OUR IMPACT IN 2025

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Annual report and accounts



LOOKING FORWARD







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

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CONFIDENCE TO CREATE CHANGE



The world can feel chaotic right now. And in times of change, you either retreat back to what's comfortable, or you feel the fear and push your boundaries. In 2025, powered and inspired by our incredible diabetes community, we pushed. We found the confidence to be bolder than ever before, and in this report you'll see how that has created positive change for people with and at risk of diabetes.



Colette Marshall
Chief Executive



Dame Carol Homden DBE PhD
Chair

Major policy progress

In 2025, we helped land a crucial commitment from UK Government and NHS England to people newly diagnosed with conditions such as diabetes.

Our concept was that people should be automatically connected to a specialist charity, like us, straight after getting a diagnosis. Having access to quality education, information and support from the get-go is vital for living well with all types of diabetes.

This idea was soon supported by organisations across the voluntary sector, and we amplified our influence as part of the Richmond Group of charities. In July, 'Diagnosis Connect' – a system to signpost anyone newly diagnosed with a long-term condition to a specialist charity – was included in the 10 Year Health Plan for England along with other positive commitments for diabetes care and type 2 prevention.

It was a huge moment, helped by the fact we'd published statistics in February showing the true scale of diabetes. When you say "one in five adults now live with diabetes or prediabetes in the UK", people in power sit up and listen.

There's a clear shift happening. At last, diabetes is seen as an issue of national significance. We've been the driving force and now we'll make sure that greater attention continues to fuel real change, especially in social policy. Right now, positive changes in areas such as the food environment and the health impacts of poverty are moving too slowly.





Collective hope

At Diabetes UK, we believe in the power of bringing people together in our shared mission, and two collaborations really stood out for us this year.

The first was our Community Organisations Advisory Committee (sponsored by Lilly UK, see page 13). Launched this year, COAC connects us with 11 grassroots organisations working with the UK communities most harshly impacted by type 2 diabetes. Several members told us that they've sat in a lot of committees and this is the first one in which they're getting as much out of it as we are, and we are deciding what to work on, together. This deep collaboration is absolutely essential to tackling diabetes inequity.

The second was the Type 1 Diabetes Grand Challenge, our groundbreaking research partnership with the Steve Morgan Foundation, Diabetes UK and Breakthrough T1D, which entered its third year with remarkable momentum. What began as an ambitious vision is now generating real breakthroughs. New scientific discoveries are emerging, fueled by powerful collaborations across the UK and internationally. Together, these efforts are accelerating the development of new treatments for type 1 diabetes with the potential to transform how the condition is managed and, one day, cured.

Driven by community

In 2026, we begin work under our ambitious new strategy. The research landscape and the recent progress we've made inspires us that what seemed impossible is now within reach.

And at the heart of it all is the incredible drive and leadership among the diabetes community. It's the person who rallies their friends to raise money for us, the diabetes nurse who improves their little bit of the system and the scientist who asks that extra question. It's the person who tells their story of stigma to raise awareness, the MP who sticks their neck out, the colleague who thinks outside the box and the volunteer who speaks with passion. It's the collective effort that makes all of this possible.

Thank you so much for your support. Please join us in making the next five years count for everyone affected by diabetes.



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 groundbreaking 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.

Our 2020-25 strategy came to an end this year. Through our strategy we have focused on curing and preventing diabetes, as well as helping people to live well and longer with the condition.

Our Ambitions

To do this we have focused 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:

- Stemming the rise in type 2 diabetes and improving support for those at greater risk.
- Delivering the groundbreaking Type 1 Diabetes Grand Challenge, to bring us closer to new treatments and a cure.
- 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.
- Tackling the stigma of diabetes and the discrimination it can bring.
- Delivering our Together Type 1 programme for all 11–25-year-olds with type 1 diabetes.
- Tackling inequity in diabetes care and outcomes.

In 2026 we are launching a new strategy **Now is the time. End the harm** which continues to have these Ambitions at its heart and builds on our work over the last five years.



A GENERATION TO END THE HARM



OUR IMPACT AT A GLANCE

Together, we changed lives in 2025. Here are some highlights.



NEARLY 6 MILLION

people visited **diabetes.org.uk**

OVER 620,000

people visited our online forum for support.

£4.1 MILLION

was committed to **20** exciting new research projects across all types of diabetes and their complications.

4.5 MILLION

people saw our Strike Out Stigma campaign, an estimated **3.5 million** via London Underground adverts and 1 million through our online campaign.

OVER 7,650

healthcare professionals signed up to our e-learning to strengthen their knowledge and skills, taking the total to almost **28,500**.

£1 MILLION

was invested in Together Type 1 – helping young people connect, feel confident and change healthcare.

OVER 97,000

contacts requested help and information through our Customer Care Centre.

OVER 15,500

people volunteered for clinical trials and research studies funded by us.

OVER 300

peer-reviewed scientific papers were published about discoveries funded by us.

£678,000

committed to new beta cell therapy research, through the Type 1 Diabetes Grand Challenge.

OVER 230,000

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

199,800

registered users now being reached on Learning Zone, including **123,790** newly diagnosed people.

1.25 MILLION

diabetes learning activities completed in Learning Zone since 2018.

Since the new Learning Zone launched in 2025:

88% of users say Learning Zone courses have improved their diabetes knowledge.

83% say they improved their diabetes confidence.

95% of HCPs say they would recommend Learning Zone.



Everyone included

TACKLING DIABETES INEQUITY

Our aim:

No matter who you are, everyone living with diabetes can access rapid diagnosis, treatment, and support.

This year we learnt:

Bringing together trusted community organisations in meaningful collaboration takes time and care and is critical to making progress in reducing inequity.

Type 2 diabetes affects certain groups much more than others. Black, South Asian and deprived communities are shouldering the burden of higher rates of type 2 and its harshest consequences due to wide-ranging systemic inequities.

Inequity is also stark in type 1 diabetes. People with type 1 living in the most deprived areas develop complications earlier and have shorter life expectancy than those in less deprived communities, with poverty acting as an independent factor in lives being cut short. We work for a world where diabetes can do no harm, and no one is left behind.





Community partnerships

In 2025, we launched our Community Organisation Advisory Committee (COAC). Eli Lilly and Company (Lilly UK) has provided sponsorship funding to support the COAC. Lilly UK has had no involvement in or influence over the COAC.

Members brought ideas, expertise and constructive challenge to help improve how we campaign for better care, make diabetes information culturally relevant, and put these audiences at the heart of services.

COAC's input means community voice and inclusion is now embedded into our new strategy and website development plans. In exchange, we're helping COAC members have greater impact. One member joined us at an All Party Parliamentary Group on diabetes – the first time they'd had access to a national policy setting.

A dedicated strategy

We launched the first five-year strategy dedicated to our work to tackle diabetes inequities. It was the biggest milestone in our commitment to this priority since our Tackling Inequality Commission published their calls to action in 2023.

The strategy demonstrates the leadership role we're playing in reducing the root causes of unfair disparities in diabetes and driving towards health equity and better outcomes for all. In it, we focus on improving our support offer, building the evidence base about inequity, advocating for people living with diabetes, driving equitable diabetes care, and growing as an inclusive organisation.

Being a member of COAC is a unique opportunity for me, on behalf of the Alliance, to meet with diabetes experts and other community experts. We share the aim of creating a better, more equitable society where living with or recovering from long-term conditions such as diabetes is made easier through shared research and the establishment of best practices.

Tony, Regional Coordinator for the Healthy Living Centre Alliance in Northern Ireland, explains how valuable partnerships like COAC can help create healthier people, families and communities.



Everyone included

STRIKING OUT STIGMA

Over the past few years we've deepened our understanding of the stigma associated with diabetes and positioned ourselves to begin confronting and combating it. Changing attitudes doesn't happen overnight, but changing the way we talk about diabetes can start today.

Our aim:

Change the narrative around diabetes to end the stigma for good.

This year we learnt:

Our UK-first research showed how ingrained blame and judgement around diabetes is. It motivates us even more to change attitudes towards diabetes, and educate people on the complex causes and experiences of the condition.

> **My GP often compared me to others who had put their type 2 diabetes into remission. I eventually stopped attending check-ups with both my GP and hospital team – avoiding them out of fear of judgement.**

Abeeda, who was diagnosed with type 2 diabetes at the age of 17, highlights why Diabetes UK's work to counter stigma is so vital.



UK-first research

In 2025, we published an internationally recognised survey – the Diabetes Stigma Assessment Scale – for the first time in the UK.

It revealed that almost nine in 10 people with type 1 diabetes (86%) and three-quarters of those with type 2 diabetes (75%) experience blame and judgement for their condition in their day-to-day lives. The results have set a benchmark in understanding, at scale, how misunderstanding of diabetes impacts people.

Many people responded to the stark findings by talking about their own experiences. We secured media coverage for the survey in three publications read by healthcare professionals, raising awareness among an audience that's key to driving change.

Destigmatising healthcare

At Talk about Diabetes Liverpool and the Northwest Children & Young Adults Diabetes Technology Conference, Young Leaders from our Together Type 1 community spoke openly about the stigma they've experienced at home, school and in diabetes clinics.

At an NHS England webinar attended by hundreds of professionals involved in weight management, people with diabetes helped open the conversation. One healthcare professional said, "I didn't realise how much my words can impact". We left clinicians with practical strategies and improvement tools.

NICE (National Institute for Health and Care Excellence) have since expressed interest in exploring how to address stigma with us and prevent it being a barrier to implementation of clinical guidance. This reflects the progress we're making in bringing this issue to the forefront at system level.

When I told people I had diabetes, their reactions often shocked me. I'd hear things like, 'Really? No way! You're not fat enough,' or 'You can't be – you don't eat unhealthy things. You don't look like a diabetic.' It's amazing how people stereotype what a person with diabetes 'should' look like and how little they actually understand about what diabetes really is.

Robert, who lives with type 1 diabetes talks about the types of stigma he encounters regularly.



Strike Out Stigma campaign

With people's real experiences at its core, we launched our long-term campaign for change Strike Out Stigma on World Diabetes Day.

Our media strategy used the power of storytelling to drive home the harmful costs of stigma.

Campaign adverts centred around the throwaway comments that perpetuate this stigma. These reached more than 1 million people online, and an estimated 3.5 million more via hoardings and ads on the London Underground.

We launched a stigma support hub with tips and resources to protect the community against the emotional impact of stigma.



I personally haven't encountered a lot of prejudice in relation to my diabetes – but honestly, that's partially because I kept my diagnosis a secret for many years. In ways, I hold a certain degree of self-stigma – I felt embarrassed and ashamed of my type 2 diagnosis.

Andy, who sadly lost his father to diabetes-related complications, tells us about his struggles when diagnosed with type 2 diabetes.

GROUNDBREAKING RESEARCH FOR TYPE 1

Type 1 diabetes is relentless. But so is our drive to discover ways to halt it before damage is done, and to find cures for the millions already affected. Thanks to our generous community and transformative partnerships, we're powering research breakthroughs, turning discovery into life-changing advances, and moving closer to a future free from type 1.



Our aim:

Accelerate the development and adoption of treatments and services that prevent or cure type 1 diabetes.

This year we learnt:

Long-term investment in cutting-edge science is moving towards delivering transformative treatments for people affected by type 1 diabetes.

TYPE 1 DIABETES GRAND CHALLENGE

Partnerships driving progress

The Type 1 Diabetes Grand Challenge, founded by the Steve Morgan Foundation with Diabetes UK and Breakthrough T1D, is proof that by working together we can shorten the journey to new type 1 treatments and cures.

A major theme is to develop treatments that replace or restore the insulin-making beta cells destroyed in type 1 diabetes.

In 2025, we partnered with UK Research and Innovation (UKRI) on the European Innovative Health Initiative. This opens the door for UK researchers to collaborate with European colleagues in a landmark beta cell therapy programme.

We also teamed up with the National Institute for Health and Care Research (NIHR) to establish a clinical trials network, with the aim of speeding up access to beta cell therapies in the UK. And, by partnering with the US Advanced Regenerative Manufacturing Institute (ARMI), we will secure a source of high-quality beta cells, so research is no longer limited by poor supply.

A milestone for type 1

In the 1970s, we funded researchers who first identified the immune system's role in type 1 diabetes. That discovery led to the next, and the next, and now immunotherapies are opening a new era in type 1 diabetes treatment. One that tackles the root cause of the condition for the first time.

In August, the UK licensed the first type 1 diabetes immunotherapy, teplizumab. It was a landmark moment, decades in the making, but there is still so much to do to make sure everyone at risk, newly diagnosed or living long-term with type 1 can benefit from immunotherapies.

Today, through the 30-centre UK Type 1 Diabetes Research Consortium and the Type 1 Diabetes Grand Challenge, we're at the forefront of immunotherapy research, pushing to make it a reality for all.

