

Trustees' Report and Consolidated Financial Statements

For the year ended 31 March 2020



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Dementia UK at a glance

Dementia UK provides specialist dementia support for families through our Admiral Nurse service. When things get challenging or difficult for people with dementia and their families, Admiral Nurses work alongside them. They give the compassionate one-to-one support, guidance and practical solutions people need, and that can be hard to find elsewhere.

Admiral Nurses are continually trained, developed and supported by Dementia UK. Families that have their support have someone truly expert and caring by their side. They are a lifeline – helping families to live more positively with dementia in the present, and to face the challenges of tomorrow with more confidence and less fear.

We believe that everyone who needs the support of a specialist dementia nurse should get one, and we're working hard to increase the number of Admiral Nurses across the UK.

We receive no government funding and rely on donations, including gifts in Wills.

Our mission

To lead and deliver high quality expert and accessible dementia care through Admiral Nursing.

Our vision

Specialist and compassionate dementia support for all families that need it.

Our values

We listen, learn and collaborate

We are empowering, supportive and respectful

We act with integrity, transparency and accountability

We encourage creativity and innovation

Chair and Chief Admiral Nurse/ Chief Executive Officer's report

This year has been a very successful one for the charity. In total we have supported over 70,000 people living with the effects of dementia through a combination of services including our Helpline, Admiral Nurses in local areas and in national posts, Admiral Nurse clinics and workplace sessions. We have supported many tens of thousands more through the information and advice on our website and in our publications.

We have worked hard to develop more dementia specialist Admiral Nurse services throughout the year. One of our key areas of focus has been a growth in clinics delivered in local areas, together with workplace support. This has enabled us to provide additional advice and support for families living with the effects of dementia even when they do not have an Admiral Nurse Team local to them.

During 2019/20, we part-funded 44 Admiral Nurse posts to accelerate the number of Admiral Nurses across the UK. This strategic part-funding will be developed further throughout 2020-2025, subject to available funds.

Our award-winning Admiral Nurse Dementia Helpline supported 22,254 people, an increase of 16% on the previous year; and due to successful income generation we were able to increase the number of nurses on each shift.

All Admiral Nurses receive regular supervision and support from Dementia UK via the Professional Development Team and our Consultant Admiral Nurses. In 2019 the Professional Development Team received the



national Nursing Times Workforce Summit Award for the support they provide to our Admiral Nurses.

There has been a further growth in our national profile and we are increasingly seen as the “go to” charity for specialist dementia interventions and support. We also have a growing national presence in the media, professional publications and conferences.

Although the overall growth in Admiral Nursing services and support during 2019/20 has been a success, the year ended with the start of a global pandemic (COVID-19) which required government action to control the spread of a virus by placing the country in lockdown. This has adversely affected health and social care, the economy and the way people go about their lives.

The lockdown started to affect the charity in March and led to a delay in recruiting to new and vacant Admiral

“ We are increasingly seen as the “go to” charity for specialist dementia interventions and support.”

Nurse posts. There were 38 new Admiral Nurse posts awaiting recruitment at the end of March 2020.

Due to the lockdown Admiral Nurses had to work in a different way, not conducting the usual face to face support and instead contacting families by phone. Initially families and the nurses found this difficult to adapt to but after a while, due to the reduction in travel time, many Admiral Nurses were able to support more families. As a result many have decided to offer more phone contact to families that do not need face to face support once the COVID-19 restrictions have ceased.

During March the Helpline became very busy and the nature of the calls changed to include COVID-19 issues, in addition to the questions usually asked about dementia and its effects. This included questions about social isolation, lockdown difficulties, lack of respite and delays in diagnosis.

Like the majority of charities, we start the new financial year unsure of how the effects of the pandemic and the economic uncertainties will affect us, but we have adapted our plans accordingly and can assure everyone we will continue to develop specialist services and support for families living with the effects of dementia so that everyone who needs an Admiral Nurse can get access to one.

Professor David Croisdale-Appleby, Chair of Trustees
Dr Hilda Hayo, Chief Admiral Nurse/CEO

“Despite the effects of COVID-19, we will continue to develop specialist services and support for families living with the effects of dementia.”

Dementia is an umbrella term used to describe a range of progressive neurological disorders, that is, conditions affecting the brain.

There are 850,000 people with dementia in the UK

This will increase to over one million by 2025

Dementia, including Alzheimer's disease, is the leading cause of death in the UK, accounting for more than 12% of all deaths



Statistics credit: Alzheimer's Research UK

Meet our Admiral Nurses



Admiral Nurses are experienced general nurses or mental health nurses with a professional specialism in dementia. They have a wealth of clinical knowledge about dementia subtypes and symptoms, and use this to help families understand their diagnosis, get the best care possible for their particular situation, and anticipate what changes and challenges might be coming down the road.

But more than that, Admiral Nurses have an expertise in the psycho-social challenges of dementia – that is, the way it can change and erode the relationships between people; and impact upon the mental health of the person with the diagnosis and their immediate family.

Admiral Nurses are uniquely positioned to offer practical advice and emotional support to guide families through

their changing roles and relationships – giving everyone in the family the knowledge and tools to cope in the most challenging circumstances.

The support and advice of an Admiral Nurse can be life changing. Families feel better equipped to deal with crises, meaning they do not need to turn to the emergency services so frequently. And with understanding of how the condition might progress, they are able to plan for the future, considering difficult questions regarding medical treatment and future care options.

Families with an Admiral Nurse have someone understanding and compassionate by their side, meaning they never have to feel that they are facing dementia alone. This is why we want everyone who needs one to have access to the expertise of an Admiral Nurse.

“Admiral Nurses fully understand about all aspects of dementia and what it entails for everyone involved.” Carer

Cherry's story

Cherry's parents were married for over 60 years. Barbara was a systems analyst for the civil service and her dad, John, was a quantity surveyor.

