

Annual Report


and Financial Statements

2023-24



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**Asthma + Lung UK is
the lung health charity
fighting for everyone's
right to breathe.**

Niah, Birmingham

"I'm more aware of the impact that traffic fumes have on my asthma now that I'm at secondary school. The area where I catch the bus to school is very highly polluted, and I've had to take more time off since being at secondary school. When my asthma's bad, I can't even walk up the stairs without being out of breath."



Our vision

is a world where everyone has healthy lungs.



Our mission

is to drive the transformation of lung health.



Our support

helps people who struggle to breathe manage their lung conditions and live well.



Our research

finds new ways to prevent, treat and cure lung conditions.



Our campaigns

help make vital, lasting changes.

Our

Values

1. **We** have courage.

2. **We** always push for better.

3. **We** empower our people to be their best.

4. **We** work as one.

5. **We** listen and understand.

Foreword

With a new government in power that has stated their commitment to health inequalities, greater prevention and treating patients in the community, there is a real opportunity to get lung conditions on the agenda and secure firm action to improve the lives of patients. Lung disease is the third biggest killer in the UK, after cancer and cardiovascular disease, and we have the worst outcomes in the whole of Europe. Lung conditions are also closely correlated to deprivation and the three conditions with the biggest mortality gap are all respiratory conditions – chronic obstructive pulmonary disease (COPD), lung cancer and asthma.

Every year we take 19,000 calls to our helpline and 7 million visits to our website. These people with lung conditions tell us they feel left behind. 1 in 5 are waiting more than a year for spirometry – the basic diagnostic test for lung conditions. Imagine you were told you had to wait a year for a cancer scan or to have your blood pressure tested? No wonder they feel neglected. This is unacceptable and we will continue to push for greater investment in diagnostics and better access across the country. Our research also shows that only 16% of those who are eligible for life-changing asthma biologics are getting access to them – and in some areas it is as low as 2%. With the first new treatments for COPD being developed for decades, this offers hope for patients - but only if the system is able to get them to the right people in a timely way before it is too late.

Lung conditions affect 1 in 5 people, with around 12 million people in the UK having one in their lifetime. Research and innovation in lung health is growing every year, but only 2.5% of public investment in public health research goes to respiratory. We are pushing hard for this to be increased so new diagnostic tests and treatments can be made available. We are proud to have funded research into the development of new treatments for mesothelioma, bronchiectasis and severe asthma, as well as simpler and more accessible ways of diagnosing lung diseases.

Finally, we are supporting people with lung conditions across the UK to get the advice and the access to services that they need. Our Respiratory Connect programme is being piloted in Dorset to ensure people who are discharged from hospital are followed up to make sure they stay well and out of hospital. Our UPTURN project is supporting people with COPD, especially people of South Asian and Black African and Caribbean communities, to access a support package that works for all. And we have also embedded Respiratory Champions – healthcare professionals who give one day a week of their time – to engage in local system change in their Integrated Care Board (ICB) and ensure the people who have lung conditions receive the services and care they need.



The next year will be one of the most important for lung health, as the NHS 10 year plan is formed and the Tobacco and Vapes Bill seeks to take a whole generation out of tobacco dependency. We will also be campaigning for more ambitious clean air laws to make sure that we prevent lung disease and protect those with lung conditions. We are proud to lead this charity and will need the support of all of our partners to make this the time when people with lung conditions are finally heard and we get the changes we desperately need to improve their lives and the health of the nation.

A handwritten signature in black ink that reads "Sarah Sleet". The signature is fluid and cursive.

Sarah Sleet

Chief Executive, Asthma + Lung UK

Strategic report

Who we are

Asthma + Lung UK is the UK's leading lung charity, here to support the 12 million people in the UK who will have a lung condition during their lifetime. Whether it's asthma, chronic obstructive pulmonary disease (COPD) or rarer conditions like bronchiectasis and idiopathic pulmonary fibrosis (IPF), we're here to provide expert advice and support through our helpline, support groups and online health advice. We fund groundbreaking research into new treatments, and we campaign for cleaner air and better diagnosis and care so that everyone with a lung condition can live their life well.

Our strategy

For too long, lung health has been sidelined, under-treated and under-resourced. Lung conditions are the third biggest cause of death in the UK and we have the worst death rates in Europe. Hospital admissions for people with lung conditions are rising and are set to continue to rise.

Too many people are forced to breathe in toxic air, which exacerbates their existing lung conditions and causes new conditions to develop. There are also misconceptions that illnesses like asthma, bronchiectasis and COPD are not life-threatening or serious, preventing people from getting timely and effective diagnosis and treatment. And despite all this, only 2.5% of all publicly funded research in the UK is spent on finding cures and treatments for lung conditions.

12 million
people in the UK will have
a **lung condition** during
their lifetime.

Our strategy set out our plans over the five years from 1 July 2022 to tackle this and transform the nation's lung health. We've committed to doing this by:



Offering all people with lung conditions information, advice and ongoing support when they are diagnosed, and ensuring we will be there during crisis when they need us most.



Raising awareness of the seriousness of lung conditions and tackling negative attitudes that have seen lung health neglected and held back progress for so long.



Funding the best science and brightest minds to find new solutions to the biggest challenges in lung prevention, diagnosis, treatment and management – and campaigning for the government to triple its funding for UK lung research.



Campaigning for change to improve the lives of people with lung conditions, including urging government and funders to clean up air pollution, provide better access to care and tackle health inequalities. We will bring together all those affected by lung conditions to make sure their voices are heard by decision makers, and we won't stop until lung health is given the same priority as other conditions.

Through this work, and with the support of governments, funders, other charities and our incredible campaigners, volunteers and supporters, by 2027 our ambition is that:

- Public funding for lung research will have tripled to £150 million each year.
- Hospital admissions linked to spikes in air pollution and the number of early deaths linked to long-term exposure will have reduced.
- Unplanned hospital admissions and A&E visits for asthma and COPD will have dropped by 40% and 30% respectively.
- Public awareness of the seriousness of lung conditions – and signs and symptoms – will have improved.
- New methods will have been developed to diagnose lung conditions with greater accuracy and speed.

Achievements and performance

Fighting to protect lung health

The challenge

Many lung conditions could be avoided by improving the quality of the air we breathe in our communities, homes, workplaces and schools. By reducing exposure to tobacco smoke, air pollution, infection, mould and occupational hazards such as asbestos, as well as encouraging healthy lung behaviours like exercise, we can greatly reduce the chances of people developing lung conditions at all stages of life.

Tackling the scourge of tobacco

Smoking remains the number one preventable cause of death in the UK, leading to some 80,000 premature deaths each year and high rates of disability and ill health. Shockingly, smoking rates among teenagers are currently rising with some 12% of 16-17 year olds smoking, and 30% of pregnant mothers under the age of 18 smoking.

Alongside other health charities, our campaigning work to bring legislative change around access to tobacco and vaping was dramatically successful with cross-party support for a new Tobacco and Vapes Bill.

This Bill will include a law to stop children aged 15 or under from ever legally purchasing tobacco products and help them avoid the misery of lifelong addiction to nicotine, together with measures to tackle youth vaping.

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Campaigning for clean air

Asthma + Lung UK surveys people living with lung conditions regularly and whenever we ask what triggers an attack or flare-up of lung disease, they identify the impact of breathing polluted air. In our latest survey, 47% of respondents said that air pollution triggered their lung condition. We are campaigning for tighter controls for both vehicle emissions and industrial pollution and will continue to lobby the government for the introduction of a new Clean Air Bill.

During the year we celebrated the expansion of London's Ultra Low Emissions Zone to outer London, bringing the benefits of the scheme to an additional 5 million people living in the nation's capital. From the first six month impact report of the expansion, we have already seen an improvement in vehicle compliance in the target area and improvements to modelled levels of nitrogen dioxide. Additionally, in Scotland, enforcement of Low Emissions Zones in Edinburgh, Dundee and Aberdeen has commenced as planned.



Liz, Perthshire

“There are wood burning stoves in houses nearby. Every time they are on and the smoke pollutants fill the air, my bronchiectasis flares up and I begin to wheeze and cough. It upsets me as it reduces what I can do, and I can’t change that I have bronchiectasis – I can only try to prevent it getting worse.”

Fighting for earlier diagnosis

The challenge

People who have difficulty breathing often wait years for a formal diagnosis, or never receive one at all. In part, this is because society doesn't always take breathlessness seriously or consider lung problems as worthy of attention as other diseases. Ill-informed public attitudes can mean many people live with debilitating symptoms for years before they seek help. Official statistics on diagnostic waiting times are opaque and not consistently gathered across the health service. We regularly survey people with lung conditions and have found that on average it takes three years and 10 months to get a new accurate asthma diagnosis. The figures are even worse for COPD, with an average diagnosis wait of four years and 10 months.

Transforming Respiratory Diagnostics

In November 2023, in conjunction with LifeArc, Asthma + Lung UK held a workshop at the Royal Society in London. This brought together a diverse group of around 100 people including clinicians, academics, innovators and people living with lung conditions. Felicity Payne, who lives with COPD, gave an account of the impact to her life of delays in diagnosis.

→ Felicity's story

"I got a really bad lung infection when I was about 59. It wasn't just one lung infection – I had another two within that year. So I went to see my GP and she asked me if I smoked, and I said no I don't. And she listened to my chest, and she said there's no crackle, you're fine – everybody's got a cough you'll get better in summer, which I didn't think was very helpful.

"When I got the next infection, I was sent to the local hospital – and they ruled out cancer straight away. But it took another nine months before I got a diagnosis with COPD.

"The whole thing of diagnosis was awful – because you're so ill and you just couldn't get help. It was not a great time. In the future, I'd really like to see early diagnosis for people. At the moment, a lot of people are waiting for a diagnosis. The longer you leave it, the more likely you are to get your lungs more and more damaged."

The workshop resulted in a report, ***Transforming Respiratory Diagnostics: The way forward, and an action plan for the development of new tools and approaches to improve diagnosis for lung health:***

- a lung health indicator
- making diagnostic tools accessible close to home such as in GPs' surgeries and community pharmacies
- stratification tools to guide informed treatment decisions
- monitoring tools to detect and prevent exacerbations.

Asthma + Lung UK will continue to work with our partner charities to deliver the new diagnostic approaches and monitor their impact.

Helping people contacting our helpline to get a diagnosis

We support people contacting our helpline with undiagnosed lung conditions by coaching them in the best language to describe their symptoms and helping them build the courage to advocate for their needs. During the year from 1 July 2023 to 30 June 2024 our helpline service supported 1,500 people contacting us to seek a diagnosis.

Fighting for everyone with a lung condition to live well

The challenge

Too many people living with lung conditions have too few treatment options and are left to navigate the health system on their own, missing out on support they desperately need. It is wrong that people lose years of their life battling with lung conditions when they could have been living well.

We spoke to Amy, who was diagnosed as a university student with tuberculosis, an infectious lung disease. It took nearly 18 months for her to get a proper diagnosis and her story illustrates how living with a lung condition affected every part of her life. She speaks for the estimated 12 million people living in the UK with a lung condition.

→ Amy's story

"When I had tuberculosis, I felt like I was living under a big dark cloud."

Amy was studying at university when she first developed a dry, itchy cough – the first of many symptoms over a period of nine months. She visited her GP several times and was prescribed antibiotics.

"I had night sweats, felt constantly tired, and was losing weight rapidly. I also had a very noticeable cough. After several courses of antibiotics and trips to the GP, I was eventually referred to hospital where they diagnosed me with tuberculosis (TB)."

By the time Amy was diagnosed, she weighed five and a half stone, and one of her lungs had collapsed. All of her friends and family were really worried about her.

"Once I started treatment, my symptoms improved. I was able to walk short distances but still had various setbacks. I had to take a break from university, which was hard. In total, I've had three breaks from university, which meant it took me six years to finish my degree."

"While most people recover fully from TB with antibiotics, in rare cases where TB is drug-resistant you may have a transplant. I had my left lung removed in 2017, this completely changed things for me. I haven't had any hospital admissions and have had less trips to accident and emergency."

"Looking back on it now, I feel like I lost some years of my life to this disease. It really affected my mental health, and I was diagnosed with depression and anxiety. It's always in the back of my mind that I may be diagnosed with TB again."

"I feel like there is a lot of stigma associated with TB, especially about who the condition affects. During my treatment, I spoke to TB Alert and I was able to get involved with volunteering and advocacy work. I am committed to working with healthcare professionals and others with the condition to raise awareness of common symptoms."



Amy, London

“While most people recover fully from TB with antibiotics, in rare cases where TB is drug-resistant you may have a transplant. I had my left lung removed in 2017, this completely changed things for me. I haven’t had any hospital admissions and have had less trips to accident and emergency.”

Health advice

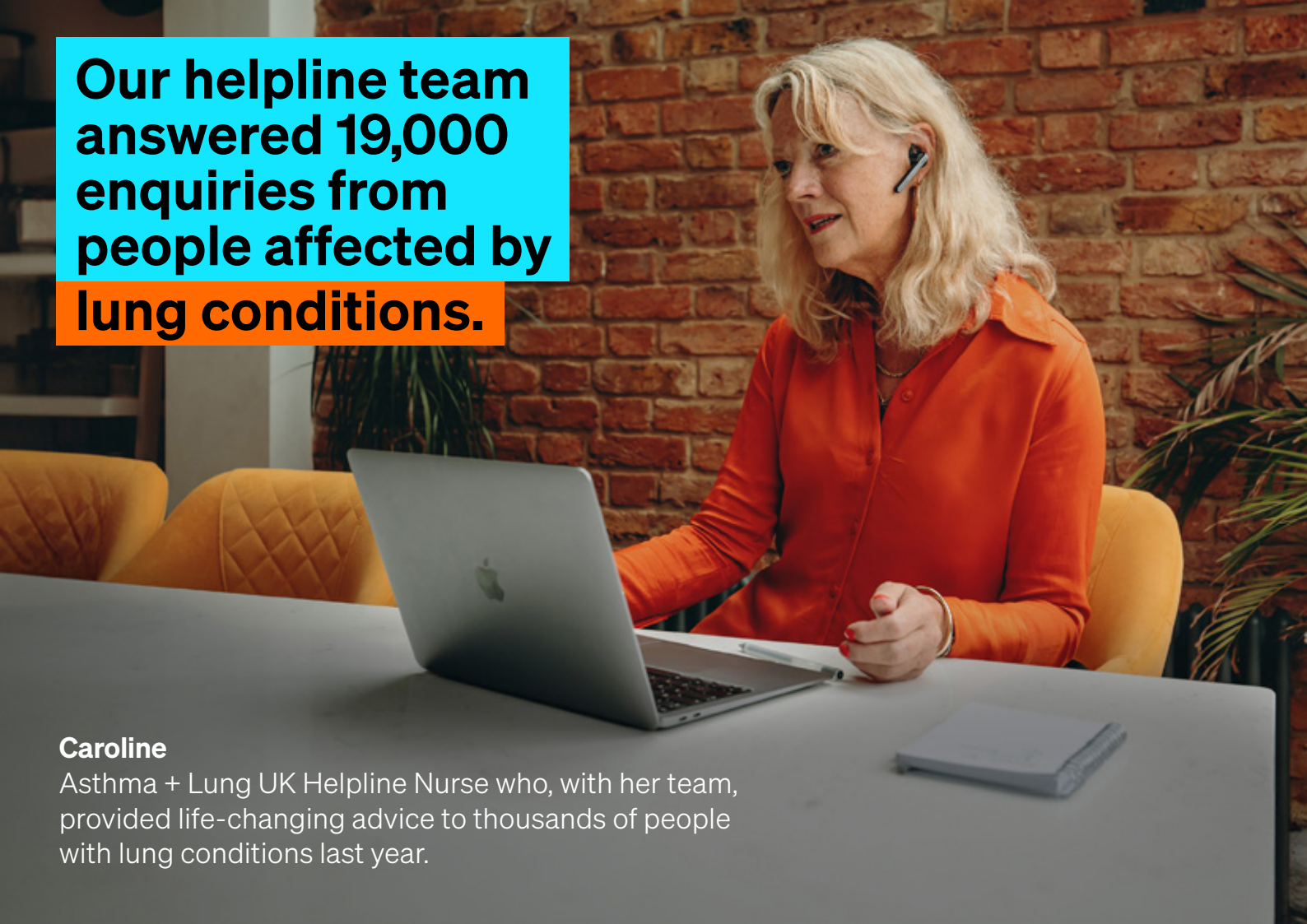
Asthma + Lung UK helps to support people living with lung conditions and empower them to manage their condition. We do this through our online health advice, including our downloadable self-management plans for asthma and COPD. These plans are available in eight different languages and in an Easy Read format, which makes the information easier to understand. During the year to 30 June 2024, the health pages on the website attracted 7.3 million hits and a total of more than 320,000 COPD and asthma self-management plans were downloaded.

Seasonal campaigns

There are key periods each year that trigger exacerbations for people living with lung conditions. Our campaigns use social media, email and press opportunities to help raise awareness of our seasonal health advice so that people can manage their condition better to stay out of hospital. In 2023-24, our flu, winter health and pollen campaigns were seen by more than 800,000 people.