Hope for prevention

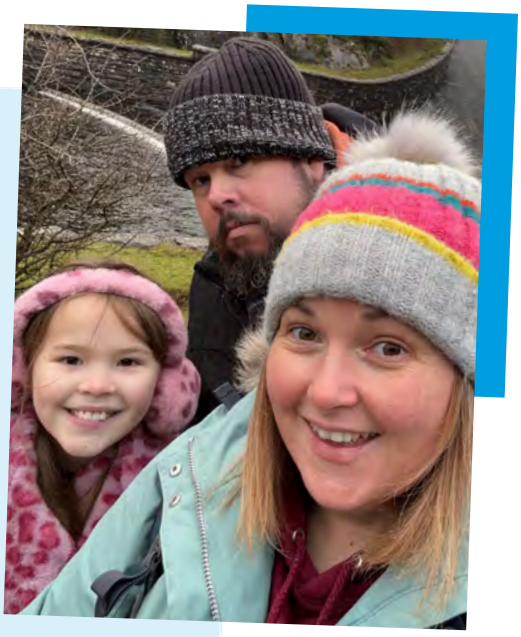
Type 1 diabetes can unfold silently for years, damaging beta cells long before symptoms appear. This phase is a critical window to prepare for life with type 1, prevent medical emergencies, and offer emerging immunotherapies that can delay the need for insulin.

We fund the ELSA study – the UK's first childhood screening study for type 1 – to investigate how best to catch and help children in this early phase. In 2025, 37,000 families had signed up, generously giving their time to inform a potential future UK-wide childhood screening programme.

We also funded the UK Islet Autoantibody Registry, which launched in September, to collect details of people who've tested positive for the early indicators of type 1 diabetes. This vital research resource will improve support for people with early-stage type 1 diabetes, enable regular monitoring and provide access to immunotherapy trials.

Being part of the ELSA study has helped us as a family to prepare for the future in a way we never expected. Knowing what's coming – rather than being taken by surprise – has made an enormous difference to our confidence and peace of mind.

Amy shares her experience of finding out her daughter Imogen has early-stage type 1 diabetes through the ELSA study.



PREVENTING TYPE 2 DIABETES





Type 2 diabetes is rising fast. It costs lives and we must reverse the trend. Our risk of developing type 2 diabetes depends on our genetics, age, body weight and biology, combined with our environment. We're shifting the dial from treating ill health to proactive risk reduction, through individual action and societal change.

Our aim:

Reduce the number of people developing type 2 diabetes.

This year we learnt:

Women who'd had gestational diabetes told us they'd prefer to receive our Traffic Light Tool (a tool which identifies later risk of developing type 2) during pregnancy, not afterwards, to help plan.

Bold action from stark statistics

In February, we published statistics indicating that one in five UK adults now live with diabetes or prediabetes. It was an urgent wake-up call that dominated headlines and propelled type 2 diabetes to the top of the political agenda. This opened doors for us to influence the development of the 10 Year Health Plan for England. The published plan puts great emphasis on making the radical shift from sickness to prevention – a hugely significant and positive step in health policy.

In Prevention Week, we turned public awareness into action, driving record social engagement and prompting thousands of people to complete our Know Your Risk tool.

Driving change across the UK

Our campaigning for healthier environments never stops. In Wales, our influence helped secure new rules and commitments around the food environment, including legislation to restrict promotion of high fat, sugar and salt products.

With lobbying partners, we also achieved a landmark UK Government pledge for mandatory healthy food sales reporting. This will compel supermarkets to disclose the proportion of healthy and unhealthy products sold, creating pressure for reformulation, better placement, and availability of healthier choices.

We continued the momentum and raised the profile of diabetes prevention at events with parliamentarians across Labour, Liberal Democrat, Conservative and Plaid Cymru conferences.

Digital support in Scotland

We've been central to the development of Scotland's Digital Diabetes Prevention Pathway. The programme, designed for people at risk of type 2, provides online education and virtual app-based consultations with nutritionists, dietitians and health coaches. We contributed our expertise, and insights from lived experience, to make sure it will meet people's needs.

Then, in 2025, Diabetes Scotland played a pivotal role in securing a commitment of £4.8 million from the Scottish Government. This will fund the digital programme for three years, during which it's expected to help up to 4,000 people avoid type 2 diabetes.

"I didn't know how serious prediabetes was until it developed into type 2 diabetes. A year after learning I had prediabetes, I experienced numbing in my hands – I realised that this could be a complication from type 2 diabetes, so I went back to my GP and was diagnosed shortly after. I was shocked at how quickly it developed and the long-term impact it could have on my overall health.

Lily outlines her experience, highlighting how access to better information about prediabetes could have delayed or prevented the onset of type 2 diabetes.



IMPROVING DIABETES CARE

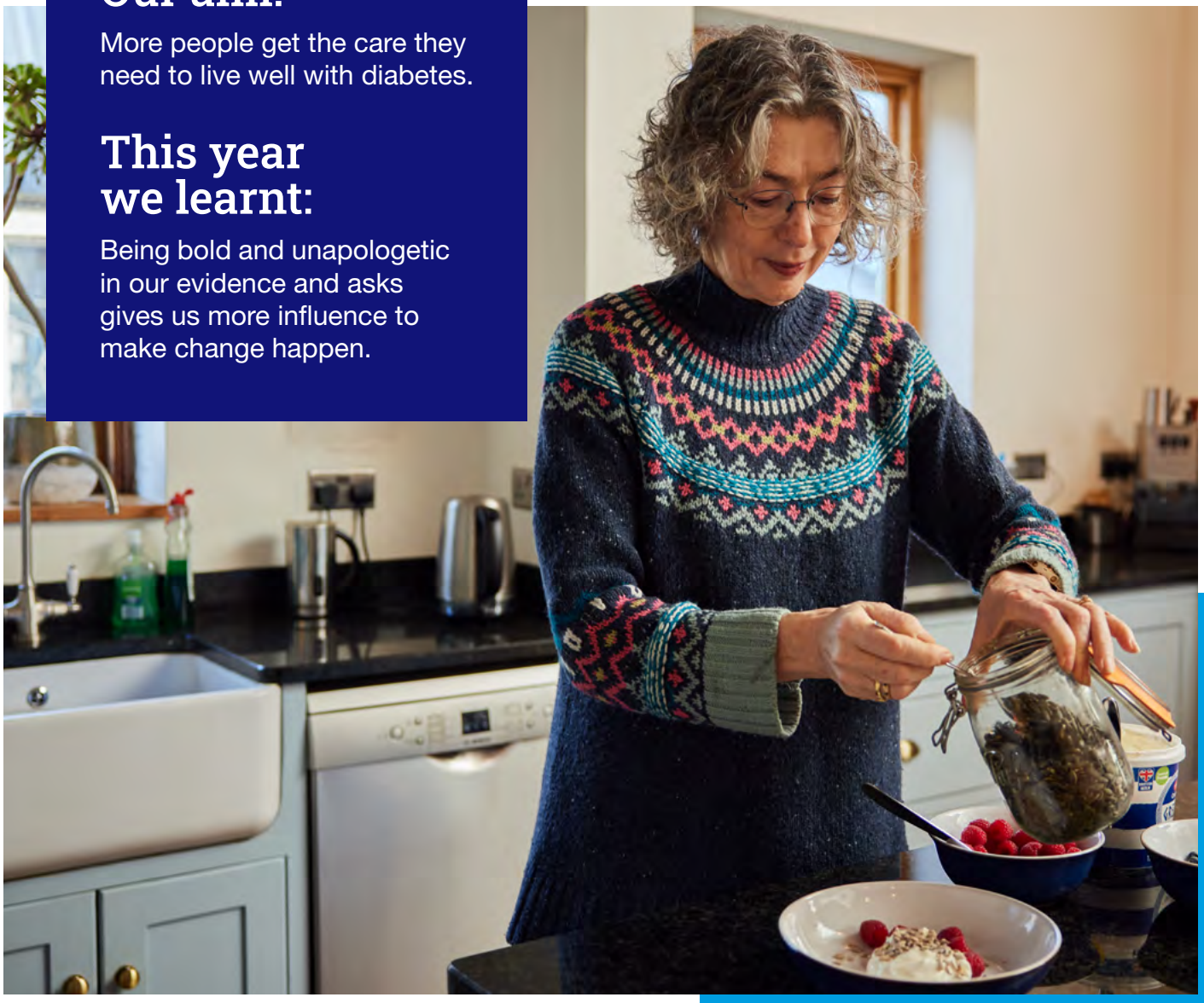
When you live with diabetes, getting the right information, care and support, at the right time is key to living well. We're working tirelessly so that no matter where a person lives, they have access to good diabetes care, and so that we provide resources that educate and empower.

Our aim:

More people get the care they need to live well with diabetes.

This year we learnt:

Being bold and unapologetic in our evidence and asks gives us more influence to make change happen.



Shaping policy for better care

Since 2021, our Diabetes is Serious campaign has championed the need to improve delivery of essential diabetes checks and annual reviews to prevent and delay devastating complications such as heart disease, stroke, kidney damage and sight loss.

In 2025, we secured recognition of the importance of this essential diabetes care within the UK Government's ambition to shift the NHS from treating illness to preventing it. Diabetes was explicitly referenced within the 10 Year Health Plan's priorities, including as a focus area for innovative "prevention accelerator" pilots. And a commitment was secured for diabetes to be included within the new Modern Service Framework for cardiovascular disease.

Diabetes checks were also included in the 2025/26 NHS Oversight Framework as a quality measure for local health systems. This has brought scrutiny of how quality diabetes care is delivered higher up the agenda of local and national health leaders.

Innovation in everyday care

Last year, we reported on our pilot with Cornwall Integrated Care Board of diabetes 'super clinics'. These clinics – held in local practices outside regular surgery hours – tested whether people with diabetes would benefit from being offered a single 30-minute appointment to have all nine essential diabetes care checks.

Super clinics were found to be efficient and more accessible for people less able to travel to multiple appointments. They're so good, in 2025, they were adopted into routine services in the area and have attracted national attention.

Scaling this approach nationally could save the NHS millions by freeing up clinical capacity while ensuring more people get the checks they need, when they need them, to reduce complications.



Having my eyes checked prevented me losing my sight as problems with a build-up of fluid around my retina and issues with my blood vessels were caught early. I was able to get treatment before any lasting damage.

James, who has type 1 diabetes, shares our view on why regular health checks are so vital.

Essential care awareness

During Diabetes Week 2025, we raised awareness of what good care looks like, empowering people to take control of their health. The campaign came to life through engaging materials designed to spark conversation and support learning.
A standout asset was our animated GIF – a carousel of the nine essential annual diabetes checks. Simple, eye-catching, memorable and shareable across social networks, it was available in 12 languages, including Urdu, Bengali, Arabic and French.

We'll be relaunching the GIF in 2026 as part of a wider campaign to drive understanding of the essential checks, and the confidence to ask for them.

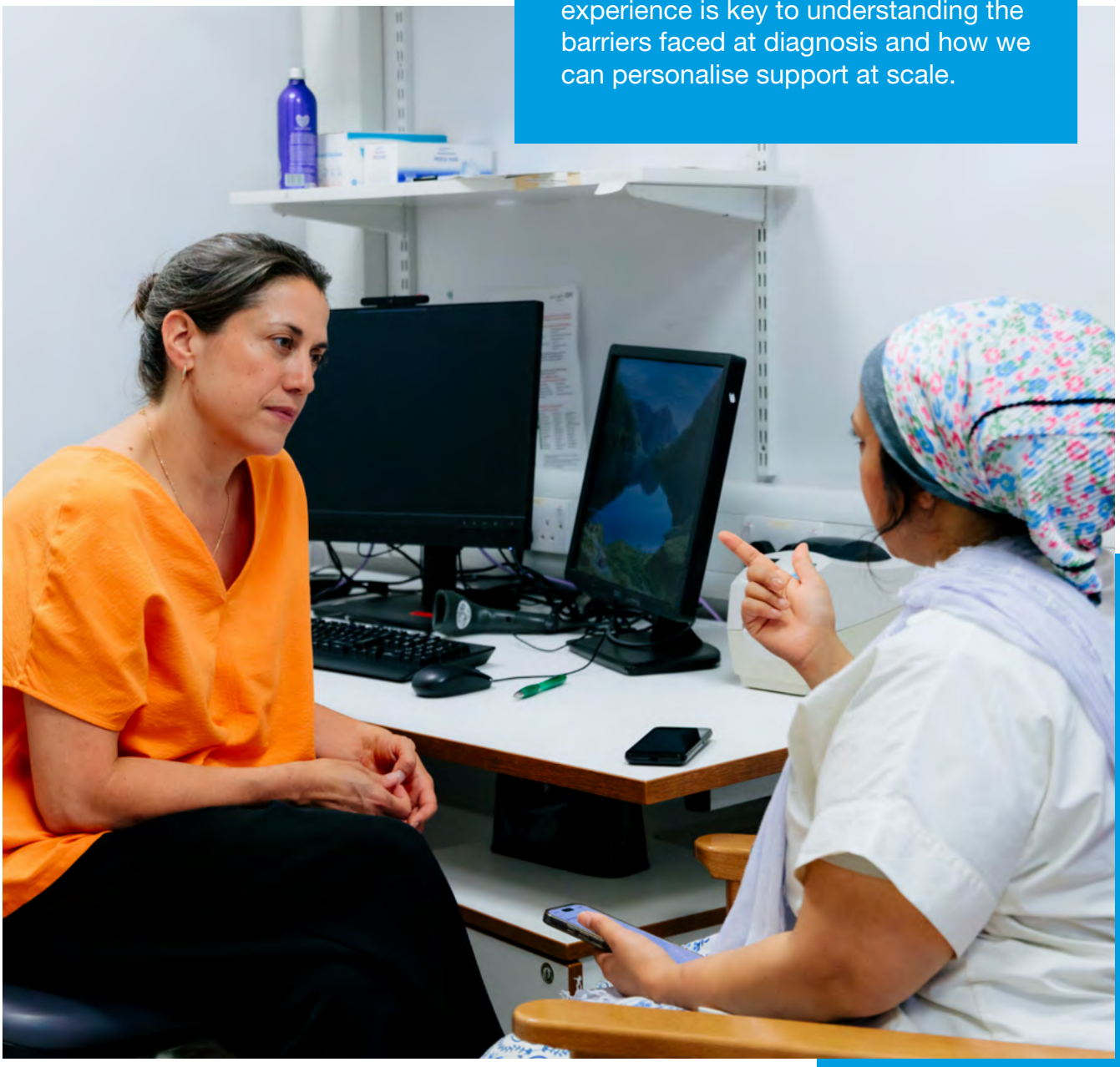
NEW DIAGNOSIS, RAPID SUPPORT

Our aim:

Reach 125,000 newly diagnosed annually via signposting from trusted sources.