"I felt abandoned; there was no help offered by anyone." Cherry recalls how her Admiral Nurse, Rachel, supported her during some of the toughest months of Cherry's life.

"I first spotted signs that all was not right with my mum around 16 years ago – she was 65 at the time. She started to react to situations very strangely and would constantly forget or lose things. She was in denial that anything was wrong, so my dad muddled through, with my help, for 10 years.

It was when we went on a family holiday in 2014 that I noticed how bad mum had got. When we got home she was referred to a Memory Clinic and diagnosed with Alzheimer's disease.

A year later, my dad was diagnosed with a rare form of the same condition. I felt abandoned; there was no help offered by anyone. I did however, come across a leaflet about Admiral Nurses. I knew that I would need help to face the inevitable challenges that these diagnoses would bring so I contacted them.

The right decision

The first time I met Rachel I knew I had made the right decision. I could see that she cared, and she could provide something positive. My husband and I moved my parents into our house and Rachel told us how to build a safe space for them. She advised us to get some pressure points which made a noise whenever my mum moved out of the bedroom as she had problems sleeping and would try and get out of the house.



For mum's safety, Rachel suggested we limited access to all rooms in the house apart from her bedroom, bathroom, living room and dining area as well as the downstairs toilet. Through my chats with Rachel, I could see that I was placing unbelievably high expectations on myself as a carer and I couldn't really recognise my needs. She provided me with strategies to help me cope and made me realise that I needed to make some time for myself so I could continue to care for my parents.

Unfortunately, things escalated as mum became increasingly unpredictable, her behaviour became more challenging, and she just wouldn't sleep. We realised we could no longer care for her at home. Following a short stay in respite care, mum was sectioned due to her behaviour.

Battling for services

Rachel stepped in and advised me on things to look out for when thinking of longer-term care for my mum. When I was battling for vital services,

Rachel would help move things along; they would listen to her more than they would me. Until she died in June 2019, mum was the most settled she'd ever been thanks to Rachel's interventions.

“My Admiral Nurse was with me through the most difficult period of my life.”

It wasn't until mum went into care that we realised just how bad things had become for dad. He really didn't cope well without her and, after he died, Rachel talked me through my guilt of not being able to help him.

Without Rachel I don't know what I would have done. I know we'll keep in touch which is testament to the relationship we built up – I see her as a friend who was with me through the most difficult period of my life. Her level of knowledge and willingness to put herself out made such a difference.”

Reaching even more people who need us

We are committed to increasing the number of Admiral Nurses until every family who needs one has access to their life-changing support.

New Admiral Nurse services

At the end of 2019/20 there were 267 Admiral Nurses across the UK, compared to 269 a year earlier. However, at the end of March 2020, 38 new Admiral Nurses were in the process of being recruited, including many who would have already started work were it not for the impact of COVID-19. This would have brought the total to 305 (five more than our target for the end of 2019/20).

We also introduced Admiral Nurse services into seven new counties, including a service in Lincolnshire in August 2019. This offers county-wide support to the estimated 13,000 people living with dementia in that area. A team of six Admiral Nurses now covers Lincolnshire, working in partnership with St Barnabas Hospice and Lincolnshire County Council. This unique service, which is a two-year pilot, brings together outstanding community dementia nursing alongside specialist palliative and end of life care.

New nurses also started in areas where there was already some coverage. This included Hertfordshire where we recruited an additional three nurses, bringing the total to seven community Admiral Nurses working across the county. We also set up our second hospice service in Hertfordshire, to increase palliative and end of life support, and extended our acute Admiral Nurse service for a further year, so there are now nine Admiral Nurses working in the county.

Expanding the Admiral Nurse Dementia Helpline

The Admiral Nurse Dementia Helpline means that families anywhere in the country can get support from an Admiral Nurse, seven days a week.

The number of people contacting the Helpline in 2019/20 rose to 22,254, up 16% from the previous year. We increased the number of Admiral Nurses available on Sundays from two to three, and at the end of the year we ensured there were more nurses available in order to cope with the increased volume of calls due to COVID-19. Nearly three quarters of people (71%) contacted the



National Helpline of the Year

The Admiral Nurse Dementia Helpline was named Helpline of the Year 2019 by the Helplines Partnership. Presenting the award at a special ceremony in Birmingham, the Helplines Partnership commented on the “major development and expansion of the Admiral Nurse Dementia Helpline over the past three to four years, enabling many more people to access the service.”

The annual award is given to a helpline that has made a significant contribution to the sector and the wellbeing of service users.

Helpline for the first time, but a substantial number (29%) were contacting us for at least the second time – indicating a need for longer-term advice and support.

Community-based clinics

During 2019/20 we supported a total of 190 carers through our community-based Admiral Nurse clinics, held in locations such as offices, GP surgeries, pharmacies and at the annual Alzheimer’s Show. Families booked a 30-60 minute consultation with an Admiral

Nurse to talk about issues such as how they are coping, or how to manage symptoms such as restlessness and changes in personality.

The clinics mean that more families can benefit from specialist dementia support, even in parts of the country where there is not currently a full-time Admiral Nurse.

Workplace support

People of working age who are caring for someone with dementia face a double challenge – the demands of their caring role and the need to earn a living. We are working with employers to bring dementia support into the workplace, so that any employee affected by dementia, either personally or through their family, can get the support they need.

In 2019/20, Dementia UK developed a Dementia at Work support package, made up of resources and support services delivered by our Admiral Nurses, which can be offered to employees in their workplace.

During the year, we used this support package to run sessions at companies such as Barclays and Zurich, so that carers could learn about their legal entitlements, but also discuss new coping strategies and different patterns of working. We are also creating a new online chat service with the Charity of Civil Servants, to support current or retired civil servants who are caring for someone with dementia. We plan to roll this out further after testing. The project is part of our work to build a wider understanding of the condition and how it affects the workplace.

