

Annual Report and Accounts 2025/2026







Arthritis UK

At Arthritis UK, we won't rest until everyone with arthritis has access to the treatments and support they need to live the life they choose, with real hope of a cure in the future.



Contents

Message from our CEO and Chair 4

Trustees' report 6

Our strategy 8

Our values and behaviours 10

Our impact 12

Our services 14

Our influencing work 24

Our research impact 28

Our people 34

Income generation 38

Thank you 39

Financial review 41

Principal risks and uncertainties 48

Assessing our performance and looking to the future 50

Structure, governance and management 56

Independent auditor's report 69

Consolidated statement of financial activities 74

Notes to the consolidated statements 77

Our Board of Trustees 112

A message from our CEO and Chair

This reporting year has been defined by steady progress and a sharpened sense of purpose. With our transition to Arthritis UK completed in October 2025, we have focused on embedding our new identity while continuing to deliver meaningful change for people living with arthritis across the country.

We want to be able to reach every person in the UK affected by arthritis, and to ensure that governments and health systems take this condition seriously. Too many people still face pain, fatigue, isolation, and barriers to care – **and we remain determined to change that.**

Over the past 12 months, we have continued listening closely to our community, to health and care professionals, and to people who have never accessed our support before. Their experiences have shaped our priorities and sharpened our focus. Our renewed identity is not simply a new name, it is a commitment to be clearer, bolder and more accessible, so that every adult, young person and child living with arthritis knows we are here for them.

And this year, we have turned that commitment into action.

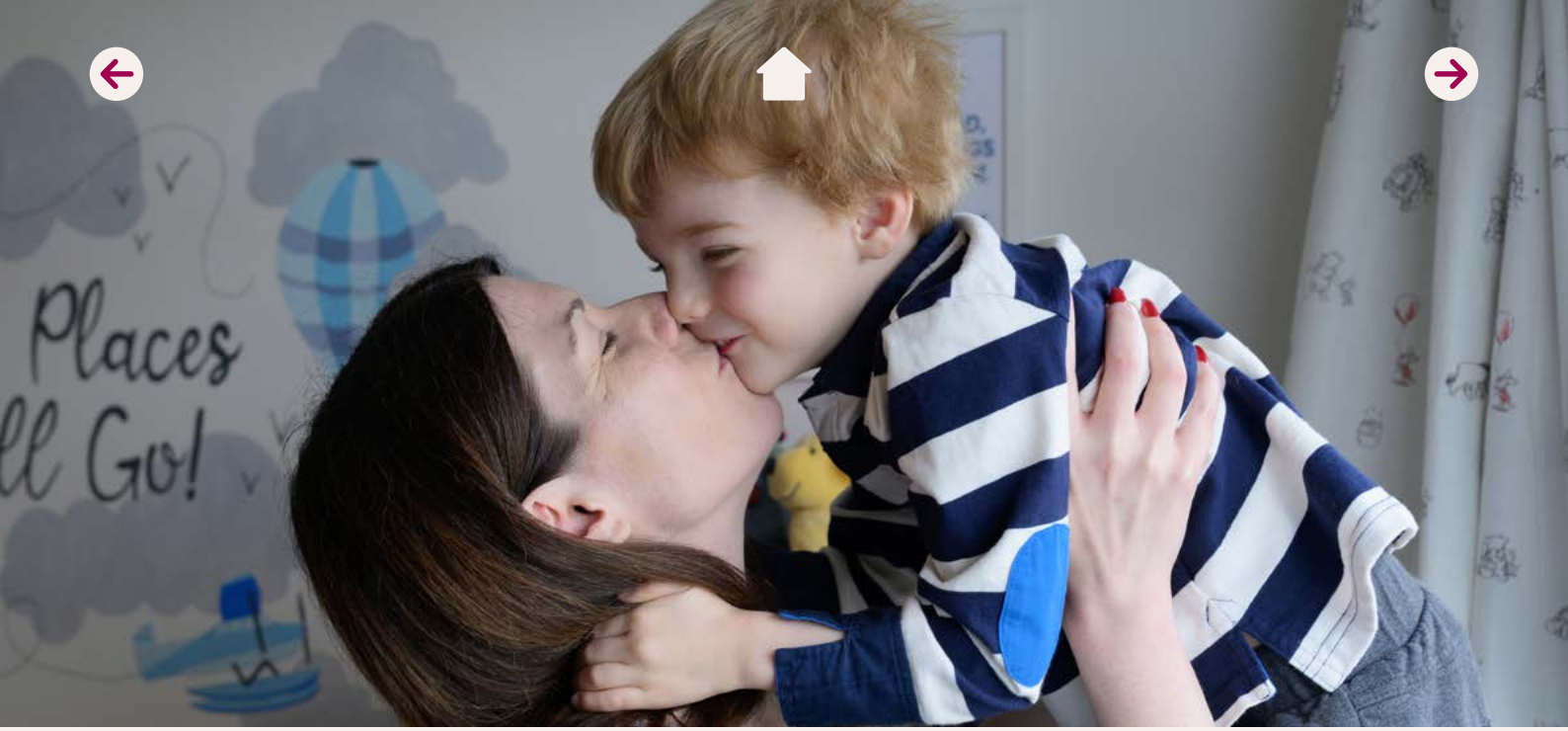
We delivered tens of thousands of acts of support, helping people manage pain, improve mobility, and feel less alone. Our Helpline and other Support Services, such as our new My Arthritis App and our accredited information booklets, continued to provide trusted, expert guidance and support around the clock, ensuring people didn't have to face uncertainty without support.

Our Young People and Families Service continued to grow, empowering young people to build confidence and take control of their symptoms. We also expanded our training for health and care professionals, with our online learning resources accessed around 110,000 times – strengthening knowledge and improving care across the UK.

Our research investment remained strong, driving breakthroughs in the diagnosis, treatment and understanding of arthritis. With over £16 million invested this year alone, we continue to fund world-leading science that brings us closer to better treatments and ultimately, a cure.

Our community also made their voices heard. From campaign actions to public engagement, people across the UK stood with us to demand that arthritis is recognised as a national priority. Their passion and determination continue to inspire us every day.

Internally, we strengthened our culture of inclusion, wellbeing, and learning. Our organisational impact framework continues to help us better understand the difference we make, **and where we can go further**.



As we look ahead, our priorities remain clear: to prevent and diagnose arthritis earlier; to expand access to personalised, high-quality care; to help people live well with arthritis; and to build a sustainable, effective charity that is a brilliant place to work and volunteer.

We are deeply grateful to our staff, volunteers, researchers, partners, and supporters.

Together, as Arthritis UK, we are united by a powerful vision: a future free from arthritis. And we will not rest until we achieve it.



Deborah Alsina MBE
Chief Executive



Kate Tompkins
Chair of the Board of Trustees

> **Internally, we strengthened our culture of inclusion, wellbeing, and learning. Our organisational impact framework continues to help us better understand the difference we make, and where we can go further.**

Trustees' report

The trustees, who are also directors of the charitable company, present their annual report (including the strategic report) on the affairs of the charity and the group, together with the audited financial statements and auditors' report for the year ended 31 March 2026.

Our objects as enshrined within our governing document are:

Research

To advance the study of and research into the causes, treatment and cure of arthritis and related musculoskeletal disorders, and disseminate the useful results of that research.

Relieve

To relieve the needs of those suffering from arthritis and related musculoskeletal disorders, including by (i) promoting the teaching of matters relating to, and further understanding of, arthritis and related musculoskeletal disorders among health care professionals and students and other persons involved in the treatment of such disorders, (ii) improving the treatment and care of persons suffering from arthritis and related musculoskeletal disorders.

Advance

To advance the education of the public in all matters relating to arthritis and related musculoskeletal disorders, including those persons suffering from such disorders.













Arthritis UK is a charity inspired, driven and guided by people with arthritis.

Our strategy

The need for our work

Over 10 million
people in the UK have arthritis.[1]

The healthcare cost of treating the two most common forms of arthritis will cumulatively reach
£118.6 billion
over the next decade.[2]

The cost of working days lost due to arthritis is estimated to reach
£4 billion
by 2040.[3]

As well as pain, people with arthritis commonly experience
high levels
of fatigue, stiffness and loss of mobilityand dexterity.

People with arthritis are
20% less likely
to be in work compared to someone without arthritis.[4,5]

Our vision

A future free from arthritis.

Our mission

We won't rest until everyone with arthritis has access to the treatments and support they need to live the life they choose, with real hope of a cure in the future. To deliver our mission we invest in world-class research, deliver high-quality services and campaign on the issues that matter most to people with arthritis.

1 Jordan, K. P., et al. (2010). Annual consultation prevalence of regional musculoskeletal problems in primary care: an observational study. BMC musculoskeletal disorders, 11, 144.

2,3 The Cost of Arthritis: Calculation conducted on behalf of Arthritis Research UK. (2017) York Health Economics Consortium. Unpublished.

4 Rajah N, Webb EJD, Hulme C, Kingsbury SR, West R, Martin A. How does arthritis affect employment? Longitudinal evidence on 18,000 British adults with arthritis compared to matched controls. Soc Sci Med [Internet]. 2023 Mar 1 [cited 2024 Nov 12];321. Available from: https://pubmed.ncbi.nlm.nih.gov/36732169

5 Martin A, Rajah N, Webb E, Conaghan P, Hulme C, Kingsbury S, et al. How does arthritis affect employment in the UK? [Internet]. Leeds; 2023 [cited 2024 Nov 12]. Available from: https://www.nuffieldfoundation.org/wp-content/uploads/2020/04/Final-report-How-does- arthritis-affect-employment-in-the-UK.pdf

Strategic goals

1

Arthritis is prevented or diagnosed promptly and effectively.

2

Everyone has equitable access to personalised treatment and care and the range of targeted treatments and cures available has expanded.

3

People live well with arthritis and there is a strong community of support.

Organisational goals

4

We will transform awareness of arthritis, build the charity's profile and a strong, active, loyal community of support.

5

We will ensure that Arthritis UK is a sustainable, effective and efficient charity and a great place to work and volunteer.

This is the third year of our 2023 to 2028 strategy. Over this five-year period, we intend to deliver against the goals outlined above and bring the charity into a more sustainable financial position. This will ensure we can meet the needs of people living with arthritis for as long as they need us.

Our values and behaviours

We are a values-driven organisation, so our values and behaviours are central to our work, the decisions we make, and how we behave and treat each other and those we work alongside. They are as follows:

United

We unite as a community to ensure better outcomes for people with arthritis now and long into the future.

We strive to increase access to support and treatment whilst using our expertise to further research into prevention and cure.

We are collaborative, connecting and building partnerships to deliver better impact and sustainability. We are passionate – strong and united, we make a difference for and with people with arthritis. We celebrate successes, big and small, valuing the part everyone plays.

Inclusive

Our variety of knowledge and experience helps us to succeed.

We aim to represent the communities we serve. Valuing and respecting different views and diverse perspectives, creating accessible ways to contribute meaningfully.

We are authentic, and we celebrate what makes us unique. We are respectful – we make our voice heard, whilst valuing others and challenging considerately. We champion fairness and equity every day.



Compassionate

We truly care about people with arthritis, they are at the heart of everything that we do.

We work hard to understand everyone's experiences, challenges and needs to ensure the best support, advice, information and action to help people live well with arthritis.

We are empathetic, actively listening to understand and take action. We care about each other and people with arthritis and always try to make a positive difference. We are supportive, considering each other's wellbeing in everything that we do.

Brave

We use evidence and expertise to challenge inequality and drive change.

Being brave, owning our decisions and actions to stand up for people with arthritis whilst working towards prevention and cure.

We are bold in our approach, using evidence and expertise to stand up for what is right, driving solutions-focused action.

We learn from everything we do, staying curious in exploration, whether we fail or succeed. We are accountable – we make an impact and get things done, communicating transparently and owning our actions and decisions.

Our impact

At Arthritis UK, we're committed to creating lasting change for people living with arthritis. To help us do this, we need to understand the difference we are currently making so that we can continue to offer the right kind of support and information.

The following sections highlight our key impact facts and figures from data collected between April 2025 and March 2026, as well as some general updates. A significant proportion of our service delivery data is based on survey responses – we have enough data to be confident that this reflects overall views, but it is worth noting that not everyone who interacts with us will have completed a survey.



76,043

acts of support delivered for people with arthritis.



17,588

Helpline enquiries answered.

15,617

people attended one of our UK delivery sessions (including information, self-management, physical activity).



90%

of service attendees would recommend our services to others.[6]

93%

of service users are satisfied with the information they received from Arthritis UK.[7]

[6] 1,460 out of 1,622 survey respondents
[7] 834 out of 897 survey respondents
[8] 83 out of 107 survey respondents

78%
of our young people felt more positive about the future living with arthritis after attending one of our events.[8]

3,633
health and care professionals and students accessed our face-to-face or online training and support sessions.

47,114
campaign actions taken.



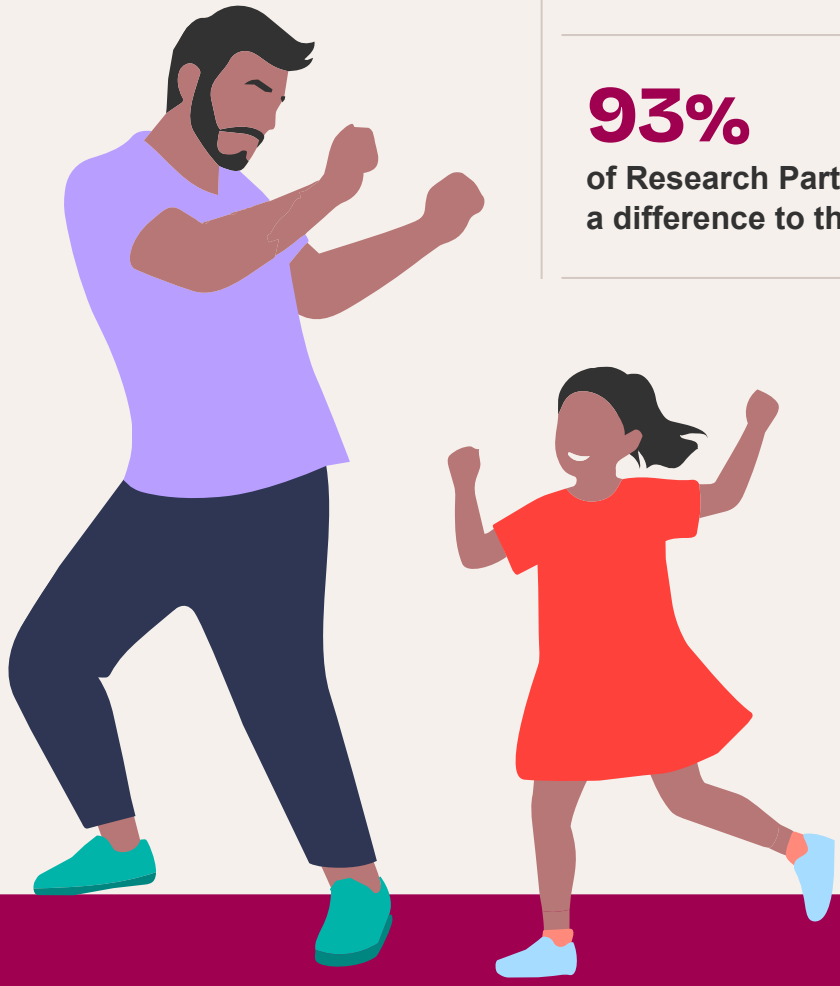
109,883
healthcare and workplace professionals accessed our self-learning resources.

1.2m+
information booklets delivered or downloaded.

150
applicants funded across 27 research awards.

1,688
people voted in our Research Highlight of the Year awards.

93%
of Research Partners feel that they make a difference to the work of Arthritis UK.



44
researchers helped with PPI (patient and public involvement) and 22 researchers/organisations were connected with Research Partners to deliver PPI activities.

Our services

Arthritis UK delivers a variety of services to adults, young people, children and their families, and healthcare and workplace professionals.

Our Adult Services offer support and guidance on every aspect of living with arthritis. This includes our Helpline, the online Arthritis Connect community, a range of health information resources, the 'My Arthritis' app, and an extensive selection of self-management programmes. Across the UK, we deliver practical information sessions, accessible physical activity opportunities and structured self-management courses. These help people build confidence, develop useful skills, and take an active role in managing their condition and improving their overall wellbeing.

We have also redesigned our online offer, bringing together all of our self-management and information services in one easy-to-access place. This ensures that people with arthritis can access the support they need wherever they are, while also connecting with others who share similar experiences.

Note that further information on our impact can be found in our dedicated Impact Report, available on the Arthritis UK website.

90%
of adult service users would recommend our support to others.

78%
said that our support improved their understanding of arthritis.

71%
said that our support helped them to feel more able to reduce the impact that arthritis has on their daily lives.

84%
said that they were more aware of where to get support for their condition.

82%
said that they had improved knowledge of where to access the information they need to manage their condition.

62%
felt more confident in talking to health and care professionals following our support.

67%
felt more confident in talking to friends and family members after receiving support from Arthritis UK.

93%
are satisfied with the information they received from Arthritis UK.

Over the past year, we have strengthened our plans for the future and we've made significant improvements to our range of information. Demand for our materials remains high, with more than 1.2 million booklets distributed by post or downloaded digitally.

We have continued to build strong and reliable review pipelines, with 200 active healthcare professional reviewers and 150 active lay reviewers contributing to our work.

Our self-management services reached 15,617 people across 2,434 sessions, and our Helpline responded to 17,588 enquiries, offering trusted guidance on symptoms, treatments and pain management. The 'My Arthritis' app has been used by 3,387 people to track their symptoms over time.

Our digital support offer has also grown significantly. Arthritis Connect now provides a safe and supportive community space for 6,214 members, with more than 800 active each month, following a successful launch on the Circle platform (we secured a new partnership and funding agreement with Circle Health Group) and the full migration of posts and members. The Young Adults space has been reviewed and redesigned in partnership with young adults themselves.

We have also created a Welsh Hwb resource space and hosted our first Arthritis Connect live event discussing AI with members.

Keira's story:

A little app making an enormous difference



I started having pain in my feet when I was in my teens. Pain that was so bad, I begged for help at my GP's clinic. Eventually, I was diagnosed with rheumatoid arthritis and began treatment. But the pain kept spreading. It was only after relocating to Wales and switching rheumatologists that I found a treatment combination that offered some relief. But still, no one explained to me officially how to manage my condition.

My own research brought me to Arthritis UK. I joined a Zoom call in lockdown because I wanted advice about managing arthritis as a parent of young children. Then, two years ago, I went to an Arthritis UK information session and was introduced to the My Arthritis App which has been a game changer.

I mainly use the app to record anything that could have triggered a flare. It also helps me to feedback to my consultant as I only have one five-minute review every year. So it's important to be able to give accurate and detailed information (which was difficult before). The app has been incredibly valuable in assisting my self-monitoring. I only wish I'd been told about it 10 years ago!

Keira Brooks (Powys, Wales)
lives with rheumatoid arthritis

The impact of arthritis on emotional wellbeing, and emotional wellbeing on arthritis, was not just acknowledged but understood. This doesn't happen often in my general experience.

Information Session attendee, woman aged 70 to 74, England (Midlands), March 2026

[The Helpline advisor] was very kind and helpful and gave good advice and came across as supportive. Also provided extra information.

Helpline caller, woman aged 40 to 44, England, January 26

[The best thing was] It encourages you to think not only about your condition. But how it affects you holistically. Physically, mentally and personally as a person.

App user, man aged 65 to 69, Scotland, February 2025

Enjoyed not being rushed; calm environment. You understand the conditions and how to help people.

Online Information Session attendee, woman aged 70 to 74, Wales, March 2026

Informative and encouraging. The facilitators were knowledgeable and experienced, delivering the information with anecdotes and practical advice. Excellent. This is a life-changing course. It covered so much more than just an education about arthritis. It has had a very good personal impact on me.

Self-Management course attendee, Northern Ireland, March 2026

The lady I spoke to was lovely and helped a lot. Especially with my fear of the diagnosis.

Helpline caller, woman aged 55 to 59, England (North), January 26

Young People and Families Service

Our Young People and Families Service offers dedicated support to children and young people (up to age 25) who are living with arthritis or related rheumatic conditions, as well as to their parents and carers. The service provides personalised guidance, chances to connect with peers and reliable information to help families understand a new diagnosis, manage day-to-day challenges, and navigate key transitions – including the move to adult services. Its focus is on reducing feelings of isolation, strengthening confidence and helping families face both health and life challenges, while also creating meaningful opportunities for young people to influence research, raise awareness, and drive positive change.

In the lead up to World Young Rheumatic Diseases (WORD) Day, a group of children and young people living with rheumatic conditions were invited to Parliament for the opening of **Inside Arthritis**, an art exhibition showcasing their experiences. Displayed in the Upper Waiting Hall from 9 to12 March, the exhibition offered parliamentarians the opportunity to hear directly from young ambassadors about the challenges they face and the support they need. The artwork featured in **Inside Arthritis** was created through our **Joint Creativity** programme, which helps young people explore the science behind their condition through engaging, accessible activities.

[9] Based on 167 out of 216 respondents
[10] Based on 212 out of 224 respondents who rated our services 8+ out of 10
[11] Based on 83 out of 107 respondents who answered 'sometimes' or 'all the time'
[12] Based on 63 out of 107 respondents who answered with a score of 8+ out of 10

3,395

Number of times we provided support through our 1-2-1 work and family events.

120

YPFS events and youth voice activities took place.

77%

of our young people say that it's important to them to meet other young people with arthritis in person.[9]

95%

of our young attendees and/or their parents would recommend our activities, workshops and residential events to others.[10]

78%

of our young people say that they feel positive about the future living with arthritis after attending one of our events or residential weekends.[11]

59%

of our young attendees feel more confident in being themselves after attending one of our events or residential weekends.[12]

Art activities provide young people with a supportive space to learn, express themselves and connect with others who understand the realities of growing up with a long-term condition – an experience that can often feel isolating.

When the **Arthritis UK rebrand** was launched in 2025, some of our young people were invited to tell their stories to help raise awareness and change perceptions that arthritis only affects older people.