This year we learnt:

That involving people with lived experience is key to understanding the barriers faced at diagnosis and how we can personalise support at scale.



Early intervention after a diabetes diagnosis can empower people to self-manage their condition, help them to explore remission for type 2 diabetes and reduce complications. We're working with health systems so we can be there for more people at the moment of diagnosis, providing immediate support and guidance.

A landmark achievement

Our leadership of a coordinated cross-sector effort over two years secured a significant government commitment in 2025 to improve support for people with long-term conditions.

Diagnosis Connect is a groundbreaking initiative that proposes that when people are diagnosed with a long-term condition, they will be automatically signposted to a specialist charity. It'll aim to give everyone the opportunity to access emotional, practical and peer support alongside clinical care from the very start.

This vital development from the Government and NHS England recognises that living well with conditions like diabetes requires more than medical treatment alone. We led the initial campaigning, which was powerfully amplified when an alliance of health charities added their voices. We will continue to work together to achieve this significant change to transform care for millions of people across the UK.

Remission update

The NHS Type 2 Diabetes Path to Remission Programme, built on our world-leading DiRECT trial, is now well established across England – with similar programmes in the other UK nations. In 2025, the striking economic impact of this work was revealed. Independent analysis projected NHS savings of up to £1 billion across all eligible UK patients, with up to £3 billion worth of improvements to people's lives.

Our role now is to ensure people newly diagnosed with type 2 diabetes receive prompt, tailored and high-quality information about remission. In Gloucestershire we worked with the health system to pilot targeted marketing of our Learning Zone, which includes clear information on remission. Promotion on GP screens, targeted text messages and briefings to clinical staff helped to achieve a 62% increase in sign-ups from newly diagnosed people in the area, and nearly tripled sign-ups overall.

I often spiralled by obsessively searching on the internet – this heightened anxiety is definitely something I feel is experienced by many people living with diabetes. Looking back, I feel a little frustrated that I wasn't signposted to places like Diabetes UK for support.

Ollie, who lives with type 1 diabetes, explains how vital Diabetes UK support and information is when newly diagnosed with diabetes.



Supporting people to live well with diabetes

TOGETHER TYPE 1 FROM DIABETES UK

Being a young person with type 1 can be incredibly hard. Many feel isolated, struggle to manage their condition or talk to their healthcare team.

With generous support from the Steve Morgan Foundation, we have developed and are growing Together Type 1 – the community for young people living with type 1 to build connection, confidence and advocacy skills.



Our aim:

Build a vibrant supportive youth community that drives positive change for young people with type 1 diabetes.

This year we learnt:

Young Leaders are integral to the development of this programme. They are the future of our work, and they care about what we are doing.

Type 1 tool for school

Together Type 1 is a community where young people are empowered to meet the challenges of living with type 1 with positive action. Young Leader Amelia wanted to help address the anxiety and awkwardness often felt by pupils when trying to explain their condition and needs to school staff.

“Some young people skip taking their insulin in school because they find it awkward”, she said.

Together, we created My Type 1 Info cards, which contain information about the young person’s diabetes, and fold down to the size of a credit card. Perfect for pupils to carry in their pocket, phone case or diabetes kit bag.

Since their launch in January 2025, we’ve sent out thousands of My Type 1 Info cards, with requests coming in daily from families and healthcare professionals.

I know how tricky it can be to deal with diabetes in school sometimes. I really hope My Type 1 Info cards will reduce pupils' anxiety around talking about their diabetes.

The My Type 1 Info cards created by Amelia and us are a game changer.



Young Leaders were so inspiring and the input they gave was like gold for the project, we were really blown away by all their suggestions and really enjoyed working with them.

RCPCH thank Together Type 1’s Young Leaders for their vital insights.

Young Leaders influencing change

Together Type 1 is influencing positive change in diabetes healthcare. In 2025, the Royal College of Paediatrics and Child Health (RCPCH) invited them to help shape several pieces of work.

Young Leaders from the community helped in the development of resources used to communicate about the National Paediatric Diabetes Audit (NPDA). Particularly in making them accessible to young people and families.

They also took part in workshops as part of the NHS England review of medical training in the UK, with their views feeding into an RCPCH response submitted to the review. They also informed the implementation of the Royal College’s quality improvement strategy.

TOGETHER TYPE 1
FROM DIABETES UK

ADVANCING OUR AMBITIONS THROUGH RESEARCH



Research is the foundation on which all progress in preventing, treating and ultimately curing diabetes is built. For 90 years, our research has paved the way for innovations and treatments that have improved – and saved – countless lives. From insulin pens and blood sugar monitors to type 2 diabetes remission services and national eye screening, everyone living with diabetes today will have felt the impact of research we've funded.

> **Diabetes UK funding has been absolutely transformational for me. It enabled me to develop as a diabetes researcher, supported my progression to professor, and gave me the opportunity to lead work that's shaping better approaches to managing gestational diabetes and improving the long-term health of mothers and babies.**
>
> Prof Claire Meek, Professor of Chemical Pathology and Diabetes in Pregnancy at University of Leicester.





As the largest charitable funder of diabetes research in the UK, Diabetes UK plays a critical role in driving scientific discovery. In 2025 alone, we committed £4.1 million to 20 promising new projects across all types of diabetes and its complications. Today, our funding is supporting over 120 projects, enabling more than 400 researchers across 109 institutions to pursue the breakthroughs needed to transform diabetes prevention, care and treatment for the future.

Each year, our researchers make discoveries that change lives, and 2025 was no different. We saw progress that could lead to new medications for diabetic retinopathy and kidney disease. Research we funded helped create the world's first clinical practice guideline for diabetes distress. Other teams developed new approaches to better manage gestational diabetes. We supported work to detect and treat type 1 diabetes early, and the Type 1 Diabetes Grand Challenge accelerated progress towards better treatments and a cure. And across the UK, researchers we funded are tackling inequalities in access to diabetes technology and addressing the stigma too many people with diabetes still face. Together, these advances are paving the way to better care for all.

We ended the year by publishing our 2025–2030 Research Strategy, reaffirming our commitment to bold, high-quality research that addresses the biggest questions in diabetes and reduces its harm. We will invest across the full trajectory of the condition, from prevention and early detection to treatment and, ultimately, a cure. We will also place greater focus on the psychological aspects of diabetes, including stigma and burnout, which can profoundly affect people's physical and mental health at every stage.

Underpinning our strategy are four ruling principles that guide everything we do:

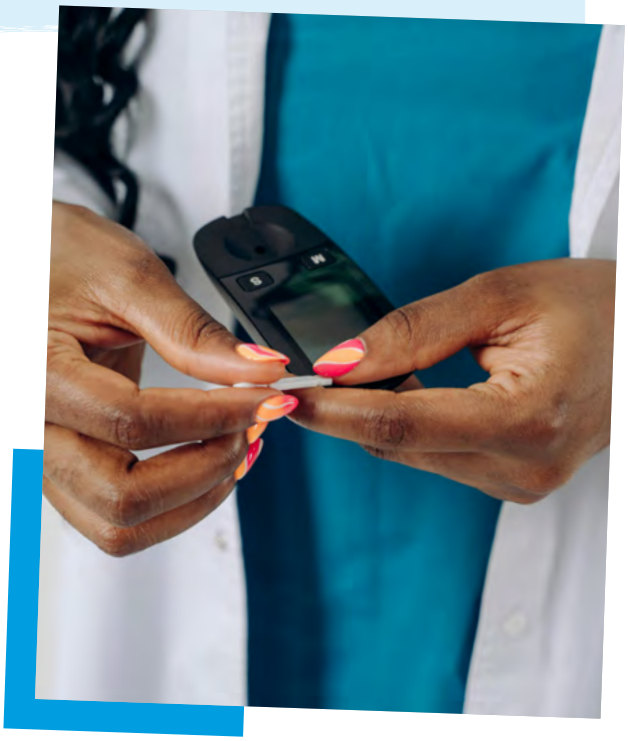
- Ensuring equity in how we and our researchers work.
- Meaningfully involving people with or at risk of diabetes at every stage of research.
- Nurturing the next generation of research leaders.
- Maximising impact through strong, effective partnerships.

Together with the generous support of our community, these principles will drive the discoveries that shape the future of diabetes care.

SUPPORTING PEOPLE TO LIVE WELL WITH DIABETES

Living well with diabetes can be challenging, but no one should have to navigate it alone. In 2025 we continued to provide trusted information, support and services so people with diabetes – and those around them – could get the guidance they need to manage their condition with confidence. At the same time, we kept campaigning for the changes needed to make living with diabetes easier for everyone.

> **This forum has really helped me from the beginning. Although I did not post much after my initial newbie post, I was always dropping in, searching and learning. The support is awesome, and it's real-world experience where that support comes from.**
>
> Forum user, living with type 1 diabetes who really appreciates the support of our Online Community Forum.



Learning Zone

At the start of 2025 we successfully launched our new and improved Learning Zone, the charity's highly personalised online diabetes education service, which helps people learn to manage their diabetes with confidence. There are now 17 new online courses, over 200 pieces of bite-sized content on our Feed, and several new app-style features including your Checks Planner, Today's Goals, Diabetes MOT and the Check In tool.

We now have 199,800 registered users on Learning Zone, around 123,800 of them are newly diagnosed, and 1.25 million diabetes learning activities have been taken. Since the new Learning Zone launched last year, 88% of users say our courses have improved their knowledge, 83% say they have improved their confidence, and 95% of HCPs say they would recommend Learning Zone.

Campaigning for change

In 2025 we helped secure a change in the law across England, Scotland and Wales allowing people with diabetes who drive buses, coaches and lorries for a living to use continuous glucose monitoring devices instead of finger-prick blood tests while driving. This followed several years of pressing the government to bring the rules for bus, coach and lorry drivers using insulin or other treatments that can cause hypos into line with those for car drivers, which were updated in 2018. We also continued to raise awareness of the common signs and symptoms of diabetes through our long-running 4Ts campaign, with regional teams distributing our resources across local health systems throughout the UK.

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 biggest areas we were contacted about were clinical support, eating well and physical activity, and treatments. Our Online Community Forum continued to grow with 4,888 new registrations. New volunteer hosts and moderators joined the team and gave their precious spare time to welcome new members and support the moderation of the 87,011 posts shared by forum users.



> **"There's a sense that other people are engaging with this [Learning Zone] and I'm not on my own. It's a good mix of articles – travel, food – I can scroll through and find something relevant to me and what I want to learn about.**
>
> Jo, who lives with type 2 diabetes, sharing her experience of using Learning Zone.

We can't do it without you

YOUR CONTRIBUTIONS TO OUR ESSENTIAL WORK

This year, individual giving, local groups, community fundraisers and events have all played a crucial role in helping us make progress. Our supporters continue to help us reach more people, raise awareness and provide vital care and support.

We are incredibly grateful to everyone who contributes, your dedication and passion make this essential work possible.

I absolutely love taking part in the One Million Step Challenge. It's the joy of walking that makes me come back each year, which has helped immensely with my general wellbeing and losing some weight has been a bonus for me and my health. My blood results are now normal and I no longer have prediabetes.

Wendy, speaks of the benefits of being involved in our One Million Step Challenge five years in a row.



Stepping up our impact

In 2025, we launched our first ever national TV advert for the One Million Step Challenge, reaching more people than ever before. The Challenge raised crucial funds while motivating participants to build healthy stepping habits across the summer, supporting better health and helping fund life-changing work.



I thoroughly enjoyed the whole experience and on a personal level – I felt fitter, more supple and was sleeping better too. It's something special to be involved in a challenge like this for Diabetes UK that's fuelling researching, therapies and a possible cure for diabetes in the future.

Julie, who took part in Swim22 in support of her husband and son who live with type 1 diabetes, shares her excitement for Diabetes UK's ambitions for the future.

Reaching the local community

In the autumn of 2023, the Winchester and Eastleigh Diabetes UK Support Group were approached by the garden designer Katy Pomery, who wanted to design a 'beautiful border' to help raise awareness of diabetes at the 2024 Garden World Spring Fair at Beaulieu. In May 2025 they showcased their beautiful border called The Living Well Garden. The event was attended by 25,000 over three days.