Helpline

Our helpline remains a vital resource and during the year we took 19,000 enquiries. Many of the people contacting the helpline turn to us during periods of great distress. Our trained advisors listen and provide comfort to callers and, if needed, alert them that they need to seek emergency care. During the year to 30 June 2024, we advised callers to seek urgent medical attention on 220 occasions, and on 14 occasions advised them to call the emergency services directly, providing a life-saving intervention.



Our helpline team answered 19,000 enquiries from people affected by lung conditions.

Caroline

Asthma + Lung UK Helpline Nurse who, with her team, provided life-changing advice to thousands of people with lung conditions last year.

Support groups

Our online support groups range from Motivational Mondays (singing and vocal exercises tailored for lung health) to Feel Good Fridays (Zumba dance classes for every level of fitness) and condition-specific groups for people living with bronchiectasis, COPD and long COVID. All of our support groups, whether activity or information focussed, centre on helping people feel more confident and able to manage their breathlessness. We had over 2,000 people register for our online groups between 2023 and 2024. During the year, we launched the first of our new series of webinars, led by Professor James Chalmers, on bronchiectasis. This was hugely successful, reaching over 350 people and generating some great conversations about self-management of bronchiectasis.

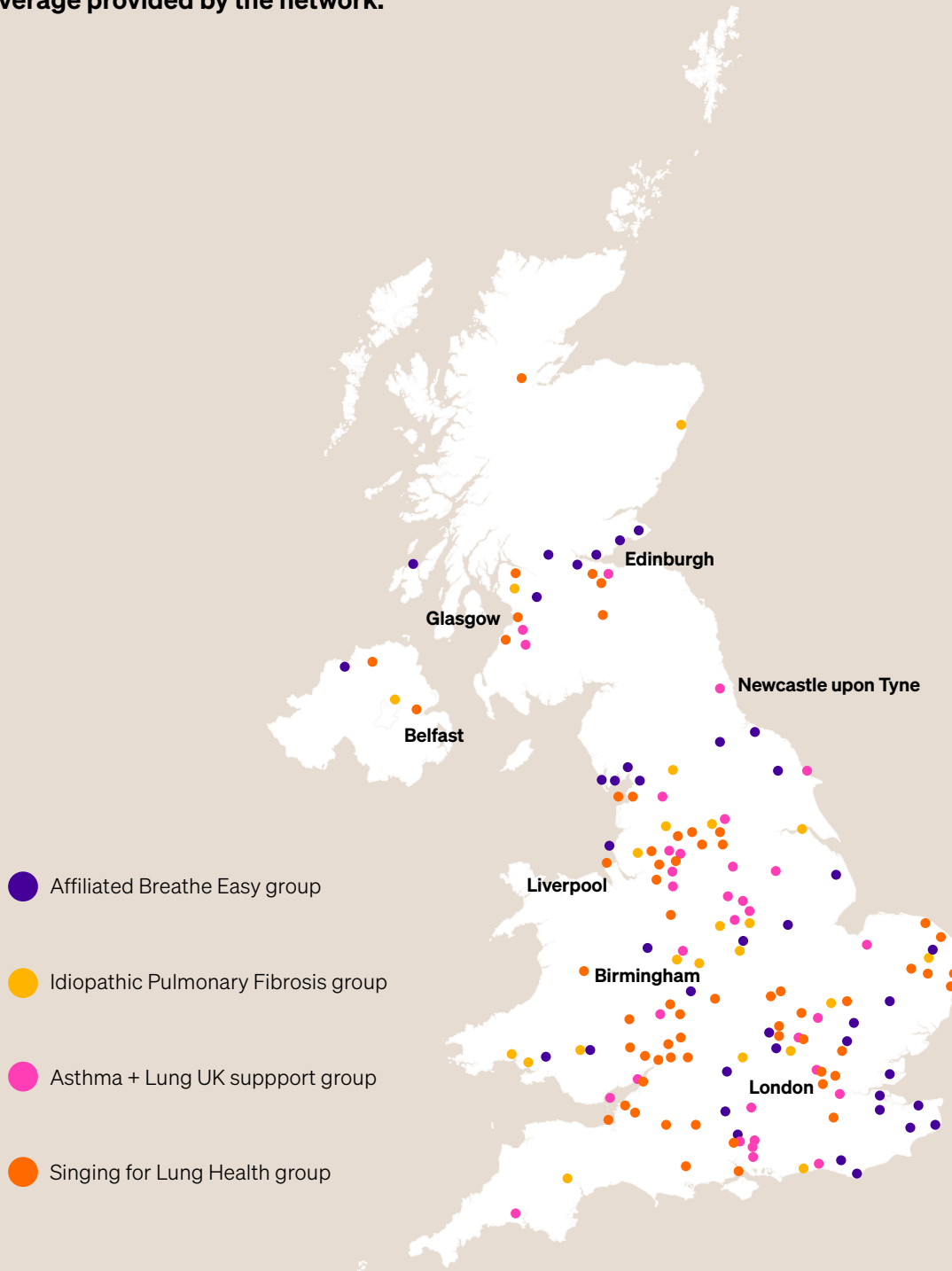
Our Parent Carer Network has been thriving online and is now looking to extend to face to face, with three local support groups on the horizon.

I really look forward to Feel Good Fridays every week, it's often the highlight of my week as I am virtually housebound due to my health conditions. Suffering from autoimmune conditions which affect all my joints and muscles as well as my lungs, the sessions do me so much good, I get extremely stiff due to having to sit up all night and I feel so much more alive afterwards and I can feel my muscles stretching and relaxing in a way it is very difficult for me to do on my own.

Chris is so full of enthusiasm it's hard not to get hooked! I've played a bit of harmonica from my teens (now aged 65) but am now determined to take it much further, despite my IPF. Playing harmonica over the last six weeks has helped me to focus on diaphragm breathing and Chris has given me the confidence to believe that I can really learn to play the blues well.



Our network of face-to-face support groups provides much needed social interaction for people living with lung conditions. Our groups aim to challenge the stigma of having a lung condition. During the year we supported 100 support groups and 70 singing for lung health groups, run by 200 volunteers, across the UK from Bonar Bridge in the north of Scotland to Plymouth in Cornwall. The map below shows the geographic coverage provided by the network.



Improving consistency in standards of care for lung health patients

In the spring of 2024, Asthma + Lung UK developed a new pilot project to work with the integrated care board (ICB) network to identify and implement best practice in respiratory care. We set up bursaries for six healthcare professionals to act as champions attached to six ICBs. We have selected people in a variety of clinical roles and a mix of ICBs, covering both urban and rural areas. After assessing the challenges faced in their area, the champions will work with key stakeholders to identify actions to improve outcomes for patients. This pilot project is at an early stage, its achievement of goals will be carefully monitored and we expect to report on its impact in the next financial period.

Fighting for life-changing research and innovation

The challenge

There has been little improvement in how we diagnose, treat, and manage lung conditions in the last 20 years. This poor progress leaves the UK falling way behind most other European countries. Research and innovation hold a vital key to changing and saving lives. But there has been insufficient attention or investment in delivering the step change that is now urgently overdue.

The economic cost of lung disease in the UK

In the summer of 2023, Asthma + Lung UK commissioned PwC to report on the true cost of lung health to the UK economy. The jointly branded report, *Investing in Breath*, was published in September 2023. PwC estimated that direct costs of lung health to the NHS were £9.6 billion in 2019 (the most recent year where statistics were available). Using tried and tested measures such as disability-adjusted life years, PwC were able to estimate the full cost to the economy as a staggering £188 billion per year.

Increased public funding of respiratory research

One of the findings from our *Investing in Breath* report is that by increasing the total investment in respiratory research to £140 million per year, this could contribute £850 million to the economy by 2030. One of Asthma + Lung UK's key priorities is to triple total spending on lung health research. UK Clinical Research Collaboration (UKCRC) publish data every four years. Their report on health data for 2018 showed that public funding for lung health has lagged behind other major conditions with just £47 million per year being spent in respiratory research – 1.8% of the total invested each year in medical research. Their next report for health data in 2022 showed an improvement with £70.5 million being spent on respiratory conditions, but this still equates to just 2.5% of the total public investment in medical research, while we believe 6% is the minimum equitable level.

**We awarded
research
grants
totalling
£2.9 million.**

Asthma + Lung UK researcher Zhara from Imperial College London at the forefront of lung health research.



Overview of our research grant programme and awards in 2023-24

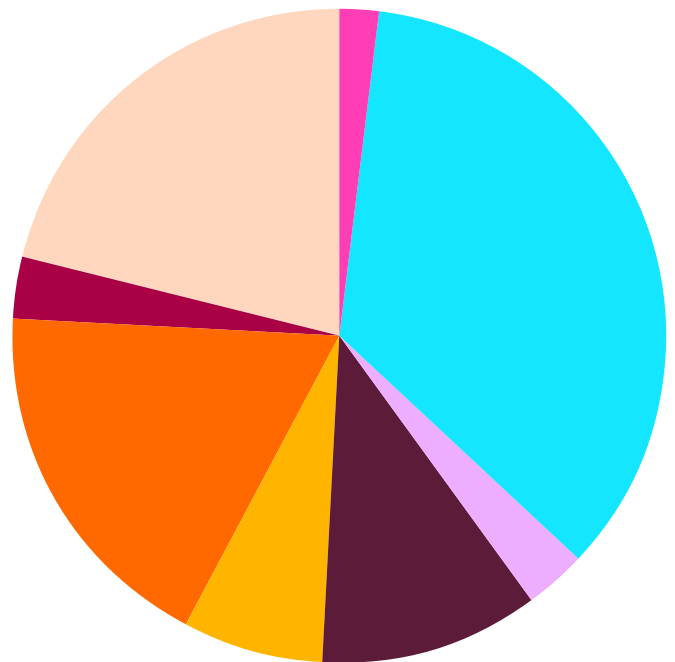
Asthma + Lung UK is, after the Medical Research Council and the Department of Health and Social Care, the third largest funder of respiratory research in the UK. We are a long-term funder and at any one time we fund multiple research projects. On 30 June 2024, we were funding a total of 55 different research projects, with an ongoing commitment to pay some £11.3 million, focusing on different aspects of diagnosis, prevention and treatment to improve the lives of people living with lung conditions. The charts below show the focus of research and the lung conditions being researched.

Number of active grants by research focus



- Prevention – 3 grants (6%)
- Diagnosis – 26 grants (47%)
- New treatments – 13 grants (24%)
- Management – 9 grants (16%)
- Other – 4 grants (7%)

Number of active grants by research area



- Asthma – 20 grants (35%)
- Bronchiectasis – 2 grants (3%)
- COPD – 6 grants (11%)
- Infections – 4 grants (7%)
- Interstitial lung disease – 10 grants (18%)
- Preschool wheeze – 2 grants (3%)
- Mesothelioma – 12 grants (21%)
- Multi-disease – 1 grant (2%)

During 2023-24, we awarded research grants committing a further £2.9 million. These awards were focused on three themes: earlier diagnosis of mesothelioma (four awards with a commitment of £970,000), career development grants to help build the UK as a powerhouse of lung research (15 awards with a commitment of £1.4 million), and a new scheme of bursaries for PhD students to encourage future research (five awards with a commitment of £130,000).

Leveraging the power of Asthma + Lung UK research funding

Becoming an Asthma + Lung UK funded researcher often opens doors for researchers to get follow-on funding from other institutions. As part of the final report of every research grant, we ask grant-holders to quantify follow-on funding directly associated and connected to the work we supported. We have analysed our research portfolio and found that our £7.6 million investment into research projects that completed during the last three years attracted £191 million of follow-on funding. In other words: these grants have attracted 25 times our initial investment in further research funding.

Developing the best and brightest minds

In March 2023, the government unveiled its plans to make the UK a science and research superpower. Asthma + Lung UK has played a part in promoting research projects led by scientists and academics just starting out, then staying in touch and providing further support as their career develops. One such researcher is Professor James Chalmers.

➔ Professor James Chalmers

Asthma + Lung UK has closely supported the career of Professor James Chalmers, now a world-leading bronchiectasis researcher. We first supported Professor Chalmers when he was working on his PhD by awarding him a £750 travel grant so he could attend a prestigious international respiratory research conference in 2011. This travel grant gave him an opportunity to present his work and network with other rising stars and established leaders in the field.



In 2017, he was awarded the position of GSK/British Lung Foundation Chair in Respiratory Research, supported with a grant of £211,000 and promoted to Professor in recognition of the importance and quality of his research. His current research investigates how to create 'lungprints' – like a unique fingerprint, but of the lungs of people affected by bronchiectasis, in the hopes of using these individual lungprints to match the right treatment to the right person at the right time.

In his career, he has published more than 350 peer-reviewed manuscripts, chaired several international guideline panels, and been recognised with numerous prestigious awards including the Mid-Career Peer Recognition Award from the American Thoracic Society.

Professor Chalmers says: "Since I began working in bronchiectasis, I've done everything I possibly can to raise the profile of the disease and to bring new investigators and scientists into the field. It's so exciting to see the progress we're achieving and it's only thanks to the donations of Asthma + Lung UK supporters."

Working with other organisations to improve lung health resources

During 2023-24, we became a founding charity member of Our Future Health, the UK's largest ever health research initiative. Our Future Health aims to recruit 5 million people from across the UK, who will provide biological specimens and lifestyle information to create a world-leading research resource. Asthma + Lung UK contribute £100,000 per year to the Our Future Health project, which enables researchers funded by the charity to access the biobank at reduced costs. Our presence and involvement in the charity steering committee allows us to influence the project to ensure that the interests of people living with lung conditions are best served.

Being an outstanding organisation

Our value-led culture

Asthma + Lung UK adopted its values at the time of the launch of the new combined brand in March 2022. Since that date, much effort has been applied to embedding the values in the organisation, with a succession of leadership seminars for all employees and fortnightly all-staff briefings that keep everyone in the charity in touch.

Our working environment

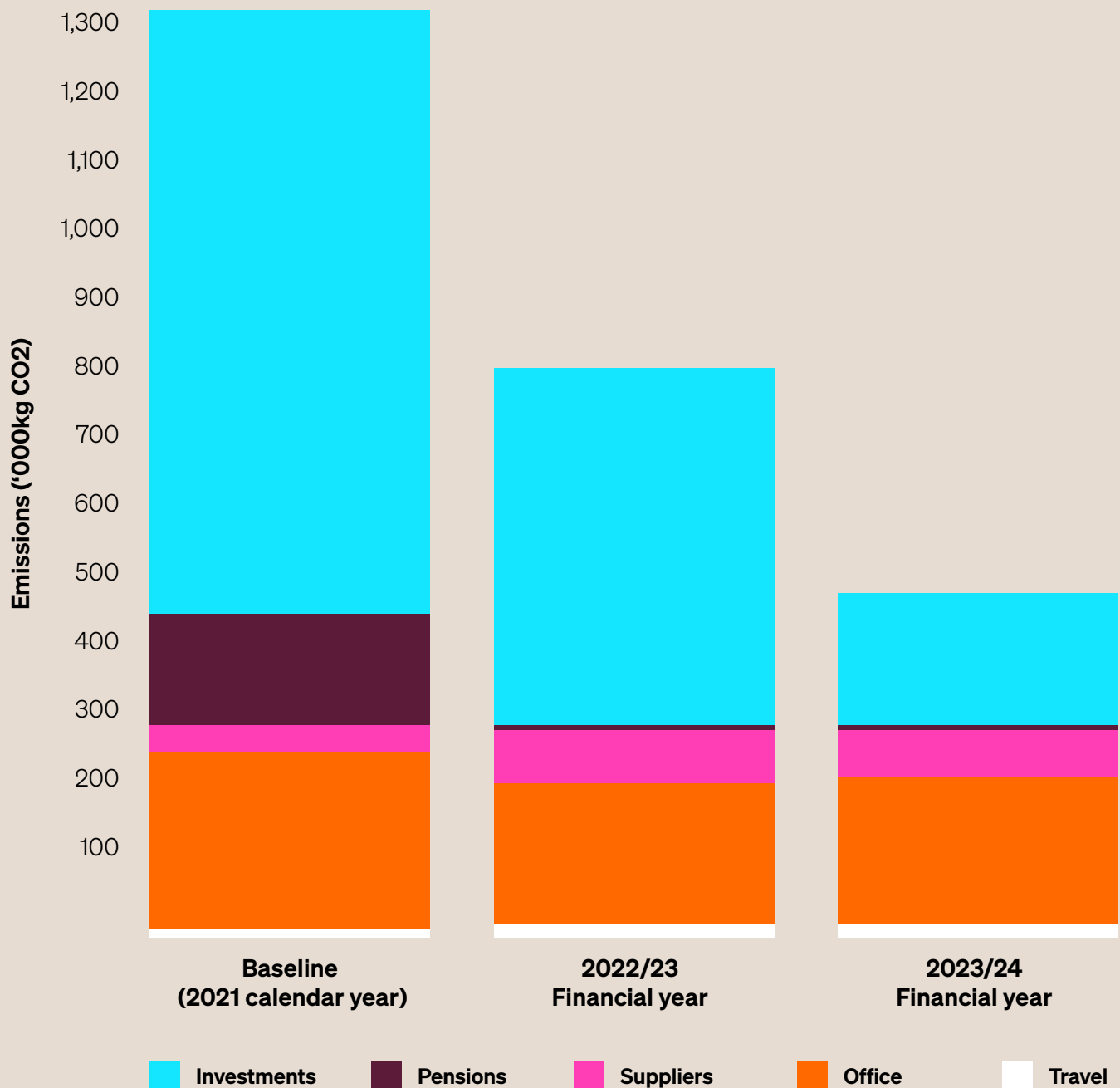
In early 2024, we were able to take advantage of a break clause in our lease for our office in Mansell Street in London to move to a better office environment at lower cost in the White Chapel Building in Whitechapel, East London. In a further development, an office held on a near-freehold basis on Goswell Road on the City fringes, which had been the former head office of the British Lung Foundation, was identified as being surplus to requirement. The property was marketed and an offer of £2.5 million accepted on 28 June 2024, shortly before the year end. The sale completed in August 2024 at the accepted offer price.