We delivered youth residentials across all four nations as well as developing our family residential offer. Our **Take Control Reset Residential Weekend** for young people aged 10 to 17 offered dedicated time to pause, reflect on their self-management, and build new skills. Across the weekend, participants joined sessions on sleep, pain, pacing, emotions, and communicating about their condition, as well as hands on activities such as creating aromatherapy sleep sprays and decorating eye masks. Time outdoors also played an important role, with tree climbing, den building and a campfire, helping young people connect and gain confidence in a supportive environment. The final evening focused on creativity, with young people designing their own fidget toys, making motivational friendship bracelets and crafting chocolate truffles. As the weekend drew to a close, each participant set a personal self-management goal, which we will revisit with them at future events to help maintain momentum and encourage ongoing progress.

Our online clubs continue to grow and thrive, creating new opportunities for young people from across the UK to connect with others just like them, have some fun, and learn about their condition.

> **Chatting with everyone else in the event was so fun, there's a real sense of community and everyone is very welcoming.**
>
> Young person aged 13 or over, England (Midlands), Online Connect Club, February 2026

> **[The best thing was] the different art activities in which we could express ourselves and how our pain affects us in different ways emotionally and physically. This event helped me to gain friendship with people with similar conditions and relate to each other. It's a great way to meet new people and spend your whole time here showing your creativity beyond your limits. Sometimes I can be lonely especially with a rheumatic condition like this so it's good to have people to relate to and talk to.**
>
> Young person aged 13 or over, Residential attendee, October 2025

Lyla's story:
Baking for arthritis



Lyla from Northern Ireland was diagnosed with juvenile idiopathic arthritis (JIA) when she was 11 years old. She says that taking part in Junior Bake Off kept her going as she navigated treatment and she's now written her own recipe book with all proceeds going to Arthritis UK.

"I'd just started secondary school in September 2024 when my right wrist started feeling sore, by November it had seized completely and I couldn't move it which meant I couldn't get involved in PE at school, play the clarinet or piano anymore or even write.

The GP referred me to hospital because they wanted to make sure it wasn't a break or a fracture and they did scans and all sorts before I was officially diagnosed with JIA on Christmas Eve. I didn't really understand at first because I'd only heard of older people having arthritis.

I started on steroids then went straight to methotrexate but it made me feel really sick and unwell, which meant I was coming home ill from school a lot. Then I started Enbrol in June last year and it has changed everything, I've noticed such a difference – I can stay more full days at school, can write again and can even manage 20 minutes on the clarinet.

I've always loved baking and wanted to do Junior Bake Off since I was about five when I was making my own 'showstoppers' in my mum's kitchen. When it came to actually doing the show, everyone was so lovely and supportive. The food techs were really helpful because of my arthritis.

After Junior Bake Off mum said I should do a recipe book which felt like a good idea so I got planning in my bedroom and came up with eight bakes.

"The book costs £5 and all proceeds will go to Arthritis UK because I want to help fund research and make a difference to young people with arthritis.

Arthritis UK have helped me a lot with advice and support, I've also been to online Art Club which is really good fun and a chance to bond with other young people who have arthritis. It's so nice to meet people who are going through the same things you are."

Professional Engagement and Education

Throughout 2025/26, the Professional Engagement and Education Team continued to strengthen and expand our offer in line with the ambitions of the MSK SKILLs[13] Programme. This work remains central to Arthritis UK's commitment to equipping health and care professionals with the knowledge, confidence and tools they need to better support people living with arthritis.

A key focus this year has been broadening our reach and engaging a wider range of professional groups at different stages of their careers. The rebrand provided a valuable opportunity to refresh how we present ourselves to the sector. Working closely with our Digital Innovation Team, we launched a new landing page for health and care professionals, including a direct referral route to our Helpline. This has already resulted in a 273% increase in web traffic, with momentum continuing to build.

At the same time, we relaunched our Professional Network as the SKILLs Community. We introduced a clearer, more purposeful communications structure, with three distinct products:

- **SKILLs Quarterly**, replacing Network News.
- **SKILLs Spotlight**, offering focused updates on specific practice issues.
- **SKILLs Connect**, promoting relevant training and conference opportunities.

Since refreshing our approach, twice as many people are clicking through from our training and events emails. These changes were shaped by feedback from both health and care professionals and our newly established Patient Involvement Reference Group.

Historically, we have not delivered training specifically for nurses, yet we know that they are a vital part of any clinical team. Therefore, this year, we have been consulting with nurses to develop a new offer specifically for them. One of our Trustees – Lynne Wigens, who has held many senior nursing posts – has been helping us to raise awareness in this area.

Through meetings with senior nurses across the UK, we are now developing tailored resources, training and communications to better support this important workforce.

Across the nations, our Professional Engagement Managers continue to build strong relationships with senior stakeholders.

- **Northern Ireland** has seen significant progress in primary care, including new partnerships with GP Federations and MDT teams such as Practice Based Pharmacy and First Contact Physiotherapy. These collaborations have supported both professional development and patient focused initiatives, all shaped with Patient Voice involvement (where people share their lived experiences).

- In **Scotland**, we remain closely engaged with the Modernising Patient Pathways Programme through the Rheumatology Specialty Delivery Group, ensuring that the voices of people with arthritis are represented alongside clinicians in national pathway improvement.

[13] **SKILLs** = **s**kills, **k**nowledge, **i**nformation and **l**ifelong **l**earning

- In Wales, our work with Health Education and Improvement Wales (HEIW) has strengthened our understanding of national workforce priorities and aligned our education offer with the Musculoskeletal Capability Framework. This mapping exercise directly contributed to a national First Contact Practitioner pilot involving every health board.

Beyond our national engagement work, we have continued to strengthen our wider professional offer. We began developing a new resource pack for healthcare (HCP) students to ensure understanding of arthritis is embedded early in their careers.

Our Patient Voice programme (bringing lived experience into healthcare education) has expanded across all four nations, with 15 new volunteers recruited and 116 education and service improvement sessions delivered to 1,739 participants this year.

Our training offer has adapted to sector pressures. While attendance at Core Skills Plus events has fallen due to capacity and budget constraints, local delivery through existing learning slots has grown significantly, increasing overall numbers trained. Our online learning offer has also continued to expand. A particular success has been our monthly SKILLs Sessions webinar series, which reached full capacity (400 attendees) for the fibromyalgia session, and attracted over 200 attendees for the musculoskeletal (MSK) and obesity good practice session.

The Primary Care Show was our most successful to date, with nine sessions delivered to more than 1,400 professionals. We also completed a full rebrand of our training materials and developed a broader menu of courses to support commissioned activity.

1,739

participants in our Patient Voice Programme this year.

> **Really useful session. Everything was practically applicable. Examination feels much less intimidating under time pressure!**
>
> GP Trainee, England (London), Core Skills attendee, November 2025

> **The training has improved my knowledge of management of common MSK conditions that present at primary care.**
>
> GP Trainee, England (East), MSK Bitesize attendee, February 2026

We have supported the Circle Project to explore how it can contribute to HCP education, and our online resources remain heavily used, with more than 110,000 interactions this year. Our clinical assessment guides have also been reviewed and updated.

To strengthen professional insight across the charity, our Clinical and Care Expert Committee has now been operating for over a year, and we have established a Professional Advisory Community to deepen engagement with the sector. We continue to support the Barbara Ansell National Network for Adolescent Rheumatology (BANNAR), including mapping services for adolescents and young adults, and have refreshed our ways of working to ensure mutual value.

Our research colleagues have ensured our training remains evidence-based, producing HCP-focused updates for use across the SKILLs Community and by our trainers.

Finally, the Work Adjustment Plan remains one of our most requested resources.

Primary Care Show 2025

The **Primary Care Show** in May 2025 was a major success for the Professional Engagement and Education Team and a key moment in raising the profile of Arthritis UK among health and care professionals. With more than 6,000 professionals attending the event, it provided an invaluable platform to showcase our mission, highlight our training offer and strengthen awareness of the support we provide to both clinicians and people living with arthritis.

Across the two days, we engaged directly with almost 500 professionals at our exhibition stand, where our information resources proved extremely popular. Alongside this, we delivered nine educational sessions across theatres including GP, Podiatry and Mother and Baby. Topics ranged from the role of imaging in diagnosing MSK conditions to the benefits of physical activity for foot health in inflammatory arthritis. These sessions attracted around 1,400 attendees and were very well received.

To understand the impact of our training, we gathered pre- and post-session feedback. Before attending, only 3.78% of participants described themselves as ‘very knowledgeable’ about the topic, with 35.46% feeling ‘fairly knowledgeable’. After the sessions, these figures rose significantly to 24.05% and 56.33% respectively, demonstrating clear improvements in confidence and understanding.

The success of the 2025 event has reinforced the value of our presence at major professional conferences. Building on this momentum, the team returned to the Primary Care Show in 2026 to connect with even more professionals and continue strengthening MSK knowledge across the sector.



Work Adjustment Plan

The Arthritis **UK Work Adjustment Plan** (WAP) was developed as a result of research with occupational health practitioners and people with arthritis. It has been shared across the four nations and used regularly at our Community Appointment Days and events.

The original plan was reviewed by Patricia Bissett, Lead Occupational Therapist (OT) within NHS GGC rheumatology clinic, and volunteers who live with arthritis. In November 2025, we presented a poster summarising the development of the plan at the Scottish Society of Rheumatology (SSR), winning first prize. The WAP is **one of our most requested resources** at conferences and events, for both health and care professionals and for people with arthritis.

The WAP has recently been updated and reviewed following the Arthritis UK rebrand, and will soon be available in print and as a digital download from the work area of our website. Great care has been taken to ensure it is fully accessible and meets Web Content Accessibility Guidelines (WCAG).[14]



Patricia Bissett and Mo McAllister with the winning poster

"This is a good product as it stands, and I had to look really hard on several occasions to find anything which, in my opinion, might be improved upon.

Reviewer Dr Chris Ide, Honorary Clinical Senior Lecturer (School of Health & Wellbeing) University of Glasgow

[14] https://www.w3.org/WAI/standards-guidelines/wcag/

Our influencing work

We campaign on the issues that matter most to people with arthritis to ensure they are able to access an effective diagnosis, treatment and care wherever they live in the UK.

47,114 supporter actions were taken in 25/26 through five key campaigns:

- Cut to the Bone.
- Scottish Government's Long-Term Conditions Framework survey.
- 2025 Campaigns Supporter Survey.
- Scottish Parliament 2026 election campaign: pre-election engagement action.
- Senedd 2026 election campaign: pre-election engagement action.

Our **Cut to the Bone** campaign called on the UK Government to rethink planned cuts to the disability benefits system. Almost 40,000 people in our community emailed their Member of Parliament (MP), asking them to help stop the cuts which threatened to have a disproportionate impact on people living with arthritis.

Our campaign was part of a wider movement that contributed to the UK Government scrapping plans to cut the Personal Independence Payment (PIP). We have subsequently been working hard to ensure the experiences of people living with arthritis are heard loud and clear as part of the Government's review of PIP, led by Work and Pensions Minister, Sir Stephen Timms MP. This has included convening a roundtable, where the Minister and his team met with people living with arthritis to hear about their experiences of PIP.

We were invited to give oral evidence to the House of Commons Work and Pensions Committee as part of their Transition to State Pension Age Inquiry, making the case for why people with arthritis and other MSK conditions need to be at the centre of decision-making around employment, benefits and pensions.

We published *Left Waiting, Left Behind*[15] – a lived experience survey that presents a powerful snapshot of the reality of living with arthritis. Drawing on findings from a survey of 7,928 people living with arthritis in the UK, the report covered experiences of diagnosis, treatment, management and support, along with the personal and financial cost of living with arthritis.

We also published *The State of Musculoskeletal Health 2025*[16], a collection of the most up-to-date UK-wide statistics on arthritis and other musculoskeletal (MSK) conditions.

In Scotland and Wales, we launched our election manifestos, to help raise awareness of the impact of arthritis among Scottish Parliament and Senedd candidates, and to share with them our key asks. A key part of this work has been engaging our supporters to help keep arthritis high on the political agenda.

[15] https://www.arthritis-uk.org/policy-and-data/health-intelligence/left-waiting-left-behind-the-reality-of-living-with-arthritis/
[16] https://www.arthritis-uk.org/media/flpbvm2m/arthritisuk_state_of_msk_health_-report_2025.pdf

England

In March 2026, we published our new policy briefing *Beyond BMI: Removing Harmful Barriers to Joint Replacement Surgery*[17]. The briefing sets out the extent to which Integrated Care Boards in England are using BMI thresholds as a way of rationing joint replacement surgery, which goes against both NICE and UK government guidance. Our briefing received extensive national media coverage and will be the basis of continued influencing on this issue, and ensuring people also have access to weight management services.

Wales

In Wales, we continued to ensure arthritis remains a government priority through our involvement in the NHS Wales MSK Network. The Network has an ambitious vision to reduce the impact of MSK conditions on the population of Wales, enabling people with MSK conditions to grow well, live well, work well and age well.

We are the only third sector organisation that has a seat not just on the Network Clinical Leadership Group but also on eight other working groups and sub networks, enabling us to work closely with network leads and officials on the development and drafting of key policy documents and service design.

Co-production remained central to our approach. Working with Changemaker volunteers, service users and partners, we developed our Arthritis UK Cymru 2026 Senedd Manifesto, *No Life Left on Hold*[18], to raise awareness among Senedd candidates and set out our key asks.

Our priorities include recognising arthritis as a national priority, appointing a Minister for Healthcare Access, tackling the orthopaedic waiting time backlog, and improving support for children and young people with arthritis.

We engaged with political parties throughout the autumn and were pleased to see our call for an action plan on surgical hub expansion reflected in Plaid Cymru's *First 100 Days* document.

We also kept a strong focus on orthopaedic waiting times, sharing monthly data with Members of the Senedd, raising questions in the chamber and securing media coverage. Earlier in the year, we worked with the Welsh Government on public-facing communications for people on planned care waiting lists, now issued by all health boards.



[17] https://www.arthritis-uk.org/policy-and-data/fair-access-to-treatment/beyond-bmi-removing-harmful-barriers-to-joint-replacement-surgery/?_gl=1*uzu89c*_up*MQ..*_gs*MQ..&gclid=EAIaIQobChMItqKf0Zy9kwMVd4xQBh32RDn2EAAYASAAEgIVDvD_BwE

[18] https://www.arthritis-uk.org/media/l5wcjzta/arthritis_uk_manifesto_wales_english.pdf

Scotland

In Scotland, we were invited by the Scottish Government in February 2026 to chair a national advisory group on MSK/Chronic Pain/Digestive Conditions, bringing together clinical leads and third sector leaders to develop recommendations for a future Long-Term Conditions Framework. The recommendations will be presented to the new Health Secretary in the next Scottish Government and offer the possibility of real progress on making arthritis and MSK conditions a priority in Scotland for the first time.

A successful parliamentary event in September 2025 saw clinicians from our Scotland MSK Advisory Group come together with our volunteers and staff in Edinburgh to engage with MSPs on the key issues facing people with arthritis in Scotland. As a result of the event, we recruited new MSP support for our parliamentary Cross Party Group, initiated a visit from one of the MSPs to our services in the South of Scotland, and secured a meeting with the Public Health Minister on the government's approach to long-term conditions.

The work of Arthritis UK and our staff in Scotland was highlighted in a parliamentary motion[19] congratulating us for our work on the Scottish Parliament Arthritis and MSK Cross Party Group in the 2021 to 2026 session of the parliament.





Northern Ireland

In Northern Ireland, we launched our landmark report, *From Breaking Point to Recovery: Prioritising Musculoskeletal Healthcare in Northern Ireland*[20] at an event in February 2026 at the Long Gallery of Stormont Parliament Buildings, with speakers including Health Minster Mike Nesbitt. Over 100 people, including health professionals, politicians, policy makers and people with arthritis, gathered to hear how Northern Ireland is at a tipping point, with waiting lists the longest in the UK. This report calls for four strategic reforms to transform MSK care within the next five years:

- Establish a strategic approach to MSK healthcare.
- Improve care pathways and diagnosis.
- Transform waiting times, patient support and communication.
- Increase public awareness and patient education.

[19] https://www.parliament.scot/chamber-and-committees/votes-and-motions/S6M-20868

[20] https://www.arthritis-uk.org/policy-and-data/health-intelligence/prioritising-musculoskeletal-healthcare-in-northern-ireland/

World yOung Rheumatic Diseases Day (WORD)[21]

To coincide with World yOung Rheumatic Diseases Day, we launched **Inside Arthritis**, a young people's art exhibition in Parliament, to shine a light on young people's experiences of growing up with rheumatic conditions.

We also marked the day at Stormont in Northern Ireland, raising awareness that children and young people get arthritis too and calling for a managed transition between paediatric and adult rheumatology. Young people and families shared powerful stories about the challenges they face. Following the event, we secured a meeting with the Child Health Management Team from Belfast Trust to discuss paediatric staffing and transition services, ensuring momentum continues.



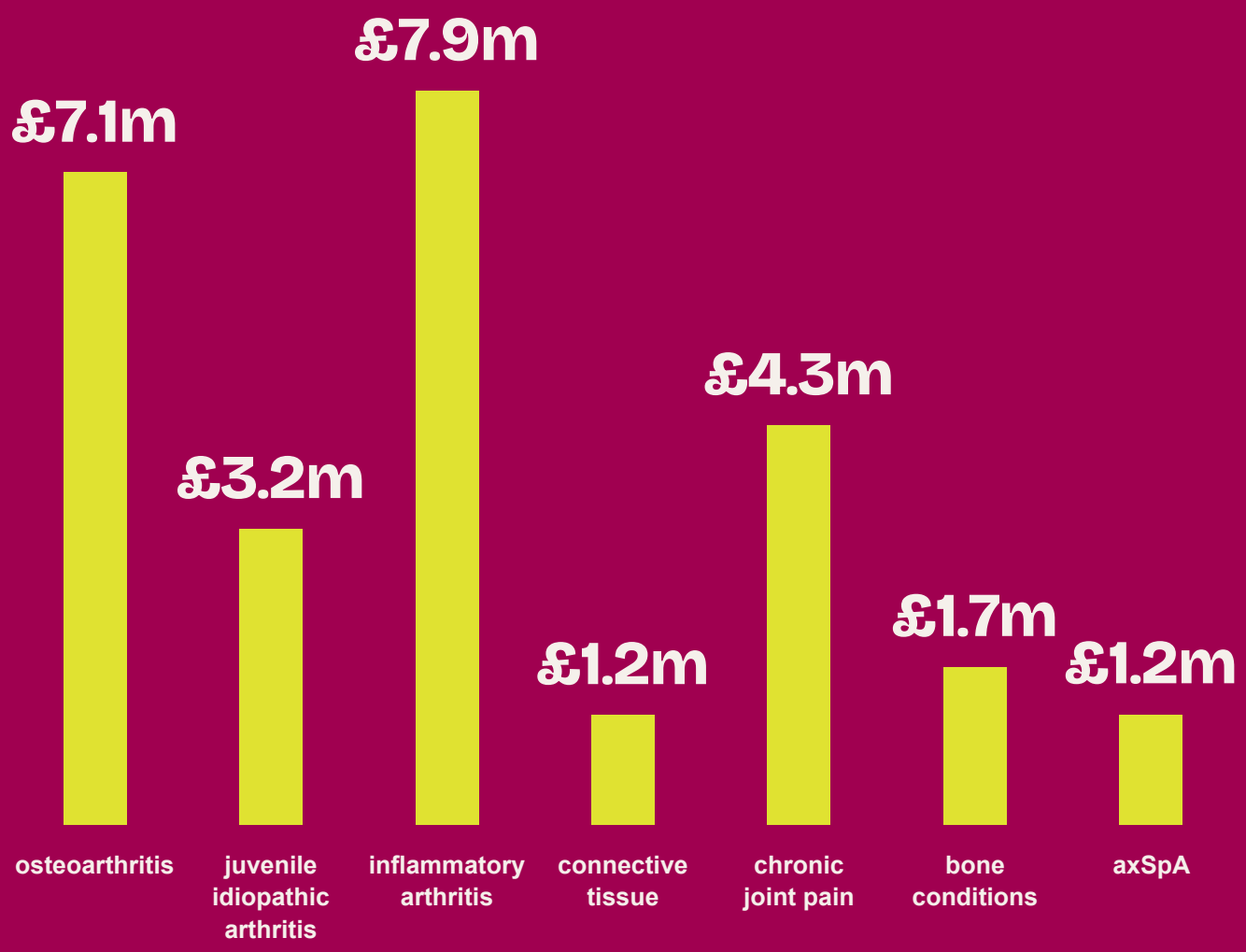
[21] https://www.linkedin.com/company/wordday/



Our research impact

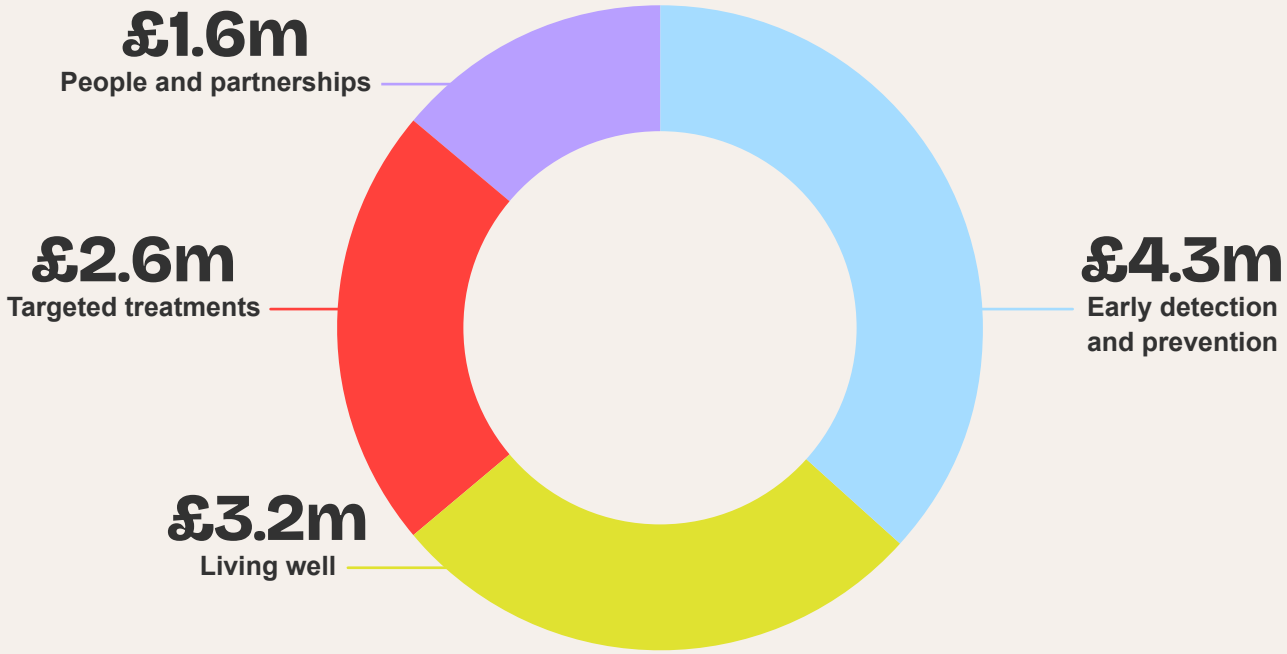
We have made 29 research awards (supporting 32 research projects), totalling £16.7m, to 20 different universities across the UK. Nearly 150 researchers will be involved in delivering these projects over the next 5 years.