The Warminster Community Group raised **£2,600** in 2025. The group turned community fun into serious support for life-changing research being conducted in the southwest. Meet the faces behind the fundraising: Ann Hedges (left) and Liz Chivers (right).





We prioritised gifts in Wills to safeguard and grow future income

In 2025, we continued to focus on promoting legacy giving and the stewardship of our legacy supporters. Following a campaign online and on TV, we received **2,632** new enquiries from people interested in leaving a gift to Diabetes UK in their Wills. In November, supporters heard from Dr Elizabeth Robertson, Director of Research and Clinical, Diabetes UK, on some of the exciting progress we've made, our strategy and future plans, and inspiring stories of the work that is funded thanks in large part to gifts in Wills.

We can't do it without you

PARTNERS WHO SHARE OUR PASSION

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

Thanks to your commitment, we've made significant strides this year — supporting people to live well with diabetes, improving access to essential care, tackling inequity, and challenging stigma. These achievements are only possible because of you.

Slimming World

2025 was the second year of our partnership with Slimming World. We continued our work to support people living with all types of diabetes, and at risk of type 2 diabetes. We created a series of educational videos for our Diabetes Education Sessions to help grow Slimming World Group Leader's understanding on a range of topics. We also continued to work together on delicious recipes and stories and updates that you may have seen in our Balance magazine.

UK Power Networks

We're delighted to be working with UK Power Networks to support people living with diabetes to sign up to the Priority Services Register, to help keep them safe during storms or power cuts, for example supporting those who need to keep their medication refrigerated.



Kinetik Wellbeing

We worked with Kinetik Wellbeing to help people living with diabetes manage their diabetes from home. Kinetik supported our work through donations from the sale of their product range of blood glucose monitors, test trips, and lancets. We also worked together to raise awareness of our Learning Zone, and our Strike Out Stigma campaign for World Diabetes Day.

Corsodyl

In 2025, we began our partnership with Corsodyl, the gum and oral health experts, to raise awareness that people living with diabetes are up to three times more likely to experience gum problems. We're also encouraging people to understand more about their risk of developing type 2 diabetes and are planning in-store retail activations across the UK in 2026.

Bukhman Foundation

In 2025, we welcomed the Bukhman Foundation as a new partner, following their historic **£100 million** pledge to fund groundbreaking research that will accelerate progress towards new treatments and a cure for type 1 diabetes. We were thrilled to receive a **£300,000** commitment to support a Diabetes UK Fellowship led by Dr Kasra Bahadori at the University of Cambridge. Dr Bahadori is exploring how common viral infections may trigger type 1 diabetes in genetically at-risk children, with the goal of developing new treatments to prevent type 1 from ever developing.

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. Over £25 million has been committed to 23 groundbreaking research projects across eight countries worldwide. And our Together Type 1 programme connecting, supporting and empowering over 2,000 young people living with type 1 goes from strength to strength, thanks to £3.3 million given between 2022 and 2025 by the foundation.

Tesco

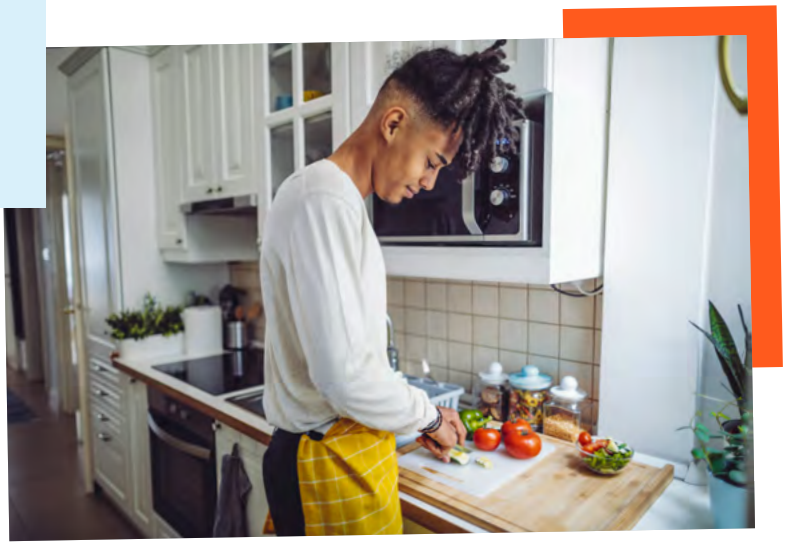
Our award-winning Health Charity Partnership with Tesco, Cancer Research UK and British Heart Foundation, continues to go from strength to strength. Since 2018, we have been working together to tackle the nation's biggest health challenges, and inspire, empower and support Tesco colleagues, customers and their families to live healthier lives. The partnership has raised over **£36 million** for the charities. We're proud of our work with Tesco pharmacies, our collaboration on healthy and affordable recipe content on Tesco Real Food, and our summer campaign which focused on type 2 diabetes awareness and supporting customers with recipes and tips to eat well.

Trusts and foundations

During 2025, around 100 grant-giving trusts and foundations played a vital role as we took great strides towards achieving our vision of a world where diabetes can do no harm. From groundbreaking work, such as our gestational diabetes project with South Asian women and midwives in the South-West and Midlands, to the continued growth of transformational support in Northern Ireland's communities, the generosity of those organisations helped us reduce risk, understand barriers and overcome inequity.

Next

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



We can't do it without you

PARTNERS WHO SHARE OUR PASSION

Thanks to the support of sector-leading partnerships with medical technology and pharmaceutical companies, we can continue working to improve the lives of people living with all types of diabetes, or at risk of type 2.



In 2025, we received **£1.42 million** from medical technology and pharmaceutical companies, which included **£980,000** for event sponsorship and advertising, and **£444,000** supporting our work across healthcare professionals, tackling inequity, research, and tackling diabetes related stigma.

Novo Nordisk[1]

We are grateful for our long-term partnership with Novo Nordisk, who in 2025 continued their support of our Clinical Champions programme, which was delivered to 40 healthcare professionals and key decision-makers. The programme sought to empower participants to lead impactful change at the community level and beyond, form networks that foster continuous improvement and collaboration, and contribute to dismantling systemic inequalities.

[1]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.

Dexcom

In 2025, Dexcom continued its support of Diabetes UK through a research project focused on delivering tailored support for individuals under 40. This work placed particular emphasis on understanding the uptake, engagement and implementation of a digital care package for those living with early-onset type 2 diabetes. In parallel, we've collaborated with Dexcom to deepen insights into people's lived experiences of diabetes, with a specific focus on interactions with health services and their use of technology. We are grateful for Dexcom's ongoing partnership and commitment to improving outcomes for people living with diabetes.



Lilly UK

Eli Lilly and Company (Lilly UK) has provided sponsorship funding to support the Community Organisation Advisory Committee. Lilly UK has had no involvement in or influence over the Community Organisation Advisory Committee.

Lilly UK's sponsorship funding helped to further our work in tackling inequity for people living with diabetes, as we created our Community Organisation Advisory Committee (COAC). Throughout 2025, we brought together 11 community-led organisations from across the UK, held COAC's inaugural meeting, and laid the foundations for meaningful co-production.

Abbott

We continued our partnership with Abbott in 2025. Having previously funded fundamental research around diabetes stigma, this year we welcomed Abbott as our Stigma Champion Partner. Thanks to their support, we were able to continue our efforts to tackle diabetes stigma, including launching our new Stigma Campaign; engaging and mobilising people living with diabetes to understand, note, and tackle where stigma occurs in their everyday life; and increasing our understanding of some of the root causes of diabetes stigma.

Returning to our Wellness Walk series, Abbott's FreeStyle Libre were the headline sponsors of our events in Manchester, Glasgow and London this year. Our 3,856 walkers raised an incredible **£386,000** towards our cause! We would like to thank Abbott for their support.

Daiichi-Sankyo UK

Daiichi-Sankyo UK supported our continuous professional development (CPD) platform for healthcare professionals by funding the creation of a mini module on the platform, focusing on cardiovascular disease, and the development of a cardiovascular disease specific webinar as part of a series of support for healthcare professionals around the complications of diabetes. We're very grateful to Daiichi-Sankyo UK for their support of this vital work, helping healthcare professionals to provide better diabetes care.



We can't do it without you

VITAL INSIGHTS FROM LIVED EXPERIENCE

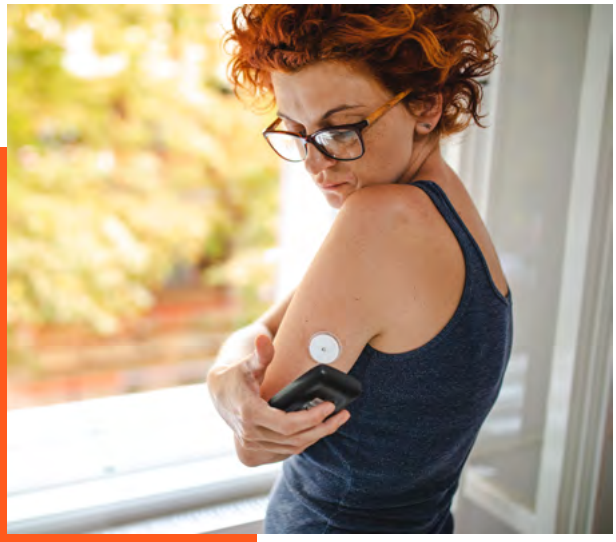
We strive to provide the services that people with diabetes want and need.

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

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 Voices Network (previously called 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 impacted 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.



I enjoy being involved with the Diabetes Voices Network as I feel like I make a difference to others with diabetes.

A Diabetes Voices Network member explains why lived experience is so important.

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.

Your voices can influence our work 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.

THANK YOU

Our supporters continue to inspire us with the incredible ways they fundraise. Thank you for being part of our journey towards a world where diabetes can do no harm. Your support makes everything we do possible.



Ameena Edwards

Ameena held a special in-memory fundraising night at her workplace, Gin Vault in Birmingham in August 2025 in memory of her mum, Charmaine, who died from diabetes-related complications when Ameena was just a baby. The event raised **£885** and aimed to raise awareness of the seriousness of diabetes. The evening featured a bake sale, raffle, diabetes-themed poetry and plenty of dancing, making it a powerful and uplifting tribute.

Penny Howden

Penny was a fabulous mum to Charles, Jo and Nic, and when both Nic and Charles were diagnosed with type 1 diabetes in their early adulthoods, they quickly turned to her for guidance. Penny wanted her support to continue through a significant donation in her Will to Diabetes UK. After she sadly passed away in 2023, Nic and Charles summed up how their mum's gift made them feel, "proud". We are deeply grateful for Penny's lasting act of kindness which will help to support the next generation of people affected by diabetes. We extend our heartfelt sympathy and gratitude to Charles, Jo, Nic and their loved ones.





Jodie Anne Fitness

In December 2025, the Jodie Anne Fitness community in Poole came together for Pedalling with Purpose, a 24-hour cycling challenge. Led by Jodie and supported by her family, friends and clients, the team raised an incredible **£1,127** for Diabetes UK. For Jodie, the challenge was deeply personal, inspired by her sister's experience of living with type 1 diabetes and a shared commitment to ensuring no one faces the condition alone.

THANK YOU



Abby Dennison

Abby Dennison ran the Scottish Half Marathon in August, raising **£1,000** for Diabetes UK in memory of her dad, who was diagnosed with type 1 diabetes just a year before he passed away. His death was sudden and completely unexpected at the age of 56, highlighting how serious the condition can be. Through her run, Abby wanted to raise awareness of type 1 diabetes and support Diabetes UK's work to help people manage the condition, fund vital research and prevent other families experiencing similar loss.



Georgia Morris

Beads for Good was created by Georgia after her type 1 diabetes diagnosis. Determined to help others, she began making and selling handmade bracelets with a £100 target for Diabetes UK. Supported by her family, she went on to raise over **£2,000**! Her creativity, generosity and determination have inspired her peers, and in June 2025, she received a Special Mention in the Fundraising Volunteer category at the Chartered Institute of Fundraising Awards.

The Pinder Family

(Mum: Rebecca, Dad: Ryan, sons: Alex, Will and Arti)



Two weeks after his second birthday in September 2022, Alex Pinder was diagnosed with type 1 diabetes. To mark his three-year diaversary, Alex and his family, Mum, Dad, and brothers Will and Arti, took part in our 62 Miles in October challenge and the Manchester Wellness Walk. Together, they raised an incredible **£1,700** for Diabetes UK, supporting vital services for people living with diabetes and celebrating Alex's remarkable journey and resilience.

Amy Seingier

Amy took on her second Swim22 in 2025 in memory of her dad, Tony, who lived with type 1 diabetes. Having gone from barely swimming 10 lengths to an hour non-stop, Amy has found confidence, motivation and improved mental wellbeing through the challenge. She raised **£880** through her dedication to fundraising, and her story is a powerful reminder that many people living with diabetes face invisible struggles.





THANK YOU

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.