Young onset dementia

To support people under the age of 65 who have dementia, we now have three Admiral Nurse specialists in young onset dementia. Their expertise is also available to other Admiral Nurses, since all our services have younger people on their caseload. People with dementia under the age of 65 can face challenges in receiving a diagnosis, and may be still in employment, as well as raising children and possibly even caring for their own parents. About 5% of younger people with dementia will have a genetic form of Alzheimer's disease, which adds extra complications for the family.



First learning disability service

Our first learning disability Admiral Nurse service was launched this year to support people who have, or are suspected to have, dementia as well as a learning disability.

People with learning disabilities are living longer and are five times more likely than the general population to develop dementia. One in three people with Down's syndrome will be living with dementia in their 50s. Despite this, there is virtually no specialist dementia support available for families and carers looking after people with a learning disability and dementia.

We successfully sought funding from the Burdett Trust for Nursing and Will Charitable Trust, and created links with the MacIntyre charity, whose clients the service will initially support. The recruitment of the learning disability Admiral Nurse was delayed due to COVID-19, but we have now been able to successfully recruit to the post.

As part of the service, a learning disability working group will bring together a wide range of relevant organisations to help us evaluate and potentially expand this service in the future, including through a learning disabilities and dementia training programme, which we can deliver nationally.

Collaboration with the Lewy Body Society

In November we appointed Rachel Thompson as the first ever Consultant Admiral Nurse for Lewy body dementia in partnership with the Lewy Body Society.

The appointment, hosted by Dementia UK and funded by the Lewy Body Society, will see Rachel working exclusively on Lewy body dementia for the next two years. Her role will include supporting professionals working with people affected by Lewy body dementia, encouraging links between research and practice, and developing new materials.

Lived Experience Advisory Panel

The Lived Experience Advisory Panel (LEAP) is a group of people with dementia and family carers who support the work of Dementia UK. LEAP is co-chaired by a person with dementia and a family carer. During 2019/20, LEAP contributed to a number of Dementia UK's activities including:

- Advising on the development Dementia UK's strategic plan for 2020-2025
- Giving its views on a campaign by Dementia UK about specialist dementia support in GP surgeries
- Finalising a user-friendly resource to help increase awareness and campaign for more Admiral Nurse services

Members of LEAP also made a film and talked about their lived experience of dementia to over 200 Admiral Nurses at the Admiral Nurse Forum. LEAP members were also part of a panel at the UK Dementia Congress in November, talking about dementia-friendly hospitals.

Admiral Nurse professional and practice development

Admiral Nurses benefit from continuous professional development from Dementia UK through supervision, education and specialist training. During 2019/20:

- Dementia UK was awarded the prestigious 'best workplace for learning and development' award at the Nursing Times Workforce Awards 2019, which took place in September
- 243 Admiral Nurses attended Dementia UK's annual

two-day forum, called "What works in dementia care?", hosted at the University of Warwick. Topics discussed included end of life care and dementia, and learning disability and dementia

During 2019/20, we planned a new approach to professional and practice development for the growing number of Admiral Nurses, combining online and face-to-face learning. The new Admiral Nurse Academy will offer a module for nurses who would like to become Admiral Nurses, so they are better prepared for interview and potential selection. It will also be a resource for other nurses who want to improve their knowledge and skills in dementia. Although the launch was delayed due to COVID-19, the work already completed meant we could respond to the challenges of the pandemic more rapidly than would otherwise have been the case.

Priorities for 2020/21

- Increase from 10 to 15 the number of Admiral Nurses on the Helpline each weekday, so that more people can get through to us first time without leaving a message (we aim to call back within 24 hours)
- Focus on developing and increasing the number of Admiral Nurses working in acute care, GP/primary care and clinic settings
- Increase the number of Admiral Nurses working with under-served communities, such as Black, Asian and minority ethnic groups, younger people, and people with learning disabilities, so we can develop more accessible services
- Open new Admiral Nurse services in areas currently without one
- Develop new ways of offering professional and practice development, through a new Admiral Nurse Academy, on-line, and in service locations
- Increase the number of Admiral Nurse clinics so that more people can see an Admiral Nurse in the workplace or in a GP clinic

“Your service was my first port of call and I was really grateful for the help I received.” Carer

Emma's story

“I’d been so focused on mum that I’d given no time to making sure I wasn’t exhausted.” Emma tells the story of how her Admiral Nurse, Linda, helped the family when her mother was diagnosed with dementia.

“My Mum, Nancy, was a bright, sociable woman who was widowed in her fifties when my father died of cancer. Around her 80th birthday, however, we noticed she was asking the same questions over and over again. I lived about three hour’s drive away then, so it was hard to judge the extent of the problem. But the next time we met, I saw her struggling to find her way around once familiar streets.

Mum had a brain scan at a Memory Clinic and was eventually diagnosed with mixed dementia. I suggested she move closer to me, which was something she had often talked about. She agreed, and we started looking, but in each subsequent conversation, it became clear she had forgotten ever agreeing.

We went backwards and forwards on this, which I found very hard. If I mentioned her moving because of dementia, it was as if she’d been told for the first time, which was very upsetting.

I went in search of advice and came across Dementia UK’s Admiral Nurse Dementia Helpline. They suggested I avoid mentioning the word dementia to mum, instead focusing on the benefits of her living closer to me.

Hard to cope

Mum was delighted when she moved



next door, but then, inevitably, confusion set in and she was constantly knocking or on the phone. I got in touch with the Helpline again when I was finding it hard to cope.