Our commitment to environmental targets

As an organisation that campaigns for lower emissions, Asthma + Lung UK set itself an ambitious target of reducing its own carbon emissions by 50% from the baseline which we measured in 2021. We applied reported emissions where available and government approved estimations where we couldn't get independent verification of the carbon footprint. We have rerun the analysis as at 30 June 2024 to chart our progress towards our target. This shows that in three and a half years we have reduced our carbon footprint by 62% from 1,280 tonnes in 2021 to 480 tonnes in 2024. The graph below shows the changing emissions in different aspects of our business.

Our journey to reducing carbon footprint

January 2021 – June 2024



Our ethical stance on investment and pensions

Much of our carbon reduction has been supported by the adoption in 2022 of an ethical investment policy which excludes investments in companies profiting from tobacco, fossil fuels and other major polluting industries. These ethical standards were also applied to the default stakeholder pension plan offered to employees.

Our volunteers

In June 2024, during the national Volunteers' Week, we held our second volunteer conference bringing together a group of 44 volunteers from across the UK, including both in-person and online attendees. The conference provided an opportunity for attendees to learn more about the eight different volunteering roles available across the organisation, including the organisation's newly developed ambassadorial and administrative flexible volunteering opportunities.



Participants at the Asthma + Lung UK Volunteer Conference which took place in May 2024.

Prize-winning volunteers

➔ Teresa Burgoyne

Teresa has made a significant impact through her leadership of the Nottingham West Support Group, part of the larger Nottingham network. This flagship group actively collaborates with others in the region to advocate for better lung health services and support for people with lung conditions.

As the main contact for the Nottingham West group, Teresa has been instrumental in fostering strong relationships with local healthcare professionals and working closely with Asthma + Lung UK to push for much-needed support for those affected by lung conditions. Beyond running the group, she is a passionate advocate for lung health in her community, spearheading initiatives to raise awareness.

Teresa's group partnered with local healthcare professionals to host a lung health awareness event at a local supermarket. The event was a resounding success, with healthcare providers conducting 27 breathing tests and referring 10 people to their GPs for further evaluations. This initiative not only raised awareness of lung conditions but also provided immediate health support for those in need.



Rebecca Boyle

Rebecca received further recognition in the local press for her efforts in raising awareness of lung conditions. A regular attendee of the charity's Patient Panel, Rebecca Boyle has significantly increased public awareness of key policy issues, furthering the charity's reach and influence.

Notably, she selflessly offered to sell her wedding dress to raise funds for the charity and supported PR efforts in Northern Ireland for World COPD Day, securing vital media coverage.

Rebecca has shared her personal story of losing her father to COPD, raising awareness of the disease and advocating for better support for those affected. She spoke courageously at several high-profile events, including the All-Party Group on Lung Health and the launch of the *Saving Your Breath* report at Stormont. Rebecca's commitment to the cause and her personal experiences have highlighted the urgent need for increased awareness, better diagnosis, and improved care for people living with lung conditions. Her advocacy continues to raise awareness of Asthma + Lung UK and supports its mission to improve lung health outcomes across Northern Ireland.



Our fundraisers

In a tough fundraising environment, we are diversifying our fundraising streams and working with new supporters. We are sincerely grateful to players of People's Postcode Lottery for supporting us this year. An incredible funding award of £500,000 raised by the players and awarded by Postcode Care Trust has helped us to be there for thousands of people affected by breathlessness.

Team Breathe had a strong showing at the 2024 London Marathon in April with more than 500 individual runners raising money for Asthma + Lung UK. It was a great celebration, and our runners raised a total of £1.3 million for people living with lung conditions across the UK - including our top fundraiser who raised an incredible £13,000. Asthma + Lung UK is grateful to every single runner who took part and raised money for us, it is thanks to them that we can continue our vital research and campaigning for lung health.

→ Electricity Northwest Limited partnership

In October 2023, we launched a new partnership with Electricity Northwest Limited to improve their services for vulnerable customers and to increase sign-ups from people living with a lung condition to the Extra Care Register. We identified the utility sector as a key area of focus for corporate partnerships given the huge scope for collaboration to upskill customer vulnerability teams in order to improve services for people living with a lung condition, in particular during the winter months.



**Over £1 million
raised at the
London Marathon
for people
living with lung
conditions.**

James, one of our Team Breathe runners, taking on the TCS London Marathon.

Taskforce for Lung Health

The Taskforce for Lung Health is a coalition of over 50 members working together to speak with one voice to improve the nation's lung health and outcomes for patients with lung disease. The Taskforce seeks to do this by influencing the government, NHS and other officials in three key policy areas – diagnosis, access to treatments and workforce.

During the last year, the Taskforce for Lung Health has commissioned HSJ Market Intelligence to create a bespoke set of publicly available respiratory data dashboards to help increase transparency and drive improvements in respiratory care. It has also advocated for the RSV vaccine to be rolled out in time for winter 2024, commissioned Digital Clinical Excellence to develop best practice guidance for online SABA inhaler prescribing amid concerns that this might be increasing SABA overuse, and united the sector to produce a principles document to help guide the development of the NHS Screening Committee's protocol for incidental findings for the Targeted Lung Health Checks.

Healthy Air Coalition

The Healthy Air Coalition is a coalition of 30 leading health, environment and transport organisations with the shared vision of a UK free from toxic air. The coalition works to influence the UK Government to act with ambition to realise the benefits of clean air for people's health, the NHS and the economy.

Over the last year, the Healthy Air Coalition has united and grown the clean air campaigning movement, produced a set of shared policy calls to ensure alignment across the clean air movement, advised the Labour Party in opposition on air pollution policy, and met with government ministers and MPs. The coalition has supported the clean air movement to successfully navigate challenging issues in our external environment, including the expansion of London's Ultra Low Emission Zone. The Healthy Air Coalition has used its convening role to bring together those fighting for clean air at all levels of seniority to discuss learnings and policy solutions, through reception events and member Chief Executive roundtables.



Our plans for 2025

On 4 July 2024, four days after the Asthma + Lung UK year end, the country went to the polls and voted in a new government. This gives Asthma + Lung UK an opportunity to lay out its agenda to a new government.

In developing our new business plan, we established a new programme approach to our work to ensure clearer alignment across our teams in delivering impact.

Prevention

Diagnosis

**Treatment
and support**

Research, data and insight

Awareness and empathy

Organisational capacity

Fighting for lung health

Our ambition is for no one to develop a lung condition that could have been prevented. We will:

Keep up the pressure to create a smokefree generation in the UK

Asthma + Lung UK wants to see an end to smoking which causes so much ill health. We will hold the government to account on the introduction of more controls on smoking. At the same time, we want to see more controls around vaping, which should only be used as a smoking cessation product.

Campaign for clean air

Asthma + Lung UK will continue to work with a broad coalition of health and environmental partners to support the clean air agenda. We will be urging policymakers in Westminster, the devolved governments and regional local authorities to commit to World Health Organisation targets for air pollution.

Work in schools in the 2024-25 academic year

Asthma + Lung UK works with schools on our Clean Air Champions project. Following the success of an air pollution monitoring pilot in London, which ran from September 2022 – March 2023, we have extended our schools work across the UK. Over the 2024-25 academic year, we will work with 200 schools. As well as offering free air pollution monitors, schools will also receive free curriculum-based learning resources, enabling students to expand their knowledge on air pollution and lung health. We are sincerely grateful to the Bupa Foundation for supporting this initiative.



Asthma + Lung UK clean air campaigners on their way to No 10 Downing Street.

Fighting for earlier diagnosis

We need to speed up diagnosis to keep people out of hospital and stop permanent damage to their lungs. We will:

1 Lobby

the new government for a commitment to quicker lung condition diagnosis.

We will lobby

for a firm commitment to a six-week maximum wait for diagnostic tests, with an aim of halving waiting lists by 2028.

2 Work

with funders and other charities to transform lung health diagnostics.

We will build

support and funding for a new diagnostics research centre.

3 Support

those in search of a diagnosis.

We will provide

advice and support to those with symptoms but still waiting for a diagnosis through our helpline and health advice web pages.



Fighting for better treatment

We want no one who has difficulty breathing to look back and think that with better care they could have had a better life. In 2024-25, we will:

Support respiratory excellence within the NHS

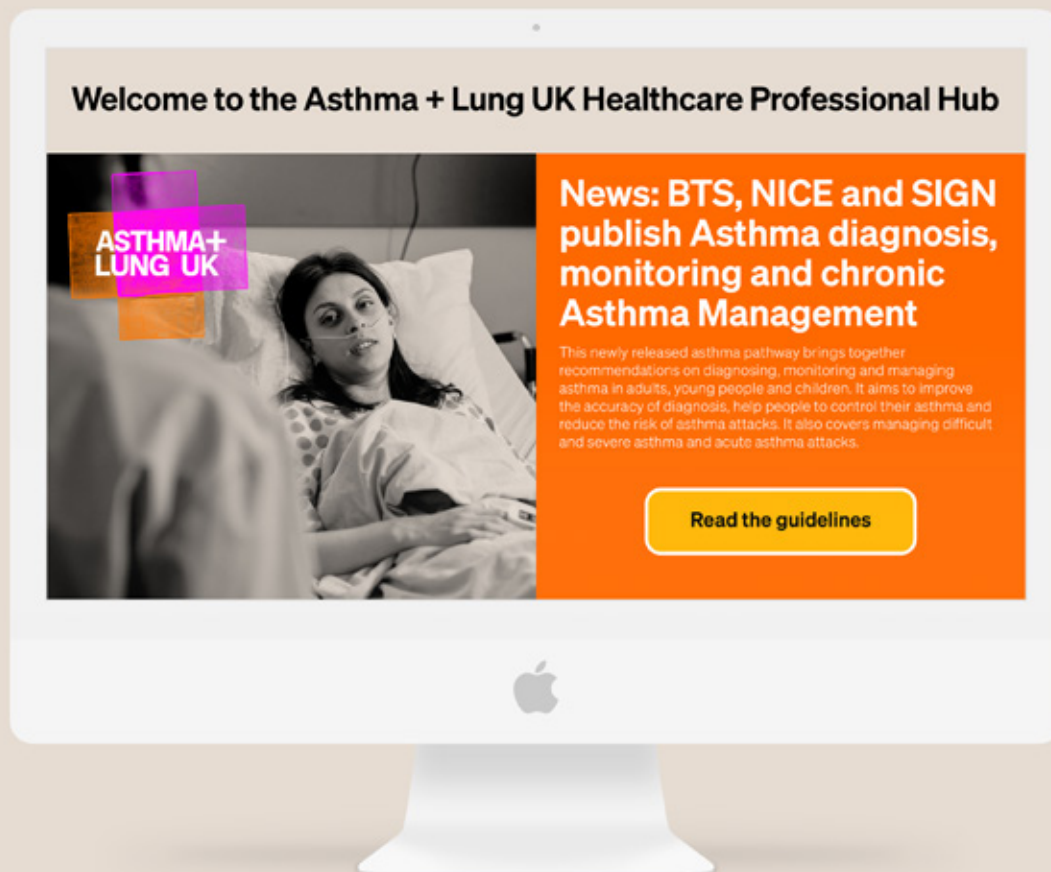
Asthma + Lung UK will continue to develop its Healthcare Professionals Hub to provide resources to NHS clinicians and help them to support people living with lung conditions. We aim to expand our work with Respiratory Champions and hope to roll out our programme of working with GPs and hospitals at points of crisis for newly diagnosed patients and those leaving hospital after a flare-up.

Improve access to pulmonary rehabilitation

Pulmonary rehabilitation includes a series of tailored lung health exercises to improve the health of people living with lung conditions. It is a simple, cost-effective and proven way of improving people's lives and also for taking pressure off the NHS. Yet access is patchy and in areas of high deprivation the service is often not available. Asthma + Lung UK will work with the network of healthcare providers and community leaders to drive up access and participation. We are a partner in the UPTURN project, a five-year study spearheaded by Addenbrookes Hospital, looking at the barriers to uptake of pulmonary rehabilitation by patients with COPD from under-represented groups.

Run impactful campaigns for winter health advice, pollen and allergens

We will work with healthcare professionals to deliver two major campaigns drawing together every element of our work to reduce hospitalisation during the winter and peak hay fever seasons. We will measure the reach and the impact of our campaigns in reducing pressure on the NHS.



We want there to be no stone unturned when it comes to finding a **treatment, cure or better way to diagnose and manage lung conditions. In 2024-25 we will:**

1 Build

the foundations for research.

We will develop agreed priorities for research on breathlessness which reflect patient priorities. We will also work with the Lung Research and Innovation Group to identify the biggest challenges on the respiratory agenda to make a compelling case for investment into a new Centre for Breathlessness Research and beyond.

2 Invest

in improving respiratory health data.

We will fund research projects on the theme of improving data and will continue to work closely with other charities and health organisations, including Our Future Health and Health Data Research UK, to make high quality data available for researchers.

3 Put

patients at the heart of research.

We will grow our Respiratory Insights Service to offer patient perspectives to innovators on self-management products and develop a support for recruitment of patients into clinical trials.

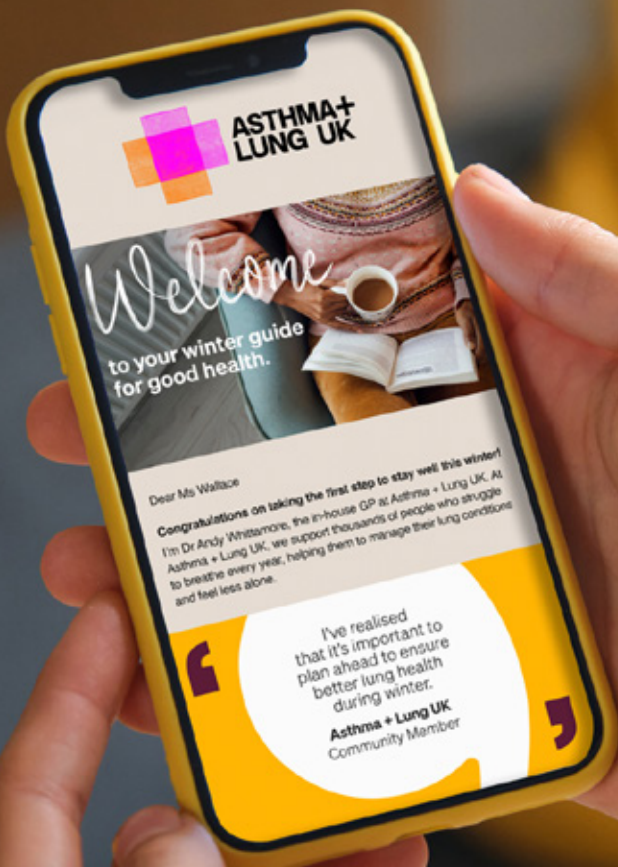
Awareness and empathy

We need to overcome the ignorance and stigma surrounding lung disease. We will build integrated campaigns which increase awareness and understanding during critical times such as the cold winter months and the summer pollen season.

Being an outstanding organisation

During 2024-25 we will accelerate the delivery of our strategy by implementing a theory of change model, reviewing and enhancing our data capture and utilisation and by updating our finance system.

We will set high expectations for fundraised income, including strategies for working with major corporate partners on multi-year funding propositions, working with our funders to ensure that their journey with us is as beneficial as possible and seeking a high-profile charity of the year opportunity.





Fiona and Ciara, London

“Having my daughter, Ciara, was the wake-up call I needed to get on top of my asthma. Ciara and I are joined at the hip. When I was hospitalised in 2015 with another asthma attack, it was quite traumatic for her. She didn’t really understand what was going on or why I wasn’t at home. I don’t want her to see me in intensive care, rigged up to monitors with tubes up my nose and needles in my arms.”

Financial review

The Trustees present their report and audited financial statements for the year ended 30 June 2024. The financial statements on pages 59 to 61 are prepared in accordance with the Charities SORP and FRS102, and comply with the current statutory requirements.