Corporate partners

Abbott
AstraZeneca UK Ltd
Boehringer Ingelheim Limited
Corsodyl
Daiichi-Sankyo UK
Dexcom
Eli Lilly and Company (Lilly UK)
Kinetik Wellbeing
Next PLC
Novo Nordisk Ltd
Places for People
Slimming World
Tesco
The Drapers' Company
UK Power Networks

Individuals

Kip and Alison Bertram
Shaun and Jennie Bowler
Donald Burt
Frank Hopkins
Annalisa Jenkins
Pamela Rowe
David and Christine Thorp

COAC organisations

Morton in the Community
Black Thrive Haringey
Bridging Change
Bangla Housing
Volunteer Cornwall
Llanelli Multicultural Network
SACHMA Health and Social Care
Healthy Living Alliance
Caribbean and African Health Network
Connected Voice
Southport African Caribbean Heritage Association (SACHA)

Regional and national partner organisations

Aware NI

Association of South Asian Midwives (ASAM)

Camden Public Health Team

Connected Voice

Flagz Mas

Forestry England

Forward South Partnership

Gateshead Council

Gloucestershire ICB

Healthy Living Alliance

Hearing Loss Cornwall

Inverclyde Health and Social Care Partnership

Knowsley Chamber of Commerce

Leicester Tigers Rugby Club

Lions Clubs International

Liverpool City Council

Medway Public Health Team

Morton in the Community

NEC Care: Central Mersey Diabetic Eye Screening Programme

NHS England East of England

NHS England Midlands

NHS Performance and Improvement National Diabetes Strategic Clinical Network

NHS Scotland and associated Partners

Optometry Wales

Public Health Wales Tackling Diabetes Together team

RNIB

Scottish Ahlul Bayt Society

Scottish Diabetes Group

Sheppey Matters

Shropshire, Telford & Wrekin ICB

Turning Heads CIC

Trusts and foundations

Bukhman Foundation

Cancer Research UK

Cecil Pilkington Charitable Trust

National Lottery Community Fund Northern Ireland

ShareGift

Steve Morgan Foundation

The Burdett Trust for Nursing

The Foster Wood Foundation

The Hospital Saturday Fund

The Joan Wyatt Charitable Trust

The Morgan Blake Trust

The Second Joseph Aaron Littman Foundation

The Simon Gibson Charitable Trust

Tarrisse Murphy Foundation

Terley Charitable Trust

LOOKING AHEAD TO 2026

At the start of 2026, we launched a new five-year strategy. **Now is the time. End the harm.** sets out how we're going to redefine the future of diabetes by delivering lasting positive impact for people affected by the condition in all its forms.

We are focusing our efforts on working towards three key outcomes that people with and at risk of diabetes tell us are important to them.



Outcomes

Cure and prevention

People are freed from the life-changing impact of all forms of diabetes because it can be prevented or cured.

Everyone included

Health inequities and stigmas that make diabetes more dangerous are a thing of the past.

Living well with diabetes

Everyone, at every stage, can live well with diabetes because they get the treatment, care and support they need.

Ambitions

Progress towards these goals will be powered by funding world-leading research, and by our seven Ambitions. These are high-priority high-impact areas that will span the organisation and beyond, by working with partners.



1

Cure or prevent type 1

Research is moving us from possibility to promise. Through the Type 1 Diabetes Grand Challenge, we will continue to accelerate breakthroughs in beta cell therapies and immunotherapies. Researchers will advance major trials, produce new insights through world-leading consortiums, and strengthen translational pipelines so discoveries move faster toward the clinic. Our influence will help ensure that new treatments – from screening to immunotherapies – are adopted fairly across the NHS. We'll also work with partners to secure further investment, so research momentum never slows.

2

Prevent type 2

The rise in type 2 diabetes is not inevitable, and our ambition reflects that conviction. By pushing for a healthier food environment, championing evidence-based prevention policies, and strengthening support for people at higher risk, we will turn knowledge into national action. Local teams are working hand in hand with communities to ensure people understand their risk and can find support that feels relevant to their lives. And we will launch a Type 2 Grand Challenge to bring together a programme of work to accelerate research into preventing type 2 diabetes.



3

Tackle inequity

Too many people still face worse outcomes because systems weren't built with them in mind. Our ambition stands with those communities – and 2026 will bring meaningful, on-the-ground action. Teams across the UK will help local health systems to apply insights from national health equity programmes in several areas. These include improving access to diabetes technology and improving diabetes care processes for people from deprived and racially minoritised groups. Policy colleagues will respond rapidly to inequality issues such as food poverty, minimum wage reforms and the health impacts of the wider cost of living crisis. We will also pilot community organisation training and work to embed anti-racism principles across health systems.

4

Tackle stigma

Stigma continues to silence people when they most need support. In 2026, we will build a louder, clearer movement for change. Strategic communications will challenge myths and reframe the way society views and speaks about diabetes. Our campaign community will grow, with new stigma ambassadors, media spokespeople and advocacy moments. We'll provide new resources to healthcare settings to help professionals recognise and reduce stigma in their practice. We'll also work with donors and partners to expand research into stigma's root causes, especially where it intersects with inequity.

5

Support newly diagnosed

A diagnosis of type 2 diabetes can feel overwhelming, frightening and lonely. Our ambition is to bring light into that moment. By creating a clear referral pathway from the NHS into rapid, personalised support, people no longer have to navigate those early days alone. Updated Learning Zone content and automated email journeys will strengthen personalised support, while our work with government and systems will push for structured remission programmes to be funded and embedded.

6

Improve essential care

Every time a person misses out on a diabetes check it is a chance lost, and in 2026 we refuse to let those moments slip by. We will galvanise the country through an Essential Care Moment in February, a national mobilisation to highlight the nine vital checks and empower people to demand the care they're entitled to. We'll influence national governments as they reshape long-term conditions policy across the UK and advocate for improved care process uptake for young people. Our national and regional teams will engage integrated care boards, run targeted improvement work, and deliver new webinars for healthcare professionals focused on data, inequity and quality improvement.

7

Empower young people with type 1

Young people living with type 1 diabetes deserve spaces where they can feel strong, connected and heard. This year we'll deliver wellbeing programmes across every region and nation: Tree of Life, Youth Empowerment Skills (YES), Our Lives Our Voices and more – giving young people space to build confidence and connection. A brand-new online hub will launch with youth-led content, codesigned resources and stronger links to research communications. Our teams will expand social reach, including exploring new platforms like TikTok, helping young people share their stories and shape the future of diabetes care.









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

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/support-us/fundraise/fundraise-your-way

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**



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

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

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

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

Leave a gift in your Will

Gifts in Wills raised 51% 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

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

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
@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 170 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

Financial review

Overall

Our strategy-led change programme supported by a recovery in legacy income put Diabetes UK in a much-improved financial position at the start of 2025 in what remained a tough fundraising environment.

Despite having to face financial challenges in recent years, as you can see in this report, we have continued to deliver for people affected by all forms of diabetes now and in the future. We remain absolutely committed to delivering the maximum benefit we can.

Overall, in 2025, our income increased by £5.4 million to £43.8 million (£38.4 million in 2024). This was due to our general legacy income recovering and very generous high value legacy gifts giving us £18.9 million legacy income (compared to £13.8 million in 2024 and £16 million in 2023). We also benefited from income from the Steve Morgan Foundation increasing in line with our spend on the Type 1 Grand Challenge breakthrough research the funding pays for. Our expenditure in 2025 of £42.2 million was a £1.9 million decrease on 2024 due to the impact of the savings implemented through the change programme coming into effect.

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

Income

Total income was £43.8 million, an increase of £5.4 million, driven by legacy income and also an increased drawdown of Steve Morgan Foundation funding.

Income from legacies of £18.9 million was a £5.1 million increase on 2024 which was an exceptionally low legacy year. In addition to a general improvement in gifts received, we benefited from a very generous high value legacy of nearly £2 million which gave us our second highest legacy income year on record.

Income from donations of £13.3 million dropped compared to the previous year's £14.1million income driven by a reduction in community fundraising and individual giving income. It remained a very challenging fundraising environment, and we were grateful to everyone who was able to contribute to support our work during this time.

The health and fundraising partnership with Tesco, the British Heart Foundation and Cancer Research UK continued to provide vital funding and raised £1.3 million in donations for Diabetes UK.

Our trading activities generated £4.0 million of income, in line with income in 2024, due to an increase in corporate sponsorship offsetting small decreases elsewhere. Income from lotteries of £1.5 million held up well in the challenging environment and was only down £68k from the prior year.

Income for charitable activities of £7.5 million saw a £1.3 million increase on 2024. The key driver to this movement, was the £5.3 million income from the Steve Morgan Foundation which increased from the £2.7 million received in 2024 due to the timing of spend on research grants. Income increased in 2025 as this highly impactful programme shifted up another gear in our efforts to cure type 1 diabetes.

Expenditure

Expenditure of £42.2m was £1.9m lower than 2024 as we reduced costs as part of our 2024 strategy led change programme which aimed to break even in 2025.

Our expenditure on charitable spend was £30.1 million, £1 million lower than the £31.2m million spent in 2024 due to the full year impact of the strategy led change programme. Spend therefore decreased in all areas except for our spend on Curing and preventing Diabetes which benefited from increased activity in our Type 1 Grand Challenge activities. Spend on our support costs reduced from £4.8 million in 2024 to £4.4 million in 2025 as planned efficiencies and reductions were realised.

In 2025, we spent £2.2 million (2024: £3.7 million) on our work tackling stigma and inequalities, launching on World Diabetes Day our stigma campaign “Strike out Stigma” tackling the stigma many people with diabetes face.

We spent £6.9 million (2024: £4.6 million) on our work curing and preventing diabetes. In February we published statistics indicating one in five UK adults now live with diabetes or prediabetes, propelling type 2 diabetes to the top of the political agenda. Research carried out as part of our Type 1 Diabetes Grand Challenge is at the forefront of immunotherapy research. In August, the UK licensed the first type 1 diabetes immunotherapy, teplizumab a landmark moment which has been decades in the making.

We spent £6.3 million (2024: £6.8 million) on our work supporting people to live well with diabetes. This included growing remission support, including the NHS Type 2 Diabetes Path to Remission Programme built on our DiRECT trial, running our Together Type 1 programme for young people and improving diabetes care.

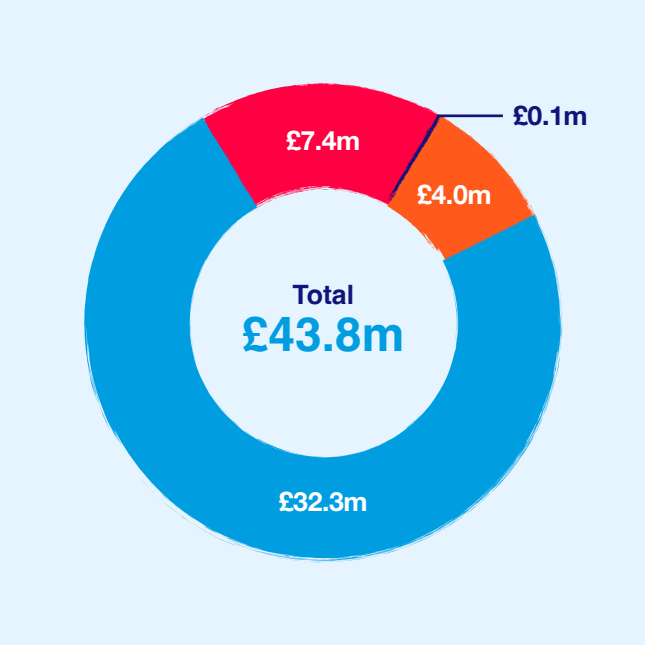
We spent £14.7 million (2024: £16.1 million) on our core charitable activities in the fight against diabetes. This included expenditure on research, on-the-ground support activities, including our work with young people living with type 1, our helpline and on our online education tool Learning Zone which reached 199,800 registered users.

Overall, across all areas we spent £9.8 million on research grant funding (2024: £6.2 million). This is higher than in 2024 due to the timing of both Steve Morgan-funded research grants (£2.2 million of the movement) and our other research grants (£1.4 million of the movement) which are dependent on the progress of the research to draw down the funds. Research is a large part of our work, and we are delighted with the progress that has been made this year.

Our expenditure on raising funds of £12.1 million reduced from £13 million in 2024 as we adapted our fundraising to improve our net fundraising contribution available for charitable spend. In 2025, we continued to invest in our Wellness Walks events, our membership programme and we prioritised investing in legacy marketing to safeguard future income with a campaign online and on TV that reached over 10 million people and received 2,632 new enquiries. We’re continuing to ensure that our investment here is used effectively and in a way that reflects the changing fundraising landscape.