The Admiral Nurses told me that I needed to look after myself. I’d been so focused on mum that I’d given no time to making sure I wasn’t exhausted. They wrote me a long, invaluable email about getting help from carers and respite. There were links to organisations that I wasn’t aware of, and lots of extra tips too. It went beyond anything I had found online myself as it was so personal and tailored to our situation.

We managed fairly well for four years. But mum became increasingly anxious and unhappy to be alone. One of mum’s companions suggested

she might benefit from being in a care home, where she would have company all day. Although I had concerns, I could see that she was probably right.

A friend suggested a home in Hampshire. It was 45 minutes from me, but when I visited, I discovered they had an Admiral Nurse there, and I knew that I was finally in the right place. I sat down with the Admiral Nurse, Linda, told her everything, and could have wept with relief at her understanding and compassion.

Extra level of care

We moved mum in immediately and Linda was such a support: if there was a meeting about medication, she would come with me. If mum got distressed, Linda would take her to a quiet corner and look at photographs with her to settle her. She brought an extra level of care which I had not seen before.

After mum passed away, Linda sat with me at her bedside for some time. I felt so supported by her and was pleased to have the opportunity to thank her for everything she had done in the intense last weeks of mum’s life. Linda was there for such key moments: seeing my mum for who she was and what she needed, supporting her following a stroke, then supporting me when she died and was finally at peace.

“The Admiral Nurse’s empathy and understanding of what it is like to be a carer is unparalleled.”

Admiral Nurses’ knowledge and understanding of dementia is at a completely different level. Their empathy and understanding of what it is like to be a carer is unparalleled. I cannot thank them enough.”

Recording evidence of our impact

During 2019/20, we continued collecting evidence of the effectiveness of Admiral Nurses through regular surveys of carers and professional partners.

Carer experience survey

Our carer experience surveys record the difference our services make to the lives of the people we support. During this year, 410 carers completed our surveys:

- 250 carers who had used an Admiral Nurse service
- 160 carers calling our Admiral Nurse Dementia Helpline

A summary of their responses is included below.

Admiral Nurse services

- 98% said they would recommend Admiral Nurses to family and friends
- 99% said their Admiral Nurse was helpful in providing them with emotional support
- 98% said their Admiral Nurse was helpful in providing them with ways of responding to and coping with changes in behaviour
- 90% said the Admiral Nurse had made a positive difference to their ability to take better care of the person they look after

Admiral Nurse Dementia Helpline

- 100% of respondents said the Admiral Nurse they spoke to had been helpful in sharing information and explaining the impact of dementia
- 96% said the Admiral Nurse was helpful in providing them with support and advice to manage risk and prevent possible crises
- 99% said the Admiral Nurse was good at explaining things in a way they could easily understand
- 91% said the Helpline had made a positive difference to their confidence in their ability to cope

Admiral Nurse service evaluations

We supported the evaluation of 24 Admiral Nurse services during 2019/20, to measure their impact. We share these evaluations with host organisations to help us identify that service's strengths, as well as areas for improvement.

As part of these evaluations, we also collect feedback from professionals on their experience of our Admiral Nurse services via an online survey. In 2019/20 we collated feedback received from 158 professionals, which showed that the Admiral Nurse service had:

1. Improved case management/ coordination for families living with dementia (94%)
2. Increased their understanding of dementia and its effects (94%)
3. Increased their understanding of the impact of dementia on families (93%)
4. Increased their confidence in assessing need for families living with dementia (91%)

We also asked professionals whether the Admiral Nurse had made a difference. They all said the Admiral Nurse service had improved care and quality of life for families.

- 97% said the service had the potential to reduce unplanned hospital admissions
- 94% said the service had helped avoid crisis points for families

Admiral Nurse clinic evaluations

95% of respondents to a survey asking for feedback on the clinic they attended at the Alzheimer's Show said they would recommend the Admiral Nurse clinic; and 89% thought that speaking with the Admiral Nurse would make a difference to their ability to make important decisions about the care of the person they look after.

Priorities for 2020/21

- Collate and analyse larger data sets, both quantitative and qualitative, to make our surveys and evaluations more robust and representative
- Continue to collect feedback from families and professionals, with a particular focus on getting feedback on the work of Admiral Nurses in primary and acute health settings. This will enable us to better understand the needs and experiences of families living with dementia and help us to improve the specialist dementia support offered by Admiral Nurses

Research into dementia care

By supporting research into dementia care, we help to create a national context within which people with dementia and their families are more likely to get the support they need.

Published articles

With the support of our research and publications team, Admiral Nurses had research, case studies and other articles published in over 50 publications during 2019/20, on topics such as dementia and depression, and learning disability and dementia. The articles appeared in journals such as Nursing Times, Nursing Older People and Journal of Primary Care Nursing.

University partnerships

During the year we worked with universities including: Newcastle University, on a project to develop a primary care-based approach to dementia care; University College London, on a study about embedding high quality care in dementia; and Leiden University, to develop consensus-based recommendations for advance care planning in dementia.

National policy and guidance

Dementia UK continues to support the development of national dementia policy and guidance. During 2019/20, for example, we helped the British College of Psychologists review their published behavioural and psychological symptoms of dementia.

Priorities for 2020/21

- Develop Dementia FAQs for Family and Friends: What you really want to know about life with dementia – a book of questions posed by families and answered by Admiral Nurses
- Increase the capacity of our research and publications team, so they can offer more support to Admiral Nurses as they move from practice development projects to more formal research

“ They are exceptional professionals who make a significant and valued contribution to the local health and social care system.” Professional



Case management research

Admiral Nurse Research Fellow Zena Aldridge was a lead author on a paper relating to integrated care, co-authored by Professor Alistair Burns and Karen Harrison Denning which was published in Dementia, an international peer reviewed journal. The paper, ABC model: A tiered, integrated pathway approach to peri- and post-diagnostic support for families living with dementia, examines how dementia services can be better integrated to make sure families get the support they need.