Overview

During the year to 30 June 2024 we raised £14.8 million (2022-23: £14.7 million).

During the year we spent £18.5 million (2022-23: £14.9 million).

Summary of our financial performance in the year to 30 June 2024.

	2023-24 £'000	2022-23 £'000
Total income	14,769	14,707
Total expenditure	18,498	14,944
Net spend before investment gains	(3,729)	(237)
Gain/(Loss) in value of investments	1,476	626
Gain on investment asset	915	
Net movement in funds	(1,338)	389

Overall, the net movement in funds was a decrease in total reserves of £1.3 million (2022-23: increase of £0.4 million).

Income was in line with the previous year while expenditure was higher through a combination of higher costs caused by the continuing cost of living crisis and the war in Ukraine, a 6% salary increase for our staff, investment in data and insights and one off expenditure on the office move.

How we raise our money

Asthma + Lung UK relies almost exclusively on voluntary donations and grants from individuals, trusts, corporates, and statutory bodies. The fundraising environment across all these sectors remains challenging. The breakdown of this income is shown in Note 3 to the accounts on page 66. Unrestricted income grew to £8 million from £6.6 million, whilst restricted income decreased to £6.7 million, down from £8.0 million in the previous year.

Principal fundraising activities

Income from legacies and donations:

Asthma + Lung UK is grateful for the money received from legacies and the voluntary donations made by individuals and businesses (including pharmaceutical companies). During the year to 30 June 2024 the charity received donations and legacies totalling £10.9 million (2022-23: £12.1 million).

During the year to 30 June 2024 we received a total of £4.9 million from legacies (2022-23: £5.0 million). As at 30 June 2024 we had received notification of £7.2 million future legacy income (2022-23: £5.4 million). There remain delays to the processing of probate and the subsequent distribution of funds as a result of the backlog experienced by His Majesty's Courts and Tribunals Service following the pandemic. The backlog is, however, reducing although it still remains difficult to predict the time from notification to payment.

During the year to 30 June 2024 we received donations totalling £3.8 million (2022-23: £4.8 million) from individual and corporate donors. Despite the reduction in inflation rates during the year, many of our regular givers are still facing pressure to their personal budgets leading to a reduction of £0.5 million in the amount donated. Businesses have also been struggling with higher prices and donations from corporate partners fell by £0.6 million. We are planning to invest in developing our cohort of regular givers in 2024-25 and are reviewing our in memory giving process to rebuild this income stream for future years.

Donations from supporters through community activities and events, which includes sporting challenges such as the London Marathon and the Great North Run, amounted to £1.7 million (2022-23: £1.5 million). These contributions come from a huge variety of activities undertaken and supported by thousands of people throughout the year and represent a significant achievement by individuals on behalf of the charity, many of whom are living with a lung condition themselves. We are very grateful for their efforts.

Asthma + Lung UK benefited from gifts in kind income of £0.4 million (2022-23: £0.5 million). These donations reflect the value of the Google grant programme that supports our online marketing and generous discounts on the work done for the move to our new head office.

Income from charitable activities

During the year to 30 June 2024 Asthma + Lung UK received income of £2.8 million from donations connected to our charitable activity (2022-23: £1.7 million). This includes grant income from trusts and foundations, aligned to our objectives, and from our patient insights work, a new income stream that we have developed to provide researchers with cohorts of people living with lung conditions.

Grant income includes grants received from charitable foundations connected to pharmaceutical companies. These awards are made in strict compliance to the Association of British Pharmaceutical Industry (ABPI) code of conduct, that specifically forbids any benefit from these grants for the pharmaceutical company behind the foundation. During the year to 30 June 2024 Asthma + Lung UK received funding of £0.7 million from these foundations (2022-23: £0.3 million). In line with the ABPI Code of Conduct our financial transactions with pharmaceutical industries are disclosed in the table below.

ABPI Pharma	Purpose	22/23 Amount	23/24 Amount
AstraZeneca UK Ltd	MART Action Plan 2023-24		67,000.00
AstraZeneca UK Ltd	Respiratory Champions Programme		110,000.00
AstraZeneca UK Ltd	Taskforce for Lung Health 2024		55,000.00
AstraZeneca UK Ltd	Taskforce for Lung Health Year 6	50,000.00	
Chiesi Ltd	BRAND FEE - Chiesi COPD Hubs		
Chiesi Ltd	Chiesi COPD Hubs		35,756.00
Chiesi Ltd	Respiratory Voices Network Advert	100.00	
Chiesi Ltd	Taskforce for Lung Health 2024		55,000.00
Chiesi Ltd	Taskforce for Lung Health Year 6	50,000.00	
CSL Seqirus	Flu Vaccination Awareness Campaign	10,000.00	20,000.00
CSL Seqirus	Taskforce for Lung Health Year 5	40,000.00	
GSK	GSK OCS Survey		7,776.00
GSK	Taskforce for Lung Health 2024		55,000.00
GSK	Taskforce for Lung Health Year 6	50,000.00	
Pfizer Ltd	Taskforce for Lung Health		60,000.00
Pfizer Ltd	Winter Lung Health Campaign	25,000.00	
Sanofi	COPD Roadshow - A+LUK Brand Fee		90,000.00
Sanofi	Flu Vaccination	25,000.00	
Sanofi	Taskforce for Lung Health Year 2024		55,000.00
Sanofi	Taskforce for Lung Health Year 6	25,000.00	
Takeda UK Ltd	Taskforce for Lung Health Year 6	10,000.00	
Total		285,100.00	706,532.00

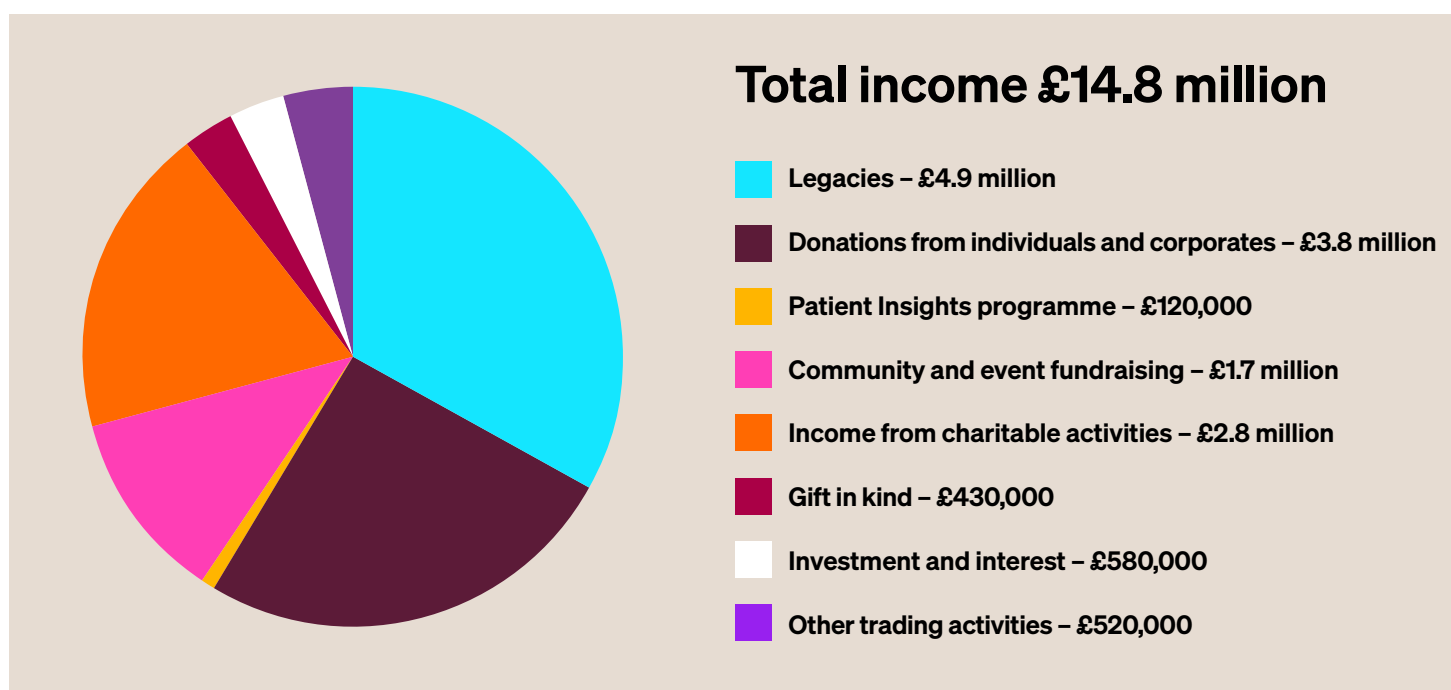
During the year to 30 June 2024 we received income of £0.1 million from our patient insights programme (2022-23: £0.1 million). This work allows researchers to test new products and interventions with people living with lung conditions, ensuring that the patient voice is heard on new innovations in the field of lung health and that research remains grounded.

Income from trading activities

During the year to 30 June 2024 Asthma + Lung UK received trading income of £0.5 million (2022-23: £0.4 million). This relates to corporate sponsorship, sales of lottery tickets and sales merchandise through our online shop. Trading activities are managed through ALUK Trading Limited (Company number 02341027). Asthma + Lung UK wholly own the share capital of the subsidiary. All profits are transferred to the parent charity under the company gift aid scheme. The results of the trading company are consolidated in the accounts, its performance is shown in Note 4 on pages 67-68.

Income on investments and interest on cash deposits

Total income from investments and interest in the year to 30 June 2024 was £0.6 million (2022-23: £0.6 million).



How we spent our money

Total resources expended were £18.5 million (2022-23: £15 million). This increase represents an increase in charitable expenditure of £3.3 million and an increase in the cost of generating funds of £0.3 million. Support costs now include engagement costs, which were previously included in the cost of generating funds, and we have restated the 2022-23 cost in Note 7c to align our prior year comparisons. This movement increases support costs by £1.2 million in the 2022-23 restated accounts and £1.3 million in 2023-24. Notes 5 to 7 on pages 68-70 of this report provide an analysis of our expenditure.

Charitable expenditure

In the year to 30 June 2024 Asthma + Lung UK spent a total of £14.3 million (2022-23: £11.1 million restated), including new grant awards of £3.4 million (2022-23: £1.9 million). The increase in charitable expenditure was driven by extra expenditure on new research grants plus payments made to Our Future Health and Health Research Data UK to fund their work in researching data on lung conditions.

Staff costs increased because of the 6% pay increase across the organisation.

Our charitable spend focussed on three broad programmes of charitable activity:

- Research: research grants and activity related to the administration of the grants
- Improving care: our policy and campaigning work
- Advice and support: patient-facing services, such as our helpline, WhatsApp service and online health advice.

Expenditure on improving care was £4.2 million (2022-23: £3.4 million). This increase was driven by planned increasing campaigning activities and the establishment of a Healthcare Professionals Hub to support NHS staff working in respiratory care.

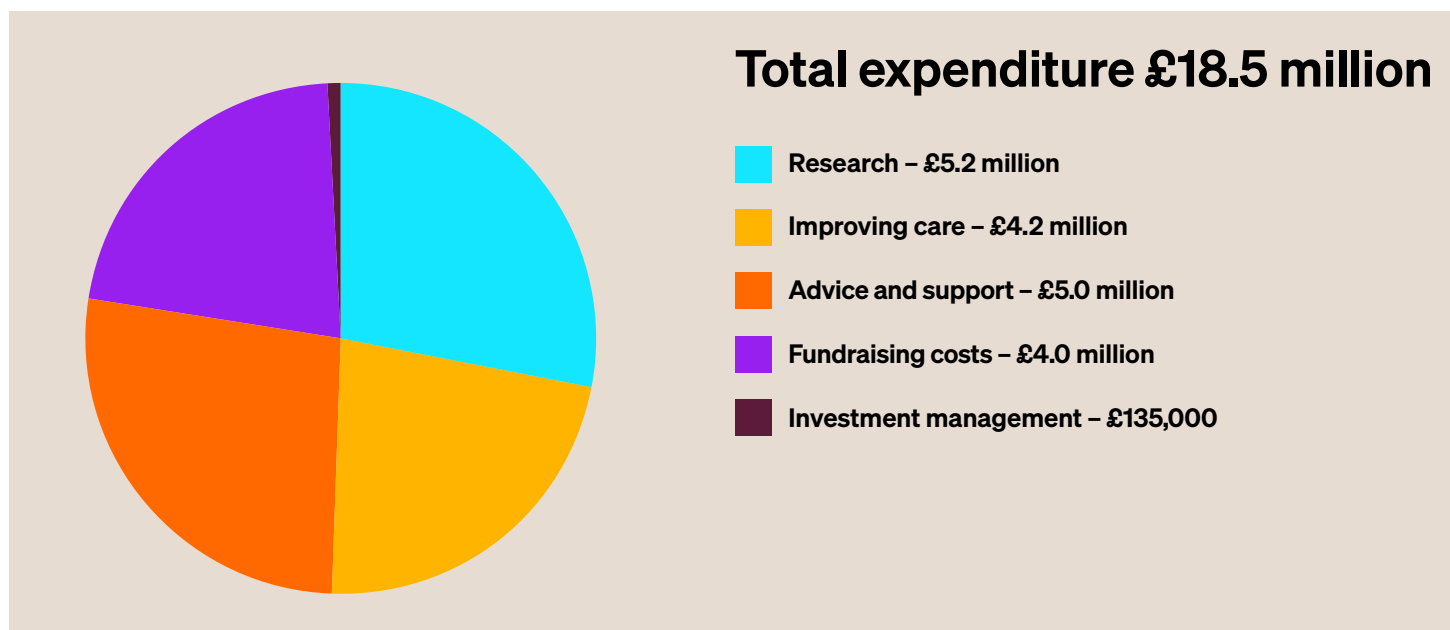
Expenditure on advice and support was £5.0 million (2022-23: £4.5 million). This increase was driven by staff costs and inflationary pressure on print and media products.

Expenditure on improving care was £4.2 million (2022-23: £3.4 million). This increase was driven by planned increasing campaigning activities and the establishment of a Healthcare Professionals Hub to support NHS staff working in respiratory care.

Expenditure on advice and support was £5.0 million (2022-23: £4.5million). This increase was driven by staff costs and inflationary pressure on print and media products.

Costs of generating funds

In the year to 30 June 2024 Asthma + Lung UK spent £4.0 million (2022-23: £3.7 million restated) on generating funds.



Support and governance costs

During the year to 30 June 2024 Asthma + Lung UK incurred support costs of £6.9 million (2022-23: £5.4 million). During the year a new centralised Data and Insight team was formed to help develop robust evaluation and data quality processes. This together with the reclassification of engagement costs, one-off costs incurred during the head office move and the staff salary increase led to an increase of £1.5 million. Support costs include the costs of running the governance, finance, people, IT support, project management and facilities functions, including costs of data and insight and engagement activities. Support costs are allocated on the basis of spend (excluding the value of grants awarded) to the other categories. Details of the allocation are to be found in Note 7 on pages 69-70 to this report.

Balance sheet

The full balance sheet can be found on page 60 of this report and Note 18: Statement of Funds on pages 76-78 provides detail on specific fund types. As at 30 June 2024 total net assets stood at £12.2 million (30 June 2023: £13.6 million).

Endowments and restricted funds stood at £4.8 million (30 June 2023: £7.7 million). This difference is as a result of higher expenditure driving a larger reallocation of restricted income to support all lung conditions. Further explanations are in the reserves section below.

Designated and unrestricted funds stood at £7.4 million (30 June 2023: £5.9 million). The Trustees had set up designated funds for accelerating fundraising (£0.25 million) and research (£0.75 million) at the start of the financial year. These designated funds were closed at the end of the year with the unspent portion being reclassified as unrestricted.

The designated fund for the investment property was stated at £1.6 million at 30 June 2023, following a professional valuation. An offer of £2.5 million was received on 21 June 2024 on the investment property, the sale concluded at the offer price in late August 2024. As a consequence the designated fund as at 30 June 2024 has been uplifted to £2.5 million.

The designated fund for fixed assets includes the capitalised costs of fixtures and fittings, IT equipment and leasehold improvements. The value of this fund stood at £1.6 million at 30 June 2024 (30 June 2023: £1.1 million). The difference is largely attributable to the refurbishment of a new head office.

Investments

The Finance + Audit Committee, which reports to the Board of Trustees, monitors the activities and performance of the investment managers on a regular basis.

The charity's aims in investing its funds continue to be to:

- produce the best financial return within an acceptable level of risk
- maintain the capital value of our investments in real times over a 3–5-year cycle
- hold sufficient liquid funds to meet short-term funding requirements.

Investments are invested in pooled funds and the Finance + Audit Committee monitors each fund's performance annually and compares with industry benchmarks to ensure the funds remain appropriate for the charity's investments. During 2023-24 we completed the transfer of all our investments to a single fund manager, CCLA, that specialises in managing investments for churches, charities and local authorities and leaves them committed to socially responsible investments.