Funding by condition



The graph above shows how we invested our £16.5m across our nine condition areas. These figures add up to more than £16.5m because often a research project is related to more than one category. For example, a £1m project may be about joint pain caused by osteoarthritis, and so the £1m is included in both osteoarthritis and chronic joint pain.

Funding by research strategy priority area



This year, our *2022 to 2026 Research Strategy*[22] was officially extended to align with our organisational strategy. The chart above shows what we have funded in each of our strategic priority areas this year.

In the last financial year, our funding contributed to the publication of nearly 300 journal articles, across more than 150 different journals.

Biomechanics Impact Report

We celebrated our Biomechanics and Bioengineering centre, based in Cardiff, by launching their *Impact Report*[23]. One of the aims of our Centres has been to use their position as an Arthritis UK centre to draw in further funding into critical areas of unmet need in arthritis research. The centre has done just that. Thanks to their efforts, our Cardiff Centre now houses the country's only fluoroscopy laboratory with dynamic 3D X-ray capability. It's one of only a handful in the world. This unique combination of technologies allows researchers to see how structures inside the body (such as joints) move in real-time like a film, a bit like having X-ray vision. At the Centre, Professor Cathy Holt and her team are using this highly specialised equipment to study joint movement and recovery in unprecedented detail.

[22] https://www.arthritis-uk.org/research-professionals/for-arthritis-UK-researchers/how-we-deliver-research/introducing-our-research-strategy/

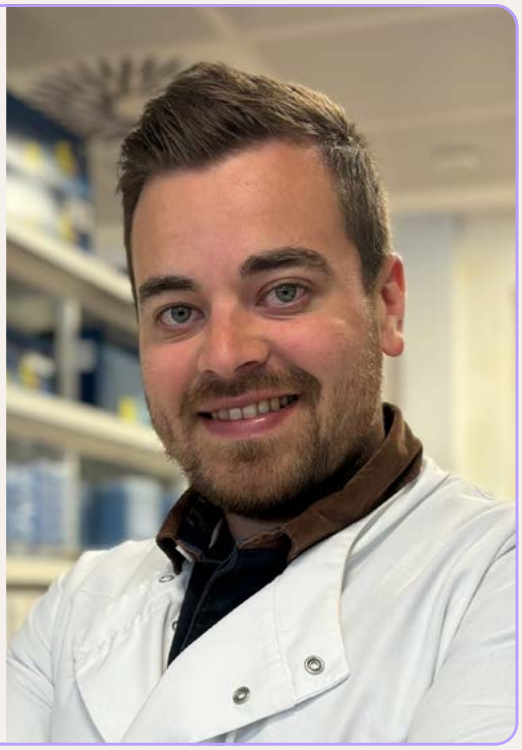
[23] https://www.arthritis-uk.org/our-research/our-research-impact/our-research-centres/biomechanics-and-bioengineering-research-centre/biomechanics-and-bioengineering-research-centre-impact-report/

Adolescent Centre Impact Report

We also celebrated the incredible achievement of our Centre for Adolescent Rheumatology. This first-of-its-kind centre continues to push the boundaries of scientific knowledge of child and adolescent arthritis conditions. In April, we launched their *Impact Report*[24], highlighting the incredible achievements of this centre, including discovering how our biological sex plays a critical role in the development of arthritis conditions, helping to find new treatments for JIA, and carving new care pathways and management guidelines for children with arthritis as they transition to adult services, where none previously existed. The centre is highly regarded globally because its research is novel and has strong potential to improve the lives of young people with arthritis. For example, the *APPLE study*[25] is the largest study of its kind investigating one of the leading causes of mortality in young people with juvenile systemic lupus erythematosus (JSLE): cardiovascular disease. Arthritis UK Fellow Dr George Robinson helped lead the study alongside Investigators at the Centre and in the US. Together, they found a signature that can predict which young people with JSLE are at most risk of the underlying cause of cardiovascular disease, a process called atherosclerosis, where fat and inflammation build up in our arteries – a finding that could help individuals at risk of cardiovascular disease get the right support at the right time. This is so significant that it was named in a prestigious American journal[26] naming the twelve most important findings and studies in the field that year.

These findings were discovered thanks to the Centre's biobank. It is pivotal to all this research. Without these samples, we can't do the research. The biobank houses more than a decade's worth of biological samples from gender and ethnically diverse JSLE patients and healthy individuals, with matched clinical data, making it a very valuable resource to investigate these questions robustly and longitudinally.

Dr George Robinson



[24] https://www.arthritis-uk.org/media/kknjeph0/va_adolescent-impact-report_final_spreads.pdf
[25] https://pubmed.ncbi.nlm.nih.gov/37786302/
[26] https://acrjournals.onlinelibrary.wiley.com/doi/abs/10.1002/acr.25549

Research breakthroughs

Nearly 20 years ago, we invested £2m into the arcoGEN study at Newcastle University. It has been at the cutting edge of understanding the genetic links to osteoarthritis ever since. In April, alongside multiple international collaborators, they published the largest ever study of the genetic links of osteoarthritis in the journal *Nature*[27], linking data from nearly 2 million people. They found over 700 new links between our genes and osteoarthritis. One in ten of these genes create proteins which we can already target with medicines approved for other conditions. Finding these genetic links means we can speed up the search for treatments for osteoarthritis. Our researchers are now researching some of these drugs to understand whether they can help people with osteoarthritis.

Influence on policy

Our Voices of Vasculitis study is influencing government policy and best practice guidelines. The study set out to create a robust evidence base for how to set up and deliver services for people with vasculitis, to understand what makes care 'good', and what the barriers are to good care. This year, its findings have become embedded in the 2025 British Society of Rheumatology recommendations as 'the most robust evidence on this topic to date' and also form part of the *Scottish Government's Rare Disease Action plan*[28], published earlier in 2026.



Breakaway innovation

Our research funding contributed to the launch of a new spinout company in 2025, ReFleks, founded by Prof. Francesco Dell'Accio and Dr. Suzanne Eldridge at Queen Mary University of London (QMUL). It specialises in cutting-edge medicine that involves regenerating tissues in the joint, like cartilage.

There are currently no available medicines to treat the cause of osteoarthritis. But with the support of our funding, the ReFleks team discovered that a molecule in the body called 'Agrin' can drive the repair of cartilage, as well as restore joint function and provide long-lasting reduction in pain.

Perhaps most exciting is that Agrin has the potential to be easily manufactured. Arthritis UK provided vital research funding that contributed to the development of the intellectual property that led to the launch of ReFleks, and continues to fund the research team at QMUL as they push forwards towards early-stage clinical trials.

[27] https://www.arthritis-uk.org/media/kknjeph0/va_adolescent-impact-report_final_spreads.pdf

[28] https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2026/02/rare-disease-action-plan-scotland-progress-report-2026/documents/rare-disease-action-plan-scotland-progress-report-february-2026/rare-disease-action-plan-scotland-progress-report-february-2026/govscot%3Adocument/rare-disease-action-plan-scotland-progress-report-february-2026.pdf

Involving people in research

Our researchers are increasingly involving people with arthritis throughout the entire research lifecycle. Engagement in the early stages, including research prioritisation and shaping funding applications, has been strong for many years. This year we have seen more researchers embedding lived experience involvement in later phases – undertaking studies, interpreting findings, writing up results and sharing outcomes. There is still more to do to ensure this involvement is consistently integrated across all stages, and supporting researchers to achieve this remains a key focus of our future work.

Arthritis UK is increasingly recognised as a leader in this area. We are known for our commitment to helping researchers embed meaningful lived experience involvement and for continuing to drive progress across the sector, exemplified by initiatives such as our involvement hub and wider support offer.

We always involve people with lived experience of arthritis (our Research Partners) in reviewing applications for research funding. This year we recorded 151 Research Partner reviews, helping us decide what to fund, and providing insight that benefits the research, researcher teams and the Research Partners.



93%

of Research Partners believe that they make a meaningful difference to the work of Arthritis UK (a 13% increase on 2024/25).

90%

agree that, as a result of being a Research Partner, they have gained knowledge (10% increase)

89%

of our active research awards in this year reported that they were involving people with lived experience of arthritis in their research. A further 8% told us this was in their plans, bringing the total to 97% of awards.

> **I think the way Arthritis UK involves RPs in so many areas/projects is fantastic… I always feel valued.**
>
> Arthritis UK Research Partner

> **I enjoyed being a member of the funding panel… uplifting to see lived experience taken so seriously.**
>
> Arthritis UK Research Partner

We also make sure that research teams involve people with lived experience of arthritis from the start of their projects. This helps to ensure that they are asking the questions which matter most to people with arthritis, that they are asking things in the right way, and that they reach a diverse range of people so that research has the best possible benefit.

This year we launched our Patient and Public Involvement (PPI) Hub, which aims to support research teams to better involve people with lived experience. As well as a range of information, the PPI Hub has also hosted webinars around involving young people in research and equity, diversity and inclusion (EDI) in research.

Talking with patients and parents is rewarding – they offer valuable insights that improve research and recruitment.

Researcher

My PPI group were involved in each of the stages of developing the intervention – providing valuable input to the design, what was included and excluded from the programme, and which outcomes were included.

Researcher

I have approached patients to discuss further research in my lab... Discussion with patients has helped me to identify gaps in the research proposal that were not addressing real needs of people. The best example is the impact that flare occurrences have in people with arthritis, even in those often classified as patients in remission. This helped me to shape my research plans to develop new diagnostic methods.

Researcher

Patient input has also improved study design and recruitment strategies. By discussing practical barriers to participation – such as time commitments, accessibility of research sites and communication clarity – we have been able to make research participation more accessible and inclusive. As a result, we have strengthened relationships with patient communities and improved our ability to recruit participants to musculoskeletal research studies.

Researcher

Our people

As of 31 March 2026, we employed 305 people, around 40% of whom live with arthritis or another musculoskeletal condition.

We're fortunate to have fantastic colleagues who are passionate about our cause, representative of people with lived experience of arthritis and who bring a vital professional contribution to ensure an effective and sustainable charity.

People and Culture Directorate

The People and Culture Directorate is focused on achieving the charity's strategic objectives of being a great place to work and volunteer. Our aim is to build the workforce, leadership and culture required to deliver the charity's organisational strategy and to create an inclusive, high-performing organisation where our people are supported to do their best. We seek to attract and retain employees, volunteers and involved people who are determined to improve the lives of people with arthritis and bring their individual contribution to our united purpose.

Over the last year, our ambitions and efforts have been recognised in a number of ways:

- We have achieved the Investors in People and Investors in People Wellbeing standards.
- We were named one of the Top 50 Inspiring Workplaces in the UK and Ireland and one of the Global Top 100 Inspiring Workplaces.
- We were a finalist at the Engage Awards: 'Great Place to Work'.
- We received the Disability Confident Leader accreditation.



Volunteering and involvement

We made significant changes to strengthen the organisation's approach to volunteering. Working collaboratively across our services, directorates, branches and groups, we transitioned to a new volunteering model, evolving branches and groups into a new community network structure. We also introduced standard operating procedures to clarify operational arrangements, and improved support for volunteers through new welcome and regular information sessions.

Clearer roles, recruitment and management processes now act to create a stronger, more supportive and consistent foundation for volunteering across Arthritis UK.

The support available to volunteer managers and colleagues across the organisation has also been enhanced with the development of internal SharePoint sites on Volunteer Management, Volunteer Recruitment and Onboarding, supported by manager information sessions and regular managers' meetings. Manager support modules include development on volunteer engagement, attraction, management and reward and recognition, and the alignment of volunteering activity with our EDI ambitions and organisational priorities.

Involvement has been reimagined with a new framework, priorities and infrastructure, helping to embed lived experience more visibly across Arthritis UK. The number of involved people in our networks has grown from 509 to 609. Through the Community Involvement Network, monthly newsletters, Co-production Week activity and cross-organisational collaboration, colleagues are supported to bring more diverse voices into decision-making. Work across directorates on a new Arthritis Navigator role, shaped through sessions with people with lived experience, demonstrates the team's growing impact in helping the organisation design services and volunteering opportunities that are more inclusive, evidence-driven, and connected to the communities we serve.

If you think you might want to join us, please contact the Volunteering Team: volunteering@arthritis-uk.org or visit our website: www.arthritis-uk.org/get-involved/volunteering



Culture

To support our strategic goals, the People and Culture Directorate is working to create a more open and inclusive culture, encouraging open conversations, nurturing talent and promoting lifelong learning, by actively engaging and responding to our people across the charity. We believe that lasting change is only possible by listening to and acting on the experiences of our people, and we do this through:

- Employee Voice initiatives.
- Our Employee Forum.
- Staff networks.
- 'Keeping Connected' engagement sessions.
- The Investors in People survey.

Listening to our people

This year we used the externally recognised Investors in People standard to measure employee engagement and wellbeing initiatives. We were proud to be awarded a Silver accreditation in Wellbeing, recognising the focus we put on ensuring our people balance work and other priorities effectively.

Equity, diversity, and inclusion (EDI)

We continue to strengthen our impact as a charity by ensuring our resources and services are accessible and reach all communities. The principles of equity, diversity and inclusion continue to be integral to how we operate. They shape our culture and inform our decisions.

Over the past year, we've made meaningful progress in our commitment to creating a more inclusive, accessible and equitable organisation for everyone who works, volunteers, or engages with us. We have been accredited as a Disability Confident Leader and our approach to wellbeing was complimented in the Top 50 Inspiring Workplaces with a comment from the judges that we have 'a clear determination to support all colleagues as much as possible'.

We're committed to ensuring that equity, diversity and inclusion and lived experience are principles that inform our everyday action and behaviour.

We thank all staff and volunteers who continue to lead, champion and participate in this important work. Together, we are shaping a more positive and inclusive future for our people and the communities we serve.

Development

Our Investors in People accreditation showed our commitment to developing our people, with the survey showing that employees can see how their individual and team roles support the strategic goals and values of Arthritis UK. Employees have reported improvements in the learning opportunities they have, recognising they are able to tailor them to their own needs.

Wellbeing

We were pleased to achieve our Investors in People Silver accreditation for our work on Wellbeing. Employees reported a strong wellbeing culture with good access to support, tools and resources; mental health support and flexible working arrangements were well regarded; and staff feel safe to speak up and seek help when needed.

Safeguarding

In 2025/26, Arthritis UK continued to strengthen its safeguarding arrangements through a coordinated, organisation-wide approach to embed a proactive and consistent safeguarding culture. Governance remained robust, supported by effective oversight and reporting structures, while policy updates improved clarity and consistency in safeguarding practice, particularly in relation to safeguarding training requirements, ensuring stronger consistency in practice across staff and volunteers. A targeted focus on training resulted in full compliance for active volunteers.

The Safeguarding Champion Network was further developed through a structured, train-the-trainer model, increasing local capability and supporting consistent practice across teams. Safeguarding risks continued to be actively monitored through the Risk Register, demonstrating a sustained strengthening of safeguarding culture and organisational assurance.

Total reward

Our pay framework aims to create a fair, equitable, transparent, financially sustainable, market competitive and structured pay system which is reflective of our culture and values – while supporting effective recruitment, retention and career development.

The pay award for 2026/27 was 3% with the exception of those roles affected by an increase in the Real Living Wage (this was 6.7%).

We prepare an annual gender pay gap report to identify any differences in the average pay between men and women in the organisation, and we publish the information on our website along with further information on our approach to pay.

In addition to our commitment to fair pay, we also offer our employees an attractive benefits package and we support flexible and hybrid working. Along with our culture and values and our commitment to learning and development, these form our total reward offer.

The remuneration of senior management, including the chief executive, is set by the Appointments, Remuneration and Governance Committee. Remuneration of all employees of Arthritis UK paid in excess of £125,000 must be approved by the Board. This figure will be reviewed from time to time and be amended in the Scheme of Authority.

Our values and behaviours

We believe that our values of **United**, **Inclusive**, **Compassionate** and **Brave** are best shown in how we work together – by being open to new ideas, respecting and welcoming diversity, and collaborating to make a positive difference in the lives of people with arthritis.

We're committed to making Arthritis UK a great place to work and volunteer (the charity's Strategic Goal 5), where people are well supported and can achieve their full potential. We seek to offer the best experience for our employees and deliver value for the charity's supporters, beneficiaries and stakeholders.

Income generation

Legacy income continued to hold in 2025/26, with £21.19 million having been received through gifts in Wills, and continues to be our key income source for 2026/27, with a legacy pipeline of £23.4 million at the end of 2025/26.

Key major grants received during the year included: a sixth consecutive annual investment from the Welsh Government's Sustainable Social Services Grant; continued support from Sport England for our Physical Activity Programme; another pledge to our Young People and Families Service in Scotland from the Scottish Government's Children, Young People, Families and Adult Learning Fund (administered by Corra Foundation); and funding towards service delivery in Northern Ireland from the National Lottery Community Fund.

We also continued to work in partnership with our longstanding corporate supporter, Novartis, as well as welcomed new corporate partners such as Circle Health Group.

People from across the UK have continued to support our fundraising efforts, including 113 runners who took on the London Marathon in April 2025, raising nearly £240,000. 78 runners took to the streets of Newcastle for the Great North Run raising over £55,000, with many others tying up their laces for events across the year. We invested in two full-time community fundraising members of staff to focus on growing this income stream and supporting fundraisers who have chosen to raise money through everything from plant sales to recipe books to golf Charity of the Year partnerships.

In 2025, we doubled our investment in the Free Wills Month campaign by appearing in both the March and October campaigns. Our presence in these campaigns resulted in 132 new bequests with an estimated value of £1.9 million. We thank our supporters who choose to remember us in this special way.

Following our brand and name change in October 2025, over 1,500 donated more than £73,000 to appeals, with thousands more people continuing to give regularly. We are grateful to this community for continuing with us on our journey as Arthritis UK.



Thank you

Andrew Lumley
Andrew Croucher
The Bothwell Charitable Trust
Brian Love
Cecil Pilkington Charitable Trust
The Charlotte Tana Heymann Charitable Trust
Claire Brown
Claire, Olivia and Jacob Thomas
Corra Foundation
Dalgleish Trust
David Pettitt
Edith Florence Spencer Memorial Trust
The Edith Murphy Foundation
E B M Charitable Trust
Freda Frost
The Hamer Charitable Trust
Inman Charity
James Craig
James Cooper
John M Archer Charitable Trust
John Quelch
Josephine Wright
Josh Scott and Taylah Fiddles
Kathleen Laurence Trust
Kingsbridge Health
Leanne Curtis
The Lidbury Family Trust
Luke Belfield
Lynn Gray
May Hearnshaw Charitable Trust
National Lottery Community Fund Northern Ireland
Nationwide Fund
Novartis
Patricia Ann Herbert's Charitable Trust
Peacock Charitable Trust
The Pettigrew Charitable Trust
The P F Charitable Trust
Sir Samuel Scott of Yews Trust
Sandra Forbes
The Scottish Government
Sport England
Stanley Grundy Foundation Ltd.
UK Government's Medical Research Charities Early-Career Researcher Fund
Welsh Government / Llywodraeth Cymru

A big thank you to our active fundraising branches – Keele & District, Tadcaster & Wetherby, West Dorset, and Fleet & Bramley. Thank you for all your ongoing support.

A special thanks to our branches who have closed in recent years:

- Narberth who have raised £72,216.77 since 1970.
- York who have raised £135,525.73 since 1971.
- St Mawes who have raised £34,305.11 since 1993.
- Central Lancashire who have raised £74,953.88 since 2001.

And to those who walked, golfed, ran, raised money in memory, raised money online, left a legacy or brought your community together, we want to say a huge thank you for your time, commitment, energy and generosity. With your support, we continue to move towards a future free from arthritis.

Remembering Ann Morris

A special mention to commemorate the passing of Ann Morris, who supported the charity for 25 years as chair of Narberth branch. Between selling Christmas cards, holding coffee mornings and organising Tesco collections, Ann led the Narberth group to raise over £70,000 since it began.



Financial review

Overview

During the year, we continued to work on embedding the charity's financial strategy, which supports the wider organisational strategy, to ensure we obtain a balanced budget in the financial year 2027/28. Over recent years, our expenditure has intentionally exceeded our expected income, drawing on our reserves to maintain our commitments to research, embed our new brand identity and continue to deliver change for people living with arthritis. We want to ensure Arthritis UK is here to support those people for the long term, which means we will move the organisation towards a more sustainable and stable position.

To make certain we secure our financial future, we will ensure the charity controls and reduces its core expenditure, making changes where appropriate so expenditure does not exceed projected income targets. Our reserves will only be utilised to support key strategic initiatives that strengthen our long-term impact.

The results for the year ended 31 March 2026 report a deficit of £13.9m (2025: £10.9m deficit). This figure represents the difference between our income and expenditure before investment gains and actuarial gains on our defined benefit pension scheme.