Zena said: “The ABC model offers a coherent and demonstrable explanation of the gaps that currently exist in peri and post diagnostic support for families affected by dementia. The model is transferable to various settings and we have already been able to publish subsequent papers relating to different areas of clinical practice. This has enabled improved understanding of the unique role that Admiral Nurses can play in providing specialist support for families affected by dementia in a tiered service model.”

Information and awareness-raising

We raise public awareness of the difficulties faced by people with dementia and their family members, publicise the work of Dementia UK and Admiral Nurses, and produce information materials to support families who need us.

In the media

During 2019/20 we had coverage in media stories on topics ranging from social care and care homes, to Christmas presents for people with dementia. The increased visibility of the charity, and the quality of the content we produce, meant that our ideas for stories were very likely to get coverage in the national, regional and trade press.

We were consultants to films and TV programmes featuring a dementia storyline, including *Elizabeth is Missing*, starring Glenda Jackson, and *Casualty*, in which one of the main characters, Duffy, was diagnosed with dementia. Our Celebrity Ambassadors made

appearances on popular shows including *Lorraine*, *Loose Women* and *Good Morning Britain*.

We continue to work closely with families to collect strong stories depicting the reality for families across the UK. These real life stories bring to life the challenging situations families are facing, such as living with young onset dementia, or caring for a loved one from abroad. We are very grateful to families for giving their stories and their time.

Influencing work

We spent a large part of the year planning our first campaign to improve local support for families following a diagnosis of dementia, and ensuring the voices and experiences of families and other key stakeholders were reflected in our campaign. Unfortunately, the campaign's launch in March 2020 had to be postponed because of COVID-19.

Information leaflets and films

We published a further six information leaflets this year, moving us closer to our goal of publishing advice on every topic that challenges families facing dementia.

Titles published this year include: *Changes in care: choosing a care home*; *Changes in care: finding help and assistance at home*, and *Caring from a distance*. We also published *Learning disability and dementia*, in conjunction with the charity MacIntyre (see page 9).



We continued to build relationships with MPs to support the development of local Admiral Nurse services, and continued our representation on the National Dementia Action Alliance. We also ensured we were members of key charity alliances including the Care and Support Alliance and Continuing Healthcare Alliance.

COVID-19

From March 2020, the marketing and communications team focused on the COVID-19 pandemic, rapidly setting up a COVID-19 information hub on our website, developing new advice and support, bringing together existing relevant content and developing answers to commonly asked questions.

Priorities for 2020/21

- Further develop our supportive and expert information through a range of new leaflets and videos, and ensure the advice and support on our leaflets, videos, social media and website is of the highest standard and based on feedback we have sought
- Significantly increase our delivery of impactful and relevant content highlighting the difference our Admiral Nurses make
- Deepen the public's understanding of Dementia UK's work through strategic media opportunities, work with celebrity ambassadors and partnerships
- Given the ever-increasing importance of digital communications post COVID-19, deliver a number of new digital projects which benefit people struggling with the effects of dementia
- Develop our campaigning and influencing work to promote the clinical needs of people with dementia and their families to inform national policy and guidance

“Your leaflets are fantastic and really helpful, I offer them to people frequently.” Professional

Digital trends

Social media engagement increased considerably in 2019/20, due to a wider range of content and more engaging photos and infographics.

Website visitors
2,170,393
(up 45%)



Facebook
47,563

LIKES
(up 23%)



Twitter
106,320

FOLLOWERS
(up 9%)



Instagram
17,854

FOLLOWERS
(up 171%)



LinkedIn
9,874

FOLLOWERS
(up 99%)

Kelly's story

“Julie made a really painful experience for our family that little bit more bearable.” Kelly recalls how her Admiral Nurse, Julie, supported her during the last months of her grandad's life.

“We first started to think that my grandad, Dennis, could have dementia when he used to park the car and then forget where he left it. He also stopped doing the things that he loved, such as crosswords, going to church, writing, and reading the paper. He was naturally such a proud person though that it made it difficult to talk to him about the situation.

We did eventually get him to see a doctor, where he was initially diagnosed with mild cognitive short-term memory loss. About ten years after that, professionals started to use the word Alzheimer's.

Over time, his care needs became more and more significant; he began to become more unsteady on his feet, left taps running, got confused and looked for things that he had misplaced but didn't know what he was looking for.

In the six months before he died, his appetite deteriorated, and he was in bed more than he was out of it. We talked about getting specialist advice and help but my nana was reluctant to have anyone come into her home.



“The Admiral Nurse had such an amazing impact on the family.”

Compassionate

We did however, manage to get an Admiral Nurse who had such an amazing impact on the family. We met Julie after contacting the hospice and getting referred to the Admiral Nurse service there. She was so much more understanding and compassionate than anyone else we had talked to around my grandad's dementia, and she helped us make a lot of adaptations to the home to prepare grandad for his deterioration.

Despite being a strong and assertive family, the 24/7 care we were giving grandad meant that our energy

levels were depleting; we were exhausted and emotional, trying to navigate this painful time with a fog of confusion and exhaustion. Julie was our voice when we were at rock bottom. She fought for grandad's care to be of the highest quality. Any conversations we had she made sure grandad was included, and spoke to him with the utmost respect, ensuring he maintained his dignity at all times.

When grandad was in pain and we'd come across barrier after barrier in getting this addressed, Julie drove down to our GP surgery and wouldn't leave until it was resolved and grandad had the pain relief he needed.

Honesty and empathy

Julie made a really painful experience for our family that little bit more bearable. There were a lot of professionals involved in our lives at that time, but Julie was the one we would always go back to. Doctors gave us medical knowledge, nurses gave us prescriptions, carers gave us practical help, but Julie gave us the answers to the questions that everyone else either didn't know, or were too afraid to answer.