Investment performance

The movement on investments is shown in Note 12. Total gains in investments for the year were £1.5 million (2022-23: gain of £0.6 million). The move to a single fund manager resulted in a realised gain. Our target for investments was CPI+5% once all investments were moved to a single fund manager. The transfer was completed in October 2023 and performance has been an increase of 9% from October to June 2024. A further sale of some investments resulted in an additional gain. The investment performance across the year continued its positive progress, albeit modestly. Our reserves are held in investments to support our research grants liabilities. Prior year positive cash inflows enabled us to leave our reserves untouched. Lower cash inflows in 2023-24, however, meant that we released some investments to support our cash management.

Reserves

How we manage our reserves

Asthma + Lung UK holds money in reserves to ensure it can continue to be there for everyone with a lung condition. It also holds reserves required to meet its commitments and obligations. The charities SORP sets out four broad categories of reserves:

- Unrestricted: funds which we can use to fulfil any part of our charitable mission.
- Restricted: funds which have some form of condition attached specifying how they can be spent. For example, this may be a restriction relating to a particular lung condition, or it may relate to a specific project that a donor has generously agreed to fund.
- Endowment: restricted funds which are held for a long-term benefit, from which income can be generated and spent.
- Designated: funds which the Trustees have set aside for some specific purpose which are not included in our assessment of free reserves. This includes our fixed asset reserve, which reflects the value of the charity's fixed assets.

Our reserves picture is more complicated than for some charities. As the UK's only charity for all lung conditions, we serve a broad range of conditions and sometimes we are given money that is restricted to a particular condition. This is particularly the case for asthma, and that's partly because of our history as two separate charities that came together to form Asthma + Lung UK. We also receive funds for other conditions like COPD.

These donations fulfil our core charitable purpose and are akin to unrestricted reserves in that sense, so we group them together with unrestricted free reserves as core reserves. This simplifies our management of reserves, whilst ensuring we comply with our donors' wishes. This excludes project-specific restrictions which have their own spending criteria.

In June 2022, to recognise our move to a single name and brand, the Trustees considered our approach to managing our reserves and agreed an updated reserves policy effective from 1 July 2022.

In Note 18 to the accounts on page 75, we've set out the full picture of our reserves, and we've also added a table showing which reserves are included in our calculation of core reserves.

In order to keep our management of reserves as simple as possible and to avoid unnecessary administration costs, we account for all general expenditure as unrestricted expenditure. We then apportion a reasonable share of these costs to the various restricted core funds, and make transfers between the funds to reflect this. To do this, we have used a combination of the prevalence of each condition and demand for our charitable services, and we will apportion costs as follows:

Proportionate share of common costs

Condition	Percentage share (nearest 5%)
Asthma	55%
Bronchiectasis	5%
Childhood wheeze	10%
COPD	10%
COVID-19 and Long COVID	10%
Infectious diseases (including COVID-19)	5%
Interstitial lung diseases (e.g. IPF)	5%

The apportionment of costs continues to appear as fund transfers and is visible in our accounts. Where there are insufficient funds to cover the share of costs, we reduce any available balance to zero and don't seek to redistribute any shortfall.

Our reserves policy

Our reserves policy and calculation methodology is based on Charity Commission best practice as set out in CC19 and is designed to ensure the charity can continue its charitable work despite fluctuations in income and investment performance. This has become particularly relevant given the economic volatility of recent years, through the impact of COVID-19, the rising cost of living and the war in Ukraine, on both our ability to fundraise and the value of our investments.

Our policy is also designed to ensure we can meet our commitments in relation to research grant funding and reduce the impact in the unlikely event that the charity had to close.

We set a minimum level of reserves and an upper target, and our aim is that the total of all core reserves falls within this range. Core reserves are defined above.

The required level of free core reserves is calculated using the following steps:

- a requirement to hold reserves to mitigate income risk
- a reduction to reflect expenditure which would be stopped quicker in the event of a close-down, such as investments in new fundraising
- a requirement to hold reserves to partially mitigate investment volatility, based on historic movements over three years (based on the performance benchmark data for the funds), adjusted for the proportion of total reserves held in investments at the last balance sheet date
- a specific provision for future research activity planned from our core funds, discounted to reflect estimated specific fundraising to backfill reserves
- a discount to the unrestricted target to reflect the property held by the organisation on a near-freehold basis, based on an estimate of a portion of the asset that could easily be made liquid in an emergency
- a small working capital requirement of one month of expenditure, adjusted as with step four, added to provide an upper limit to the target.

Based on our 2023-24 budget and assessment of the risk factors above, our Trustees recommend a range of between £5.1 million and £5.9 million in free core reserves.

Our reserves at the end of the financial year

At the end of the year, the charity held total funds of £12.2 million (2022-23: £13.6 million). Excluding endowment funds, restricted funds and funds designated for specific purposes, the charity held £3 million of uninterested funds being our free reserves. This is currently £2 million below our free reserves minimum target: however, the sale of the Goswell Road premises in August 2024 has restored free reserves to within the target range.

Note 18 to the financial statements sets out the breakdown of our various funds. The stated figure for total non-asthma restrictions of £1.2 million is net of a deficit balance on one restricted fund. Excluding this fund, the total is £1.8 million. The deficit balance of £0.6 million relates to the GSK Chair Fund, which has an associated endowment fund; a Note explaining the deficit position and the plan to address it can be found in the section on endowment funds, on pages 76-77. Our current level of core reserves is £1.5 million below our minimum reserves requirement.

Financial position at the end of the year and outlook

At the end of the reporting period the net movement in funds was a deficit of £1.3 million (2022-23 net gain of £0.4 million). The result of the sale of the investment property concluded in August 2024 and the sum achieved, £2.5 million, has been added to our investment portfolio and will be used in part to replenish reserves.

Going concern

The financial statements are prepared on a going concern basis, and Trustees consider that the charity will remain a going concern for at least the next 12 months.

Our plans for 2024-25 included a planned small deficit on core funds. The sale of our investment property at £2.5 million post year end will bring our core reserves to £5.9 million, which is within our target range, which is assessed on an annual basis with reference to the following year's plan and budget.

Whilst we do predict that income will grow in 2024-25, with budgeted total income of £16.4 million, of which £15.4 million is expected to be core income, it is increasingly difficult to accurately predict many forms of income. As a result, our reserves policy includes holding a portion of reserves to allow for shortfalls in income. The charity's fundraising income remained broadly stable between 2022-23 and 2023-24 after excluding two significant reductions in restricted income relating to mesothelioma research, and at the point of signing these accounts, indications show that our financial performance in 2024-25 is stable.

Higher costs and the one-off expenditure on the head office move seen in 2023-24 will be mitigated by the planned restructure of the support functions during 2024-25 following the period of transformation after the merger. These factors taken together lead the Board of Trustees to conclude that the charity is a going concern and will remain a going concern for at least the next 12 months.

Fundraising governance and regulations

Participation in fundraising regulation and our compliance with the code

We value the support of every one of our donors and work hard to ensure that our fundraising activity is open, legal and fair. We work with the Fundraising Regulator and the Chartered Institute of Fundraising to make sure our fundraising activities operate to the highest standards. We proudly adhere to the Code of Fundraising Practice and our Fundraising Promise is posted on our website. We never sell contact data and our supporters can change their communication preferences at any time.

How we protect vulnerable people

Every donor is an individual with a unique background, experiences and circumstances – and every interaction between a fundraiser and donor is different. We require all staff to follow best practice guidelines for dealing with vulnerable people and our Policy for Fundraising with Vulnerable Supporters is available on our website. We constantly review best practice guidance on protecting individuals at risk and have updated our self-exclusion from gambling process to safeguard the wellbeing of individuals. We continuously look to ensure we appropriately act to protect potentially vulnerable people whilst also protecting the reputation of the organisation and its employees.

We comply with the Chartered Institute of Fundraising guidance, set out in Treating Donors Fairly. We also require our staff, and any agencies contacting members of the public on our behalf, to comply with guidelines provided by the Data and Marketing Association and the Public Fundraising Regulatory Association. These guidelines do not cover children and young people under the age of 18, and we do not actively seek donations from them.

How we monitor fundraising activities by third parties

We work with a variety of third parties to raise money, including commercial participators and professional fundraisers. We expect all third parties who work with us to meet the same high standards as our own fundraisers and have contracts in place to ensure this. This year, we continued to employ a telephone agency to call people on our behalf. We provided guidance to their staff and monitored calls regularly to ensure they represented the organisation appropriately.

Complaints

Asthma + Lung UK received five direct fundraising complaints this year. We have not received any complaints through the Fundraising Regulator. We take all complaints seriously and the Supporter Care Team have responsibility for ensuring that complaints about the organisation are recorded and handled appropriately. In all cases we aim to resolve or acknowledge receipt within five working days, and our Fundraising Complaints Procedure is easily found on our website.

FPS requests

The Fundraising Preference Service (FPS), run by the Fundraising Regulator, is aimed at providing people with the means to stop direct marketing from specific charities without having to contact them directly. Asthma + Lung UK received 14 of these requests in the period from 1 July 2023 to 30 June 2024.

Risk and uncertainties

The Board has ultimate responsibility for the management of risk and they have delegated the responsibility to the Finance + Audit Committee to oversee the charity’s risk management strategy and process. The risk register is reviewed regularly by the Committee and key risks are highlighted on a risk heat map. Risks are then discussed at every Board meeting.

A formal risk management policy and framework has been adopted to ensure there is a shared understanding of risks and how they can be managed. The risk register is used to ensure identified risks have suitable mitigations in place, the risk appetite is understood and to highlight any additional controls to reduce the risk further. It is reviewed by the Executive Team who discuss changes to the risk register at a monthly meeting. Project risks are managed within the Project Management toolkit and escalated to the Executive Team or the Finance + Audit Committee as appropriate.

The key risks and uncertainty are set out in the table along with mitigation and future actions.

Risk	Mitigation	Future actions
<p>Being unable to respond to changes in our beneficiaries’ needs</p> <p>Failure to fully understand the changing needs of our beneficiaries could lead to an inadequate response to increased or changing demands and consequent reduction in levels of engagement with people living with lung conditions.</p>	<ul style="list-style-type: none"> • Five-year strategy places the needs of people with lung health issues at the heart of our activities • Information acquired through helpline and support group sessions • Engagement with the Respiratory Voices network • Results of surveys into the needs of people living with lung conditions 	<ul style="list-style-type: none"> • Roll-out of our programme to increase our contact with the newly diagnosed and people leaving hospital • Projects to increase access to pulmonary rehabilitation
<p>Failure to uphold standards for clinical and research governance</p> <p>Failure to deliver consistent programmes that are compliant with best clinical governance, and evidence the impact of our activities, could lead to the loss of funding opportunities.</p>	<ul style="list-style-type: none"> • Compliance to AMRC best practice guidelines for giving research funding • Employment of professionally qualified nurses for our helpline • Recording and review of helpline calls supporting continual professional development • Evaluation procedures built into programme work 	<ul style="list-style-type: none"> • Delivery of an enhanced EDI plan to increase our reach to minority groups • Continuing checking of qualifications and competencies of staff and volunteers

Risk	Mitigation	Future actions
<p>Unable to attract and retain talented staff</p> <p>Failure to recruit and retain a strong and robust workforce, including employees and volunteers, could impact our ability to deliver our ambitions for our beneficiaries. This may include a failure to embed an inclusive workplace culture.</p>	<ul style="list-style-type: none"> • People and Governance Committee • Values built into performance management process • Staff Forum • Whistleblowing policies and procedures • People policies and procedures 	<ul style="list-style-type: none"> • Benchmarking of benefits packages • Implementation of talent management strategy
<p>Failure to raise enough income or manage our resources to maximise their value</p> <p>Failure to raise enough income to deliver our annual business plan. Failure to manage the impact of inflation on operating costs causing unbudgeted deficit. Failure to respond to loss in values of investment assets leading to a reduction in our reserves.</p>	<ul style="list-style-type: none"> • Finance + Audit Committee review performance against budget and forecast • Reserves Policy • Executive Team monitoring delivery of strategic objectives and income pipelines • Budget aligned to annual business plan and strategy • Regular robust reforecasting 	<ul style="list-style-type: none"> • Implement new approaches to data to enhance both beneficiary and supporter journeys. • Increased investment in key fundraising roles
<p>Lack of research funding affects delivery of our research work</p> <p>Less investment and reduced capacity in research and innovation could reduce the volume of research, weaken academic workforce/institutions/collaborations and delay discovery and clinical trials, stalling new knowledge and innovation that could benefit people with lung disease.</p>	<ul style="list-style-type: none"> • Work with AMRC and other medical charities to amplify the message and raise awareness of lack of investment • Invest in proven research and innovation funding influencing models • Review funder strategies for co-funding opportunities 	<ul style="list-style-type: none"> • Increase our own research funding over the coming years • Influence others through research calls to action, to leverage our own funds so that even greater sums are spent overall

Risk	Mitigation	Future actions
<p>Influencing and communications</p> <p>Failure to effect change on behalf of beneficiaries in a complex external environment or failure to deliver against our policy priorities could lead to poorer delivery of care, lack of progress on public health including clean air and worsening health outcomes for people with lung disease.</p>	<ul style="list-style-type: none"> • Launch of new brand to support the strategy • Founder member of the Healthy Air Coalition working with other charities to support clean air campaigning • Professional communications team ensure consistency and accuracy of messages • Dedicated public affairs team working with Westminster politicians and devolved governments to raise awareness of lung conditions and their impact 	<ul style="list-style-type: none"> • Development of relationships with government elected in July 2024 • Working, through the Healthy Air Coalition, to reach grassroots organisations and extend work in schools • Continuing to run the secretariat for the Taskforce for Lung Health to bring together key partner organisations to speak with one voice on lung health
<p>Cyber attack</p> <p>Loss of operational ability and loss of data caused by a cyber attack on charity systems</p>	<ul style="list-style-type: none"> • Cyber activity monitored by a Cyber Security Centre • Annual penetration testing and implementation of arising actions • Systems designed to withstand attacks and managed by a Managed Service Provider 	<ul style="list-style-type: none"> • Development and testing of an enhanced Cyber Security Incident Plan • Accreditation of computer security to the Cyber Essentials Plus standard
<p>Ethics and integrity</p> <p>Failure to act in the best interests of our beneficiaries, or failure to comply with all applicable legal and regulatory requirements could lead to decreased engagement with people with lung disease, loss of funding opportunities and regulatory censure.</p>	<ul style="list-style-type: none"> • Compulsory e-learning for new starters including UK GDPR, cyber-security, safeguarding, EDI and health and safety. • Internal information governance group to approve changes to data and cyber processes. • Ethical fundraising and investment policies, aligned to Fundraising Regulator standards 	<ul style="list-style-type: none"> • Monitor and report on achievement of ESG agenda

Trustees' report

Structure

Asthma + Lung UK (the Charity) is a company limited by guarantee (registered company number 01863614 in the United Kingdom and 005851F in the Isle of Man) and is a charity registered and regulated by the Charity Commission in England and Wales (Charity number: 326730), the Office of the Scottish Charity Regulator in Scotland (Charity number: SC038415) and the Attorney General of the Isle of Man (Charity number: 1177).

The Charity's constitutional document is its Articles of Association which sets out the charitable objectives. These are:

- the relief of persons suffering from diseases of the chest and lungs, to include, on a continuing basis, asthma, and the prevention of those diseases;
- the promotion of medical research into the prevention, treatment, alleviation and cure of those diseases and the dissemination of the useful results of such research for the benefit of the public and the promotion of post-graduate training and the creation of fellowships, hospitals, medical centres and research institutes; and
- the provision of care, support, services and information for persons suffering from those diseases.

The Charity is governed by a Board of Trustees chaired under powers defined in the Memorandum and Articles of Association which was last updated in March 2022. The Board of Trustees may number between five and fifteen Trustees. On 1 July 2023, ten Trustees were in post; on 30 June 2024, thirteen Trustees were in post.

Three Trustees were appointed during the period 1 July 2023 to 30 June 2024. John Hannaford joined in August 2023 and was confirmed as the Chair of the Finance and Audit committee in June 2024. Professor David Lomas joined in January 2024 and Dr Tom Hodson in April 2024.

The Board is supported by two sub-committees: the Finance + Audit Committee and the People + Governance Committee.

The day-to-day running of the Charity is the responsibility of the Executive Team, led by the Chief Executive.

Asthma + Lung UK has two active subsidiary companies:

- Asthma Enterprises Limited (registered company number 02355314), and
- ALUK Trading Limited (registered company number 02341027).

Each subsidiary is a wholly owned independent company with a board of directors. The companies are used for trading activities and gift their profits, with Gift Aid, to the parent charity. More details on the subsidiary companies are available in Note 4 to the financial statements on pages 67-68. During the period 1 July 2023 to 30 June 2024 Asthma Enterprises Limited was made inactive and all trading transactions now run through ALUK Trading Limited.

Asthma + Lung UK cooperates closely with other charities with aligned objectives providing the secretarial support to two charitable consortia:

- Taskforce for Lung Health, see page 26
- Healthy Air Coalition, see page 26

Under these arrangements, each charity operates independently to achieve our common goals.