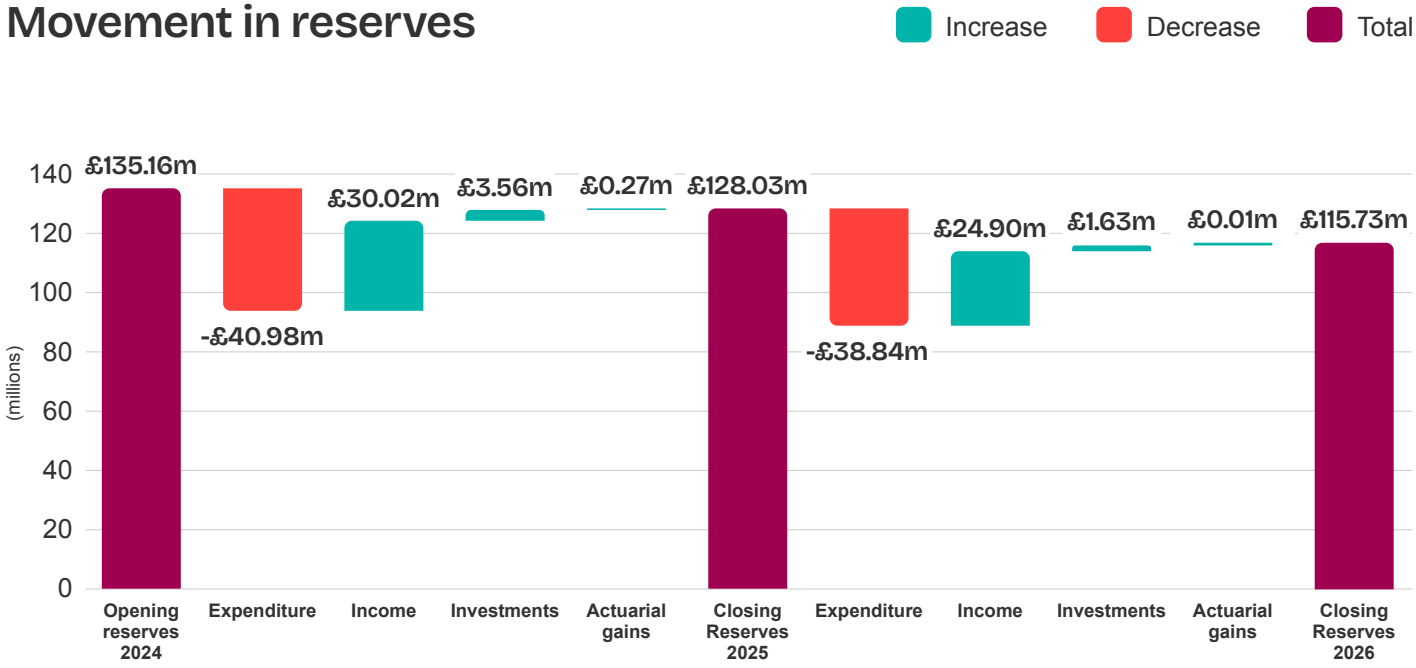
Our total income is £24.9m (2025: £30.0m), a 17% decrease on last year, due to a reduction in legacy income. During the year, we spent £38.8m (2025: £40.9m), a 5.1% decrease on last year, of which £32.9m (85%) was spent on charitable activities (2025: £34.9m, 85%). The decrease in expenditure overall was due to a reduction in the associated support costs, which fits with the strategic plan to reduce core administrative costs. The charity continues its commitment to invest in research awards and this year we invested £16.7m in new research awards (2025: £17.2m). Further information on awards can be found in Note 6 and Note 13 to the financial statements.

Included within our expenditure is a credit of £1.2m relating to a business rates rebate. The rebate arises from a reassessment and reclassification of a property status from business rates to council tax and relates to prior financial periods. This amount has been therefore recognised in the current year as it does not represent a prior period error.

After investment gains of £1.6m (2025: £3.6m gains), and actuarial gains on our defined benefit pension scheme of £0.01m (2025: £0.3m gain), the charity made an overall loss of £12.3m in year 2026 (2025: 7.1m loss), reducing our reserves to £115.7m (2025: £128.0m).

Further information on our investment policy and performance can be found in the section below and Note 9 to the financial statements. The table on the next page explains the movements since March 2024.

Movement in reserves



Income

Income from our legacies continues to be our largest source of funding, and we are very grateful to all those who donate to us in this way. This year, we report £17.8m in legacy income which represents 71% of our total income. Legacies received in year has reduced by 28% compared to last year (2025: £22.8m, 76%). This year £21.2m has been received through gifts in Wills, however, our legacy pipeline (although it remains strong) reduced by £3.4m.

Other voluntary income consists of donations received from regular givers, philanthropic donations, corporate partners, and people participating in our fundraising events. Donations this year totalled £2.7m (2025: £2.8m) and represents 11% of our total income. This area remains steady, reporting just a slight decrease in this year's income.

Income arising from our charitable activities, to support research and the delivery of our services to help people with arthritis, relates to funding received from trusts, governments and commissioned. These activities generated £2.4m, representing 10% of total income (2025: £2m). The growth in income is largely due to receiving £1m in government funding supporting early career researchers. Conversely, income from Trusts has fallen by £0.5m compared to last year, and our Sports England funding came to an end.

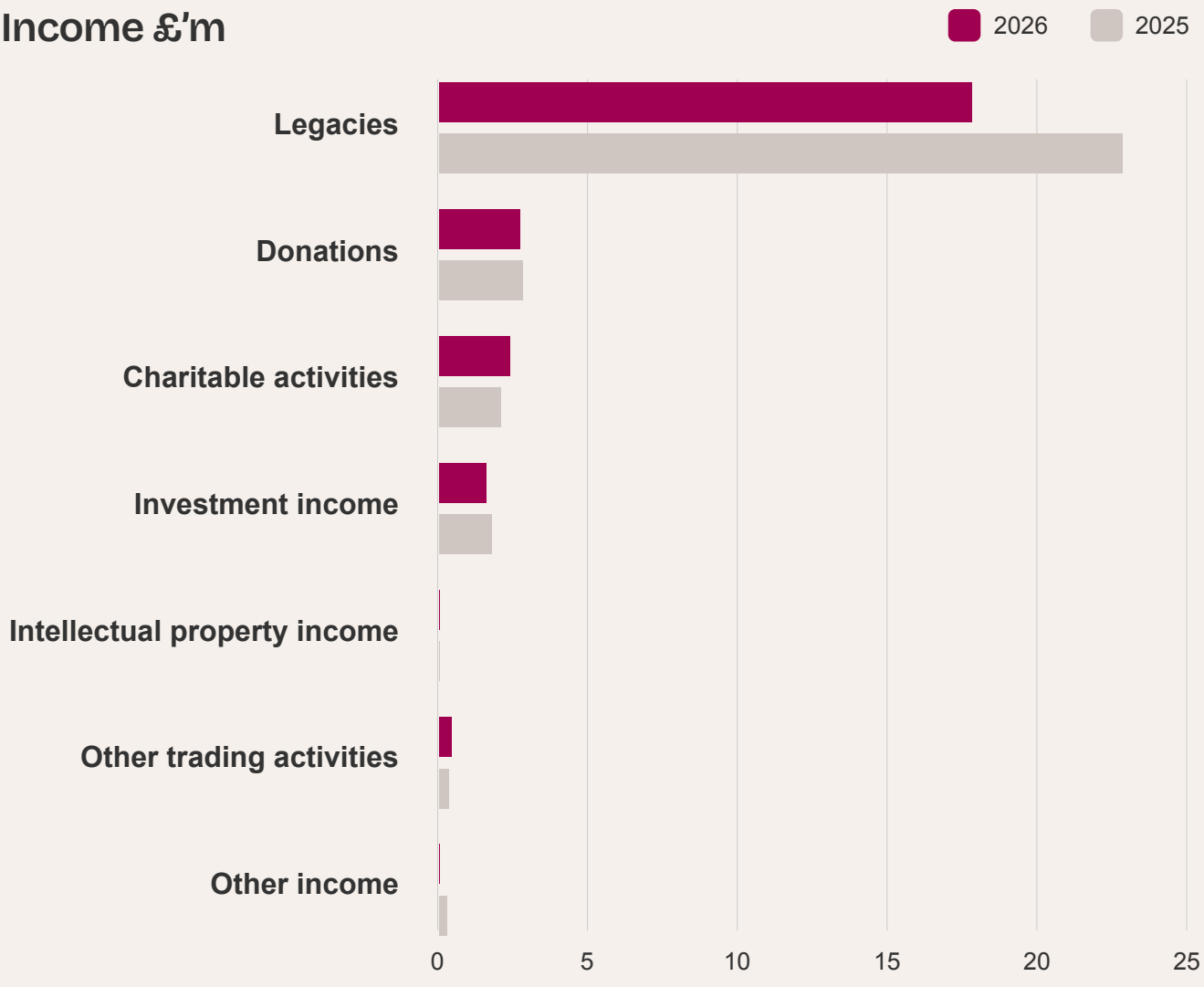
Intellectual property generated income of £0.02m (2025: £0.01m), an increase of £0.01m compared to last year. We continue to monitor and manage negotiations in all our partnerships to ensure we get equitable revenue sharing.

During the year, the charity benefited from gifts in kind and professional services provided on a pro bono basis. These contributions, which totalled £0.26m, included specialist services that assisted the charity in creating content and gifting free media space for our 'Arthur Tut' campaign on TikTok to raise awareness.



- **72%** Legacies
- **11%** Donations
- **9%** Charitable activities
- **6%** Investment income
- **2%** Other trading activities
- **0%** Intellectual property income
- **0%** Other income

Income £'m

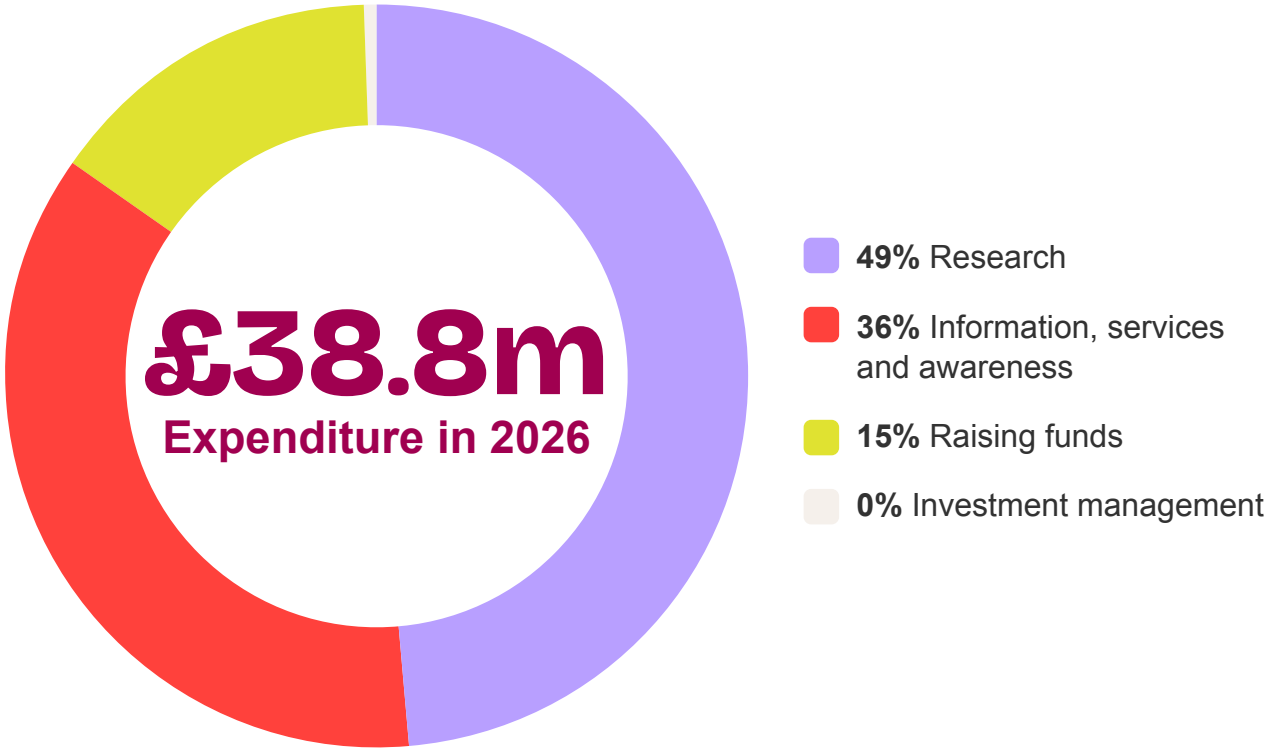


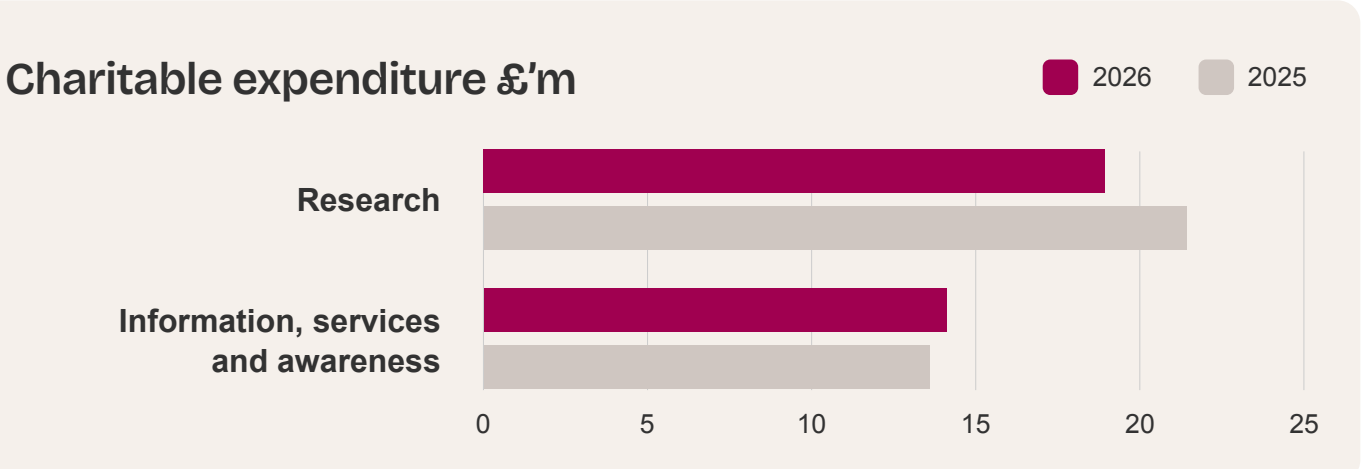
Expenditure

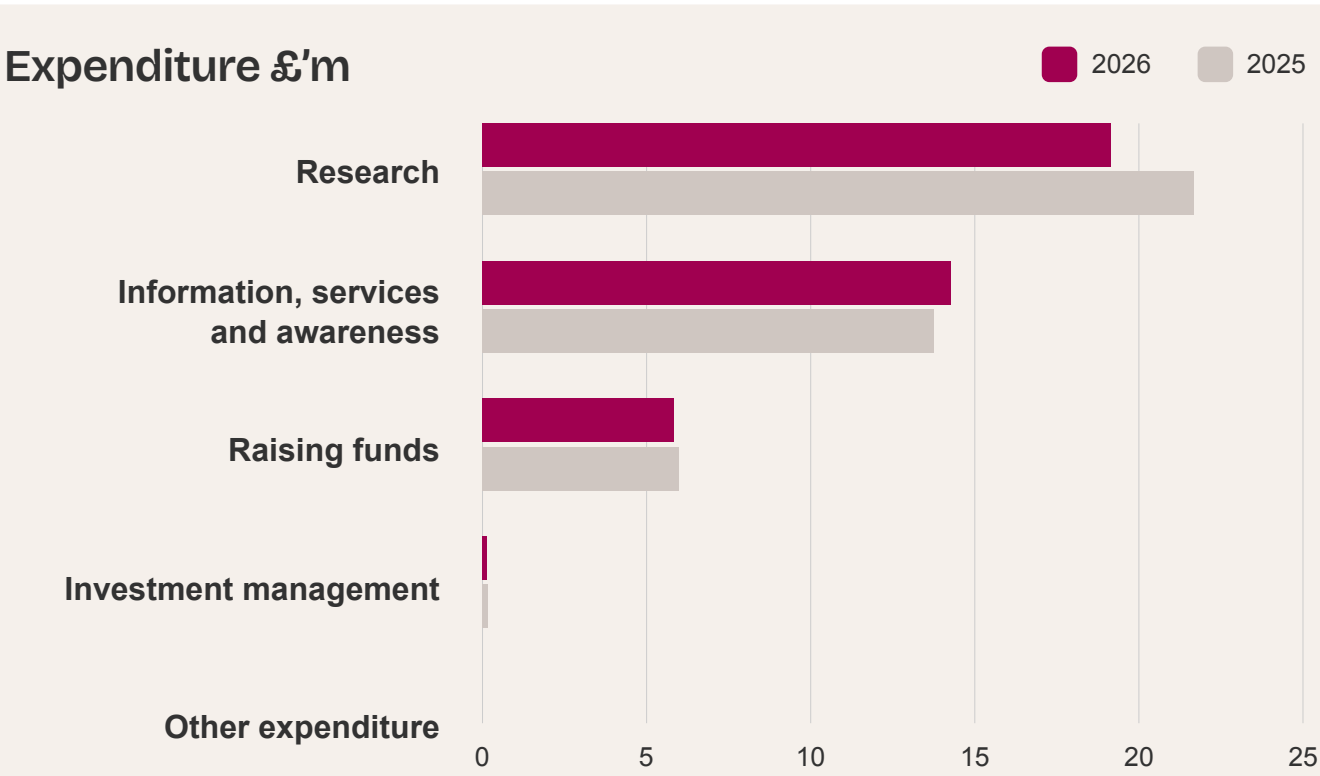
Our total spend for 2026 was £38.8m (2025: £40.9m), of which £32.9m was spent on charitable activities (2025: £34.9m).

The amount invested in research was £18.9m, including administrative support costs (2025: £21.4m), a decrease of £2.5m. New grant awards made in the year total £16.7m (2025: £17.2m). We aim to award an average of £13m per year on a 3-year rolling basis. This year we awarded the full £13m plus an additional £3.7m, which relates to a planned increase in awards made to compensate for prior year underspends, and for which we set aside funds in our reserves policy.

£14.1m has been spent on information, services, and awareness (2025: £13.5m), an increase of £0.5m on prior year spending. We continue to invest in and develop our services so that every adult, young person and child living with arthritis knows we are here for them, turning our commitment into action.







The cost of raising funds (excluding investment fees) was £5.8m (2025: £5.9m), a decrease on last year of £0.1m. Direct spend against raising funds has risen slightly, due to investment in people to raise income. Whereas the associated support costs have reduced, which fits with the overall strategic plan to reduce core administrative costs.

Investment management costs relate to fees for managing our investment portfolio, these were £0.14m (2025: £0.17m). This is a slight reduction compared to last year.

Custodian holdings

The charity has been acting as a custodian, holding investments on behalf of the Maisie Lewis fund. This was a fund bequeathed to support the funding of a position at the Kennedy Institute of Rheumatology. The value of the investment is insufficient to fulfil its original purpose to meet with the terms of the Trust Deed. The charity has been in discussions with the Kennedy Trust and the remaining family of the Bequestor to improve the impact of the fund by using it for a research project in the future. The total value of the fund is £305.6k and continues to be invested until the winding up of the Maisie Lewis Charity can be completed and the monies transferred to the Kennedy Trust as agreed. This fund does not form part of the charity's balance sheet.

Investment policy and performance

Arthritis UK's policy is to hold sufficient funds as cash and cash equivalents to meet cash flow requirements and is reviewed annually. Surplus funds are available for investment by Arthritis UK's investment managers.

Stanhope Consulting provide the charity with expert oversight on the management of our investments. Our portfolio is structured to reduce risk and volatility and seeks greater emphasis on the environmental, social and governance aspects of our portfolio.

Our portfolio consists of investments with Baillie Gifford, Troy, Guardcap, and Abrdn. The Finance Committee regularly reviews the portfolio's performance and keeps the investment policy under review with periodic consideration by the Board of Trustees.

A new target for the portfolio of Consumer Price Index (CPI) +4% has been set for the noncash investments.

Benchmarks have also been set:

(1) The MSCI World Index for the equities.
(2) Cash +2% for the absolute return elements of the portfolio.

Arthritis UK's ethical policy has been greatly enhanced and includes directives on climate change and social justice and severely limits investments that conflict with our charitable objectives, for example the tobacco industry and armaments.

Reserves policy

The policy ensures that Arthritis UK has sufficient funds available to enable it to withstand any shortfall in income or unforeseen expenditure while any necessary adjustments are made to the charity's operations.

These funds fall into three general categories:

- Restricted reserves – all funds given for a restricted purpose as specified by donor.
- Designated reserves – to cover specific obligations approved by the Board.
- Unrestricted/General reserves – these are funds not otherwise identified as restricted or designated. These funds are held to cover risks relating to income security, liquidity and investment movements.

The policy also ensures the Board reviews its approach to reserves annually and on a timely basis.

General reserves

Given the increasing complexity of the organisation, and in recognition of the fact that we are going through a significant programme of business transformation through the Sustainability Programme, the trustees consider that unrestricted free reserves need to be at least twelve months of budgeted expenditure excluding research awards, which equates to £25.2m as of 31 March 2026 (£27.8m at 31 March 2025). This is to protect against short-term falls in income and enable the charity to react strategically to other external factors. Twelve months' expenditure is felt to be an appropriate level to enable the charity to make decisions in a considered fashion if faced with an unforeseen existential threat to the organisation.

The revaluation reserve (£13.2m) is also considered unrestricted, but we maintain this as a separate fund to protect against any volatility in the value of our long-term investments.

Total free reserves were therefore £41.9m at the end of the financial year (2025: £56.9m).

Designations

Given the amount of planned change in the organisation, the trustees made several changes to our designated funds last year.

- Fixed assets (£2.9m at 31 March 2026); tangible and intangible fixed assets used to carry out the charity's activities, for example, land and buildings and IT Software.

- Funding commitment to defined benefit pension scheme (£1.9m at 31 March 2026); a legacy defined benefit pension scheme (closed to new entrants since 2010). The trustees of this scheme (The Pensions Trust) request that we hold £1.9m as a designated fund to mitigate the risk of any future funding shortfalls in the scheme.
- The anticipated costs of the Sustainability Programme (£12.5m at March 2026). The Sustainability Programme is expected to restore the organisation to an underlying break-even position.
- An anticipated increase in medical research spending of £7.5m in the short term to compensate for underspends in prior years.

Internal controls and risk management

Our Board of Trustees (the Board) is accountable for risk management across Arthritis UK. They are responsible for ensuring that we have adequate systems of internal control and risk management in place. The Board is supported in this by a dedicated Risk and Audit Committee (RAC). The RAC provides strategic oversight of our risk and assurance frameworks.

Risk framework

We continuously strive to improve our risk framework. This involves a greater focus on risk controls, as well as roles and responsibilities, to reduce the impact and probability of risks through effective and regular monitoring and management, underpinned by clear and simple processes and procedures developed and maintained by the Risk and Compliance Manager.