Julie gave us honesty, empathy, her time and parts of herself - and that's what made her so special. We will be forever grateful for everything she did for our family.”

“Our Admiral Nurse, Julie, was our voice when we were at rock bottom. She fought for grandad's care to be of the highest quality.”

Our fantastic supporters

We raised £10.9 million in 2019/20, compared to £8.9 million the previous year – an increase of 22% and a magnificent effort by all our supporters.

We saw growth across all types of income, particularly from individual giving, charitable trusts and gifts in Wills – including one legacy of £652,750 in September 2019. We are hugely grateful to the individuals, families, companies, charitable trusts and community groups who support our work so tirelessly across the UK.

Companies and charitable trusts

In December 2019, Leeds Building Society chose Dementia UK as their Charity of the Year, and we look forward to working with them to raise a target of £500,000 between April 2020 and March 2024. This will enable us to take our specialist care closer to the homes of families up and down the country.

Our partnership with Central England Co-operative reached the £1 million mark during the year, and was extended to a third year. The funds raised support Admiral Nurse services in the 16 counties where Central England Co-op trade. The year also saw the release of a film put together by the team at the Central England Co-op, which focuses on teenagers affected by dementia. This film has made up a prominent part of our resources for young people and features the stories of four young people who have been affected by dementia in their families. We are really grateful for all the support we have received from the Central England Co-operative.

We also successfully secured funding from the Burdett Trust for Nursing and Will Charitable Trust for a new learning disability Admiral Nurse (see page 9).

The annual Dementia UK Carol Concert on 4th December raised £65,000 – an incredible achievement, and we would like to thank the Carol Concert Committee and everyone involved for all their hard work in putting together this fantastic event.

In March, as the coronavirus pandemic unfolded, we launched an emergency appeal to raise money for our National Dementia Helpline – a key service in supporting

families facing dementia throughout the crisis. We were thrilled by the support we received, as at the time we were facing declining income and soaring demand for our services. We can't thank enough the companies, trusts and individuals who supported us.

Individual giving

The number of people pledging to leave a gift in their Will to Dementia UK rose 650% in 2019/20, compared to the year before, with many more people saying they would be remembering our charity in their Will. Gifts in Wills



Time for a Cuppa – best year ever

Almost 5,700 people took part in our Time for a Cuppa event in March 2020 – coming together to share tea and cake, and raise money for Dementia UK. This was our most successful Time for a Cuppa ever and raised over £144,000, despite some parties needing to be cancelled because of COVID-19. Time for a Cuppa was boosted by our 'Celebri-tea' campaign, featuring actresses Phyllis Logan and Emma Barton, which featured on national TV.



remain a crucial source of income if we are to carry on supporting families with dementia in the future.

We had a 39% increase in regular givers during the year, and an increase of 33% in the number of people setting up a Remembrance Page for a loved one who has died of dementia. We also saw an increase in supporters choosing to use Facebook to fundraise from their birthdays and other celebrations, or in memory of loved ones.

During the year we launched face-to-face fundraising at private sites - train stations, supermarkets or shopping centres - to engage members of the public in a conversation about our work and to ask them to support us with a regular gift.

Community and challenge events

Over 2,326 people took part in a running, trekking, cycling or other challenge to raise money for Dementia UK, an increase of 23% on the previous year.

Our regional fundraising team supported more people with their fundraising activity than ever before, including 15 golf clubs and over 70 local companies, five of which have now chosen to support Dementia UK for the second year in a row.

We now have 80 Volunteer Ambassadors (an increase of 30 on the year before) who work to raise awareness of dementia and support our fundraising. We now have Ambassadors in every region of the UK.

However, from mid-March we saw a significant decrease in community and challenge events activity as mass participation events were cancelled or postponed; and social distancing measures meant that the vast

majority of community fundraising was put on hold. We responded by moving most of our fundraising online and by developing virtual fundraising propositions that existing and new supporters could take part in.

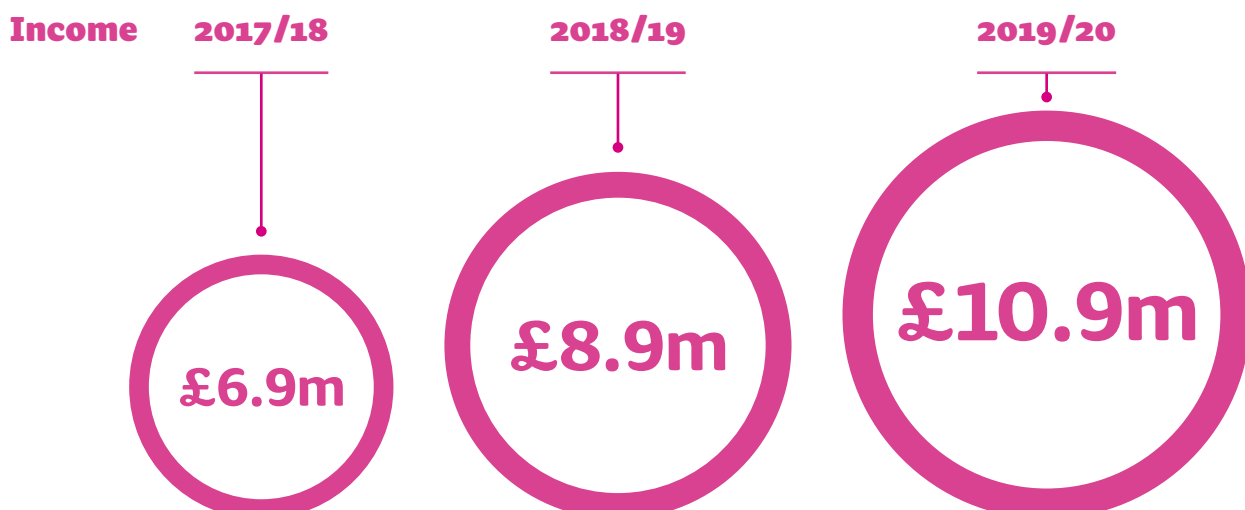
Supporter care

Our new supporter care team is now processing donations faster, with improved data management, to provide a better service to supporters and enable us to make informed strategic decisions.