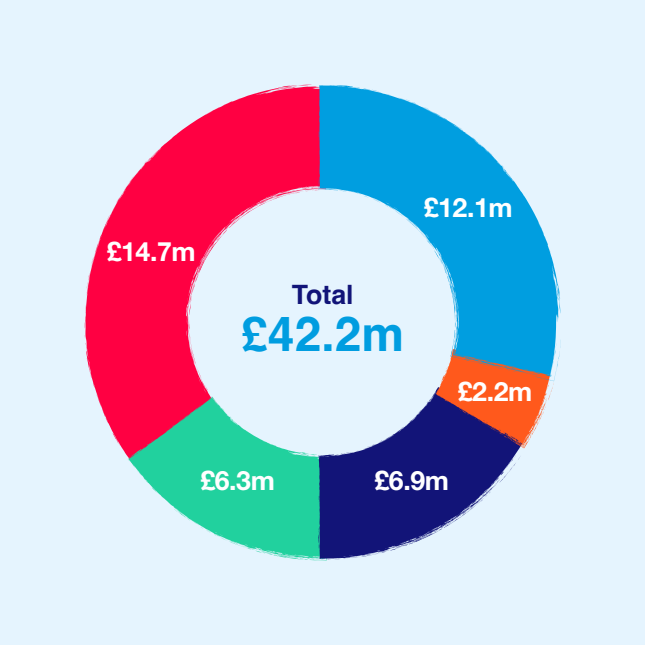
INCOME AND EXPENDITURE

Income



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

Expenditure



- Expenditure on raising funds
- Everyone included: 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 can continue to fund our vital work should our income fall due to a recession or other economic reasons, for example. Our reserves should give us time to adjust expenditure to changing financial circumstances in a planned and structured way so that disruption to our cause 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 2025, our reserves on the balance sheet totalled £10.9 million an increase of £2.5 million on 2024. Of these reserves, 0.5 million were restricted to funding specific activities meaning that, after accounting for fixed assets (£2.3 million), we have £8.1 million considered available to fund regular activities.

However, in common with many charities who fund long-term research work, for our reserves policy target 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 (£20.4 million as shown in note 25) as they fall due, as well as deal with risk and investment opportunities. We reviewed our reserves policy and confirmed our minimum tolerable level of liquid reserves of £12 million, which is equivalent to four months projected forward cashflows. Our current level of liquid reserves of £14.6 million is above our minimum target. We consider that, after a number of years of growth, reserves held in investments may be prone to volatility but expect that we should remain above our minimum level.

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

	Total reserves	**General reserves**	**Liquid reserves**
Tangible fixed assets	2,314	–	–
Fixed asset investments	11,562	11,562	11,562
Stock	60	60	–
Debtors	4,812	4,812	–
Unrestricted cash	2,998	2,998	2,998
Restricted cash	472	–	–
Creditors	(10,864)	(10,864)	–
Provisions	(423)	(423)	–
Total	**10,931**	**8,145**	**14,560**

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 performance, the amount of reserves invested and our approach to investment throughout the year.

As part of our approach, we hold our investments in an ESG fund that is actively managed and applies sustainability practices which reduces exposure to issuers with poor ESG credentials. In addition, our ethical policy requires us to not invest directly in tobacco production companies or those that derive greater than 10% revenue from sales of tobacco products.

During the year we made a gain on investments of £0.9 million (2024: £0.7 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). The Finance Committee were satisfied with performance during the year.

Cash is only held with creditworthy financial institutions and deposits are diversified to manage risk. 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 2025 showed a surplus of £0.4 million (2024: £0.3 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 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 (badged internally as Keeping Safe, Legal and Healthy) which is based on the three lines of defence model. We seek to identify and manage operational risks as soon as possible through a framework of risk leads, internal training and integrated reporting. The Board and Executive Team identify and monitor risks that may prevent us from delivering our charitable impact through a strategic risk register. We receive independent internal audits from a range of specialist organisations including BDO LLP, who provide a range of audits each year. These independent reviews provide further assurance that we have the actions, systems and processes in place to identify, mitigate and manage our risks proportionately.

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 to challenging environment.

We have sustained pressure on our finances over the last number of years as high inflation impacted both our costs and funding levels. We had an additional challenge of volatility in our legacy income which exacerbated these existing challenges.

In 2024, we took some difficult decisions to reduce expenditure in line with the external risk we were facing. Unfortunately, many other charities who rely on fundraising have also taken these steps. Positively, our overall financial position has improved, and we made a surplus in 2025, boosted by higher than anticipated legacy donations from a range of generous individuals. However, looking ahead, we still see a challenging economic outlook that we are actively managing by refreshing our fundraising approach and continuing to tightly control costs.

Challenges and competing priorities in health care policy.

Pressures due to funding shortages and changes in NHS structures 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.

In 2026, we plan to build on existing work to ensure we are prepared for growing threats, such as that posed by successful ransomware attacks, through conducting scenario exercises and reviewing our incident response protocols, insurance and other safeguards.

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.

Following an amendment to our Articles of Association in 2025 (pending approval from the Charity Commission), the maximum number of trustees permitted is 16, and during 2025 they numbered between 13 and 14. Trustee terms were also amended, so that trustees can serve for a maximum of nine years, but instead of serving three terms of three years, they now serve two terms of four years, and an optional one year to improve the succession of our Board.

The Board benefits from the wide range and 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 Board appointed two new trustees in 2025; the expertise and contributions of these trustees have been hugely beneficial to the work of the Board. The Board also bid farewell to two trustees in this period who either reached the end of their term or stepped down from their role.

One of the departing trustees has taken on the role of Chair of our newly formed Tackling Inequity Advisory Group, which held its inaugural meeting in December 2024. The group is made up of trustees with diverse lived and clinical experience, to advise the Board when thinking strategically about tackling inequities, and to bring lived experience into the heart of everything we do. It played an integral role in the planning of our Tackling Inequities five-year plan in 2025.

Charity Governance Code

The Board first adopted the Charity Governance Code in 2019. After initially identifying increasing diversity as a key priority, work continues in this space. Particularly in recruitment, where we saw an increase in diversity on our Board of Trustees.

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.

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.

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.

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.

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.

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.

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 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 is a diverse group of around 25 people who are living with different types of diabetes or are parents/carers. The group meets with us quarterly and informs our projects and plans so that we focus on what really matters to people living with diabetes. We have developed new ways of working, such as increasing involvement opportunities between meetings, collaborating with our Healthcare Professional and Community Organisation Advisory Committees, and encouraging DLEA members to submit agenda items to share what they are hearing from their communities.

Community Organisation Advisory Committee (COAC)

COAC launched in 2025, bringing together 11 community organisations representing people and communities most at risk of unequal and unfair outcomes in diabetes. The group will grow to 18 organisations in 2026 so that even more voices and experiences are represented. COAC acts as a critical friend to Diabetes UK, using its community trust and expertise to guide, challenge and strengthen our work. The committee meets every other month to share insight and help shape our strategic decisions, making sure they reflect real-life experiences and what communities say they need.

Eli Lilly and Company (Lilly UK) has provided sponsorship funding to support COAC. Lilly UK has had no involvement in or influence over the COAC.

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 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 taxable profit of £1 million (2024: £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 Direct Marketing Association (DMA), Fundraising Everywhere 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 in 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 are 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 activities are 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, member of The Lotteries Council and DMA) to ensure that 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 2025, we received 11 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 16 requests from this service in 2025.

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 consider our fundraising compliance in more detail and the Finance Committee looks closely at our financial performance. In addition, we have measures in place to review 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

Delivering our outcomes-based strategy depends on the talent, commitment, and the wellbeing of our colleagues. By investing in our people, we ensure Diabetes UK remains an effective, inclusive, and values-driven organisation – able to make meaningful difference for everyone affected by diabetes.

This year, we continue to prioritise wellbeing while embedding a revised organisational structure to strengthen efficiency and impact. We launched a refreshed Values and Behaviours framework reflecting our strategic priorities and deep commitment to tackling inequity. These principles are now shaping a culture rooted in excellence and inclusion — helping our people thrive and deliver the greatest impact.

Equity, diversity and inclusion

We are committed to creating an inclusive culture where every colleague and volunteer can thrive. In 2025, we launched a new **5-year Tackling Inequity Strategy** aligning operational and employee workstreams for greater impact. We strengthened EDI learning through participating in national events, refreshed resources and delivered a range of sessions on topics from mental health to sight loss.

Our first external EDI audit provided a strong outcome with clear next steps, ensuring we continue to improvements and lead with best practice.

Learning and development

This remains a priority and we offer a wide range of learning opportunities from in-house and external training to coaching, action learning sets and eLearning — ensuring teams have the skills and confidence to make a difference.

New starters receive a warm welcome through a refreshed induction programme and managers benefit from a dedicated network and structured support.

Communication

We keep colleagues informed and connected through regular updates on strategy, impact, and priorities through our intranet, newsletters, town halls, and feedback platforms.

By listening and co-creating, we foster transparency, collaboration, and a culture where every voice matters.

Pay

We benchmark pay annually to ensure fairness and competitiveness, with oversight from Trustees and the Remuneration Committee.

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 are delegated to the Research Committee, or specially convened panels made up of experts from 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: Diabetes Lived Experience (DLEA), Healthcare Professional (HPAC) and Community Organisations Advisory Committees (COAC, sponsored by Lilly UK, see page 13), who enable us to consider the impact of the decisions we take over the medium and long term. You can read about our committees on page 62. In 2025, we consulted with these groups on topics such as our refreshed strategy for 2026-2030, our Tackling Inequity launch and our campaigning work which included one of the COAC members addressing parliament on work to support people living with diabetes to access essential care checks-ups. HPAC gave feedback on our stigma strategy and improving our language matters guide. Plus on Together Type 1, positioning peer support as a trusted referral pathway.

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. We value their input through the Colleague Forum, task and finish groups, and confidential feedback channels. Wellbeing of our colleagues remains a priority, supported by a range of benefits. We monitor engagement through regular pulse checks and promote inclusion via active 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 ensure effective contract and supplier management. You can read about some of our work with partners 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) 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.

Year-on-year changes

- **Natural gas emissions (Scope 1)** have decreased by 36.83% in FY2025 compared to FY2024, due to the relocation of the Glasgow office to an office without gas onsite and reduced gas use across several sites.

- **Electricity emissions (Scope 2)** have decreased by 17.27% in FY2025 compared to FY2024, reflecting changes in building occupancy and space usage during the year.

- **Transport emissions (Scope 3)** have decreased by 20.91% in FY2025 compared to FY2024, linked to reduced staff travel and changes in working patterns.

Annual reporting figures

The following tables show the consumption and associated emissions for financial years ending December 2025 and December 2024 for all operations.

Consumption and location-based emissions

Scope 1 consumption and emissions include direct combustion of natural gas.

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

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

Totals

Diabetes UK Limited FY2025 total energy consumption (kWh)

Utility and Scope	UK 2025 Consumption (kWh)	UK 2024 Consumption (kWh)
Natural gas (Scope 1)	24,490	38,780
Grid-Supplied Electricity (Scope 2)	258,174	266,778
Transportation (Scope 3)	114,107	144,074
Total	**396,771**	**449,632**

Diabetes UK Limited FY2025 total location-based emissions* (tCO2e)

Utility and Scope	UK 2025 Consumption tCO2e	UK 2024 Consumption tCO2e
Natural gas (Scope 1)	4.48	7.09
Grid-Supplied Electricity (Scope 2)	45.70	55.24
Transportation (Scope 3)	25.40	32.11
Total	**75.58**	**94.44**

Diabetes UK Limited FY2024 total emissions intensity metric**

	Location-based		Market-based	
Intensity metrics	**2025**	**2024**	**2025**	**2024**
Total FTE	297.00	394.02	297.00	394.02
All Scopes tCO2e per FTE	0.254	0.240	0.494	0.324
Percentage change		**+6.16%**		**+52.49%**

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

Energy efficiency narrative

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 2025:

- **Implementation of ESOS recommendations**
  Actions arising from the latest Energy Saving Opportunity Scheme (ESOS) assessment were implemented, including the installation of timers on space – and water-heating systems. These measures reduce unnecessary energy use outside occupied periods and improve overall heating efficiency.

- **Glasgow office relocation**
  The Glasgow office relocated from an inefficient 2,500 sq. ft premises to a sub-250 sq. ft serviced office within an EPC A-rated building. The move significantly reduces energy demand for space heating, lighting, and building services, thereby supporting lower operational emissions.

Measures to be addressed in 2026:

- **Downsizing of head office**
  The London head office will be downsized from approximately 25,000 sq ft to 8,600 sq ft. This reduction in occupied space is expected to deliver substantial energy savings through lower heating, cooling, and electricity requirements.

- **Net Carbon Zero planning**
  Work will be undertaken to identify a defined subset of Scope 3 emissions and develop a carbon reduction plan based on a more complete emissions profile. This initiative will also include a formal commitment to achieving Net Carbon Zero, strengthening the organisation's long-term decarbonisation strategy.

- **Driver training programme**
  A driver training programme will be rolled out across the organisation. The training will promote more efficient driving behaviours, helping to reduce fuel consumption and emissions associated with business travel.

Compliance responsibility

This report has been prepared by the ESG division of Inspired Limited 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 Limited.

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 2025 version 1.0 has been used, utilising the published kWh gross Calorific Value (CV) and kgCO2e emissions factors relevant for the reporting period 1 January 2025 – 31 December 2025.

Estimates were undertaken to cover missing billing periods for properties directly invoiced to Diabetes UK Limited. For Diabetes UK Limited's new office at Glasgow this was calculated using the Energy Performance Certificate (EPC) using the approximate energy use given by the certificate for the area in which Diabetes UK Limited was situated in the shared offices.

All estimations equated to 0.74% of reported consumption. These full-year estimations were applied to 1 electricity supply. This has increased from the FY2024 estimation level of 0.02%.