Central to this risk framework is our adoption of the 'rethinking risk' approach, which aims to improve our risk culture and create greater risk literacy across the organisation.

We have 7 thematic risk pillars that we use to categorise our risks; and a single, secure, real-time risk register that captures all our risks across the charity. We have also enhanced our risk appetite and tolerance statements; and developed standard operating procedures around the management of risk. Since 2025/26 our main focus has been on embedding the rethinking risk approach by ensuring that risk is the responsibility of everyone within Arthritis UK. This was achieved through the introduction of a new operational structure of risk management approved by the Senior Leadership Team (SLT) at the beginning of 2025, which holds heads of directorates accountable for risk management in their areas, through regular engagement with the Risk and Compliance Manager, to scrutinise their respective directorate risks.

Lastly, we have centralised our incident logs into a single, secure, real-time source, to produce accurate incident data to improve reporting to the SLT and the RAC. This gives us an opportunity to discuss lessons learned that can feed back into risk and compliance registers, as part of a 'feedback loop' of assurance.

Assurance framework

To ensure effective management of risks and a strong governance framework, we continue to operate a 'three lines' model of assurance.

First line of defence

The critical elements of the first line of defence are enhanced by clarifying the roles of risk owners, heads of directorates, and policy owners, and the Risk and Compliance Manager who provides regular training and support to ensure risks are managed at the appropriate level.

Second line

The second line of assurance is led by the charity's General Counsel and Company Secretary, supporting the SLT through legal and compliance monitoring.

Third line
Grant Thornton UK LLP provide an outsourced internal audit service, drawing on multi-disciplinary expertise. They undertake topical audits against a programme agreed annually with the SLT and the RAC. They also provide independent quality assurance relating to follow-up actions by management, as derived from topical audits.

Key strategic risks
We regularly undertake a full review of strategic risks, categorising them in accordance with the 7 thematic risk pillars mentioned above. There are typically 10 to 15 strategic risks in total on the strategic risk register, which are monitored and managed by the SLT regularly, with support from the Risk and Compliance Manager.

From the risks identified in the strategic risk register, by the end of 2025/26 no risks are deemed to have the potential to be 'severe', 9 risks are deemed to be 'moderate', and only 2 risks are deemed to be 'major', as follows:

1. The charity fails to prevent concentration of reliance on a small number of key individuals, leading to failure in operational practice or assurance (key person risk).

- This risk is mitigated through a redesign of our organisational structure in line with our sustainability programme. We are reducing the reliance on single individuals and decreasing siloed working. We are also creating robust standard operating procedures to ensure business continuity should departures occur.

2. The charity fails to deliver high-quality and impactful services to people with arthritis, resulting in a failure to deliver our charitable mission.

- This risk is mitigated through the roll out of our Service Evolution Programme which will review and implement impactful services in line with sustainability. Operations teams work closely with contract delivery and governance to ensure compliance.

Assessing performance in the year and looking to the future

This year, we are proud to report significant progress across all of our key priorities:

Achievements in 2025-26

Making MSK a government priority: We began the year with a highly effective campaign on proposed welfare reforms, with action from our supporters and others helping secure significant concessions, including the withdrawal of planned changes to Personal Independence Payment (PIP).

Since then, we have continued to engage with UK Government forums and charity partners to strengthen understanding of the importance of MSK health. We have also progressed our influencing approach by identifying clear priority themes to guide our advocacy in 2026/27 and beyond. See **Our influencing work** pp 24-27.

Research: We awarded £16.7 million to new research projects during the year, continuing to involve people with lived experience of arthritis (our Research Partners) in funding decisions. We recorded 151 Research Partner reviews, providing insight that benefits the research, researcher teams and Research Partners alike.

We also celebrated the impact of our Centre for Adolescent Rheumatology and Biomechanics and Bioengineering Centre, both of which continue to make significant contributions to understanding and improving arthritis care, through the launch of new impact reports. See **Our research impact** pp 28-31.

Delivering high-quality services: Our staff and volunteers supported people of all ages to live well with arthritis through a wide range of services, including our self-management courses, Young People and Families Service and our Helpline. This year saw the launch of Arthritis Connect, our new and improved online community platform, alongside continued development of the My Arthritis app – both of which will strengthen and extend the support we offer.

We also progressed our service evolution programme, using insight from an evidence-based review to improve our offer and help more people manage their arthritis and live well – all underpinned by our trusted, high-quality health information. See **Our services** pp 14-19.

Upskilling health and care professionals: We continue to provide practical engagement and training for health and care professionals, with a growing focus on nurses. Through Core Skills workshops, Patient Voice sessions and a well-attended new monthly webinar series, we have supported current and future professionals to build their skills and improve the treatment and care experienced by people living with arthritis. See **Professional engagement and education** pp 20-23.

Improving our Brand: We rebranded as Arthritis UK, following extensive research and consultation with people with arthritis and the wider community. Our new brand gives us a stronger presence which, alongside the continued support of our incredible community, will help us move closer to our ultimate vision: a future free from arthritis.

Organisational culture and structure: We continued to review and strengthen how we support our people to bring our vision and strategy to life, launching a new Learning and Development Framework and developing our Equity, Diversity and Inclusion Framework to help create an inclusive culture where everyone can thrive.

We also expanded opportunities for people with arthritis to shape our work – a highlight of which was bringing lived experience to the Timms Review of PIP reform. Alongside this, we successfully transitioned our Branches and Groups to a new Community Networks model, helping people with arthritis connect, feel supported and live the lives they choose. See **Our people** pp 34-37.

Efficient and effective operations: We continued to strengthen our organisational design, processes, systems and technology through our Sustainability and Transformation Programmes, helping ensure Arthritis UK remains an effective, efficient and sustainable charity, able to support people with arthritis for many years to come. Key milestones included relocation of our Chesterfield office to a smaller, more sustainable office in Sheffield and the launch and rollout of new finance, grant management and services event management systems, strengthening how we support people with arthritis and our staff and volunteers.

Objectives for 2026-27

To allow us to monitor our progress and ensure we reach our new strategic goals, we have set the following objectives for the upcoming year.

Strategic goals

Goals 1 2 3

- **Arthritis is prevented or diagnosed promptly and effectively.**
- **Everyone has equitable access to personalised treatment and care and the range of targeted treatments and cures available has expanded.**
- **People live well with arthritis and there is a strong community of support.**

Build the evidence to re-frame our narrative on arthritis and MSK conditions.

Complete the Services Evolution Programme and transition our services.

Organisational goals

Goal 4

- **We will transform awareness of arthritis and related MSK conditions, build the charity's profile and a strong, active, loyal community of support.**

Build our brand recognition and grow our community: develop and deliver a brand strategy focused on increasing brand reach and consideration, and a media and PR plan to increase understanding of arthritis and our organisation.

Goal 5

- **Arthritis UK is a sustainable, effective charity and a great place to work and volunteer.**

Develop and test a plan for diversifying our income (by developing fundraising products and campaigns that are relevant and meaningful to our audience).

Complete the Sustainability Programme ensuring we are able to reach a break-even budget on our core in 27/28.

Complete the Data and Systems Transformation programme.

Ensure our buildings are fully accessible and align with our property asset strategy.

Implement the recommendations from the Investors in People and wellbeing review.

Awards policy

Opportunities for funding are, under normal circumstances, subject to open competition, and applications were received via the online Grant Tracker system until early March 2026. From then onwards applications have been received via the online Omnistar system. Submitted applications are validated and, where appropriate, these applications also undergo independent, expert review.

The applications are considered by Funding Panels, who make recommendations to the Arthritis UK executive about whether an award should be made or whether the application should be rejected.

The panels are comprised of experts in the field and experts by experience. All reviewers undergo a strict assessment to identify any conflicts of interest prior to being asked to review an application.

When applications are recommended for an award, they are approved in accordance with Arthritis UK's schedule of authority and award agreements are issued, including conditions of the award or any contractual requirement for those awards. All awards are managed post-award for compliance, performance and impact, and appropriate dissemination of outputs are monitored.

It is essential that the charity is confident in all its award-making and that any award has been appropriately reviewed for feasibility, relevance, value for money and potential impact.

All awards made by Arthritis UK must go through a proportionate review process. There should always be in place an award management plan to monitor the award once made.

Arthritis UK adheres to the Association of Medical Research Charities (AMRC) Principles of Peer Review throughout all award-making, and abides by their six principles of expert review:

Proportionality
Charities must ensure the review process is 'fit for purpose' with reviews proportionate to both the size and scale of the award and the expertise sought sufficient and relevant to provide effective review. Charities must seek additional review for applications where there is a lack of expertise on a particular subject area on any research review committees or among in-depth reviewers used by the charity, or where the funding requested is substantial in relation to the charity's research spend.



Independence
Charities must take account of advice provided by experts who are independent of the charity's administrative staff and trustees.

Diversity
Charities must seek recommendations from a range of experts with relevant knowledge or experience, who appropriately reflect the views of a range of stakeholders. Charities must also consider the diversity of experts involved in the review process in terms of location, career stage, gender and ethnicity or other factors as appropriate.

Rotation
Charities must rotate the experts involved in decision making to ensure they are regularly incorporating fresh ideas and new perspectives into their expert review processes. This allows charities to incorporate the views of a range of individuals, including those who may not have been otherwise represented. It also allows charities to change the membership of their research review committee(s) as appropriate and required to meet their research strategy.

Impartiality
Charities must publish and adhere to a conflict-of-interest policy, specific to research funding. This policy must clearly articulate the types of conflicts that may arise in research funding contexts and specify the actions that conflicted committee members should take so that they are not able to influence funding decisions. Additionally, where research funding is awarded to trustees of the charity, this must be done according to the Charity Commission rules in Annex 1, AMRC's conflicts of interest guide, and the charity's governing documents (such as Articles of Association) must permit this.

Transparency
Charities must publish their research strategy and expert review process online so that external audiences can see the rigorous methods used to make research funding decisions, including the names of the experts involved in the decision-making process. It is important that charity funders share transparently how and why animals are used in research. When funding research involving animals, charities must consider the 3Rs (replacement, reduction and refinement) through expert review.



Structure, governance and management

Legal status

Arthritis UK is a charitable company. The governing document of the charity is its Articles of Association dated 13 January 1951 and last amended substantively on 15 June 2022. Arthritis UK is a company limited by guarantee, the liability of the members of the Board of Trustees being limited to £1 each. The change of our name from Versus Arthritis to Arthritis UK was certified at Companies House on 13 October 2025.

Arthritis UK is registered with the Charity Commission of England and Wales and the Office of the Scottish Charity Regulator. Arthritis UK (then as Arthritis Care and Arthritis Research UK) has informed the Charity Commission for Northern Ireland of its intention to register (as a 'Section 167 institution') and still waits to be called forward to do so.

Our management

Arthritis UK is governed by the Board of Trustees (the Board) who, for the purposes of the Companies Act 2006, are the directors of the charity and provide strategic leadership. Our Board guides and upholds Arthritis UK's values, strategy, business plans and budget. During the year, the Board held four formal meetings and numerous specialist committee meetings. The Board and Senior Leadership Team (SLT) also met for a strategic away day in Birmingham.

The Board delegates operational planning and day-to-day management, including financial authority, to the chief executive, and through the chief executive to the SLT, within approved limits.

The Board oversees the performance of the chief executive and the SLT through reports and briefings presented by them at board and committee meetings, as well as other interactions as required.

Arthritis UK makes all appointments in line with our equity, diversity and inclusivity (EDI) framework; and through inclusive and transparent processes, as appropriate.

Public benefit

Arthritis UK is a public benefit entity. In preparing this report, the trustees have referred to the Charity Commission's general guidance on public benefit and are satisfied that the activities undertaken by the charity meet the Commission's requirements.

Arthritis UK delivers public benefit by galvanising the wider arthritis community, so no one has to tolerate the fatigue, pain and isolation caused by arthritis. We do this by delivering direct services across the UK to people with arthritis – providing support and information; funding research that will provide new treatments and interventions; campaigning for policy change to ensure our

health and social care systems meet the needs of people with arthritis; and training healthcare professionals with the aim of both improving the care they give to people with arthritis and nurturing long-term allies who will support our policy and awareness-raising work.

The Board of Trustees reviews and signs off strategic plans in each of these domains, and reviews quarterly reports to understand progress made in each area.

Our subsidiary companies

Arthritis UK has one trading subsidiary (the charity had one trading subsidiary in 2024-25):

- Arthritis UK Trading Ltd (company number: 00891517), whose profits are donated to Arthritis UK.

The results of the trading subsidiary are consolidated with those of the charity on a line-by-line basis.

Our dormant subsidiary companies:

- Arthritis Care (Company number: 529321).
- Arthritis Matters Ltd (Company number: 10029084).

In addition, there are Arthritis UK community networks located throughout the UK. These are volunteer-led groups engaged in either fundraising or the provision of local services for people living with arthritis. None of these affiliated community networks are separate legal entities.

Section 172 statement:

Under the Companies Act 2006 (CA 2006), directors have seven general duties to the company. One of these duties, commonly referred to as the 's172 duty', is 'to promote the success of the company'. Part one of that duty requires directors to do so 'for the benefit of its members as a whole', and in doing so, to have regard to the following six factors:

- The likely consequences of any decisions in the long term.
- The interests of the company's employees.
- The need to foster the company's business relationships with suppliers, customers and others.
- The impact of the company's operations on the community and the environment.
- The reputation for a high standard of business conduct.
- The need to act fairly as between members of the company.

In a year when we continued to implement our strategic plan for 2023 to 2028, we paid significant attention to stakeholder engagement in the review process and the long-term impact of decision-making.

In the tables below, we report on the strategic decisions and arising actions that were made during the year, and the impact of those decisions.

We complied with our duties to consult and involve colleagues in accordance with Schedule 711(1)(a) of The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008		
People affected	**Our actions**	**Impacts**
Our employees	We regularly provided employees with information on matters of concern to them through a variety of channels, including our in-house newsletter ('Our Voice'), 'Base Camp' (our staff Intranet) regular meetings of wider staff and smaller manager groups, directorate meetings, and presentations from our CEO and other members of senior management. We consult employees on a regular basis so that their views are considered when making decisions which were likely to affect their interests, including through the above channels and through regular consultation with our employee forum.	To build a strong, positive culture in which staff and volunteers feel safe, happy and motivated to perform well, we used our information channels to further embed our values and behaviours through our appraisal and objective-setting activities.

We continued to press forward with our long-term commitment to diversity and inclusion		
People affected	**Our actions**	**Impacts**
Our employees	This work has been led by the SLT, supported by a dedicated manager, who continues to engage with staff across the charity on a group and one-to-one basis. We are implementing our Diversity and Inclusion (D&I) strategy and have continued D&I training for staff and embedded a diversity survey. The SLT and Board receive regular updates on Equity, Diversity and Inclusion (EDI) issues and oversee the work being done to embed our long-term EDI culture in line with our values and behaviours.	We recognised the need to provide continuous and ongoing reassurance through our actions and remain genuinely committed to learning from what has happened. This work is ongoing, so we continue to seek ways of making and embedding positive changes across the charity.

We continued to press forward with our long-term commitment to diversity and inclusion		
People affected	**Our actions**	**Impacts**
Our trustees	There was one change to the board in 2025-26. Details can be found on page 114. The Board has a suitable range of skills to support and constructively challenge the charity's strategy and risks but continues to monitor for any emerging skills gaps. Diversity and Inclusion (D&I) training is mandatory for all trustees. Completion of training by our Board members is documented. We include regular D&I information in the trustees' weekly newsletter.	We continue to look for opportunities to build a Board that delivers cultural diversity and inclusivity in the long-term. Six of the current 14 Board members are women. We now have a wider range of social backgrounds ages and lived experience of Arthritis present among our trustees than was the case in previous years. This is an ongoing process that we are committed to further improving. Trustees' awareness and understanding of the importance of D&I issues and best practice continues to be developed.

We continued to seek to be a financially sustainable charity, whilst continuing to operate a deficit budget (funded from reserves)		
People affected	**Our actions**	**Impacts**
Our beneficiaries	We continued to involve and consult people with arthritis, learning what they need from the charity and how those needs can be addressed. We developed our new strategy and business model.	The needs of people with arthritis are identified through insight derived from – or evidence relating to – those people themselves. This process will ensure that the charity can continue to make the biggest possible difference to their lives, making best use of available resources.
Our partners and suppliers	We worked to improve the management and governance of our reserves. And continue to monitor the position actively with the support of independent, regulated investment advisors.	The returns on our reserves are less volatile in support of financial sustainability, while supporting our environmental, social and governance (ESG) aims.
Our employees	We continued to embed our new HR system iTrent.	This system will give us increased control of our pay and leave processes and pave the way for more responsive performance management and recruitment processes in the future.
	We went live with a new finance system, Unit 4, at the start of 2025-26.	This system will support our drive towards sustainability, giving us a far more agile tool to manage the charity's complex finances.
	During 2025-26 we opened a new office in Sheffield City Centre closing our Chesterfield Office. This included consultation with our Chesterfield staff around the impact of a potential move.	A smaller, rented office will be enable us to work towards our sustainability goals while replacing a property that was no longer meeting our needs.
Our trustees	With the authority of our trustees, we took steps to market a property that was formerly used for research purposes. A planning issue delayed progress on this disposal, but the terms of sale of this property have now been agreed.	The sale of this property will provide a substantial boost to our income, assisting us in our drive towards sustainability.

Energy use disclosure

In accordance with the requirements of Streamlined Energy & Carbon Reporting (SECR), imposed by the 2018 SECR Regulations, we are required to disclose energy and carbon information for Scope 1 and Scope 2.

Summary

This SECR report outlines Arthritis UK's Scope 1 and 2 greenhouse gas emissions and energy use for the financial year 1 April 2025 to 31 March 2026. The data represents the charity's UK operations under direct operational control, reflecting our commitment to transparency and environmental responsibility.

Reporting details

- Reporting Period: 1 April 2025 – 31 March 2026.
- Reporting Boundary: All UK operations where the charity has operational control, including owned and leased offices where energy use is managed by the charity.
- Sites Included: Copeman House (Chesterfield) and The McCune Building (Belfast).
- Exclusions: Offices where Arthritis UK does not control utility procurement (e.g. landlord-managed properties) are excluded.
- Data Source: Actual utility bills.
- Emission Methodology: Emissions calculated using the UK Government 2025 Greenhouse Gas (GHG) Conversion Factors (location-based approach).

Using the **2025 UK Government DESNZ conversion factors** from the official methodology tables: (gov.uk)

Emission factors used			
Energy Source	**Scope**	**Factor (2024/25)**	**Factor (2025/26)**
Natural Gas (Gross CV)	Scope 1	0.18316 kg CO_2e/kWh	0.20269 kgCO_2e/kWh
UK Grid Electricity (Location-based)	Scope 2	0.20705 kg CO_2e/kWh	0.12431 kgCO_2e/kWh

Energy consumption		
Source of Energy	**Energy Consumption (kWh) (2024/25)**	**Energy Consumption (kWh) (2025/26)**
Natural gas (scope 1)	15,436.9	15,814.08
Electricity (scope 2)	13,837.9	6,088.58

t CO_2e = tonnes of carbon dioxide equivalent
kWh = kilowatt-hour

Greenhouse gas emissions (2025/26)				
Type	**Scope**	**Units used (kWh)**	**Conversion Factor (CO_2e/kWh)**	**Emissions (tCO_2)**
Gas	1	78,021.02	0.20269	15.81 CO_2e (15,814.08 kg)
Electricity	2	48,979.00	0.12431	6.089 CO_2e (6,088.58 kg)
			Total	**21.90 CO_2e (21,902.66 kg)**

Greenhouse gas emissions (2024/25) restated				
Type	**Scope**	**Units used (kWh)**	**Conversion Factor (CO_2e/kWh)**	**Emissions (tCO_2)**
Gas	1	84,247.80	0.18316	15.43 CO_2e (15,430.83 kg)
Electricity	2	55,308.63	0.20705	11.45 CO_2e (11,451.65 kg)
			Total	**26.89 CO_2e (26,882.48 kg)**

Intensity ratio		
Intensity Metric	**Value (2024/25)**	**Value (2025/26)**
Per m² of occupied office space (739 m²)	**0.04 t CO_2e / m²**	**0.03 t CO_2e / m²**
Per full-time equivalent (FTE) employee (67.5)	**0.35 t CO_2e / FTE**	**0.32 t CO_2e / FTE**

tCO_2e = tonnes of carbon dioxide equivalent
kWh = kilowatt-hour

These metrics reflect emissions and staffing from two out of five operational sites. These locations are under Arthritis UK's operational control and are the only sites where Scope 1 and 2 data is available.

Energy efficiency actions

- The decision was made to relocate our Chesterfield office to a smaller more sustainable office in Sheffield, which took place in June 2026. Plans were put in place to ensure minimal waste and furniture was either reused, recycled or upcycled as part of this move.
- Joined a Charity Sustainability Network with several other charities.
- Implemented further recycling and food waste segregation across our offices.

Intensity ratio – KPI

To measure the success of reducing our carbon footprint over time, we have set an intensity ratio. Income generated by 1KG CO_2e.

In 2025/26 this equated to £196 (2024/25 £195).

We are continuingly trying to improve our carbon reporting on a year-on-year basis.

Type	Unit	Units used	Conversion Factor	25/26 GHG tCO_2e	24/25 GHG tCO_2e (restated)
Electricity	kWh	48,979.00	0.12431	6.089	11.45
Gas	kWh	78,021.02	0.20269	15.81	15.44
				21.90	**26.89**

Prior year restatement:

During preparation of the 2025/26 carbon inventory, an error was identified in the 2024/25 electricity consumption data relating to the two-building portfolio. The 2024/25 electricity usage and associated Scope 2 emissions have therefore been restated from the previously reported figure to ensure year-on-year comparability. This restatement affects the prior year comparator only and does not affect the 2025/26 underlying consumption data.

The electricity consumption for 2024/25 has been restated from **66,277.37 kWh** to **55,308.63 kWh**, resulting in associated emissions being revised from **13.72 tCO_2e** to **11.45 tCO_2e**.

This revision reduces the electricity consumption by approximately **10,969 kWh** (around **16.5%**) and changes emissions by about **2.27 tCO_2e**.

tCO_2e = tonnes of carbon dioxide equivalent
kWh = kilowatt-hour

Remuneration policy

Our pay framework aims to create a fair, equitable, transparent, financially sustainable, market competitive, structured pay system which is reflective of our culture and values – while supporting effective recruitment and retention.