Governance

The Board

The Board of Trustees may have a minimum of five and up to fifteen Trustees. Trustees may serve for up to two terms of four years. Retiring Trustees may be re-elected but no Trustee can serve more than two consecutive terms unless the Trustees decide there are exceptional circumstances.

Two honorary roles exist, Vice Chair and Treasurer, that the Trustees may appoint from their number for a term of office as they see fit.

Trustees receive no remuneration other than for expenses incurred as Trustees. Trustee indemnity insurance is in place for the protection of the Trustees.

Committees

The Board is supported by two committees to which it delegates certain authorities. The committees work to their terms of reference, which is approved by the Board and reviewed periodically.

Finance + Audit Committee

The Finance + Audit Committee meets at least four times a year. It reviews and makes recommendations to the Board on:

- finance, including budgets and management accounts
- risk management
- audit and statutory reporting
- investments
- capital projects
- customer complaints and feedback.

People + Governance Committee

The People + Governance Committee meets at least twice a year. It reviews and makes recommendations to the Board on:

- Trustee nomination and recruitment
- benefits for employees
- health and safety
- safeguarding
- employee and volunteer-related complaints and feedback.

Research Review Panel

Members of the panel are invited independent experts who meet to review grant applications and make recommendations to Trustees and inform and review progress against the research strategy. A full list of members who attended panels in 2023-24 is provided on page 56 of this report.

Trustee appointment and induction

The Board completes a self-assessment regularly against the Charity Commission Governance Code, last updated in September 2023. This information is used to inform the brief for the appointment of new Trustees. During the period 1 July 2023 to 30 June 2024 the Trustees engaged the audit firm, Price Bailey, to complete a review of governance arrangements. This was delivered in March 2024 and the Board has overseen the implementation of the recommendations made in the report.

To ensure that roles are advertised as broadly as possible, the early stages of recruitment up to the shortlisting of candidates is managed by an external recruiter. New Trustees are proposed by the People + Governance Committee and formally appointed by the Board.

New Trustees are given an induction tailored to their role, including meeting with relevant staff and senior management team members, historical information including Board and Committee minutes and strategic plans. Each Trustee is given information on their legal duties and invited to attend external Trustee training events funded by the charity. On appointment, each Trustee completes a register of interests, which is reviewed annually and agrees to abide by the Charity Commission's Governance Code and the charity's own Code of Conduct.

Short biographies for all serving Trustees can be found on our website:
asthmaandlung.org.uk/about-us/our-leadership-team

Pay and benefits for key staff

Remuneration for the Chief Executive and Executive Team is set, maintained and reviewed by the People + Governance Committee. Senior staff salaries are benchmarked to the midpoint of two publicly available Charity Remuneration surveys.

Trustees are unpaid but are reimbursed reasonable expenses incurred in their duties.

Public benefit

The Trustees confirm that they have referred to the information in the Charity Commission's guidance on public benefit when reviewing Asthma + Lung UK's aims and objectives, in planning activities, and setting policies and priorities for the year ahead.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have elected to prepare the financial statements in accordance with FRS102 and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards and applicable law). Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable company and the group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities SORP
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that Asthma + Lung UK will continue in operation.

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

The Trustees confirm that:

- so far as each Trustee is aware, there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all the steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the charitable company's auditor is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website.

The Trustees are members of the charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

Auditors

Crowe LLP was reappointed as the charitable company's auditors during the year. The Trustees' annual report has been approved by the Trustees on 10 December 2024 and signed on their behalf by



A handwritten signature in black ink, appearing to read 'Tamara Ingram' with a stylized flourish at the end.

Tamara Ingram, OBE

Chair of Trustees, Asthma + Lung UK

Signed on behalf of the Board of Trustees of Asthma + Lung UK

Independent auditor's report

Opinion

We have audited the financial statements of Asthma and Lung UK for the year ended 30 June 2024 which comprise the Group Statement of Financial Activities, the Group and Charity Balance Sheets, the Group Cash Flow Statement and Notes to the Financial Group Statements, including a summary of 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 30 June 2024 and of the group's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006.

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 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 trustee's 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.

Opinions 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 49, 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. 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 and The Charities and Trustee Investment (Scotland) Act 2005, with the Charities SORP (FRS102) 2019. 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 the General Data Protection Regulation (GDPR) and employment 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 income legacy, grant and trading income, income collected by 3rd parties and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Finance and Audit Committee about their own identification and assessment of the risks of irregularities, agreeing income to contracts or other supporting evidence on a sample basis, testing on the posting of journals, reviewing accounting estimates for biases, reviewing any regulatory correspondence with the Charity Commission and the Scottish Charity Regulator (OSCR), 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. 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, for our audit work, for this report, or for the opinions we have formed.

Julia Poulter

Senior Statutory Auditor

A handwritten signature in black ink, appearing to read 'JPoulter', with a stylized flourish above the letters.

For and on behalf of Crowe U.K. LLP

Statutory Auditor

London

Date: 12 December 2024

Related parties

The Trustees maintain a register of interest and related party declaration is completed annually. Conflicts of interest are declared at the beginning of every Board and Committee meeting and any conflicts of interest are managed in accordance with the Articles of Association.

Asthma and Lung UK is a member of the Taskforce for Lung Health and provides the secretariat for this group. We are members of the Association of Medical Research Charities and maintain close links to the British Thoracic Society, Primary Care Respiratory Society UK and other professional respiratory societies and patient charities. We are a member of the Richmond Group and we are also a member of the UK Lung Cancer Coalition, the Global Lung Cancer Coalition, the Common Cancers Coalition, the Smoke Free Action Coalition, and the Healthy Air Coalition, which we also provide the secretariat for. In the charity sector, we are a member of the National Council of Voluntary Organisations.

A number of Trustees and senior management sit on other respiratory health committees and programme boards and the charity is involved in initiatives across the UK.

In 2021-22, after a tender process managed by an external specialist, we selected a digital company, TPX Impact, to deliver our new website which is connected to one of our Trustees. The Trustee was recused from all or any discussion on the performance of the contract.

The same digital company, TPX Impact, associated with our Trustee, is providing support for the new website, therefore we have continuing financial relationship with the company and we have disclosed the values of these as related party transactions. Further detail is available in Note 21 of the Accounts, pages 78-79.

Membership of the Research Award Panel

Core members

Professor Andres Floto, University of Cambridge
Professor Clare Lloyd, Imperial College London
Professor Najib Rahman, University of Oxford
Dr Shamil Haroon, University of Birmingham
Dr Nicola Heron, Medicines Discovery Catapult
Phil Taverner, lay member
Roberta Hobbs, lay member

Mesothelioma panel

Professor Daniel Murphy, University of Glasgow
Dr Katie Finegan, University of Manchester
Dr Astero Klampatsa, Institute of Cancer Research, London
Professor Karen Brown, University of Leicester
Dr Alastair Greystoke, Newcastle University
Professor Gareth Griffiths, University of Southampton
Dr Crispin Hiley, University College London
Professor Ed Hollox, University of Leicester
Jude Irvine, lay member

PhD bursary awards

Professor Janelle Yorke, University of Manchester
Dr Anna Murphy, University Hospitals of Leicester NHS Trust
Dr Enya Daynes, University Hospitals of Leicester NHS Trust
Professor Nicola Roberts, Edinburgh Napier University
Felicity Payne, lay member

Early careers starter grants

Professor Amelia Shoemark, University of Dundee
Professor Liz Sapey, University of Birmingham
Dr Lynne Prince, University of Sheffield
Dr Nicholas Hannan, University of Nottingham
Dr Ireti Adejumo, University of Nottingham
Malcolm Ginever, lay member

We are extremely grateful for the continued support from our donors, supporters, campaigners, volunteers and those people who have left us a gift in their will. A special thank you must go to our Patron and our Presidents for their unstinting support.

Major donors

Victor Dahdaleh Foundation

Trusts and statutory

Sport England
Bupa Foundation
The Peacock Charitable Trust
Robert Luff Foundation Limited
The Michael Uren Foundation
Clean Air Fund
Impact on Urban Health
Medical Research Council
Players of People's Postcode Lottery

Corporate partnerships

Lucas	NiQuitin / Perrigo
Nutricia	Thales
Catalina Services Ltd	Electricity North West
Irwin Mitchell	

Pharmaceutical

Chiesi	Mallinckrodt
GSK	Pfizer
AstraZeneca	IPAC
Sanofi	
Seqirus	

We would not be able to continue our work without your support.

THANK YOU!

Financial statements

Group Statement of Financial Activities

for the 12 months to 30 June 2024 (incorporating consolidated income and expenditure account)

	Notes	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	30 June 2024 Total funds £'000	30 June 2023 Restated total funds £'000
Income from:						
Donations and legacies		6,806	4,100	–	10,906	12,062
Charitable activities		269	2,488	–	2,757	1,673
Other trading activities		482	41	–	523	377
Investments		465	95	23	583	595
Total income	2 (b), 3	8,022	6,724	23	14,769	14,707
Expenditure on:						
Expenditure on raising donations and legacies	7a–7c	3,959	57	–	4,016	3,723
Investment management costs		94	28	13	135	135
Total expenditure on raising funds		4,053	85	13	4,151	3,858
Net incoming resources available for charitable application		3,969	6,639	10	10,618	10,849
Charitable activities:						
Research	7a–7c	2,707	2,498	–	5,205	3,198
Improving care	7a–7c	3,629	562	–	4,191	3,422
Advice and support	7–7c	4,646	305	–	4,951	4,466
Total expenditure on charitable activities		10,982	3,365	–	14,347	11,086
Total expenditure	7a–7c	15,035	3,450	13	18,498	14,944
Net income/(expenditure) before investment gains		(7,013)	3,274	10	(3,729)	(237)
Gains/(losses) on investments funds	12	1,531	(147)	92	1,476	626
Gains on investment assets	13	915	–	–	915	–
Net income/(expenditure)		(4,567)	3,127	102	(1,338)	389
Transfers between funds		6,107	(6,107)	–	–	–
Net movement in funds		1,540	(2,980)	102	(1,338)	389
Reconciliation of funds:						
Fund balances brought forward at 1 July 2023		5,866	4,191	3,494	13,551	13,162
Net movement in funds		1,540	(2,980)	102	(1,338)	389
Fund balances carried forward at 30 June 2024	18	7,406	1,211	3,596	12,213	13,551

Prior year split between unrestricted and restricted appears in Note 24.

There are no unrecognised gains or losses other than those disclosed above. All of the results derive from continuing activities in the period.

The accompanying Notes are an integral part of this statement of group financial activities.

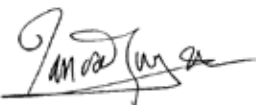
The deficit determined under the Companies Act 2006 is £1,467k (2022/23: £286k deficit).

Balance sheet

as at 30 June 2024

	Notes	Consolidated		Charity	
		30 June 2024 £'000	30 June 2023 £'000	30 June 2024 £'000	30 June 2023 £'000
Fixed assets					
Intangible assets	11	704	900	704	900
Tangible assets	11	939	173	939	173
Investments	12	15,767	17,943	15,867	18,043
Property held for Investment	13	2,515	1,600	2,515	1,600
Total fixed assets		19,925	20,616	20,025	20,716
Current assets					
Stock		28	27		
Debtors	14	1,878	1,705	1,990	1,733
Cash at bank and in hand		3,475	3,399	3,265	3,253
Total current assets		5,381	5,131	5,255	4,986
Creditors					
Amounts falling due within one year	15	10,107	9,528	10,081	9,482
Net current assets/(liabilities)		(4,726)	(4,397)	(4,826)	(4,496)
Total assets less current liabilities		15,199	16,219	15,199	16,220
Creditors falling due after more than one year	16, 17	2,986	2,668	2,986	2,668
Net assets		12,213	13,551	12,213	13,552
Represented by:					
Funds					
Endowment funds		3,596	3,494	3,596	3,494
Restricted funds		1,207	4,191	1,207	4,191
Designated funds – fixed assets		1,644	1,073	1,644	1,073
Designated fund – property held for investment		2,515	1,600	2,515	1,600
Designated funds – Research Accelerator Fund			750		750
Designated funds – Fundraising Accelerator Fund		244	250	244	250
Unrestricted funds		3,007	2,193	3,007	2,194
	18	12,213	13,551	12,213	13,552

The annual Trustees' report and accounts including notes 1 to 25 were approved and signed on their behalf by the Trustees on 10 December 2024.



Tamara Ingram
Chair



John Hannaford
Chair of the Finance & Audit Committee

Group cash flow

for the 12 months ended 30 June 2024

	Notes	30 June 2024 £'000	30 June 2023 £'000
Cash flow from operating activities:			
Net cash provided by operating activities	(a)	(3,138)	(1,414)
Cash flow from investing activities:			
Dividends and interest from investments		583	595
Cash rebate on investment management fees		23	–
Purchase of tangible fixed assets		(886)	(171)
Purchase of intangible fixed assets		–	(637)
Proceeds from sale of investments		15,807	5,621
Purchase of investments		(12,313)	(5,885)
Increase of cash held in investment portfolio		1	162
Net cash provided by/(used in) investing activities		3,215	(315)
Change in cash and cash equivalents in the reporting period			
		76	(1,729)
Cash and cash equivalents at the beginning of the reporting period			
		3,399	5,128
Cash and cash equivalents at the end of the reporting period	(b)	3,475	3,399
Notes:			
Net income for the reporting period		(1,338)	389
Adjustments for:			
Depreciation charges		120	80
Amortisation of intangible fixed assets		196	48
Gains on investments funds		(1,476)	(626)
Gains on investment assets		(915)	–
Investment management fees		135	135
Dividends and interest from investments		(583)	(595)
(Increase)/decrease in stock		(1)	(5)
(Increase)/decrease in debtors		(173)	(35)
Increase/(decrease) in creditors falling due within one year		579	1,247
Increase/(decrease) in creditors falling due in more than one year		318	(2,052)
(a) Net cash provided by/(used in) operating activities		(3,138)	(1,414)
(b) Analysis of cash and cash equivalents			
Cash in hand		3,475	3,399

Notes to the group financial statements

for the 12 months ended 30 June 2024

1. Charity information

Asthma and Lung UK is a company limited by guarantee (registered number 01863614 England & Wales; 005851F Isle of Man), which is a public benefit entity and registered as a charity (charity number 326730 England & Wales; SC038415 Scotland and 1177 Isle of Man), and domiciled in the UK. The address of the registered office is The White Chapel Building, 10 Whitechapel High Street, London E1 8QS.

Asthma and Lung UK was formed from the merger of Asthma UK and the British Lung Foundation on 1 January 2020. Upon the merger the charity became known as the Asthma UK and British Lung Foundation Partnership while it maintained two separate outward facing charity brands. On 28 February 2022 we re-launched the charity under our new name and brand.

To facilitate this merger of equals, the Trustees of Asthma UK resolved to donate the net assets of the charity at fair value to the British Lung Foundation, which renamed itself to reflect the merged charity's focus. The merged charity took on responsibility for all assets and liabilities previously held by Asthma UK. Excluding endowment and restricted funds, the remaining net assets were treated as restricted in line with the pre-merger objects of Asthma UK. A restricted fund for asthma was created, into which any general income raised under the Asthma UK identity was paid. We continue to receive generous donations restricted to asthma which are also paid into that fund, and as a multi-condition charity, the same principle applies to donations received for other conditions such as COPD.

These restricted funds are grouped together with unrestricted funds to allow efficient internal management. They are used for direct charitable activity related to each condition, and an equitable share of general charitable activity and charity running costs, as well as the costs of generating income. Note 17 shows the detail of transfers between restricted core funds and the unrestricted fund to reflect this use. Our Trustees' Annual Report sets out the approach to managing these funds in more detail.

2. Accounting policies

(a) Basis of preparation

The accounts (financial statements) have been prepared in accordance with the Charities SORP applicable to charities and the public benefit entities accounting under FRS 102, preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015. The accounts are prepared under the historical cost convention, with the exception of quoted investments and property held for investment which are stated at market value.

Basis of consolidation

The financial statements have been consolidated to include the results of the charity's subsidiaries using the equity line by line method. Transactions and balances between the charitable company and its subsidiaries have been eliminated through the consolidated financial statements. No separate statement of financial activities for the charity has been prepared for the Charity alone as permitted under Section 408 of the Companies Act 2006.

Included in the group results are income of £14,487k (2023: £14,547k); expenditure of £18,347k (2023: £14,886k); investment gains of £2,391k (2023: gains of £626k) and a net decrease in funds of £1,338k (2023: £390k increase) resulting from activities of the Charity.

The particular accounting policies adopted by the Board of Directors have been applied consistently and are described below.

Going concern

The Trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The planned deficit was to facilitate the activities in year and to lay down the foundation for planned activities in 24/25. The key judgements that the charitable company has made, which have a significant effect on the accounts, include estimating the liability from multi-year grant commitments. The Trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

(b) Income

All incoming resources are included in the statement of financial activities when the group is legally entitled to the income, the amount can be measured with reasonable accuracy and its receipt is probable. When income is received in advance of providing goods or services, it is deferred until the group becomes entitled to the income.