For the market-based emissions methodology, the electricity supplied to Diabetes UK during the period 01/01/2025 – 31/12/2025 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:

	FY2025	FY2024
Full-time equivalent (FTE)	**297.00**	394.02

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 **20 May 2026** including in their capacity as company directors, the strategic report contained therein, and signed on its behalf by:



Dame Carol Homden DBE PhD
Chair

Trustees, officers and professional advisors

Board of Trustees and the membership of sub committees

Dame Carol Homden DBE PhD, 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

Professor George Boyne (joined July 2025)
Audit & Risk Committee (from September 2025)

Martin Dewhurst
Finance Committee

Ngozi Emeagi (resigned April 2025)
Audit & Risk

Professor Mark Evans (joined May 2025)
Science and Research Advisory Group Observer

Emma Foulds
Brand & Income Generation Committee – Chair

Michael Gibbs
Finance Committee

Professor Wasim Hanif (retired April 2025)
Governance and Nominations

Matt Higham
Brand & Income Generation Committee

Sian Jarvis
Brand & Income Generation Committee

Kris Murali
Audit & Risk Committee - Chair
Finance Committee (April 2025 onwards)
Governance & Nominations Committee (October 2025 onwards)

Dr Asiya Yunus
Governance & Nominations Committee

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

Vivienne Dews
Audit & Risk Committee

Anne Heal
Chair of the Governance & Nominations committee

Ben Lewis
Brand & Income Generation

Joe Usher
Governance & Nominations Committee

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

Simon Hartley – Chair

Peter Shorrick

Danielle Williams

Senior management (the Executive team)

Chief Executive
Colette Marshall

Director of Engagement and Fundraising
James Beeby

Director of People and Organisational Development
Iréné Fufeyin

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

Director of Corporate Services
Graham Galvin*

Director of 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
Trowers and Hamlins LLP
3 Bunhill Row
London EC1Y 8YZ

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 (from 24 March 2025)
Office 14, The Social Hub
15 Candleriggs
Glasgow
G1 1TQ
0141 245 6380

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 2025 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 2025 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 72, 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:
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: 12 June 2026

Consolidated statement of financial activities

incorporating income and expenditure account and statement of total recognised gains and losses for the year ended 31 December 2025

	Notes	2025 Unrestricted £'000	2025 Restricted £'000	2025 Total £'000	2024 Unrestricted £'000	2024 Restricted £'000	2024 Total £'000
Income from:							
Donations and legacies	3	29,500	2,769	32,269	25,490	2,444	27,934
Other trading activities	4	3,983	–	3,983	3,942	–	3,942
Investments	5	138	–	138	410	–	410
Charitable activities	6	1,876	5,578	7,454	1,907	4,209	6,116
Total income		**35,497**	**8,347**	**43,844**	**31,749**	**6,653**	**38,402**
Expenditure on:							
Raising funds	8	12,088	–	12,088	12,974	–	12,974
Charitable activities							
Stigma and inequity	9	1,980	248	2,228	3,073	612	3,685
Curing and preventing	9	2,280	4,634	6,914	1,970	2,606	4,576
Live well	9	4,982	1,330	6,312	5,850	998	6,848
Our offer	9	12,622	2,058	14,680	13,903	2,160	16,063
Total expenditure	9	**33,952**	**8,270**	**42,222**	**37,770**	**6,376**	**44,146**
Net gain on investments	17	916	–	916	717	–	717
Net income/ (expenditure) for the year		2,461	77	2,538	(5,304)	277	(5,027)
Transfers between funds	22	(3)	3	–	407	(407)	–
Other recognised gains Actuarial gains on defined benefit pension	30	–	–	–	–	–	–
Net movement in funds		2,458	80	2,538	(4,897)	(130)	(5,027)
Fund balances at the beginning of the financial year		8,001	392	8,393	12,898	522	13,420
Fund balances at the end of the financial year	22/23	**10,459**	**472**	**10,931**	**8,001**	**392**	**8,393**

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 2025

	Notes	Group		Diabetes UK	
		2025 £'000	2024 £'000	2025 £'000	2024 £'000
Fixed assets					
Tangible assets	16	2,314	2,606	2,314	2,606
Investments in subsidiary undertakings	26	–	–	40	40
Other investments	17	11,562	10,213	11,562	10,213
		13,876	12,819	13,916	12,859
Current assets					
Stock		60	122	17	21
Debtors	18	4,812	4,391	5,422	4,520
Cash at bank and in hand		3,470	2,372	2,671	2,255
		8,342	6,885	8,110	6,796
Creditors: amounts falling due within one year	19	(10,864)	(11,032)	(10,672)	(10,983)
Net current liabilities		(2,522)	(4,147)	(2,562)	(4,187)
Net assets before provisions		11,354	8,672	11,354	8,672
Provision: for liabilities and charges	21	(423)	(279)	(423)	(279)
Provision: defined benefit pension scheme liability	30	–	–	–	–
Net assets		**10,931**	**8,393**	**10,931**	**8,393**
Funds					
Restricted funds	22/23	472	392	472	392
Unrestricted funds					
General funds		10,459	8,001	10,459	8,001
Pension reserve	30	–	–	–	–
Unrestricted funds including pension liability		10,459	8,001	10,459	8,001
Total funds		**10,931**	**8,393**	**10,931**	**8,393**

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 surplus of £2.5 million (2024: loss of £5.0 million).

Approved by the Board of Trustees on **20 May 2026** 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 2025

	2025 £'000	2024 £'000
Cash flows from operating activities:		
Net cash generated by/(used in) operating activities (note 1 below)	**1,838**	**(7,278)**
Cash flows from investing activities:		
Dividends and interest from investments	138	410
Purchase of tangible fixed assets	(445)	(880)
Proceeds from the sale of investments	167	10,339
Purchase of investments	-	(7,624)
Movement on cash deposits	(627)	4,952
Investment management costs	27	-
Net cash (used in)/provided by investing activities	**(740)**	**7,197**
Change in cash and cash equivalents in the reporting period	**1,098**	**(81)**
Cash and cash equivalents at 1 January	2,372	2,453
Cash and cash equivalents at 31 December	**3,470**	**2,372**

Note 1 to the consolidated statement of cash flows	**2025 £'000**	**2024 £'000**
Reconciliation of net income/(expenditure) to net cash inflow/ (outflow) from operating activities		
Net income/(expenditure) for the year per the SOFA	2,538	(5,027)
Adjustments for:		
Depreciation charges	392	298
Gain on investments	(916)	(717)
Loss on disposal of fixed assets	345	–
Dividends and interest from investments	(138)	(410)
Increase in stock	62	45
(Increase)/decrease in debtors	(421)	1,852
(Decrease) in creditors	(168)	(3,360)
Increase in provisions	144	41
Net cash generated by/(used in) operating activities	**1,838**	**(7,278)**

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.

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.

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.

Costs of 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

	2025 £'000	2024 £'000
Incoming resources		
Legacies	**18,952**	13,825
Donations	**13,317**	14,109
	32,269	**27,934**

4. Other trading activities

	2025 £'000	2024 £'000
Incoming resources		
Lotteries	**1,458**	1,526
Advertising	**99**	125
Corporate sponsorship	**1,660**	1,478
Fundraising registration fees	**85**	117
Merchandising	**561**	638
Service charges	**41**	41
Other	**79**	17
	3,983	**3,942**

5. Income from investments

	2025 £'000	2024 £'000
Dividends from listed securities	**4**	87
Interest on cash at bank	**134**	323
	138	**410**

Notes to the financial statements

6. Income from charitable activities

	2025 £'000	2024 £'000
Conferences	**312**	418
Service delivery	**6,414**	4,906
Professional membership	**123**	139
Publications	**469**	516
Rental	**136**	137
	7,454	**6,116**
Tackling stigma and inequity	**146**	338
Curing and preventing	**4,432**	2,129
Supporting people to live well	**1,879**	1,637
Our offer for all	**997**	2,012
	7,454	**6,116**

7. Government grants

	2025 £'000	2024 £'000
Government grants used to fund diabetes projects and recognised in the accounts are:		
NHS Bedfordshire, Luton and Milton Keynes ICB	**–**	18
National Lottery Community Fund Northern Ireland	**72**	88
Department of Work & Pensions	**1**	9
NHS East of England	**–**	6
NHS England	**–**	7
Nesta	**10**	10
Central & North West London NHS Foundation Trust Charitable Fund	**–**	25
NHS Midlands	**–**	15
Scottish Government	**–**	21
UK Research and Innovation	**–**	1,085
	83	**1,284**

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

8. Expenditure on raising funds

	2025 £'000	2024 £'000
Voluntary income		
Legacies	**603**	772
Donations	**9,029**	9,284
	9,632	**10,056**
Fundraising trading		
Lotteries	**858**	1,101
Advertising	**23**	25
Corporate sponsorship	**585**	805
Merchandising	**693**	721
Other	**270**	226
	2,429	**2,878**
Investment management costs	**27**	**40**
	12,088	**12,974**

9. Analysis of total expenditure

	Activities undertaken directly £'000	Activities undertaken by grant funding £'000	Support and governance costs £'000	2025 £'000	2024 £'000
Expenditure on raising funds	10,861	–	1,227	**12,088**	12,974
Expenditure on charitable activities					
Tackling stigma and inequity	1,668	209	351	**2,228**	3,685
Curing and preventing diabetes	1,898	4,665	351	**6,914**	4,576
Supporting people to live well	5,211	5	1,096	**6,312**	6,848
Our offer for all	8,338	4,983	1,359	**14,680**	16,063
	27,976	**9,862**	**4,384**	**42,222**	**44,146**

Notes to the financial statements

10. Support costs allocations

	Governance £'000	Facilities £'000	Finance £'000	Human resources £'000	IT £'000	2025 Total £'000	2024 Total £'000
Expenditure on raising funds	44	326	198	213	446	**1,227**	1,112
Expenditure on charitable activities							
Tackling stigma and inequity	12	93	57	61	128	**351**	435
Curing and preventing	13	92	57	61	128	**351**	387
Supporting people to live well	39	291	176	191	399	**1,096**	1,112
Our offer for all	49	361	219	236	494	**1,359**	1,790
	157	**1,163**	**707**	**762**	**1,595**	**4,384**	**4,836**

11. Governance costs

	2025 £'000	2024 £'000
Trustee costs	**8**	7
Governance and stakeholder support costs	**71**	24
External audit	**78**	75
	157	**106**

12. Grant funding

The institutions receiving grant funding in the year in excess of £100,000 were:	2025 £'000	2024 £'000
King's College London	1,842	277
Imperial College	864	1,455
University of Oxford	1,175	459
University of Exeter	793	811
University of Edinburgh	763	229
University of Birmingham	185	299
University College London	390	–
The University of Manchester	155	213
Queens University Belfast	365	125
University of Dundee	374	463
University Hospital Nottingham	342	–
University of Glasgow	–	120
University of Lincoln	365	–
Coventry University	131	–
University of Bristol	–	158
University of Aberdeen	181	–
University of Hull	129	–
Forward Action	126	–
Cardiff University	100	–
University of Leeds	258	–
University of Leicester	–	409
Gloucestershire Hospitals NHS Foundation Trust	–	233
University of Cambridge	384	224
Manchester Metropolitan University	–	179
Department of Health and Social Care	–	136
University of Newcastle	243	163
University of Ulster	110	107
Anglia Ruskin University	109	–
	9,384	**6,060**
Research grants to other institutions	605	714
Write back of grant creditor to reflect underspends	(122)	(506)
Refund of research grants from institutions	(18)	(39)
Other grants	13	8
Total grants to institutions	**9,862**	**6,237**
Of which funded by the Steve Morgan Foundation	**3,587**	**1,394**

Notes to the financial statements

12. Grant funding (continued)

	2025 £'000	2024 £'000 reanalysed
Grants reconciliation		
Creditor at the beginning of the year	**8,708**	10,751
Grants awarded in the year	**1,486**	1,723
Liabilities arising on existing grants	**8,503**	5,051
Write back of grant to reflect underspends	**(122)**	(506)
Grants received back to transfer to new institutions	**—**	98
Payments in the year	**(10,240)**	(8,409)
Creditor at the end of the year	**8,335**	**8,708**

The creditor at the end of the year includes £2,225k of grants (2024: £1,683k) funded by The Steve Morgan Foundation.

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

Net incoming resources for the year is stated after charging:	2025 £'000	2024 £'000
Depreciation (see note 16)	**392**	298
Auditors remuneration		
– external audit: group statutory audit	**63**	60
– tax services	**5**	—
Non-recoverable VAT	**903**	1,143
Operating leases		
– property	**1,356**	1,363

14. Transactions with trustees

Trustees have not been remunerated for their work as trustees during the year (2024: £NIL).

A total of seven trustees (2024: six) have been reimbursed directly for expenses or had such expenses met by payments made to third parties at a total cost of £5,754 (2024: £6,600). All amounts were for reimbursement of travel and subsistence costs in relation to board of trustee and advisory council duties.

15. Staff costs

	2025 £'000	2024 £'000
Salaries	**14,703**	18,227
Social security costs	**1,792**	1,883
Other pension costs	**890**	1,121
Redundancy and termination payments	**109**	389
	17,494	**21,620**

The redundancy and termination payments include £79k of ex-gratia payments which were agreed as part of severance packages to nine individuals. As at the year end no redundancy and termination payments were unpaid.