Our move to cloud-based technology, completed during the year, was invaluable with the necessity to work from home from March onwards, due to COVID-19. This has enabled us to continue essential processing work during the pandemic.

Our priorities for 2020/21

- Adapt our fundraising in response to COVID-19 and social distancing, ensuring that virtual fundraising is embedded in all that we do
- Develop existing and new fundraising ideas and activities that people enjoy and which raise valuable funds for Dementia UK
- Build deeper, long-term relationships with our supporters, whilst continuing to recruit new supporters
- Bring our supporters closer to Dementia UK through a series of events, including virtual events, where they can meet our Admiral Nurses
- Continue to raise awareness of the importance of Gifts in Wills, to ensure supporters and Admiral Nurses understand the difference these gifts make to Dementia UK



What our supporters say...

“Recently, I updated my Will to include a gift to Dementia UK. Seeing my grandmother battle dementia made me realise how absolutely vital support for this condition is, and I feel so glad to know that my bequest will play a small part in helping Dementia UK continue its very important work in the future.”

Darren Cook

“I’ve never run before in my life but I wanted to do something that would push me out of my comfort zone. Running the Great Manchester Run seemed like the best fit to help Dementia UK continue its superb work.”

Nicky, who ran the Great Manchester Run 10k for us

“Our employees voted for Dementia UK to be their charity partner in 2019 for a two year period. A key aim of the partnership was to help fund the first ever Admiral nurses in Scotland, so we're absolutely delighted that our fundraising and support has made this a reality.”

Kirsty Brownlie, Standard Life Aberdeen

“It’s an honour to be a Volunteer Ambassador for Dementia UK, signposting carers to much needed support. During the COVID-19 pandemic it felt even more vital, and I have never felt more connected to the charity with the way they are engaging us with their new campaigns.”

Angela Brookes, Volunteer Ambassador

“The amount of support I received from Dementia UK coming up to the run was amazing. There was a 12-week training programme with a training night at Gateshead Stadium where you got to meet other people running for the charity. You didn’t know these people but you felt as though you were part of one big team. There was even support when I started doubting myself just before the run, but Dementia UK encouraged me to believe in myself.”

Maxine, who ran the Great North Run for us

“Zurich’s employees chose dementia as one of two issues they wanted to support for our three-year national partnership. The partnership has flourished - awareness of the issues and where to get help has been welcomed by staff, and Dementia UK has been an absolute delight to work with.”

Steve Grimmett, Head of Zurich Community Trust

Our achievements



23%

increase in
community and
challenge event
participants



39%

increase in
regular givers



33%

increase in
Remembrance
Pages



650%

increase in gift
in Will pledges

Our fundraising approach

During the year, we continued to focus on providing excellent stewardship to our supporters, ensuring they know how much their support means to us and how it makes a difference to our services.

We invested in the number of specialist fundraisers we employ, both to increase income and to ensure we were able to provide the level of support we are committed to delivering. We had plans to invest further in our fundraising but all investment – including replacing vacant posts – was put on hold in March 2020 due to COVID-19.

We have continued to further expand and strengthen our Volunteer Ambassador network, and we remain indebted to the commitment that our Ambassadors give to Dementia UK.

We do as much of our fundraising as possible in-house, relying on cost-effective suppliers where appropriate. We conduct our interactions with donors through our in-house Supporter Care team. We process all donations and fundraising appeal responses in-house, and continually update our income processes to ensure maximum security, efficiency and accuracy. We are PCI DSS (Payment Card Industry Data Security Standard) compliant in our payment processing.

For the first time this year we employed professional fundraisers to work on 'private sites' – recruiting donors and enabling more members of the public to have conversations about the charity, hear about the Helpline and find out more about Admiral Nurses. This fundraising was done with one supplier and in strict compliance with the relevant standards, and we had a robust contract and Service Level Agreement underpinning the activity. The supplier also commits to observing all the relevant

regulations, and agrees to register with the Fundraising Regulator, to maintain membership of the Chartered Institute of Fundraising, and to abide by the rules and codes set out by these bodies.

We continued to complete careful and considered due diligence on companies that approached us for commercial participator relationships, and we entered into a small number of such partnerships where we felt the time and effort we would put in was positively outweighed by the income the charity would likely receive.

We are members of the Chartered Institute of Fundraising and we remain a member of the Fundraising Regulator, adhering to the Code of Fundraising Practice and committed to the Fundraising Promise. We had no instances of non-compliance with the Code during the year; but we did have 56 complaints which our Supporter Care team responded to. Whilst this is a very small percentage of the thousands of interactions we had with supporters during the year, we take all complaints very seriously; and we used these complaints to improve our future service and performance.

We make it easy for people to contact us, and we take great care to put their complaint right. We have an online form, and we take complaints via phone, email and post. Any complaint is immediately forwarded to the Supporter Care team; and we have a process for escalating complaints to more senior members of staff depending on the severity. We then contact the supporter to resolve the complaint, and record it and the resolution on our database, where we also categorise according to severity: level 1 being the most serious, and level 4 being the least. All 56 complaints received in 2019/20 were classed as level 3 or 4. This is a new process put in place in 2019/20

to ensure recording of complaints is as accurate as possible, and resolution of complaints is as effective as possible.