The pay framework was implemented in April 2024 and is subject to an annual cost of living award in keeping with sector pay increases and informed by internal and external factors. The pay framework is accompanied by a Total Reward policy which applies to all job roles within Arthritis UK, including the Chief Executive and all directors.

We aim to operate a pay framework that is based on objective criteria and free from gender bias. We prepare an annual gender pay gap report to identify any differences in the average pay between men and women in our organisation, and we publish the information on our website along with further information on our approach to pay.

In addition to our commitment to fair pay, we also offer our employees an attractive benefits package and we support flexible and hybrid working. Along with our culture and values and our commitment to learning and development, these form our total reward offer.

The remuneration of senior management, including the Chief Executive, is set by the Appointments, Remuneration and Governance Committee. Remuneration of all employees of Arthritis UK paid in excess of £125k must be approved by the Board. This figure will be reviewed from time to time and be amended in the Scheme of Authority.

Our approach to fundraising

Section 144 (2) of the Charities Act 2011 and Sections 13 and 14 of the Charities (Protection and Social Investment) Act 2016 require Arthritis UK to provide information about our fundraising activities.

Below, we report on our fundraising efforts and the ways we make sure that our fundraising complies with regulation and with best practice in our sector.

How we fundraise
While gifts in Wills make up the majority of the income that we receive, we also raise funds from a variety of voluntary and earned income sources.

We focus on finding and engaging with supporters, donors, funders and partners who share our vision and can help us raise funds.

We use relationship fundraising methods, including direct marketing, to help us find and engage with donors, partnering with marketing companies to produce fundraising materials for this purpose.

We also offer different ways for our supporters to get involved and help us raise funds to improve life for people with arthritis. These opportunities include legacies, playing our online lottery, receiving Inspire magazine, and taking part in sponsored events or donations in response to our appeals.

With no current investment in face-to-face or door-to-door fundraising, we have used digital fundraising activity to encourage the wider community to engage in fundraising through online challenges.

We also worked in partnership with individuals, trusts, foundations and companies who give generously to support all aspects of our work.

Our values influence everything we do – and that includes fundraising. Our approach to the acceptance and refusal of donations and fundraising partnerships is rooted in our values of being united, compassionate, inclusive and brave.

We apply principles of due diligence to our stance on accepting donations and partnerships, particularly in the pharmaceutical sector.

We believe that this approach is fundamental to demonstrating our integrity, protecting our reputation, and ensuring the public trust and confidence essential to allow us to do more to realise our vision of a future free from arthritis. In line with this approach, we do not accept donations in the form of Crypto currency.

We also take care to recognise our duty to protect vulnerable people in all aspects of our fundraising and this responsibility is enshrined in our fundraising policy.

Fundraising regulation
We are committed to raising funds in an ethical and appropriate way. We are registered with the Fundraising Regulator and the Fundraising Preference Service, and are members of the Chartered Institute of Fundraising, and the Lotteries Council. We are also licenced by the Gambling Commission.

Our Fundraising promise outlines our commitment to fundraise in a way that is honest, respectful and fair, meeting the highest standards of the charity sector.

To meet our commitment to our fundraising promise, we monitor our fundraising activities from both a performance and a compliance perspective.

We base our compliance on the Code of Fundraising Practice, and we monitor the activities of both our fundraising teams and volunteers against that code.

During 2025/26 we actively engaged with the Fundraising Regulator in the implementation of the updated of the Code of Fundraising practice, and our Fundraising Compliance Manager sits on the Fundraising Regulator's Standards Committee.

All fundraising and volunteering staff members receive a monthly digest of updates from the Fundraising Regulator and other key regulatory bodies. Finally, all staff members engaged in fundraising receive an 'introduction to fundraising compliance' as part of their induction.

Fundraising complaints resolution
In 2025/26, we received twelve complaints about our fundraising activity, compared with ten complaints in the previous year. This is a reflection of our commitment to actively engage with our supporters in order to diversify our sources of income. We are committed to addressing all complaints in a timely way, and through investigation we resolved all of these complaints within 10 working days.

We log all complaints received in our customer relationship management database. The database is monitored regularly by our complaints coordinator, allowing us to review and share the lessons to be learned from complaints, and use that learning to help inform future fundraising activity.

In dealing with complaints, we ensure compliance with the Code of Fundraising Practice.

Fundraising preference service
As part of our fundraising promise, we receive and act upon suppression requests made through the Fundraising Preference Service. In 2025/26, we received ten such requests and actioned them well within the 28-day period required. This the same number of requests we received in 2024/25.

Managing risk in fundraising
As part of Arthritis UK's commitment to managing risk well across the charity, an Income and Engagement risk register is used to dynamically identify and monitor risks to our fundraising activity and ensure swift mitigations are put in place wherever possible.

Protecting people and their data

We take our responsibility to manage our supporters' data seriously. We take active steps to respect people's privacy and their communication choices. We are investing in our technology infrastructure and have clear data governance procedures in place to help us.

In line with the General Data Protection Regulation (GDPR) legislation, we publish our privacy notice. This notice outlines how we manage people's data. Where we use direct marketing or process donations, we ensure we are GDPR-compliant and valid consent is sought that is specific, clear and easy to withdraw by our supporters.

We do not swap, sell or share our supporters' details with other charities or organisations for marketing purposes.

In line with the code of fundraising practice, we are particularly aware of the risks to vulnerable people and other members of the public from fundraising behaviour that unreasonably intrudes on their privacy, is unreasonably persistent, or places undue pressure on a person to give money or other property.

Any serious incident or potential serious incident that is reported concerning fundraising activity is investigated thoroughly, following serious incident procedures. If the incident is found to be serious, we will, for transparency, promptly report this to the Fundraising Regulator and/or Charity Commission.

Finally, we've put in place a safeguarding policy which is supported by an overarching procedure and detailed processes. All Arthritis UK employees, including all fundraising staff, are required to complete comprehensive safeguarding training. Two members of the fundraising team are designated safeguarding persons (DSPs), and as such provide safeguarding support across the charity as part of an organisation-wide DSP (now called Safeguarding Champion) network.

Our Board of Trustees

The Board of Trustees is responsible for the overall governance, policy and work of Arthritis UK.

It is also responsible for ensuring that Arthritis UK delivers charitable outcomes for the benefit of people who live with all forms of arthritis, in accordance with its charitable purposes.

The trustees are volunteers and do not receive any remuneration for their services, but they may claim reasonable expenses that are properly incurred in connection with attendance at meetings or other duties. The Board of Trustees meets formally at least four times each year.

Trustees are recruited in accordance with Arthritis UK's Articles of Association and through a transparent, open recruitment

procedure. As set out in the Articles of Association, new trustees are appointed for their first term of office by the Appointments, Remuneration and Governance Committee, and continue in office until the next Board meeting, when the appointment is approved by the trustees.

New trustees are given a comprehensive induction. The continuing development of all trustees is addressed through regular updates and refresher presentations, including through invited expert speakers at Board meetings and at an annual residential conference.

Board committees

The Board has established a number of subcommittees with terms of reference and whose members are set out from page 112. During the year that ended 31 March 2026, the trustees received support from the committees listed below:

- Appointments, Remuneration and Governance Committee
- Finance Committee (an Investment Committee advises the Finance Committee on investment management)
- Charitable Purposes Committee
- Risk and Audit Committee
- Marketing and Communications Committee

All committees operate under specific terms of reference drawn up by the Board of Trustees, which maintains governance oversight of the activities and decisions of each committee.

Statement of trustees' responsibilities

The trustees (who are also directors of Arthritis UK for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and regulations.

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

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

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice.
- 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 the charitable group will continue in business.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions; to disclose with reasonable accuracy at any time the financial position of the company and to ensure that the financial

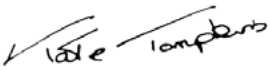
statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group, and for taking reasonable steps to prevent and detect fraud and other irregularities.

The trustees confirm that insofar as each is aware:

- There is no relevant audit information of which the charitable company's auditor is not aware.
- They have taken all necessary steps to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

The trustees' report, incorporating the strategic report, was approved by the Board of Trustees on 15/10/2026 and signed on its behalf on:



Kate Tompkins
Chair of the Board of Trustees



Graham Colbert
Treasurer

Independent auditor's report

to the members and trustees of Arthritis UK

Report on the audit of the financial statements

Opinion

In our opinion, the financial statements:

- give a true and fair view of the state of the Group's and of the Parent Charitable Company's affairs as at 31 March 2026 and of the Group's incoming resources and application of resources, and the Group's cash flows 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, as amended.

We have audited the financial statements of Arthritis UK ("the Parent Charitable Company") and its subsidiaries ("the Group") for the year ended 31 March 2026 which comprise the following:

- Group – Parent Charitable Company
- Consolidated statement of financial activities
- Consolidated balance sheet – Charity Balance sheet
- Consolidated statement of cash flows
- Notes 1 - 22 to the consolidated financial statements
- 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).

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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence
We remain independent of the Group and the Parent Charitable Company in accordance with the ethical requirements 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.

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group and the Parent Charitable Company'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. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Group and the Parent Charitable Company's ability to continue as a going concern.

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. The other information comprises the information included in the Annual Report and Accounts, 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 there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Other Companies Act 2006 reporting
In our opinion, based on the work undertaken in the course of the 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, which are included in the Trustees' Report, have been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the Group and the Parent Charitable Company and its environment obtained in the course of the audit, we have not identified material misstatement in the Strategic report or 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:

- proper and adequate accounting records have not been kept by the Parent Charitable Company, or returns adequate for our audit have not been received from branches not visited by us; or

- the Parent Charitable Company financial statements are not in agreement with the accounting records and returns; or

- certain disclosures of Directors' 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, 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 determines 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 Group's and the Parent 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 Group or the Parent 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.

However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the Charitable Company and management.

Extent to which the audit was capable of detecting irregularities, including fraud
Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Non-compliance with laws and regulations
Based on:

- Our understanding of the Group and the sector in which it operates;
- Discussion with management and those charged with governance; and
- Obtaining and understanding of the Group's policies and procedures regarding compliance with laws and regulations

we considered the significant laws and regulations to be the applicable accounting framework, being the Charities Act, Companies Act, Charity Commission for England and Wales (Charity Commission) regulations, Charities and Trustee Investment (Scotland) Act 2005, Charities Accounts (Scotland) Regulations 2006, and UK tax legislation.

The Group is also subject to laws and regulations where the consequence of non-compliance could have a material effect on the amount or disclosures in the financial statements, for example through the imposition of fines or litigations. We identified such laws and regulations to be fundraising regulations.

Our procedures in respect of the above included:

- Enquiries of management whether there were any litigations and claims;
- Review of minutes of meeting of those charged with governance for any instances of non-compliance with laws and regulations;
- Review of correspondence with regulatory and tax authorities for any instances of non-compliance with laws and regulations;
- Review of financial statement disclosures and agreeing to supporting documentation;
- Review of serious incidents register and reporting; and
- Review of legal expenditure accounts to understand the nature of expenditure incurred.

Fraud

We assessed the susceptibility of the financial statements to material misstatement, including fraud. Our risk assessment procedures included:

- Enquiries with management and those charged with governance regarding any known or suspected instances of fraud;
- Obtaining an understanding of the Group's policies and procedures relating to:
  - Detecting and responding to the risks of fraud; and
  - Internal controls established to mitigate risks related to fraud.
- Review of minutes of meetings of those charged with governance for any known or suspected instances of fraud;
- Discussion amongst the engagement team as to how and where fraud might occur in the financial statements; and
- Performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.

Based on our risk assessment, we considered the areas most susceptible to fraud to be income recognition with regards to completeness and accuracy of income, recognition of income in the correct period and management override of controls.

Our procedures in respect of the above included:

- Testing journal entries throughout the year, which met a defined risk criteria, by agreeing to supporting documentation;
- Challenging assumptions made by management in their significant accounting estimates and judgements, in particular valuation of accrued legacy income, valuation of pension scheme liabilities and discounting of grant commitment liabilities;
- Testing income reconciliations and samples to supporting documentation;
- A critical review of the consolidation and, in particular, late journals posted at consolidated level;
- Review of unadjusted audit differences for indications of bias or deliberate misstatement; and
- A "stand back" review to consider all relevant audit evidence obtained, whether corroborative or contradictory.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team who were all deemed to have appropriate competence and capabilities and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting

one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

DocuSigned by:
Sarah Anderson
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Sarah Anderson (Senior Statutory Auditor)
For and on behalf of BDO LLP, statutory auditor
Manchester, UK

Date: 15/10/2026

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

Consolidated statement of financial activities

Incorporating an income and expenditure account for the year ended 31 March 2026

	Note	Unrestricted Funds £'000	Restricted Funds £'000	2026 Total Funds £'000	2025 Total Funds £'000
Income from					
Donations and legacies	2	19,094	1,419	20,513	25,638
Other trading activities	2	408	-	408	315
Investment income	2	1,581	-	1,581	1,754
Intellectual property income	2, 3	20	-	20	7
Charitable activities	2	558	1,809	2,367	2,049
Other	2	10	-	10	255
Total Income		**21,671**	**3,228**	**24,899**	**30,018**
Expenditure					
Raising funds	5	5,763	-	5,763	5,908
Investment management costs	5	137	-	137	175
Charitable activities:					
- Research	5	16,588	2,284	18,872	21,355
- Information, Services & Awareness	5	13,092	972	14,064	13,538
Total Expenditure	5	**35,580**	**3,256**	**38,836**	**40,976**
Net (expenditure) before net gains on investments		**(13,909)**	**(28)**	**(13,937)**	**(10,958)**
Net gains on investments	9	1,645	-	1,645	3,559
Net (losses) on cash investments		(16)	-	(16)	-
Actuarial gains on defined benefit scheme	18	10	-	10	269
Transfers between funds	15	-	-	-	-
Net movement in funds		(12,270)	(28)	(12,298)	(7,130)
Reconciliation of funds					
Funds brought forward as previously reported		**124,585**	**3,445**	**128,030**	**135,160**
Total funds carried forward		**112,315**	**3,417**	**115,732**	**128,030**

The charity has not presented its own statement of financial activities as permitted by Section 408 (4) of the Companies Act 2006.

The notes on pages 77 to 111 form part of these financial statements. All amounts relate to continuing activities.

Consolidated and Charity Balance Sheets
Company Number: 00490500

As at 31 March 2026	Note	Group 2026 £'000	Group 2025 £'000	Charity 2026 £'000	Charity 2025 £'000
Fixed assets					
Tangible assets	8	1,100	1,465	1,100	1,465
Intangible assets	8	1,797	1,763	1,797	1,763
Investments	9	104,694	111,257	104,944	111,507
Investment property	9	5,380	3,470	5,380	3,470
Total Fixed Assets		**112,971**	**117,955**	**113,221**	**118,205**
Current assets					
Stock		48	57	-	-
Debtors	11	16,392	20,121	16,633	20,265
Cash on deposit and in hand		32,995	33,121	32,534	32,777
Total Current Assets		**49,435**	**53,299**	**49,167**	**53,042**
Creditors – amounts falling due within one year					
Creditors	12	(1,271)	(1,569)	(1,259)	(1,556)
Grant payments due within one year	13	(18,931)	(18,408)	(18,931)	(18,408)
Total Creditors due within one year		**(20,202)**	**(19,977)**	**(20,190)**	**(19,964)**
Net current assets		**29,233**	**33,322**	**28,977**	**33,078**
Total assets less current liabilities		**142,204**	**151,277**	**142,198**	**151,283**
Creditors – amounts falling due after more than one year					
Grant payments due after more than one year	13	(25,589)	(22,369)	(25,589)	(22,369)
Provisions for liabilities	14	(236)	(221)	(236)	(221)
Net assets excluding pension liability		**116,379**	**128,687**	**116,373**	**128,693**
Pension liability		(647)	(657)	(647)	(657)
Net assets		**115,732**	**128,030**	**115,726**	**128,036**
The funds of the group: unrestricted income funds					
Designated funds	15, 16 & 17	57,301	57,632	57,301	57,632
Revaluation reserve		13,161	9,978	13,161	9,978
General funds	17	41,853	56,975	41,847	56,981
Total unrestricted funds		**112,315**	**124,585**	**112,309**	**124,591**
Restricted income funds	17	**3,417**	**3,445**	**3,417**	**3,445**
Total funds	**17**	**115,732**	**128,030**	**115,726**	**128,036**

Approved by the Trustees on 15/10/2026 and signed on its behalf on

Kate Tompkins
Chair of the Board of Trustees

Graham Colbert
Treasurer

The notes on pages 77 to 111 form part of these financial statements.

Consolidated Cash Flow Statement

For the year ended 31 March 2026	2026 £'000	2025 £'000
Cash flows from operating activities		
Net expenditure before net gains on investments	(13,937)	(10,958)
Depreciation	571	447
Dividends, interest and rent	(1,581)	(1,754)
Decrease/ (Increase) in stocks	9	(44)
Decrease in debtors	3,729	426
(Decrease) / Increase in creditors	(298)	81
Increase / (Decrease) in provisions	15	(274)
Increase in grant creditors	3,743	1,943
Net cash used in operating activities	**(7,749)**	**(10,133)**
Cash flows from investing activities		
Dividends, interest, and rent	1,581	1,754
Investment income	-	26
Purchase of property, plant & equipment	(240)	(1,890)
Proceeds from the sale of investments	6,528	7,510
Purchase of investments	(230)	(240)
Net cash provided by investing activities	**7,639**	**7,160**
Change in cash and cash equivalents in the reporting period	(110)	(2,973)
Cash and cash equivalents at the beginning of the reporting period	33,121	36,094
Cash and cash equivalents due to unrealised (losses)	(16)	-
Cash and cash equivalents at the end of the reporting period	**32,995**	**33,121**

No reconciliation of net debt has been prepared as the group holds only cash and cash equivalents and has no external debt or borrowings.

The notes on pages 77 to 111 form part of these financial statements.

Notes

to the consolidated financial statements for the year ended 31 March 2026

1. Accounting policies

Basis of preparation
The financial statements have been prepared in accordance with UK Generally Accepted Accounting Practice, comprising Financial Reporting Standard 102 – 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' ('FRS 102') and the Statement of Recommended Practice 'Accounting and Reporting by Charities' FRS 102 as revised in 2019 ('the SORP'), together with the reporting requirements of the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006. Arthritis UK is a public benefit entity.

The consolidated financial statements comprise the charity and its trading subsidiary Arthritis UK Trading Limited, which cover the year ending 31 March 2026. They have been prepared under the historical cost convention as modified by the revaluation of listed investments at market value and investment property to its fair value, being the agreed sale price less estimated costs to complete the sale. The charity's investment in its subsidiaries has been included in the accounts at cost as there is no readily available market value.

The total income and net expenditure dealt with in the financial statements of the charity was £24.9m and £12.3m respectively (2024/25 income £30.0m and net expenditure of £7.1m). This includes the results of the Arthritis UK community networks, which are volunteer-led groups engaged in either fundraising or provision of local services for people living with arthritis. None of the affiliated community networks are separate legal entities or hold a material level of funds.

Going concern
The trustees have reviewed our future plans alongside our financial position and financial forecasts, taking into account the levels of investment reserves and cash, and the systems of financial control and risk management. As a result of this review, the trustees believe that we are well placed to manage operational and financial risks successfully. Accordingly, the trustees have a reasonable expectation that the charity and the group have adequate resources to continue in operational existence for the foreseeable future. As a consequence, the trustees have not identified any material uncertainty relating to going concern and therefore continue to support the going concern basis in preparing the annual accounts.

Income
Income is recognised in the period in which entitlement is established, when economic benefit is probable, and the value can be measured reliably.

Legacies are accounted for when probate has been granted, and the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy, and any conditions attached to the legacy are either within the control of the charity or have been met.

Grants are recognised when the group is entitled to receipt. Grants receivable on terms that require the charity to carry out research or

other work are recognised as income when the performance obligations are satisfied.

Donations and charitable income from non-statutory trusts are accounted for when received.

Trading income is recognised on point of sale when the risks and rewards of ownership have passed to the buyer.

Income from investments is recognised in the period in which it is earned.

Income from intellectual property rights is recognised at the point at which the charity is notified that an amount is due.

Donated professional services are recognised as income and the corresponding expenditure at the fair value of the services received where the service would otherwise have been purchased by the charity and where value can be measured reliably.

No amounts are included in the financial statements for services donated by volunteers. Additionally, no amounts have been included for donated use of facilities, as such amounts are not considered to be financially significant. Income is attributable to UK activity.

Expenditure
Except in respect of Grants Payable (see below), expenditure is accounted for on an accrual basis.

Where costs cannot be directly attributed to particular activities, they have been allocated to activities on a basis consistent with the use of the resources.

Publicity costs relating to raising public awareness of the range of services the charity provides are included within the costs of Information, Services and Awareness.

Governance costs incurred consist of internal and external audit, legal advice for trustees and costs associated with constitutional and statutory requirements.

Support costs consist of central resources that support all activities undertaken by the charity. Further information can be found in note 5.

Support costs are allocated to activities on the basis of staffing resources within departments, using the same methodology as in previous years.

Irrecoverable VAT costs are included with the expenditure on which the VAT was charged in the Statement of Financial Activities.

Grants payable
Grant awards are charged to the financial statements as the obligation arises.

We recognise that upon entering into these agreements, a constructive liability for the full value of the contractual commitments is thereby entered into, and so, in line with Charities SORP, the full amount must be recognised in the year of the award.

Where material, grant liabilities in excess of one year are discounted to net present value to reflect the time value of money which is based on the investment returns with a similar risk profile.

If, subsequent to the full amount being recognised, the award is cancelled or the grantee is unable to meet the requirements of the grant, a negotiated withdrawal from the agreement takes place and any excess, unused amounts are shown as negative expenditure in the period.

Tangible fixed assets
Tangible fixed assets are stated at cost less depreciation. Depreciation is provided on a

straight-line basis at the rates set out below which are sufficient to write them down to their residual value over their estimated useful lives.

Freehold property	2%
Fixtures and fittings	10-25%
Computer equipment	33%
Plant & machinery	33%
Data & Systems Transformation	20%

Freehold land and investment property is not depreciated. Assets with a cost below £1,000 are not capitalised.

Intangible fixed assets
Intangible fixed assets are stated at cost less amortisation. Amortisation is provided on a straight-line basis at the rates set out below which are sufficient to write them down to £nil over their estimated useful lives.