	2025 number	2024 number
Average headcount		
Fundraising	**89**	90
Charitable activity	**230**	295
Support	**34**	43
Governance	**1**	1
	354	**429**

Pension costs

Pension costs comprise £889,729 (2024: £1,120,607) in respect of defined contribution pension schemes and £NIL (2024: £NIL) in respect of the defined benefit pension scheme.

Number of employees whose remuneration fell within the following ranges:	2025 number	2024 number
£60,001 – £70,000	26	32
£70,001 – £80,000	8	14
£80,001 – £90,000	3	5
£100,001 – £110,000	1	3
£110,001 – £120,000	5	3
£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 £820,233 (2024: £982,075)

Notes to the financial statements

16. Tangible and intangible fixed assets

Group and Diabetes UK	Computer software £'000	Leasehold improvements £'000	Office equipment fittings & furniture £'000	Computer equipment £'000	Total £'000
Cost					
At 1 January 2025	3,148	1,238	325	320	5,031
Additions	435	–	–	10	445
Impairment	(345)	–	–	–	(345)
Disposals	–	–	–	–	–
At 31 December 2025	3,238	1,238	325	330	5,131
Depreciation and amortisation					
At 1 January 2025	(994)	(989)	(273)	(169)	(2,425)
Charge for the year	(172)	(143)	(29)	(48)	(392)
Disposals	–	–	–	–	–
At 31 December 2025	(1,166)	(1,132)	(302)	(217)	(2,817)
Net book value					
At 31 December 2025	**2,072**	**106**	**23**	**113**	**2,314**
At 31 December 2024	2,154	249	52	151	2,606

The computer software category includes £679k (2024: £1,647k) of assets which were 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 (2024: £NIL).

17. Investments

	2025 £'000	2024 £'000
Group and Diabetes UK		
Market value at 1 January	**10,213**	17,163
Acquisitions at cost	**—**	7,624
Disposal proceeds	**(167)**	(10,339)
Gain on investments	**916**	717
Investment management fees	**(27)**	—
Net movement in short-term deposits	**627**	(4,952)
Market value at 31 December	**11,562**	10,213
Represented by:		
Listed securities	**4,408**	4,263
Property funds	**619**	406
Bonds	**3,189**	2,848
Cash	**3,346**	2,696
	11,562	**10,213**
Historical cost of investments at 31 December	**10,628**	**9,978**

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 2025.

Notes to the financial statements

18. Debtors: amount falling due within one year

	Group		Diabetes UK	
	2025 £'000	2024 £'000	2025 £'000	2024 £'000
Trade debtors	**466**	341	**138**	137
Donation due from subsidiary undertaking	**–**	–	**952**	368
Other debtors	**475**	490	**476**	490
Prepayments	**985**	904	**983**	900
Accrued income	**2,886**	2,656	**2,873**	2,625
	4,812	**4,391**	**5,422**	**4,520**

19. Creditors: amount falling due within one year

	Group		Diabetes UK	
	2025 £'000	2024 £'000 reanalysed	2025 £'000	2024 £'000 reanalysed
Trade creditors	**801**	588	**723**	548
Amounts due to subsidiary undertakings	**–**	–	**120**	269
Taxation and social security	**406**	367	**406**	367
Other creditors	**72**	25	**72**	26
Accruals	**517**	468	**513**	462
Deferred income	**733**	876	**503**	603
Research grants creditor	**8,335**	8,708	**8,335**	8,708
	10,864	**11,032**	**10,672**	**10,983**

20. Deferred income

	Group		Diabetes UK	
	2025 £'000	**2024 £'000**	**2025 £'000**	**2024 £'000**
Balance as at 1 January	**876**	571	**603**	548
Income deferred in the current year	**704**	813	**474**	540
Release from prior year	**(847)**	(508)	**(574)**	(485)
Balance as at 31 December	**733**	**876**	**503**	**603**

Income received in advance to fund activities due to take place in 2026 has been deferred where this is consistent with the terms of the funding agreement.

21. Provisions for liabilities and charges

	Pensioner Costs £'000	**Dilapidation Provision £'000**	**Total 2025 £'000**	**Total 2024 £'000**
Balance brought forward at 1 January	9	270	**279**	238
New provision	–	1	**1**	–
Increase to provision	–	168	**168**	46
Payments made	(5)	(4)	**(9)**	(5)
Release of provision	–	(16)	**(16)**	–
Balance carried forward at 31 December	**4**	**419**	**423**	**279**

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 2026 to 2029.

Notes to the financial statements

22. Funds

Group

	At 1 January 2025 £'000	Incoming funds £'000	Outgoing funds £'000	Gains £'000	Transfers £'000	At 31 December 2025 £'000
General funds	8,001	31,618	(31,289)	916	1,238	10,484
Diabetes UK Services Limited	–	3,879	(2,663)	–	(1,241)	(25)
Pension reserve (see note 30)	–	–	–	–	–	–
Total unrestricted funds	**8,001**	**35,497**	**(33,952)**	**916**	**(3)**	**10,459**
Restricted funds						
Research funds	177	5,506	(5,390)	–	1	294
Care and information funds	35	1,651	(1,663)	–	2	25
Geographical funds	42	961	(896)	–	–	107
Children funds	–	15	(14)	–	–	1
Prevention	63	214	(232)	–	–	45
Stigma and inequity funds	75	–	(75)	–	–	–
Total restricted funds	**392**	**8,347**	**(8,270)**	**–**	**3**	**472**
Total of unrestricted and restricted funds	**8,393**	**43,844**	**(42,222)**	**916**	**–**	**10,931**

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 stigma and inequity funds are used to fund programmes which tackle inequity 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 2024 £'000	Incoming funds £'000	Outgoing funds £'000	Gains/ (losses) £'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
Stigma and inequity 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**

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	2,314	–	2,314
Fixed asset investments	11,562	–	11,562
Net current liabilities	(2,994)	472	(2,522)
Provisions	(423)	–	(423)
Total net assets	**10,459**	**472**	**10,931**

	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Diabetes UK			
Tangible fixed assets	2,314	–	2,314
Investments in subsidiary undertakings	40	–	40
Fixed asset investments	11,562	–	11,562
Net current liabilities	(3,034)	472	(2,562)
Provisions	(423)	–	(423)
Total net assets	**10,459**	**472**	**10,931**

Prior year comparative	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 and intangible 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)	–	(279)
Total net assets	**8,001**	**392**	**8,393**

Notes to the financial statements

24. Operating leases – commitments and contracted income

	Property	
	2025 £'000	**2024 £'000**
Total lease commitments due under non-cancellable operating leases:		
within one year	**442**	1,291
between two and three years	**148**	435
between four and five years	**18**	80
	608	**1,806**

	Property	
	2025 £'000	**2024 £'000**
Total lease income due under non-cancellable operating leases:		
within one year	**26**	158
between two and three years	**–**	26
	26	**184**

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 2025 Diabetes UK had entered into contracts in respect of expenditure on research amounting to £17,671,000 (2024: £23,493,000).

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.

	2025			2024		
	SMF Funded £'000	Diabetes UK Funded £'000	Total 2025 £'000	SMF Funded £'000	Diabetes UK Funded £'000	Total 2024 £'000
within one year	4,011	4,275	8,286	3,467	5,895	9,362
between two and three years	4,147	4,745	8,892	6,356	5,748	12,104
between four and five years	95	398	493	1,299	728	2,027
six years and beyond	–	–	–	–	–	–
	8,253	**9,418**	**17,671**	**11,122**	**12,371**	**23,493**

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	**2025 £'000**	**2024 £'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 2025 (2024: £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 2025 (2024: £40,003).

(b) Summary of results of consolidated entities

	Diabetes UK 2025 £'000	Diabetes UK Services Limited 2025 £'000	Intercompany Transactions 2025 £'000	Total 2025 £'000
Income				
Donations and legacies	33,229	–	(960)	32,269
Other trading activities	361	3,878	(256)	3,983
Income from investments	137	1	–	138
Income from charitable activities	7,454	–	–	7,454
	41,181	**3,879**	**(1,216)**	**43,844**
Expenditure				
Expenditure on raising funds	(9,659)	(2,429)	–	(12,088)
Expenditure on charitable activities	(29,900)	(234)	–	(30,134)
Donation to Diabetes UK	–	(960)	960	–
Service charge	–	(256)	256	–
	(39,559)	**(3,879)**	**1,216**	**(42,222)**
Net loss on investments	916	–	–	916
Actuarial gains on defined benefit pension	–	–	–	–
Net movement in funds	**2,538**	**–**	**–**	**2,538**

(c) Financial position of consolidated entities

	Diabetes UK 2025 £'000	Diabetes UK Services Limited 2025 £'000	Intercompany Transactions 2025 £'000	Total 2025 £'000
Fixed assets	13,916	–	(40)	13,876
Current assets	8,110	1,304	(1,072)	8,342
Creditors due within one year	(10,672)	(1,264)	1,072	(10,864)
Provisions	(423)	–	–	(423)
Net assets	**10,931**	**40**	**(40)**	**10,931**

Notes to the financial statements

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

	2025 £'000	2024 £'000
Net income/(expenditure)	**1,622**	(5,744)
Gain on sale of investments calculated under the historical cost accounting convention	**–**	235
Surplus/(deficit) under the historical cost accounting convention	**1,622**	**(5,509)**

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 £20.4 million (2024: approximately £20.5 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 £889,729 (2024: £1,120,607). 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 80 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 and the results will be available later in 2026.

The results of the most recent formal actuarial valuation as at 31 December 2022 have been updated to 31 December 2025 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 2025 by £379,000. In accordance with FRS 102 the asset has not been recognised as it will not be realised.

30. Pensions (continued)

Present value of scheme liabilities, fair value of assets and deficit	2025 £'000	2024 £'000
Fair value of scheme assets	9,703	9,951
Present value of scheme liabilities	(9,324)	(9,638)
Surplus in scheme	379	313
Less asset not recognised	(379)	(313)
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.

Reconciliation of opening and closing balances of the present value of the scheme liabilities	2025 £'000	2024 £'000
Scheme liabilities at 1 January	**9,638**	10,641
Interest cost	**508**	471
Actuarial gains	**(114)**	(1,076)
Benefits paid	**(708)**	(398)
Scheme liabilities at 31 December	**9,324**	**9,638**

Reconciliation of opening and closing balances of the fair value of the scheme assets	2025 £'000	2024 £'000
Fair value of scheme assets at 1 January	**9,951**	10,795
Interest income	**525**	478
Return on scheme assets, excluding interest income	**(65)**	(924)
Benefits paid	**(708)**	(398)
Fair value of scheme assets at 31 December	**9,703**	**9,951**

The total gain on the scheme assets over the period ended 31 December 2024 was £460,000 (2024: loss of £446,000).

Total expense recognised in SOFA	2025 £'000	2024 £'000
Interest cost	**508**	471
Interest income	**(525)**	(478)
Interest on irrecoverable surplus	**17**	7
Total expense recognised in SOFA	**–**	**–**

Other comprehensive income	2025 £'000	2024 £'000
Actuarial gain on defined benefit obligation	**114**	1,076
Actual return on assets less interest income	**(65)**	(924)
Limit on recognition of asset	**(49)**	(152)
Total gain recognised in other comprehensive income	**–**	**–**

30. Pensions (continued)

Assets	2025 £'000	2024 £'000
Equities	**280**	305
Diversified growth funds	**384**	452
Liability driven investment	**2,437**	2,473
With profits policy	**2,603**	2,436
Annuities	**2,430**	2,552
Credit funds	**1,536**	1,668
Cash	**33**	65
Total assets	**9,703**	**9,951**

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	2025 % annum	2024 % annum
Inflation (RPI)	**3.20**	3.40
Rate of discount	**5.60**	5.50
Allowance for pension in payment increases at the lower of RPI or 5%	**3.10**	3.20
Allowance for revaluation of deferred pensions at the lower of RPI or 5%	**2.40**	2.40
Allowance for commutation of pension for cash at retirement	**60% of HMRC maximum**	**60% of HMRC maximum**

The mortality assumptions adopted at 31 December 2025 are based on the 100% S3PMA and 100% S3PFA CMI Models 2024 [1.25%] (yob).

These imply the following life expectancies:

	2025	2024
Male retiring at aged 62 in 2025	**24.4**	24.1
Female retiring at aged 62 in 2025	**26.9**	26.8
Male retiring at aged 62 in 2045	**25.8**	25.5
Female retiring at aged 62 in 2045	**28.4**	28.3

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 2024 gift aid payment of £376k (2024: £448k) was remitted from the subsidiary to the charity, and at 31 December the subsidiary had a balance of £832k (2024: £99k) owing to the Charity. This consists of the 2025 Gift Aid payment (952k) and the 2025 service charge (£256k) offset by the value of the general processing account (-£376k).

32. Financial instruments

	2025 £'000	2024 £'000
Financial assets measured at fair value through income and expenditure		
Non cash investments	**3,808**	**7,517**
Financial assets measured at amortised cost		
Cash	**3,470**	2,372
Cash investments	**3,346**	2,696
Trade debtors	**466**	341
Other debtors	**475**	490
Accrued income	**2,886**	2,656
	10,643	**8,555**
Financial liabilities measured at amortised cost		
Trade creditors	**801**	1,020
Other creditors	**72**	25
Accruals	**517**	468
Research grant creditors	**8,335**	8,276
	9,725	**9,789**

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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