Residuary legacies are recognised when all the three criteria below are met:

1. Establish entitlement – entitlement to legacies is taken as the earlier of the estate accounts being approved or cash received.
2. Where receipt is probable – the charity is aware that probate has been granted.
3. The amount is measurable – in practice this could come from final estate accounts, cash received or correspondence from executors/solicitors confirming an amount to be distributed.

Pecuniary legacies are recognised on probate.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

For both government grants and grants received from other sources, income is accounted for as the charity earns the right to consideration by its performance. Where the grant is received in advance of performance its recognition is deferred and included in creditors. Where entitlement occurs before the grant is received, it is accrued in debtors.

Gifts in kind are recognised at reasonable estimates of their gross value to the charity or the amount actually realised. Gift in kind in Note 3 largely relates to free ad words provided by Google which has been predominantly used to promote health messaging around asthma management.

Investment income includes dividends and interest but excludes realised and unrealised investment gains and losses.

(c) Expenditure

Expenditure is classified by reference to specific activity categories, so that all direct costs relating to a specific activity have been aggregated. Expenditure on raising funds comprise the costs associated with attracting voluntary income, the costs of trading for fundraising purposes and the costs directly attributable to managing Asthma and Lung UK's investments. The costs of these activities also include expenditure of an indirect nature necessary to support them.

Liabilities in respect of research grants, senior research fellowships and professorial chairs are recognised at the point at which the grant is awarded which is when the future commitment represents a constructive obligation. Where a grant may run for more than one year the entire obligation is recognised at the time of the initial award, although disbursement of the funds may be made in subsequent accounting periods.

(d) Allocation of support costs

Support costs, which include general functions such as general management, payroll administration, budgeting and accounting, information technology, human resources and finance are separately analysed and then allocated across the categories of charitable expenditure, governance costs and the costs of generating funds.

Governance costs relate to general running of the charity and include audit fees, legal advice for Trustees, costs associated with constitutional and statutory requirements and costs associated with the strategic management of the charity.

The basis of allocation of support costs are reviewed regularly and are explained in detail in Note 7(b). The basis of the cost allocation has been explained in the Notes to the accounts.

(e) Pension costs

Asthma and Lung UK operates two defined contribution pension schemes for its employees depending on historical contractual arrangements. Contributions to the scheme(s) are charged to the Statement of Financial Activities when incurred.

(f) Depreciation

Depreciation is provided to write off the cost of fixed assets over their estimated useful lives on a straight-line basis at the following rates:

Long leasehold property	over 50 years
Leasehold improvements	over the duration of the lease
General office equipment and furniture	over 5 years
Fixtures, fitting and furniture specific to buildings	over the duration of the lease
Computer hardware	over 3 years
Intangible fixed assets – software	over 3 to 5 years

Tangible and intangible fixed assets are stated at cost less accumulated depreciation/amortisation or any provision for impairment. Individual items under £2,000 are not capitalised.

(g) Fund accounting

The company maintains four types of funds. General unrestricted funds are funds available for use at the discretion of the Trustees in furtherance of the general charitable objectives. Designated unrestricted funds are monies set aside by the Trustees from unrestricted funding for specific purposes. Restricted funds are funds subject to specific conditions imposed by donors. The purpose and use of the designated and restricted funds are set out in the Notes to the financial statements. At the year-end any fund deficits are maintained only when the Trustees are of the opinion that such deficits will be eliminated by future committed giving or income generated from investments. Income and expenditure on these funds are shown as restricted in the SOFA and analysed into the main components in Note 18.

For internal management purposes, we group together our unrestricted general funds and a number of restricted funds which relate to our core purpose and are akin to general funds. The largest of these is the restricted fund for asthma. We call these core funds; whilst not a fund type under the definition of the SORP, it helps us separate the funds from more specific restricted funds, for example those held for project activity. This allows us to minimise the cost and impact of managing these funds, by apportioning an equitable share

of costs according to the prevalence of each condition and demand for our services. This includes charitable activity, as well as support costs and the costs of generating funds. The details of how we manage these funds are set out in the Trustees' Annual Report, which also sets out how we set a target level of reserves with reference to the total of core funds. Note 18 includes an additional table showing the movement in core funds over the year.

Endowed funds are funds to be held permanently, where a donor specifies only income arising from a donation can be used and the income may also be restricted towards a particular purpose although their constituent assets may change from time to time.

(h) Operating leases

Rentals under operating leases are charged on a straight-line basis over the term of the lease or until the next review date if earlier.

(i) Taxation

The charity is a registered charity and is exempt from taxation on its income and gains to the extent that they are applied to its charitable purposes. The charity's subsidiaries (Asthma Enterprises Limited, and ALUK Trading Limited) have not incurred a tax charge in the period due to its policy of paying its taxable profits to the charity under Gift Aid. Asthma and Lung UK is registered for VAT and has partial exemption in respect of its trading activities.

(j) Judgements and estimates

In the application of the charity's accounting policies, which are described in Note 1, Trustees are required to make judgements, estimates, 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. In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year. The principal accounting policies, as set out above, have all been applied consistently throughout the year and the preceding year.

(k) Financial instruments

Financial assets and financial liabilities are recognised when Asthma and Lung UK becomes a party to the contractual provisions of the instrument. All financial assets and liabilities are initially measured at transaction price (including transaction costs). Asthma and Lung UK only 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 their settlement value.

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Creditors and provisions are recognised where Asthma and Lung UK has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due. Investments are held at fair value at the balance sheet date, with gains and losses being recognised within income and expenditure. Investments in subsidiary undertaking is held at cost less impairment.

Financial assets comprise cash at bank and debtors, excluding prepayments, as set out in Note 14. Financial liabilities comprise all creditors as set out in Notes 15 and 16. At the balance sheet date the Group held financial assets at fair value through income or expenditure of £5,004k (2023: £4,764k) and financial liabilities at amortised cost of £13,093k (2023: £12,196k).

3. Income

	Group unrestricted funds £'000	Group restricted funds £'000	Group endowment funds £'000	2024 Total funds £'000	2023 Group funds £'000
Income from donations and legacies					
Legacies	2,518	2,389	–	4,907	5,036
Donations from individuals and corporates	2,135	1,616	–	3,751	4,793
Donations from trusts	87	36	–	123	220
Donations from community and events fundraising	1,636	59	–	1,695	1,512
Gifts in kind	430	–	–	430	501
	6,806	4,100	–	10,906	12,062
Income from charitable activities					
Grants	208	2,452	–	2,660	1,548
Patient Insights	61	36	–	97	125
	269	2,488	–	2,757	1,673
Income from trading activities					
Corporate income	88	–	–	88	50
Income from gaming	193	–	–	193	228
Sale of merchandise and health advice resources	201	41	–	242	99
	482	41	–	523	377
Income from investments					
Income from investment portfolio	410	95	23	528	557
Interest from cash deposits	55	–	–	55	38
	465	95	23	583	595
Total income	8,022	6,724	23	14,769	14,707

4. Trading activities of subsidiaries

At the start of the financial year, Asthma and Lung UK had two wholly owned trading subsidiaries: Asthma Enterprises Limited and ALUK Trading Limited (formerly BLF Services Limited). During the year to 30 June 2024 the assets and liabilities of Asthma Enterprises Ltd (Company number 02355314) were transferred to ALUK Trading Ltd in advance of closing the company leaving the charity with the one wholly owned trading subsidiary.

Asthma Enterprises Limited

Asthma Enterprises Limited, a subsidiary, is registered in England and Wales (Company number 02355314) and its share capital is wholly owned by the charity and is consolidated in these accounts. The company is responsible for the generation of income through various commercial activities for the financial benefit of the charity. There has been no trading activities in Asthma Enterprises Limited since 30 June 2022 and all assets have been transferred to ALUK Trading Ltd.

Summarised financial results for the year ending 30 June 2024 and the financial position at 30 June 2024 dates for Asthma Enterprises Limited, were:

	12 months to 30 June 2024 £'000	12 months to 30 June 2023 £'000
Operating results:		
Turnover	–	–
Cost of sales	–	–
Gross profit	–	–
Administrative expenses	–	(2)
Net profit for the year before gift aid donation to the charity	–	(2)
Interest received	1	1
Gift aid donation to the charity	–	–
Net profit for the year	1	(1)
Loss c/fwd	(1)	–
	–	(1)
Balance sheet		
Current assets	–	111
Creditors: amounts falling due within one year	100	(12)
Net assets	100	99
Share capital	100	100
Retained profit/(loss)	–	(1)
Shareholders' funds	100	99

4. Trading activities of subsidiaries (continued)

ALUK Trading Limited

ALUK Trading Limited, a subsidiary, is registered in England and Wales (Company number 02341027) and its share capital is wholly owned by the charity and is consolidated in these accounts. The company is responsible for the generation of income through various commercial activities for the financial benefit of the charity.

Summarised financial results for the year ending 30 June 2024 and the financial position as at 30 June 2024 of ALUK Trading Limited, were:

	12 months to 30 June 2024 £'000	12 months to 30 June 2023 £'000
Operating results:		
Turnover	281	160
Cost of sales	(111)	(38)
Gross profit	170	122
Administrative expenses	(40)	(18)
Net profit for the year before Gift Aid donation to the charity	130	104
Net loss carried forward (AEL)	(1)	–
Gift Aid donation to the charity	(129)	(104)
Net profit for the year	–	–
Balance sheet		
Current assets	383	82
Creditors: amounts falling due within one year	(383)	(82)
Net assets	–	–
Share capital	–	–
Shareholders' funds	–	–

Any profits made by ALUK Trading Limited are paid by gift aid to the parent charity.

5. Research

	2024 £'000	2023 £'000
Awarded during the year	3,459	1,924
Grants written back	(23)	(119)
Total research grants charged in the year	3,436	1,805

A full list of research grants made during the year is detailed in Note 22.

6. Expenditure

	2023 £'000	2022 £'000
This is stated after charging:		
Depreciation	120	80
Amorisation	196	48
Auditors remuneration	45	42
Auditors remuneration – other work	1	–
Operating lease – land and buildings	363	311
Operating lease – other	13	13

7a. Analysis of total resources expended

	Grants to institutions £'000	Activities undertaken directly £'000	Support costs £'000	2024 Total £'000	Restated 2023 Total £'000
Cost of generating funds:					
Fundraising costs	–	2,168	1,848	4,016	3,723
Investment management fees	–	135	–	135	135
	–	2,303	1,848	4,151	3,858
Charitable expenditure:					
Costs of activities in furtherance of the charity's objects:					
Research	3,436	954	815	5,205	3,198
Improving care	–	2,262	1,929	4,191	3,422
Advice and support	–	2,674	2,277	4,951	4,466
	3,436	5,890	5,021	14,347	11,086
Total	3,436	8,193	6,869	18,498	14,944

We restated support costs to include expenditure on engagement activities (Note 7c), which are cost incurred wholly in support of the charity and therefore accurately reflects the charity's activities of directly generating funds. In 2023 this category of expenditure was included in fundraising costs.

7b. Allocation of support costs

	Finance	Governance	Executive	IT	Data and insight	HR	Facilities	Engagement	2024 Total	Restated 2023 Total
Cost of generating funds	191	56	219	468	109	145	304	356	1,848	1,540
Research	84	25	97	206	48	64	134	157	815	577
Improving care	200	58	229	488	114	152	317	371	1,929	1,415
Advice and support	236	68	270	578	134	179	374	438	2,277	1,845
	711	207	815	1,740	405	540	1,129	1,322	6,869	5,377

Support costs have been apportioned on the basis of the direct costs of each area of expenditure (excluding research grants awarded) as a proportion of total direct costs. Governance costs incurred in 2024 were £207k (2023: £121k). Governance costs include staff time spent on this activity, internal and external audit fees, and direct costs incurred by the board and its sub-committees which are allocated per distinct budgetary activity.

7c. Analysis of total resources expended

	Grants to institutions £'000	Activities undertaken directly £'000	Support costs £'000	2023 Total £'000	2022 Total £'000
Cost of generating funds:					
Fundraising costs	–	2,183	1,540	3,723	4,872
Investment management fees	–	135	–	135	127
	–	2,318	1,540	3,858	4,999
Charitable expenditure:					
Costs of activities in furtherance of the charity's objects:					
Research	1,803	818	577	3,198	5,026
Improving care	–	2,007	1,415	3,422	3,117
Advice and support	–	2,621	1,845	4,466	3,635
	1,803	5,446	3,837	11,086	11,778
Total	1,803	7,764	5,377	14,944	16,777

Allocation of support costs

	Finance	Governance	Executive	IT	HR	Facilities	Engagement	2023 Total	Restated 2022 Total
Cost of generating funds	179	35	181	479	137	191	338	1,540	1,506
Research	67	13	68	179	51	72	127	577	376
Improving care	164	32	166	440	126	176	311	1,415	964
Advice and support	212	41	217	575	164	230	406	1,845	1,124
	622	121	632	1,673	478	669	1,182	5,377	3,970

Support costs have been apportioned on the basis of the direct costs of each area of expenditure (excluding research grants awarded) as a proportion of total direct costs. Governance costs incurred in 2023 were £121k (2022: £141k). Governance costs include staff time spent on this activity, internal and external audit fees, and direct costs incurred by the board and its subcommittees which are allocated per distinct budgetary activity.

8. Employees

	2024 £'000	2023 £'000
Salaries	7,775	6,865
National Insurance contributions	742	687
Employer's pension contributions	435	368
Redundancy costs	10	–
Ex gratia payments	39	30
Temporary staff	136	73
	9,137	8,023

	2024	2023
Number of staff (head count based on number of staff employed):		
Charitable services	98	94
Fundraising	54	51
Central services	39	31
Chief Executive's office	4	3
	195	179

Employer pension contributions have been allocated to the fund to which the salary of the respective staff member has been charged.

9. Remuneration of the charity's key management personnel

The key management personnel of the charity include the Trustees, Chief Executive, Chief Operating Officer, Director of Research and Innovation, Director of Fundraising and Engagement, Director of Services and Director of External Affairs.

	2024 £'000	2023 £'000
Total remuneration of key management personnel	721	713

The number of employees receiving remuneration of over £60,000 for the year was as follows:

	2024	2023
£60,001–£70,000	8	4
£70,001–£80,000	3	2
£80,001–£90,000	1	4
£90,001–£100,000	3	3
£100,001–£110,000	3	–
£110,001–£120,000	–	–
£120,001–£130,000	–	–
£130,001–£140,000	–	1

The pension costs in respect of these employees included in the above, amounted to £80,206.

Total remuneration including pension contribution for the Chief Executive Officer was £101,360.

10. Trustees' expenses

None of the Trustees received any remuneration during the year. Two of the Trustees incurred expenses totalling £1,112.95 in the year (2022/23: £702.51).

11. Fixed assets

Consolidated and Charity				
	Short leasehold property £'000	Office furniture and equipment £'000	Computer equipment £'000	Total £'000
Cost				
At 1 July 2023	67	104	196	367
Additions	816	15	57	888
Disposal			(2)	(2)
At 30 June 2024	883	119	251	1,253
Depreciation				
At 1 July 2023	62	61	71	194
Charge for the period	40	14	67	121
Disposal			(1)	(1)
At 30 June 2024	102	75	137	314
Net book value				
At 30 June 2024	781	44	114	939
At 30 June 2023	5	43	125	173

Capital commitments contracted but not provided for in the financial statements comprise £0 (2023: £27,500).

11. Intangible asset

	Computer software
Cost	
At 1 July 2023	1,022
Additions	–
At 30 June 2024	1,022
Depreciation	
At 1 July 2023	122
Charge for the period	196
At 30 June 2024	318
Net book value	
At 30 June 2024	704
At 30 June 2023	900

12. Investments: consolidated

	2024 Total investments £'000	2023 Total investments £'000
Market value as at 1 July 2023	17,943	17,350
Acquisitions	12,313	5,885
Sales proceeds	(15,807)	(5,621)
Investment management fees	(157)	(135)
Movement in cash deposits	(1)	(162)
Investment gain/(loss)	1,476	626
Market value as at 30 June 2024	15,767	17,943

	2024 Total £'000	2023 Total £'000
Investments: Charity only		
UK Common Investment Funds	15,767	17,940
Cash	–	3
Investment in subsidiary	100	100
	15,867	18,043
Historical cost as at 30 June 2024	14,282	13,456

Investments held with Cazanove at the end of 22/23 completed transfer to CCLA in July 2023 and, with Newton transfer to CCLA completed in September 2023.

The charity has two wholly owned subsidiaries; Asthma Enterprises Limited and ALUK Trading Limited. ALUK Trading Ltd supports the charity by carrying out ancillary trading activities. During 2023/24 Asthma Enterprises Ltd, a non trading subsidiary, was closed with all its assets transferred to ALUK Trading. The results of the trading subsidiaries are set out in Note 4.

13. Investment property

	Consolidated and Charity Goswell Road £000's
Cost	
At 1 July 2023	1,600
Gain on revaluation	915
At 30 June 2024	2,515

The property on Goswell Road was transferred to investment property on the basis that the property is no longer being used for operational purposes by the charity.