Computer software & website	10%-33%
Product development & design	20%

Costs that are directly attributable to a product's development and design phase are recognised as intangible assets, provided they meet all of the following recognition requirements:

- The development costs can be measured reliably.
- The product is technically and commercially feasible so that it will be available for use or sale.
- The group intends to and has sufficient resources to complete the development.
- The group has the ability to use or sell the product, and that a market exists for the product.
- The product will generate probable future economic benefits.

Development and design costs not meeting these criteria for capitalisation are expensed as incurred.

Funds
Arthritis UK holds the following types of funds:

- Restricted Income – funds which are subject to restrictions imposed by the donors.
- Designated – money set aside by the trustees from unrestricted funds for a specific purpose. The aim and use of each designated fund is set out in the notes to the financial statements.
- General Reserve – unrestricted funds which can be used by the trustees for the general purposes of Arthritis UK.
- Revaluation Reserve – the difference between the historic cost of investments and their market value.

Further information on funds and the Reserves Policy can be found in the Financial Review on page 41.

All material transfers between funds must be approved by the Finance Committee.

Investments
Listed investments are shown in the balance sheet at their mid-market valuation.

Property shown on the balance sheet has been revalued to its fair value, being the agreed sale price less estimated costs to complete the sale.

Stock
Stocks consist of goods for resale and are stated at the lower of cost and net realisable value, except for new goods which have been donated for resale which are valued at wholesale cost.

Foreign currency
Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction. All monetary assets and liabilities in foreign currencies are translated into sterling at

the rates of exchange ruling at the balance sheet date. All differences are included in the Statement of Financial Activities.

Pensions
Pension contributions relating to both defined benefit and defined contribution arrangements, which are explained in note 16, are charged to the Statement of Financial Activities in the period in which they become payable.

As set out in note 16, a defined benefit pension fund which transferred from Arthritis Care at the point of merger, and its funds, are held separately from those of the charity in an independently administered scheme. The charity has adopted the full requirements of FRS 102 section 28. The surplus/(deficit) on the scheme, representing the excess/ shortfall of the value of the scheme assets above/below the present value of the scheme liabilities is recognised as an asset/liability on the balance sheet to the extent that the charity is able to recover the surplus, or has a legal or constructive obligation for the liability. A pension reserve is included within designated funds at the request of the pension trustees, to mitigate against any future liabilities in the scheme.

The assets of the defined contribution pension schemes are held separately from those of the charitable company in independently administered funds. The pension cost charged to the Statement of Financial Activities represents contributions payable under the scheme by the charitable company to the funds. The charity has no liability under the schemes other than for the payment of those contributions.

Leases
Rental costs under operating leases are charged to the Statement of Financial Activities on a straight-line basis over the lease term.

Debtors
A debtor arises when future economic benefits are expected to flow to the entity and is recognised at its recoverable amount.

Creditors
A liability is recognised at its settlement amount when there is a present obligation to the entity arising from past events.

Accounting estimates and judgements
The charity makes estimates and assumptions concerning the future. The resulting accounting estimates and judgements will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed below.

- **Legacies** – for estates with estimated values taken from the grant of probate, 10% of the gross estate is deducted to account for administrative costs. To be able to prepare financial statements in accordance with FRS102, Arthritis UK must make certain estimates and judgements that have an impact on the policies and the amount reported in the annual accounts. The estimates and judgements are based on historical experiences and other factors including expectations of future events that are believed to be reasonable at the time such estimates and judgements are made.

- **Defined benefit pension scheme** – no provision has been made in these acno provision has been made in these accounts for any deficit payments to the Arthritis Care legacy pension scheme. The Group has obligations to pay pension benefits to certain employees. The cost of these benefits and the present value of the obligation depends on a number of factors,

including life expectancy, salary increases, and the discount rate on corporate bonds. Management estimates these factors in determining the pension obligations in the balance sheet. The assumptions reflect historical experience and current trends. Note 16 details the actuarial assumptions used in determining the carrying amount at 31 March 2026.

- **Discounting of grant liabilities** – the rate applied to discount grant liabilities payable after more than twelve months requires an estimate of the appropriate discount rate, as well as an estimate of when the liability will be called down as a claim to be paid. A discount rate of 3% (2025: 3%) has been applied on the basis we have an opportunity gain via investments before we pay out (long-term expected CPIH + 4%).

Cash

Cash in hand consists of cash at bank and in hand, and short-term investments with an original maturity date of three months or less.

2. Income

	Unrestricted Income £'000	Restricted Income £'000	2026 Total Income £'000	Unrestricted Income £'000	Restricted Income £'000	2025 Total Income £'000
Donations and Legacies						
Legacies	16,462	1,352	17,814	20,439	2,409	22,848
Donations	2,268	67	2,335	1,909	278	2,187
Sponsorship	364	-	364	602	1	603
Total	**19,094**	**1,419**	**20,513**	**22,950**	**2,688**	**25,638**
Trading Activities	408	-	408	315	-	315
Investment Income						
Listed Investments	1,457	-	1,457	1,566	-	1,566
Unlisted Investments	2	-	2	6	-	6
Income from Investment Property	62	-	62	102	-	102
Bank Interest	60	-	60	80	-	80
Total	**1,581**	**-**	**1,581**	1,754	-	1,754
Intellectual Property Income (Note 3)	20	-	20	7	-	7
Income from charitable activities	558	1,809	2,367	623	1,426	2,049
Other income	10	-	10	255	-	255
Total Income	**21,671**	**3,228**	**24,899**	**25,904**	**4,114**	**30,018**

Income from charitable activities includes £1,472k from UK-based government bodies (2025: £639k).

During the year the charity benefited from donated media space and content design services to support awareness. These donations have been recognised at their estimated fair value based on rates that would have been charged for equivalent services in the open market.

	£'000
Donated media space	200
Donated content design services	60
Total gifts in kind recognised as income	**260**

3. Intellectual property income

	2026 £'000	2025 £'000
Intellectual Property Income	**20**	**7**

4. Net expenditure for the year

	2026 £'000	2025 £'000
Net Expenditure for the year is stated after charging / (crediting):		
Rentals payable under operating leases	670	403
Depreciation charge on tangible assets for the year (Note 8)	382	399
Amortisation charge on intangible assets for the year (Note 8)	189	48
Rents receivable	(61)	(102)
Fees payable to the charity's auditor and its associates for the audit of the charity's annual accounts	116	143
Prior year additional fees payable to the charity's auditor and its associates for the audit of the charity's annual accounts	-	11
Fees payable to the charity's auditor and its associates for other services to the group:		
- Taxation compliance services	13	23
- The audit of the charity's subsidiaries pursuant to legislation	13	13

5. Expenditure analysis

	Awards £'000	(Note 7) Staff Costs – including Direct & Support £'000	Direct Costs £'000	Support Costs £'000	2026 Total £'000
Raising Funds					
Legacies	-	380	78	126	584
Donations	-	2,905	1,047	895	4,847
Trading Activities	-	104	106	122	332
Total Cost of Raising Funds	**-**	**3,389**	**1,231**	**1,143**	**5,763**
Investment Management Costs	**-**	**-**	**136**	**1**	**137**
Charitable Activities					
Research	14,951	2,659	223	1,039	18,872
Information, Services & Awareness	-	9,331	2,286	2,447	14,064
Total Charitable Activities	**14,951**	**11,990**	**2,509**	**3,486**	**32,936**
Total Expenditure	**14,951**	**15,379**	**3,876**	**4,630**	**38,836**

Research and Information, Services & Awareness expenditure includes £3,256k (2025: £4,245k) of restricted expenditure.

Included within support costs is a credit of £1.2m relating to a business rates rebate, received during the year. The rebate arises from a reassessment and reclassification from business rates to council tax and relates to prior financial periods. In accordance with FRS 102 and the Charities SORP (FRS 102), this amount has been recognised in the current year as it does not represent a prior period error.

5. Expenditure analysis continued

Prior year comparative

	Awards £'000	(Note 6) Staff Costs – including Direct and Support £'000	Direct Costs £'000	Support Costs £'000	2025 Total £'000
Raising Funds					
Legacies	-	373	75	180	628
Donations	-	2,553	1,067	1,039	4,659
Trading Activities	-	238	168	215	621
Total Cost of Raising Funds	**-**	**3,164**	**1,310**	**1,434**	**5,908**
Investment Management Costs	**-**	**-**	**173**	**2**	**175**
Charitable Activities					
Research	16,615	2,993	262	1,485	21,355
Information, Services & Awareness	-	8,536	1,539	3,463	13,538
Total Charitable Activities	**16,615**	**11,529**	**1,801**	**4,948**	**34,893**
Total Expenditure	**16,615**	**14,693**	**3,284**	**6,384**	**40,976**

Support costs for the year ending March 2026

	Finance & Corporate Resources £'000	People & Organisational Development £'000	Engagement £'000	Governance £'000	Total £'000
Legacies	102	19	-	5	126
Donations	635	99	120	41	895
Activities	-	-	119	3	122
Investments	-	-	-	1	1
Research	597	102	179	161	1,039
Information, Services & Awareness	1,818	329	180	120	2,447
Total	**3,152**	**549**	**598**	**331**	**4,630**

5. Expenditure analysis continued

Prior year comparative

	Finance & Corporate Resources £'000	People & Organisational Development £'000	Engagement £'000	Governance £'000	Total £'000
Legacies	153	20	-	7	180
Donations	695	90	210	44	1,039
Activities	-	-	210	5	215
Investments	-	-	-	2	2
Research	855	111	314	205	1,485
Information, Services & Awareness	2,671	348	314	130	3,463
Total	**4,374**	**569**	**1,048**	**393**	**6,384**

The apportionment of support costs is based on staff resources related to activities except governance, which has been apportioned by total expenditure incurred by activities.

Governance costs analysed

	2026 £'000	2025 £'000
External Audit Fees	154	155
Internal Audit Fees	120	139
Board of Trustees Costs	12	14
Legal Costs	45	76
Other Costs	-	9
Total Governance Costs	**331**	**393**

6. Research grants new awards

The table below summarises all the new grant awards committed within the financial year.

	2026 £'000	2025 £'000
29 awards over £10,000 (2025: 21 awards)	16,705	17,256
Matched funding	(1,089)	-
Supplements to existing grants	-	49
Awards no longer required and other adjustments	(665)	(823)
Total Awards	**14,951**	**16,482**
Effect of discounting for grant liabilities	61	133
	15,012	**16,615**

6. Research grants new awards continued

All grant awards are made to institutions. Details of grants awarded over £10,000 are shown below.

	Number of New Grants	Awarded (over £10,000) £'000
Academy of Medical Sciences	1	134
City St George's University of London	1	53
Keele University	2	848
King's Health Partners	1	1,001
King's College London	2	4,133
Newcastle University	1	242
Nuffield Foundation	1	1,544
Queen Mary University of London	2	300
Royal Veterinary College	1	452
UCL Consultants Ltd	1	51
University of Brighton	1	108
University of Bristol	1	53
University of East Anglia	1	231
University of Edinburgh	1	112
University of Glasgow	2	994
University of Leeds	3	3,276
University of Liverpool	1	1,100
University of Manchester	1	250
University of Oxford	4	1,640
University of Southampton	1	183
Matched Funding	-	(1,089)
Awards no longer required and other adjustments	-	(665)
Unwinding of discounting for grant liabilities	-	61
Total Awards	**29**	**15,012**

7. Staff costs

	2026 £'000	2025 £'000
Gross salaries	12,632	12,275
Employer national insurance costs	1,631	1,333
Pension costs	1,012	957
Redundancy costs	42	214
Total staff costs	**15,317**	**14,779**
Staff costs capitalised	-	(86)
Attributable staff costs	**15,317**	**14,693**
Other staff costs	62	66
	15,379	**14,759**

For the years ending 31 March 2026 and 31 March 2025, the Senior Leadership Team are regarded as the key management personnel for the purposes of this note. (Further details on the leadership team can be found on page 114)

Remuneration and benefits of key management personnel are set out in the table below:

	Incl. pension and NI contributions		Excl. pension and NI contributions	
	2026 £'000	2025 £'000	2026 £'000	2025 £'000
Key management personnel	**829**	795	**678**	659

The remuneration paid to the Chief Executive.

	Gross Salary		Employer pension contributions		Employer NI contributions	
	2026 £'000	2025 £'000	2026 £'000	2025 £'000	2026 £'000	2025 £'000
Chief Executive officer	**152**	148	**15**	15	**19**	19

The average number of employees (headcount) and FTE during the year was:

	Average Headcount		Average FTE	
	2026	2025	2026	2025
Charitable Activities	235	239	217	222
Raising Funds	70	62	66	58
	305	**301**	**283**	**280**

An apportionment of support staff headcount is based on staff resources related to each activity.

The number of employees in the group whose benefits (excluding pension contributions) fell within the following bands during the year ending 31 March 2026 is set out below.

	2026 Key Management Headcount	2026 Total Headcount	2026 Actual Payments	2025 Key Management Headcount	2025 Total Headcount	2025 Actual Payments
£60,000-£69,999	-	14	£953,609	-	19	£1,282,529
£70,000-£79,999	-	6	£429,879	-	3	£214,506
£80,000-£89,999	-	5	£431,221	1	5	£424,141
£90,000-£99,999	-	-	-	3	3	£294,980
£100,00-£109,999	3	3	£303,538	-	-	-
£110,000-£119,000	2	2	£222,630	1	1	£113,019
£140,000-£149,999	-	-	-	1	1	£148,431
£150,000-£159,999	1	1	£152,142	-	-	-

Trustees receive no remuneration for their services in that capacity but, in line with the charity's expenses policy, seven trustees (2025, eleven) have been reimbursed for expenses directly incurred in carrying out their activities as trustee at a cost of £2,126 for the year ended 31 March 2026 (2025, £2,925).

The expenses policy applies to trustees and all staff, including the Senior Leadership Team.

In addition, the charity took out insurance to cover trustees' indemnity and professional indemnity for the year, at a cost of £7.4k (2025: £19k).

8. Tangible & intangible assets

Tangible

	Freehold Land and Buildings £'000	Fixtures & Fittings £'000	Computer Equipment £'000	Total £'000
Group & Charity Cost				
At 1 April 2025	681	2,404	1,969	**5,054**
Additions	-	-	18	**18**
Adjustment	-	-	-	**-**
Disposal	-	(344)	(504)	**(848)**
At 31 March 2026	681	2,060	1,483	**4,224**
Depreciation				
At 1 April 2025	467	1,483	1,640	**3,590**
Charge for the year	13	218	151	**382**
Release on disposal	-	(344)	(504)	**(848)**
At 31 March 2026	480	1,357	1,287	**3,124**
Net Book Value				
At 31 March 2026	201	703	196	**1,100**
At 31 March 2025	214	921	329	**1,464**

8. Tangible & intangible assets continued

Intangible

	Computer Software, Domain & Website £'000	Work in progress - Systems £'000	Total £'000
Group & Charity Cost			
At 1 April 2025	1,099	1,729	**2,828**
Additions	-	222	**222**
Transfer	905	(905)	**-**
Disposals	(230)	-	**(230)**
At 31 March 2026	1,774	1,046	**2,820**
Amortisation			
At 1 April 2025	1,064	-	**1,064**
Charge for the year	189	-	**189**
Released on disposal	(230)	-	**(230)**
At 31 March 2026	1,023	-	**1,023**
Net Book Value			
At 31 March 2026	751	1,046	**1,797**
At 31 March 2025	35	1,729	**1,763**

9. Investments

	Market Value 2026 £'000	Market Value 2025 £'000	Cost 2026 £'000	Cost 2025 £'000
Listed Investments:				
Global Stewardship fund	25,482	24,926	18,860	18,631
Troy Investment fund	55,662	58,212	47,510	53,510
Guardcap Investment fund	23,550	27,591	27,010	27,010
Other	-	528	-	528
Sub Total	**104,694**	**111,257**	**93,380**	**99,679**
Investment Property	**5,380**	**3,470**	**6,994**	**6,994**
Total Investments	**110,074**	**114,727**	**100,374**	**106,673**

Charity				
As stated above for the group	110,074	114,727	100,374	106,673
Investment in subsidiary	250	250	250	250
Total	**110,324**	**114,977**	**100,624**	**106,923**

Group and Charity Investments

	2026 £'000	2025 £'000
Carrying value (market value) at beginning of year	114,727	118,464
Additions during the reporting period	230	214
Disposals during the reporting period	(6,528)	(7,510)
Realised and unrealised gains on revaluation of investments	1,645	3,559
Carrying value (market value) at end of year	**110,074**	**114,727**

9. Investments continued

Reconciliation of revaluation of investments to net gains per SoFA

	2026 £'000	2025 £'000
Realised gains	903	1,306
Unrealised (losses) / gains	(1,168)	2,463
Unrealised (losses) / gains	**(265)**	**3,769**
Gains / (Losses) on revaluation of property	1,910	(210)
Realised and unrealised gains on revaluation of investments	**1,645**	**3,559**
Net Gains on investments (SoFA)	**1,645**	**3,559**

The portfolio of investments is managed on Arthritis UK's behalf by Baillie Gifford & Co, Troy, Guardcap and Abrdn.

During the year, the trustees entered into a contract for the sale of an unused property. At the reporting date, the sale had not completed and was therefore still recognised as an investment property. The property has been revalued to its fair value, being the agreed sale price less estimated costs to complete the sale. The trustees consider this to represent the best estimate of fair value at the balance sheet date.

10. Subsidiary companies

The charity owns 100% of the 250,000 issued ordinary shares of Arthritis UK Trading Ltd (formerly Arthritis Research UK Trading Ltd), a company registered in England (Company number: 00891517). The company is principally engaged in the sale of Christmas cards on behalf of the parent charity. The results of Arthritis UK Trading Ltd have been consolidated with those of the charity on a line-by-line basis. All taxable profits of the subsidiary are donated to the charity. A summary of the results of the subsidiary is shown below:

Arthritis UK Trading Ltd

	2026 £'000	2025 £'000
Turnover	126	140
Cost of sales	(37)	(47)
Gross profit	**89**	**93**
Bank interest and other income	4	9
Administrative expenses	(82)	(106)
Net (loss) for the year	**11**	**(4)**

The aggregate of the assets, liabilities and capital and reserves was:

	2026 £'000	2025 £'000
Assets	509	388
Liabilities	(258)	(149)
Net Assets	**251**	**239**
Share Capital	250	250
Reserves	1	(11)
Funds	**251**	**239**

Charity investment in subsidiary

	2026 £'000	2025 £'000
Investment in subsidiary (Arthritis UK Trading Limited) Allotted, issued, and fully paid 250,000 ordinary shares of £1 each	**250**	**250**

Dormant subsidiaries

The charity has two subsidiary dormant companies: Arthritis Matters Ltd (Company number: 10029084) and Arthritis Care Ltd (Company number: 529321).

Custodian holdings

The charity has been acting as a custodian, holding investments on behalf of the Maisie Lewis fund. This was a fund bequeathed to support the funding of a position at the Kennedy Institute of Rheumatology. The value of the investment is insufficient to fulfil its original purpose to meet with the terms of the Trust Deed. The charity has been in discussions with the Kennedy Trust and the remaining family of the Bequestor to improve the impact of the fund by using it for a research project in the future. The total value of the fund is £305.6m and continues to be invested until the winding up of the Maisie Lewis Charity can be completed and the monies transferred to the Kennedy trust as agreed. This fund does not form part of the charity's balance sheet.

11. Debtors

	Group		Charity	
	2026 £'000	2025 £'000	2026 £'000	2025 £'000
Amount due from group undertakings	-	-	246	136
Gift Aid recoverable	372	458	372	458
VAT	13	-	13	-
Prepayments	192	273	192	273
Accrued income	15,712	19,187	15,712	19,188
Other debtors	103	203	98	210
	16,392	**20,121**	**16,633**	**20,265**

As at 31 March 2026 there was a contingent asset for legacies notified which did not meet the Charities SORP criteria for recognition for income which totalled £5.49m (2025: £4.12m).

12. Creditors

	Group		Charity	
	2026 £'000	2025 £'000	2026 £'000	2025 £'000
Amount due to group undertakings	-	-	-	-
Trade creditors	342	427	342	427
Other creditors	40	45	40	45
Taxes and Social Security	391	377	391	377
VAT	-	31	-	31
Accruals	498	689	486	676
	1,271	**1,569**	**1,259**	**1,556**

13. Grant creditors

Grant awards are reviewed and agreed by a committee, which includes various people from different fields of expertise. A letter of award is issued, and once this contract is signed we recognise the expense in the financial statements.

Group & Charity Grant creditors:

		2026 £'000
Grant Creditors		
Balance at 1 April 2025		**40,777**
New awards		16,705
Awards paid	11,859	
Matched funding	1,089	
Unutilised Grants	665	
Other movements	(590)	
Effect of discounting for grant liabilities	(61)	
Movement in year		**(12,962)**
Balance at 31 March 2026		**44,520**

	£'000
Grants payable within one year:	**18,931**
Grants payable after more than one year:	
Year 2	10,711
Year 3	8,321
Year 4	4,283
Year 5 +	2,273

Group & Charity Grant creditors:

		2025 £'000
Grant Creditors		
Balance at 1 April 2024		**38,834**
New awards		16,464
Awards paid	14,415	
Other movements	(133)	
Effect of discounting for grant liabilities	239	
		(14,521)
Movement in year		**1,943**
Balance at 31 March 2025		**40,777**

	£'000
Grants payable within one year:	**18,408**
Grants payable after more than one year:	**22,369**
Year 2	10,352
Year 3	6,787
Year 4	4,142
Year 5 +	1,087

14. Provisions for liabilities – group & charity

For the year ending 31 March 2026

	Dilapidation £'000	Holiday Pay £'000	Total £'000
At 1 April	**88**	**133**	**221**
Charge during the year	15	-	15
Utilised during the year	-	-	-
At 31 March	**103**	**133**	**236**

For the year ending 31 March 2025

	Dilapidation £'000	Holiday Pay £'000	Total £'000
At 1 April	**367**	**128**	**495**
Charge during the year	11	5	16
Utilised during the year	(290)	-	(290)
At 31 March	**88**	**133**	**221**

15. Movement in funds

For the year ending 31 March 2026

	General Funds £'000	Revaluation Reserve £'000	Designated Funds £'000	Restricted Funds £'000	Group Total £'000
Funds brought forward	**56,975**	**9,978**	**57,632**	**3,445**	**128,030**
Income	21,671	-	-	3,228	24,899
Expenditure	(35,580)	-	-	(3,256)	(38,836)
Net realised / unrealised investment gains	1,629	-	-	-	1,629
Actuarial gains on defined benefit scheme	10	-	-	-	10
Other transfers between funds	(2,852)	3,183	(331)	-	-
Total recognised (losses) / gains for the financial year	**(15,122)**	**3,183**	**(331)**	**(28)**	**(12,298)**
Balance sheet at 31 March 2026	**41,853**	**13,161**	**57,301**	**3,417**	**115,732**

A full analysis of designated funds is provided in note 16. The revaluation reserve represents the difference between the historic cost of investments and their market value amount.

