily due to a higher discount rate following an increase in corporate bond yields. However, this has been partly offset by a fall in the value of the Scheme's assets.

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

	2024 £'000	2023 £'000
Scheme liabilities at 1 January	10,641	10,270
Interest cost	471	484
Actuarial gains	(1,076)	269
Benefits paid	(398)	(382)
Scheme liabilities at 31 December	9,638	10,641

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

	2024 £'000	2023 £'000
Fair value of scheme assets at 1 January	10,795	10,431
Interest income	478	492
Loss/(return) on scheme assets, excluding interest income	(924)	254
Benefits paid	(398)	(382)
Fair value of scheme assets at 31 December	9,951	10,795

The total loss on the scheme assets over the period ended 31 December 2023 was £446,000 (2023: gain of £746,000).

Total expense recognised in SOFA

	2024 £'000	2023 £'000
Interest cost	471	484
Interest income	(478)	(492)
Interest on irrecoverable surplus	7	8
Total expense recognised in SOFA	–	–

Other comprehensive income

	2024 £'000	2023 £'000
Actuarial gain on defined benefit obligation	1,076	(269)
Actual return on assets less interest income	(924)	254
Limit on recognition of asset	(152)	15
Total gain recognised in other comprehensive income	–	–

Notes to the financial statements

30. Pensions (continued)

Assets	2024 £'000	2023 £'000
Equities	305	570
Diversified growth funds	452	868
Liability driven investment	2,473	2,547
With profits policy	2,436	2,279
Annuities	2,552	2,835
Credit funds	1,668	1,648
Cash	65	48
Total assets	9,951	10,795

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 investment strategy are documented in the scheme's Statement of Investment Principles.

Assumptions	2024 % annum	2023 % annum
Inflation (RPI)	3.40	3.30
Rate of discount	5.50	4.50
Allowance for pension in payment increases at the lower of RPI or 5%	3.20	3.20
Allowance for revaluation of deferred pensions at the lower of RPI or 5%	2.40	2.30
Allowance for commutation of pension for cash at retirement	60% of HMRC maximum	60% of HMRC maximum

The mortality assumptions adopted at 31 December 2024 are based on the 100% S3PMA and 100% S3PFA CMI Models 2023 [1.25%] (yob).

These imply the following life expectancies:

	2024	2023
Male retiring at aged 62 in 2023	24.1	24.1
Female retiring at aged 62 in 2023	26.8	26.8
Male retiring at aged 62 in 2043	25.5	25.5
Female retiring at aged 62 in 2043	28.3	28.2

31. Related party transactions

There have been no related party transactions that require disclosure other than transactions with the subsidiary company, Diabetes UK Services Limited. These are detailed below:

During the year the 2023 gift aid of £448k (2023: £206k) was remitted from the subsidiary to the charity, and at 31 December the subsidiary had a balance of £99k (2023: £159k) owing to the Charity. This consists of the 2024 gift aid payment (368k) and the 2024 service charge (£222k) and the value of the general processing account (-£491k).

32. Financial instruments

	2024 £'000	2023 £'000
Financial assets measured at fair value through income and expenditure		
Non cash investments	7,517	9,515
Financial assets measured at amortised cost		
Cash	2,372	2,453
Cash investments	2,696	7,648
Trade debtors	341	262
Other debtors	490	409
Accrued income	2,656	4,493
	8,555	15,265
Financial liabilities measured at amortised cost		
Trade creditors	1,020	1,871
Other creditors	25	40
Accruals	468	631
Research grant creditors	8,276	10,751
	9,789	13,293

The charity has taken advantage of the exemptions in FRS 102 from the requirement to present certain disclosures about the charity's financial instruments.

DiABETES UK

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