The property was placed on the market in May 2024 and on 21 June 2024 we were made an offer of £2.5m.

14. Debtors

	Consolidated		Charity	
	2024 £000's	2023 £000's	2024 £000's	2023 £000's
Trade debtors	254	56	108	36
Amounts due from Interco	–	–	258	50
Income tax recoverable – Gift Aid	333	112	333	112
Other debtors	234	74	234	74
Prepayments	376	367	376	367
Accrued income	681	1,096	681	1,094
	1,878	1,705	1,990	1,733

At 30 June 2024, legacies which had been notified but not recognised as incoming resources in the statement of financial activities had an estimated value of £7.2 million (2022/23: £5.4 million), which had not been accrued.

15. Creditors' amounts falling due within one year

	Consolidated		Charity	
	2024 £000's	2023 £000's	2024 £000's	2023 £000's
Trade creditors	299	60	299	60
Amounts due to Interco	–	–	–	–
Tax and social security	200	184	200	184
Research grants accrual	8,360	8,200	8,360	8,200
Other creditors	348	172	348	172
Other accruals	630	605	630	602
Deferred income	67	123	41	80
Provisions	203	184	203	184
	10,107	9,528	10,081	9,482

Research grants represent the value of grants made up to the balance sheet date that are payable within one year.

Deferred income comprises £31k (2023: £40k) of lottery income for subscriptions collected where the draw has not yet taken place, £26k (2023: £21k) of sponsorship income from fundraising events, such as marathons where the event has not yet taken place, and £10k (2023: £20k) of income received from a Trust for work to be carried out in future years.

Provisions comprise £203k for property dilapidations (2023: £184k).

16. Creditors' amounts falling after one year

	Consolidated		Charity	
	2024 £000's	2023 £000's	2024 £000's	2023 £000's
Research grants	2,986	2,668	2,986	2,668
	2,986	2,668	2,986	2,668

17. Grants

	2024 total £000's	2023 total £000's
Balance as at 1 July 2023	10,868	11,552
Research grants awarded during the year	2,938	1,924
Grants written back	(23)	(119)
Payments during the year	(2,508)	(2,577)
Recharged to third parties	71	88
Balance as at 30 June 2024	11,346	10,868
Research commitments		
Awards falling due within one year	8,360	8,200
Awards falling due after more than one year	2,986	2,668
	11,346	10,868

18. Statement of funds

	Notes	1 July 2023 fund balance b/f £000's	Income £000's	Expenditure £000's	Investment Gains/ (Losses) £000's	Reallocation between funds £000's	30 June 2024 fund balance c/f £000's
Endowment funds							
Wells	(b)	118	2	(1)	(9)	–	110
Evetts	(a)	1,146	21	(12)	(90)	–	1,065
Glaxo Endowment fund	(c)	2,230	–	–	191	–	2,421
Total endowment		3,494	23	(13)	92	–	3,596
Restricted funds							
GSK-BLF Chair	(c)	(657)	84	(20)	20	–	(573)
Mesothelioma research	(d)	1,071	–	(5)	–	–	1,066
Victor Dahdelah Charitable fund	(e)	70	257	(257)	–	–	70
Taskforce for Lung Health		74	324	(144)	–	(103)	151
Garfield Weston Long Covid fund		16	–	–	–	–	16
NHS England Long-Covid fund		(1)	–	–	–	–	(1)
NHS England – Green Inhalers		–	35	(6)	–	(11)	18
Childhood RSV		6	–	–	–	–	6
Digital Patient Passports		65	–	10	–	(16)	59
Clean Air Community Mobilisation		7	124	(107)	–	(16)	8
Breathe Easy funds		253	(36)	(84)	–	7	140
Other restricted funds	(f)	969	3,117	(2,507)	–	(1,328)	251
		1,873	3,905	(3,120)	20	(1,467)	1,211
Restricted to asthma	(g)	2,318	2,819	(330)	(167)	(4,640)	–
Total restricted		4,191	6,724	(3,450)	(147)	(6,107)	1,211
Designated funds							
Fixed assets	(h)	1,073	–	(277)	–	848	1,644
Investment property	(i)	1,600	–	–	915	–	2,515
Research Accelerator Fund	(j)	750	–	(191)	–	(559)	–
Fundraising Accelerator Fund	(j)	250	–	(6)	–	–	244
Total designated		3,673	–	(474)	915	289	4,403
General fund							
Unrestricted general fund		2,193	8,022	(14,561)	1,531	5,818	3,003
Total general funds		2,193	8,022	(14,561)	1,531	5,818	3,003
Total unrestricted		5,866	8,022	(15,035)	2,446	6,107	7,406
Total funds		13,551	14,769	(18,498)	2,391	–	12,213
Funds treated as core for internal purposes:							
Restricted to asthma	(h)	3,195	2,818	(330)	(167)	(4,989)	527
Other core-purpose general restrictions		–	485	(802)	–	321	4
Unrestricted general fund		2,193	8,022	(14,561)	1,531	5,818	3,003
Total core		5,388	11,325	(15,693)	1,364	1,150	3,534
Endowment funds		3,494	23	(13)	92	–	3,596
Restricted funds		996	3,421	(2,318)	20	(1,439)	680
Designated funds		3,673	–	(474)	915	289	4,403
Total non-core funds		8,163	3,444	(2,805)	1,027	(1,150)	8,679
Total funds		13,551	14,769	(18,498)	2,391	–	12,213

18. Statement of funds (continued)

As the UK's only charity for all lung conditions, we serve a broad range of conditions and sometimes we are given money that is restricted to a particular condition. These donations fulfil our core charitable purpose and are akin to unrestricted reserves in that sense, so we group them together with unrestricted free reserves as core reserves. This simplifies our management of reserves, whilst ensuring we comply with our donors' wishes. As outlined in our Trustees' Annual Report, when we set our reserves target we compare it to the total level of core reserves, which is shown in the table above.

- (a) Beryl Evetts Fund capital is invested in perpetuity and income restricted for use for research purposes.
- (b) Peggy Wells fund was endowed for research activity.
- (c) The Glaxo Endowment Fund and the restricted Glaxo Chair fund relate to a permanent endowment, the income from which is used to fund a research Chair post. The balance on the restricted fund is currently in deficit but will be replenished with the income received from the investment fund in which the endowment is held. The deficit arose as a result of an historic accounting error which was corrected during the 2021–22 year.
- (d) Several donors, including an insurance company, have restricted their donations to fund various research projects into mesothelioma.
- (e) Funding from the Victor Dahdaleh Charitable Foundation is used to fund research into mesothelioma and has been used to launch the mesothelioma research network.
- (f) Other restricted funds consist largely of project-related activity funds, or condition-specific funds which may be spent relating only to a condition or set of conditions within the portfolio of conditions the charity supports.
- (g) The restricted fund for asthma was created upon the merger of Asthma UK and the British Lung Foundation, consisting of the net unrestricted assets of Asthma UK as at 31 December 2019. Income raised under the Asthma UK brand prior to our relaunch as Asthma and Lung UK is deemed restricted to asthma and is added to this fund. This also applies to any regular donations committed under Asthma UK, or donations where the donor has expressed a wish that the money be spent on asthma. Direct expenditure and the costs of raising money restricted to asthma are charged directly to the fund. Under the legal agreement for the merger, it was agreed that 45% of all indirect costs incurred for the benefit of all lung conditions would be transferred into unrestricted funds. These are principally the general running costs of the organisation, and any charitable spend which benefits all lung conditions including asthma, as well as the costs of generating those funds. From 1 July 2022 a new methodology is in place, as set out in our Trustees' Annual Report.
- (h) The fixed asset fund relates to the short-term leasehold of the charity's head office at The White Chapel Building, office furniture and equipment and various software systems.
- (i) The investment property fund relates to the charity's office in Goswell Road, London. The property is held on a long-term (973 year unexpired) lease and was formerly an operational asset, being the registered office of the British Lung Foundation prior to the merger. During the 2021–22 financial year the Trustees resolved to dispose of the property through either sale or rental, and so the asset has been reclassified as a property held for investment.
- (j) The Trustees at the June 2023 meeting approved two designated funds to accelerate growth in research and fundraising.

18. Statement of funds (continued)

	Group designated funds £000's	Group unrestricted funds £000's	Group restricted funds £000's	Group endowment funds £000's	2024 Total funds £000's
Fund balances as at 30 June 2024 are represented by:					
Fixed assets	1,644	–	–	–	1,644
Investments	–	12,171	–	3,596	15,767
Investment property	2,515	–	–	–	2,515
Net current assets/(liabilities)	244	(6,182)	1,211	–	(4,727)
Non-current liabilities		(2,986)			(2,986)
Total funds	4,403	3,003	1,211	3,596	12,213

19. Taxation

Asthma and Lung UK is a charity within the meaning of Part 1 of the Charities Act 2011 and as such is a charity within the meaning of Paragraph 1 Schedule 6 to the Finance Act 2010. Accordingly, the Charity is exempt from taxation in respect of income or capital gains received within categories covered by sections 478–488 of the Corporation Tax Act 2010 (CTA 2010) (formerly enacted in Section 505 of the Income and Corporation Taxes Act 1988 (ICTA)) or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that such income or gains are applied to exclusively charitable purposes.

20. Lease commitments

At 30 June 2024 Asthma and Lung UK had annual commitments under non cancellable operating leases as set out below:

	2024 Land and buildings £000's	2024 Other £000's	2023 Land and buildings £000's	2023 Other £000's
Operating leases which expire:				
Within one year	327	11	209	13
In the second to fifth years inclusive	1,416	5	–	13
Over five years	1,533	–	–	–
	3,276	16	209	26

21. Related party transactions

The Trustees in office during the year are listed on page 83.

Asthma and Lung UK is a registered charity and company limited by guarantee and does not have share capital. The Trustees have no financial interest in the charity's results or assets and received no remuneration for acting in that capacity.

In 2021 the charity appointed TPXimpact to scope and develop a new single website for the charity, which launched in early 2023. The appointment was made following a robust procurement process overseen by a firm of independent advisors, Hart Square. TPXimpact continue to provide support of the charity's website.

Jim Bowes served as its Chief Executive at TPXimpact until September 2021, when he stepped down. Jim has no ongoing management or ownership control of the organisation and is a minority shareholder, however he is a close associate of the directors of TPXimpact.

The total value of fund spent with TPXimpact during the year is £79k (22/23: £257k) which was paid to TPXimpact for the continued support of the website.

The charity received unrestricted donations from eight (22/23: nine) Trustees totalling £1,772,47 (22/23: £1,685.79).

During the financial year, the charity charged ALUK Trading Ltd £37k (22/23: £17k) for provision of staff and £115k (22/23: £58k) for expenses incurred on behalf of the subsidiary. Additionally, the charity collected £81k (22/23 £110k) of income on behalf of ALUK Trading Ltd.

At 30th June 2024, ALUK Trading Ltd owed the charity £258k (22/23: £38k).

There are no other disclosable related party transactions other than those disclosed in Note 10.

22. Grants awards during the year

During the year the Trustees awarded the following research grants.

Grant amount £000's	Awarded to	Grant duration
90	Dr Deborah Morris-Rosendahl	24 Months
96	Dr Michael Bennett	24 Months
99	Dr Amlan Chakraborty	12 Months
97	Dr Aref Kyyaly	24 Months
100	Bohee Lee	12 Months
86	Ms Gillian Doe	24 Months
100	Dr Justine Devulder	12 Months
100	Dr Richard Hewitt	24 Months
99	Rachel Walters	12 Months
30	Nour Odeh	48 Months
335	Prof Stefan Marciniak	36 Months
86	Ahmed Edris	12 Months
99	Dr Arietta Spinou	12 Months
100	Dr Franz Puttur	24 Months
99	Jodie Ackland	24 Months
100	Dr Laurence Pearmain	24 Months
98	Dr Rebecca Nightingale	24 Months
64	Dr Ran Wang	24 Months
99	Dr Steven Cass	12 Months
30	Alex Chan	60 Months
30	Aleksandra Gawlik-Lipinski	48 Months
30	Christine Mwasuku	24 Months
676	Prof Dean Fennell	36 Months
156	Dr Antonia Pritchard	24 Months
40	Glenn Mason	12 Months
2,938	Total research grants awarded	

Non-Research grants awarded:

Grant amount £000's	Awarded to
431	Humanly
90	Our Future Health
521	Total non research grants awarded

23. Grants received

In accordance with agreements entered into with grantors, the charity acknowledges the receipt of the following grants included within the total in the statement of financial activities.

Incoming resources 2024 £000's	Funder	Purpose of funding
511	BEIS/MRC: UK Government Covid Medical Research	A+LUK Research
257	Impact on Urban Health	Fairer Air
257	Victor Dahdelah Charitable Fund	A+LUK Research
162	Clean Air Fund & Impact on Urban Health	Healthy Air
151	BUPA Foundation	Clean Air – Schools Engagement
110	Astra Zeneca	Respiratory Champions
88	Sport England CwA	Physical Activity
124	CAF: Clean Air Community Mobilisation	Clean air in the city – supports our regional clean air work in key cities such as Manchester, Birmingham and Glasgow etc (expansion and development of previous partnership)
42	LifeArc	LifeArc Bronchiectasis Co-Ordinator
35	IPAC	Green Inhalers
30	Various establishments	Sex Hormones & Asthma
643	Various establishments	Various purposes – COPD, ALUK research etc
250	The Postcode Care Trust	Unrestricted grant
2,660		

24. SOFA split for prior year (2023) between unrestricted, restricted and endowment

	Unrestricted funds £000's	Restricted funds £000's	Endowment funds £000's	30 June 2023 total funds £000's
Income from:				
Donations and legacies	5,979	6,083	–	12,062
Charitable activities	146	1,527	–	1,673
Other trading activities	352	25	–	377
Investments	142	409	44	595
Total income	6,619	8,044	44	14,707
Expenditure on:				
Expenditure on raising donations and legacies	4,713	320	–	5,033
Investment management costs	28	97	10	135
Total expenditure on raising funds	4,741	417	10	5,168
Net incoming resources available for charitable application	1,878	7,627	34	9,539
Charitable activities:				
Research	2,992	9	–	3,001
Improving care	2,338	601	–	2,939
Advice and support	3,501	335	–	3,836
Total expenditure on charitable activities	8,831	945	–	9,776
Total expenditure	13,572	1,362	10	14,944
Net income/(expenditure) before investment gains	(6,953)	6,682	34	(237)
Gains/(losses) on investment funds	(32)	616	42	626
Gains on investment assets	–	–	–	–
Net income/(expenditure)	(6,985)	7,298	76	389
Transfers between funds	8,424	(8,218)	(206)	–
Net movement in funds	1,439	(920)	(130)	389
Reconciliation of funds:				
Fund balances brought forward at 1 July 2022	4,427	5,111	3,624	13,162
Net movement in funds	1,439	(920)	(130)	389
Funds acquired on merger with Asthma UK				
Fund balances carried forward at 30 June 2023	5,866	4,191	3,494	13,551

25. Post balance sheet events

There are no post balance sheet events.

Company information

Company name

Asthma and Lung UK stylised as
“Asthma + Lung UK”.

Company number

01863614 (England and Wales)
005851F (Isle of Man)

Charity name

Asthma and Lung UK (since February 2022), stylised as
“Asthma + Lung UK”.

Previous names

Asthma UK and British Lung Foundation Partnership
(January 2020 to February 2022)
Asthma UK (Up until January 2020)
British Lung Foundation (Up until January 2020)

Charity number 326730 (England and Wales)
SC038415 (Scotland) 1177 (Isle of Man)

Presidents

Professor Sir Michael Marmot
The RT Hon Sir John Major, KG, CH

Patron

HRH The Duchess of Gloucester, GCVO

Trustees

Tamara Ingram, OBE – Chair
Professor Ian Hall – Vice Chair
John Graham – Chair of the Finance and Audit
Committee (resigned June 2024)
Jim Bowes – Chair of the People and Governance
Committee
John Hannaford – Chair of the Finance and Audit
Committee (appointed June 2024)
Niren Patel
Katherine Morgan
Professor Ian Sabroe
Caroline Cartellieri Karlsen
Michael O'Connor, OBE
Victor Cholij
Professor David Lomas (appointed January 2024)
Doctor Tom Hodson (appointed April 2024)

Company Secretary

Ben Clarkson (Resigned June 2024)
Sarah Sleet (Appointed June 2024)

Key senior management

Sarah Woolnough
Chief Executive (resigned December 2023)
Sarah Sleet
Chief Executive (appointed April 2024)
Ben Clarkson
Chief Operating Officer (resigned June 2024)
Henry Gregg
Director of External Affairs
James Culling
Director of Fundraising and Engagement
Mike McKeivitt
Director of Services
Dr Samantha Walker
Director of Research and Innovation

Bankers

National Westminster Bank plc
Tavistock House
Tavistock Square
London

Auditors

Crowe U.K.
55 Ludgate Hill
London

Solicitors

Bates Wells LLP
10 Queen Street Place
London

Investment managers

CCLA
1 Angel Lane
London EC4R 3AB

Registered office address

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AsthmaAndLung.org.uk



Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.