For the year ending 31 March 2025

	General Funds £'000	Revaluation Reserve £'000	Designated Funds £'000	Restricted Funds £'000	Group Total £'000
Funds brought forward	**68,246**	**7,701**	**56,189**	**3,024**	**135,160**
Income	25,904	-	-	4,114	30,018
Expenditure	(36,733)	-	-	(4,243)	(40,976)
Net realised / unrealised investment gains	3,559	-	-	-	3,559
Actuarial gains on defined benefit scheme	269	-	-	-	269
Other transfers between funds	(4,270)	2,277	1,443	550	-
Total recognised (losses) / gains for the financial year	**(11,271)**	**2,277**	**1,443**	**421**	**(7,130)**
Balance sheet at 31 March 2025	**56,975**	**9,978**	**57,632**	**3,445**	**128,030**

15. Movement in funds continued

Movement in Restricted Income Funds for the year ending 31 March 2026
Group and Charity

Donor funded projects	Balance Sheet at 1 April 2025 £'000	Transfers £'000	Income £'000	Expenditure £'000	Balance Sheet as at 31 March 2026 £'000
Research					
Ankylosing spondylitis	-	-	28	20	8
Carpal Tunnel	-	-	138	35	103
Facilitating PPIE in MSK research	-	85	-	-	85
Inflammatory arthritis	283	-	457	387	353
Juvenile idiopathic arthritis (JIA)	72	-	255	98	229
Knee pain	12	-	31	31	12
National Lottery Community Fund (NI)	29	-	14	42	1
Osteoarthritis (OA)	332	-	452	340	444
Osteoporosis (OP)	76	-	-	76	-
Pain	30	-	192	70	152
Physical activity offer	39	-	47	56	30
Public health and policy research	15	-	-	15	-
Rheumatoid arthritis (RA)	830	-	449	511	768
Sjogren disease	617	-	-	215	402
Sjogren's syndrome, systemic Lupus erythemal	-	-	34	34	-
Small restricted projects	376	-	33	327	82
Spondyloarthritis	-	-	51	26	25
Systemic lupus erythematosus	-	-	73	-	73
Systemic sclerosis	-	-	-	-	-
Contribution to research costs	-	-	1	1	-
Un-allocated to project/programme	393	(185)	37	-	245
Sub Total Research	**3,104**	**(100)**	**2,292**	**2,284**	**3,012**

15. Movement in funds continued

Movement in Restricted Income Funds for the year ending 31 March 2026
Group and Charity

	Balance Sheet at 1 April 2025 £'000	Transfers £'000	Income £'000	Expenditure £'000	Balance Sheet as at 31 March 2026 £'000
Central and Regional Funds					
Services	5	(5)	508	508	-
Regions	-	100	362	395	67
Young People & Families	-	5	64	69	-
Community networks	336	-	2	-	338
Sub-total Central & Regional	**341**	**100**	**936**	**972**	**405**
Total Restricted Funds	**3,445**	**-**	**3,228**	**3,256**	**3,417**

15. Movement in funds continued

Movement in Restricted Income Funds for the year ending 31 March 2025
Group and Charity

Donor funded projects	Balance Sheet at 1 April 2024 £'000	Transfers £'000	Income £'000	Expenditure £'000	Balance Sheet as at 31 March 2025 £'000
Research					
ANCA-associated vasculitis	-	-	20	20	-
Ankylosing spondylitis	116	-	-	116	-
Costs	-	-	-	-	-
Cutaneous Systemic Sclerosis	2	(2)	-	-	-
Inflammatory arthritis	-	-	283	-	283
Juvenile idiopathic arthritis	-	-	135	63	72
Knee Pain	51	-	-	39	12
Local Networks / Volunteering	1	-	-	1	-
Living Well with Arthritis	3	-	-	3	-
National Lottery Community Fund (NI)	29	-	110	110	29
National Lottery Community Fund	12	-	-	12	-
Osteoarthritis (OA)	456	550	343	1,017	332
Osteoporosis (OP)	96	-	8	28	76
Pain	1	-	85	56	30
Physical Activity Offer	-	-	336	297	39
Public health and policy	-	-	23	8	15
Rheumatoid Arthritis (RA)	393	2	1,246	811	830
Scleroderma	-	-	2	2	-
Sjögren's disease	634	-	-	17	617
Small restricted projects	439	-	311	374	376
Systemic lupus erythematosus	34	-	-	34	-
Systemic sclerosis	58	(34)	23	47	-
Un-allocated to project/programme	174	34	185	-	393
Young People & Families	-	-	90	90	-
Contribution to research costs		-	27	27	-
Sub Total Research	**2.499**	**550**	**3,227**	**3,172**	**3,104**

15. Movement in funds continued

Movement in Restricted Income Funds for the year ending 31 March 2025
Group and Charity

	Balance Sheet at 1 April 2024 £'000	Transfers £'000	Income £'000	Expenditure £'000	Balance Sheet as at 31 March 2025 £'000
Central and Regional Funds					
Information	-	-	-	-	-
Services	15	-	599	609	5
Regions	194	-	268	462	-
Community networks	316	-	20	-	336
Sub-total Central & Regional	**525**	**-**	**887**	**1,071**	**341**
Total Restricted Funds	**3,024**	**550**	**4,114**	**4,243**	**3,445**

Restricted funds are appropriately allocated in accordance with the restrictions associated with the funds. Until restricted income is allocated to a project, it is held under unallocated funds.

Transfers within the year refer to amounts held initially within one reserve but upon review moved to another (for example, where funds were left specifically to a branch that has since closed, we have gone back to the legacy wording / branch activities to honour the donor intention for those funds as closely as possible).

16. Designated funds – group & charity

	Balance at 1 April 2025 £'000	Transfer from / (to) general fund £'000	Balance at 31 March 2026 £'000
Research proposals	20,000	-	20,000
Medical research projects	7,500	-	7,500
Sustainability programme	12,500	-	12,500
Sustainability programme	12,500	-	12,500
Pension (TPT)	1,904	-	1,904
Fixed asset fund	3,228	(331)	2,897
Total	**57,632**	**(331)**	**57,301**

17. Analysis of net assets by fund

Group	General Funds £'000	Designated Funds £'000	Revaluation Reserve £'000	Restricted Funds £'000	Total £'000
Fund balances at 31 March 2026 are represented by:					
Fixed assets	-	2,897	-	-	2,897
Investments	42,509	54,404	13,161	-	110,074
Current assets	46,018	-	-	3,417	49,435
Current liabilities	(20,202)	-	-	-	(20,202)
Long-term liabilities	(25,589)	-	-	-	(25,589)
Pension liability	(647)	-	-	-	(647)
Provisions	(236)	-	-	-	(236)
Total net assets	**41,853**	**57,301**	**13,161**	**3,417**	**115,732**

Group	General Funds £'000	Designated Funds £'000	Revaluation Reserve £'000	Restricted Funds £'000	Total £'000
Fund balances at 31 March 2025 are represented by:					
Fixed assets	-	3,228	-	-	3,228
Investments	50,345	54,404	9,978	-	114,727
Current assets	49,854	-	-	3,445	53,299
Current liabilities	(19,977)	-	-	-	(19,977)
Long-term liabilities	(22,369)	-	-	-	(22,369)
Pension liability	(657)	-	-	-	(657)
Provisions	(221)	-	-	-	(221)
Total net assets	**56,975**	**57,632**	**9,978**	**3,445**	**128,030**

17. Analysis of net assets by fund continued

Charity	General Funds	Designated Funds	Revaluation Reserve	Restricted Funds	Total
	£'000	£'000	£'000	£'000	£'000
Fund balances at 31 March 2026 are represented by:					
Fixed assets	-	2,897	-	-	2,897
Investments	42,759	54,404	13,161	-	110,324
Current assets	45,750	-	-	3,417	49,167
Current liabilities	(20,190)	-	-	-	(20,190)
Long-term liabilities	(25,589)	-	-	-	(25,589)
Pension liability	(647)	-	-	-	(647)
Provisions	(236)	-	-	-	(236)
Total net assets	**41,847**	**57,301**	**13,161**	**3,417**	**115,726**

Charity	General Funds	Designated Funds	Revaluation Reserve	Restricted Funds	Total
	£'000	£'000	£'000	£'000	£'000
Fund balances at 31 March 2025 are represented by:					
Fixed assets	-	-	3,228	-	3,228
Investments	50,595	9,978	54,404	-	114,977
Current assets	49,597	-	-	3,445	53,042
Current liabilities	(19,964)	-	-	-	(19,964)
Long-term liabilities	(22,369)	-	-	-	(22,369)
Pension liability	(657)	-	-	-	(657)
Provisions	(221)	-	-	-	(221)
Total net assets	**56,981**	**9,978**	**57,632**	**3,445**	**128,036**

18. Pension arrangements

Arthritis UK operates a number of pension funds whose assets are held separately from those of the charity in independently administered funds. Further details are below.

Defined contribution schemes

Group Personal Pension Plan managed by Royal London
This is the charity's current pension plan. All employees are eligible for membership and are automatically enrolled unless they request to opt out. The pension charge for the year ending 31 March 2026 represents contributions payable by Arthritis UK and amounted to £949k (2025: £961k). The charity has no liability under the scheme other than for the payment of those contributions.

Flexible retirement plan managed by The Pensions Trust (TPT)
This plan which transferred from Arthritis Care has operated since the end of 2010 and closed to new members from the date of merger. The pension charge for the year ending 31 March 2026 represents contributions payable by Arthritis UK and amounted to £nil (2025: £nil). The charity has no liability under the scheme other than for the payment of those contributions.

Defined benefit schemes

The Pensions Trust – Arthritis Care Pension Scheme
The scheme, which transferred from Arthritis Care at the point of merger, is a defined benefit funded pension scheme which closed to new members and to service accruals with effect from 31 December 2010. It is a separate trustee administered fund holding the pension scheme assets to meet long-term pension liabilities. An actuarial valuation was carried out as at 30 September 2024 and the results of this have been updated to 31 March 2026 by a qualified actuary, independent of the Scheme's sponsoring employer.

The actuarial valuation as at 30 September 2024 showed a deficit of £842,000. The charity agreed with the scheme trustees it will aim to eliminate the deficit by the payment of contributions from 1 April 2026 to 31 March 2029 of £255,000 per annum, increasing by 3% per annum with the first increase on 1 April 2027.

In addition, the charity agreed that prior to 1 April 2026 it will pay contributions in respect of Scheme expenses (including the Pension Protection Fund levy) of £82,008 per annum (payable monthly). From 1 April 2026, the Employer will pay contributions in respect of expenses (including the Pension Protection Fund levy) of £88,000 per annum (payable monthly), increasing by 3% each 1 April, with the first increase in 1 April 2027.

18. Pension arrangements continued

The major assumptions used by the actuary are shown below.

The valuation as at 31 March 2026 shows a deficit of £647k (2025 £657k). Any net assets of the pension scheme are not recognised as an asset on the balance sheet in line with accounting standards on such matters as any surplus cannot be refunded directly to Arthritis UK.

The Trustees have designated £1.9m of our reserves to cover any current or future liability. The following information in respect of the scheme has been provided in accordance with the requirements of FRS102:

Major categories of scheme assets

	31 March 2026 £'000	31 March 2025 £'000
Bonds	1,431	1,187
Equity	542	711
LDI	2,255	2,384
Property	266	395
Cash	209	254
Other	2,744	2,582
Total market value of assets	**7,447**	**7,513**
Present value of scheme liabilities	**(8,094)**	**(8,170)**
Deficit	**(647)**	**(657)**
Effect of asset celing	**-**	-
Net pension deficit under FRS102	**(647)**	**(657)**

Analysis of amount charged to SoFA

	31 March 2026 £'000	31 March 2025 £'000
Expenses	123	135
Operating charge	**123**	**135**
Interest (income) on assets	(428)	(404)
Interest cost on defined benefit obligation	468	451
Interest on surplus that is not recoverable	40	47
Total expense recognised in the SoFA	**163**	**182**

18. Pension arrangements continued

Statement of other comprehensive income

	31 March 2026 £'000	31 March 2025 £'000
Return on plan assets (excluding amounts included in net interest cost)	(119)	(944)
Experience (losses)/gains on liabilities	(33)	116
Gain from change in assumptions	243	1,197
Effects of changes in the amount of surplus that is not recoverable (excluding amounts included in the net interest cost) – (loss)/gain	-	-
Actuarial gain	**91**	**369**

Movement in balance sheet asset/(liability) during the period

	31 March 2026 £'000	31 March 2025 £'000
Deficit in scheme at the beginning of the period	(657)	(926)
Expenses	(123)	(135)
Net interest cost	(40)	(47)
Re-measurements included in other comprehensive income	91	369
Employer contributions	82	82
(Deficit) in scheme at the end of the period	**(647)**	**(657)**

Change in liabilities during the period

	31 March 2026 £'000	31 March 2025 £'000
Opening liabilities	**8,170**	**9,359**
Interest cost	468	451
Benefits paid	(334)	(327)
Actuarial gain on changes in demographic and financial assumptions	(243)	(1,197)
Experience (gains)/loss on liabilities	33	(116)
Closing liabilities	**8,094**	**8,170**

18. Pension arrangements continued

Change in assets during the period

	31 March 2026 £'000	31 March 2025 £'000
Opening assets	**7,513**	**8,433**
Interest income on assets	428	404
Expenses	(123)	(135)
Return on assets excluding interest income	(119)	(944)
Employer contributions	82	82
Benefits paid	(334)	(327)
Closing assets	**7,447**	**7,513**

Financial assumptions

	31 March 2026	31 March 2025
Discount rate at the end of the year	6.15%	5.84%
Future salary increases	3.27%	3.10%
Deferred revaluation	3.27%	3.10%
Inflation assumption (RPI)	3.27%	3.10%
Inflation assumption (CPI)	3.02%	2.79%
Pension increases in payment		
• CPI max 5%	2.92%	2.74%
• CPI max 2.5%	2.05%	1.96%

19. Related party transactions

Two Arthritis UK trustees were based at UK institutions which received grant payments during the year. The details are as follows:

For the year ending 31 March 2026

Name	Position	Related Party	Amount Awarded £'000	Amount in Creditors £'000
Iain McInnes	Trustee	University of Glasgow	994	2,306
John Isaacs	Trustee	Newcastle University	242	389

For the year ending 31 March 2025

Name	Position	Related Party	Amount Awarded £'000	Amount in Creditors £'000
Iain McInnes	Trustee	University of Glasgow	-	1,942
John Isaacs	Trustee	Newcastle University	-	514
Dr Lynne Wigens	Trustee	University of East Anglia	-	89

There is a standard item of each committee and Board meeting for members to declare any conflicts of interest in relation to the agenda. In advance of the meeting the governance team will check the register of interests and as appropriate make a note within the chair's brief to ensure conflicted trustees or committee members are invited to vacate the room during discussions of the relevant agenda item.

Group transactions

For the year ending 31 March 2026:

- Arthritis UK Trading Ltd made no donations in 2025/26 to the charity (2024/25: £0)
- There was no management fee from the charity to Arthritis UK Trading Ltd (2024/25: £0k).

20. Ex gratia payments

In addition to contractual redundancy payments set out in Note 7, there has been £35k ex-gratia payments during the year (2025: £85k).

Further information on redundancy and settlement payments to related parties is disclosed in Note 7.

21. Operating lease commitments

(i) Operating lease agreements where the Group is lessee.

Minimum lease obligations falling due at the balance sheet date are set out below:

	2026 £'000	2025 £'000
Less than 1 year	578	309
2 to 5 years	1,982	1,986
Over 5 years	1,616	2,137
Total	**4,176**	**4,432**

During the year £670 (2025: £403k) was charged to the SoFA in respect of operating leases.
(ii) Operating lease agreements where the Group is lessor.

22. Prior-year consolidated statement of financial activities

Incorporating an income and expenditure account for the year ended 31 March 2025

	Note	Unrestricted Funds £'000	Restricted Funds £'000	2025 Total Funds £'000
Income from				
Donations and legacies	2	22,950	2,688	25,638
Other trading activities	2	315	-	315
Investment income	2	1,754	-	1,754
Intellectual property income	2, 3	7	-	7
Charitable activities	2	623	1,426	2,049
Other	2	255	-	255
Total Income		**25,904**	**4,114**	**30,018**
Expenditure				
Raising funds	5	5,908	-	5,908
Investment management costs	5	175	-	175
Charitable activities:				
- Research	5	18,185	3,170	21,355
- Information, Services & Awareness	5	12,465	1,073	13,538
Total Expenditure	5	**36,733**	**4,243**	**40,976**
Net expenditure before net gains on investments		**(10,829)**	**(129)**	**(10,958)**
Net gains on investments	9	3,559	-	3,559
Actuarial gains on defined benefit scheme	18	269	-	269
Transfers between funds	15	(550)	550	-
Net movement in funds		**(7,551)**	**421**	**(7,130)**
Reconciliation of funds				
Funds brought forward		**132,136**	**3,024**	**135,160**
Total funds carried forward		**124,585**	**3,445**	**128,030**

Our Board of Trustees

Details of committees that support the Board

Appointments, Remuneration and Governance (ARG) Committee

The ARG Committee is a committee of the Board of Trustees of Arthritis UK, created to exercise supervisory oversight and scrutiny on behalf of the Board of all aspects of Arthritis UK's policies and procedures related to the appointments of trustees and the chief executive officer, as well as those related to remuneration and pensions arrangements for the organisation.

The committee is also delegated responsibility by the Board to consider matters of the charity's governance, as directed by the Board.

Members:

Kate Tompkins (as Chair of the Board of Trustees)

Professor Iain McInnes (Vice Chair of the Board of Trustees from 26/11/25)

Paul Vandenberghe (as Chair of Finance Committee)

Vincent Noinville (as Chair of Risk and Audit Committee)

Professor John Isaacs (as Chair of the Charitable Purposes Committee)

Professor Martijn Steultjens (as Deputy Chair of the Board and Chair of the Marketing and Comms Committee) (retired 26/11/25)

Graham Colbert (as Treasurer)

Finance Committee

The Finance Committee is a committee of the Board of Trustees created to exercise, on behalf of the Board of Trustees, supervisory oversight, judgment and scrutiny of all aspects of Arthritis UK's corporate financial policies and operations.

Alongside this, the committee provides the Board of Trustees with an informed and independent assessment of the management and control of finance and resources, and of related risk throughout the charity. It is also responsible for reviewing this Annual Report and Accounts – in particular, our work to ensure that we have a sustainable charitable business model – and to make its position known with recommendations to the Board for decision.

Members:

Paul Vandenberghe (Chair)

Sukhy Bachada (stepped down 29/5/2025)

Lilian Rose

Kate Tompkins (ex-officio as Chair of the Board of Trustees)

Jonathan Rodgers

Graham Colbert (as Treasurer)

Charitable Purposes Committee

Members:

Professor Martijn Steultjens

Dr Jane Taylor

Professor John Isaacs (Chair)

Professor Iain McInnes (Vice Chair of the Board from 26/11/25)

Caitriona Roberts

Kate Tompkins (ex-officio as Chair of the Board of Trustees)

Dr Lynne Wigens, OBE (stepped down 06/07/26)

Marketing and Comms Committee

Members:

Kate Tompkins (ex-officio as Chair of the Board of Trustees)

Lilian Rose

Magda Bartoszewicz (co-opted member) (appointed Dec 2024)

Martijn Steultjens (Chair, retired 26/11/25)

Nita Ares (co-opted member)

Sukhy Bachada (stepped down 29/5/2025)

Risk and Audit Committee

Members:

Vincent Noinville (Chair)

Sandeep Das (co-opted member)

Paul Vandenberghe

Joanne Williams

Kate Tompkins (ex-officio as Chair of the Board of Trustees)

Reference and administrative details

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Email: enquiries@arthritis-uk.org
Website: www.arthritis-uk.org

A company limited by guarantee and registered in England and Wales (00490500)

A Charity registered in England and Wales (207711) and in Scotland (SC041156).

Leadership at Arthritis UK

Senior Leadership Team:

Chief Executive
Deborah Alsina MBE

Interim Chief Operating Officer
Sue Hall (From Feb 25)

Director of People and Culture
Wendy Honeyghan

Director of Income and Engagement
Alastair Graham

Director of Services and Devolved Nations
Zoe Chivers

Director of Research
Lucy Donaldson

Board of Trustees

Kate Tompkins (Chair)

Professor John Isaacs

Professor Iain McInnes (Vice Chair from 26/11/25)

Vincent Noinville

Jonathan Rodgers

Professor Martijn Steultjens
(Deputy Chair, retired 26/11/25)

Caitriona Robert

Lilian Rose

Dr Jane Taylor

Paul Vandenberghe

Joanne Williams

Dr Lynne Wigens, OBE

Graham Colbert (Treasurer)

Simon Hobbs

Details of the subcommittees that support the Board of Trustees are set out on pages 112 to 113 of this report.

Honorary Vice Presidents

Mrs Sue Arnott

Dr Colin Barnes

Dr Peter Copeman

Professor Graham Hughes

Royal Patron

HM Queen Camilla

Professional advisors

Auditors:

BDO LLP
29 Wellington Street
Leeds
LS1 4DL

Bankers:

NatWest plc
5 Market Place
Chesterfield
S40 1TJ

Investment advisors:

Stanhope Consulting
35 Portman Square
London
W1H 6LR

Investment managers:

Baillie Gifford & Co
Calton Square
1 Greenside Row
Edinburgh
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Troy Asset Management
33 Davies Street
London
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GuardCap Asset Management Limited
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Email: enquiries@arthritis-uk.org
Website: www.arthritis-uk.org

A company limited by guarantee and registered in England and Wales (00490500)

A Charity registered in England and Wales (207711) and in Scotland (SC041156).