We have ensured further training across the Fundraising team (and charity) on data protection and we have implemented several projects in support of our continued compliance with data protection regulations, including introducing a new Data Retention policy and completely reworking our ways of managing supporters' consent and our Legitimate Interest. These projects ensure that we are able to contact our supporters more accurately and with more relevant information, and have a clear understanding of what our supporters wish to receive. We also update our database regularly with data from the Fundraising Preference Service, to ensure that we do not contact any supporters who have signed up to this.

Our up to date Privacy Policy is available on our website, and we ensure that all supporters have the opportunity to view this as early as possible. Our communications to supporters give clear ways for them to change how they hear from us at any time.

As a charity focused on dementia care, we are acutely aware of our responsibilities to vulnerable people. Our policy is visible on our website and all staff are aware of the need to raise concerns if they suspect someone is vulnerable, and to consult one of our dementia specialist Admiral Nurses for advice if they need to.

Finally, we continue to keep at the forefront of our minds that our work supporting families living with dementia simply wouldn't be possible without our supporters, donors, partners, volunteers and fundraisers.

“As a charity focused on dementia care, we are acutely aware of our responsibilities to vulnerable people.”

Maintaining a well-run organisation

Good governance and efficiency are essential to a well-run organisation, underpinning everything we do. They may not capture headlines, but they take a lot of hard work behind the scenes.

People strategy

We continue to develop and implement our People strategy so we can ensure that we provide our employees with the appropriate support, tools and development opportunities to deliver our strategic objectives during and beyond the unprecedented period of change that we face due to COVID-19.

The work we did during 2019/20 to develop our IT resources for staff proved its worth during the COVID-19 period, helping our staff to carry on working with minimal disruption. Before the pandemic, for example, we had already set up a Knowledge Champions Network to increase digital skills across our staff, and moved all staff on to Office 365, which meant meetings could take place virtually.

Winner – Charity Governance Awards 2020

Dementia UK won the ‘Managing Turnaround’ award in the annual Charity Governance Awards in May 2019. Judges commented on the radical changes in governance which led to “innovation in operations and service delivery, making Dementia UK a prime example of best practice in good governance”.

The Charity Governance Awards, run by the Clothworkers Company, is a not-for-profit initiative created to celebrate outstanding governance and trusteeship in charities across the UK.

Building on from this we will be using The Governance Code framework to maintain high standards of governance at Dementia UK.

Workplace wellbeing

In May 2019, we were proud to receive a Bronze Award in Mind’s Workplace Wellbeing Index. This acknowledges the changes we are making to further support mental health in the workplace. In March 2020, in response to COVID-19, we created a Wellbeing Hub for employees, which has been very important during the crisis by ensuring that staff have an alternative source of peer support and access to regular, non-work-related support meetings.

Clinical database

During the year we launched Compass Helpline, a highly secure clinical database for Admiral Nurses that will integrate with the Dementia UK Admiral Nurse Dementia Helpline call management system. This will save time and also provide a detailed clinical recording system. The level of detail recorded also provides valuable data for monitoring and evaluating the service.

Articles of Association and core values

We rewrote our Articles of Association and core values to make sure they reflected a modern approach to good charity governance. The rewriting involved all staff and trustees, to give shared ownership over what we feel are the most important aspects in maintaining an excellent charity.

Our priorities for 2020/21

- Help our staff work as flexibly as possible, given the impact of COVID-19, including through IT that enables them to do this
- Continue to develop our People strategy so we can function well in a time of unprecedented change, due to COVID-19
- Introduce new ways to support employees during and beyond the pandemic
- Develop more accurate performance data, using appropriate software to record and measure data across finance, human resources, fundraising and clinical services

Financial review

The trustees present their report and audited consolidated financial statements for the year ended 31 March 2020.

All trustees are also directors for the purpose of company law, and the Trustees' Report represents the Directors' Report required by S417 of the Companies Act 2006.

Objectives and activities for public benefit

The trustees confirm that they have referred to the Charity Commission's guidance on public benefit when reviewing the aims and objectives in planning future activities.

Financial review

The financial statements have been prepared in accordance with applicable accounting standards, current statutory requirements, the requirements of the Statement of Recommended Practice (SORP), "Accounting and Reporting by Charities" (SORP 2015), and the charity's governing document.

Total incoming resources for the year were £10,894k (2019: £8,905k) and total expenditure was £8,840k (2019: £9,462k) giving a net surplus of £2,054k (2019: Net deficit £557k).

Net assets totalled £5,481k (2019: £3,427k) with net current assets of £5,763k (2019: £3,999k). The liquid cash balance (accessible within one year) was £6,509k (2019: £4,750k).

This is the fifth year in which the charity has achieved a significant increase in voluntary income, which again reflects the organisation's investment in fundraising and communications; as well as the increase in the number of families affected by dementia.

Finally, the Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. This is based on a detailed budget, cash-flow and reserves forecast exercise for 2020/21 to factor the financial implications of the COVID-19 pandemic.

Structure, governance and management

Board of Trustees

The Board of Trustees is the governing body that administers the charity. All major decisions are made by the Board, which meets at least four times a year to discuss and formulate policy and strategic direction.

The trustees of the charity are also the directors of the company for the purpose of company law, and any reference to trustees is therefore also to directors. None of the trustees has a beneficial interest in the company, and the charitable company held third party indemnity insurance on behalf of the trustees during the current and prior year.

Trustees who have been in office since 1st April 2019 are:

- Steven Clarke CPFA (Treasurer)
- Professor David Croisdale-Appleby OBE (Chair)
- Steve Jamieson
- Robert Orr (resigned 30th May 2019)
- Karen Patrick (resigned 31st May 2019)
- Merrick Willis OBE (resigned 3rd June 2019)
- Philippa Armitage (appointed 1st June 2019)
- Dr Emma Pennery CBE (appointed 1st June 2019)
- Gavin Sanderson (appointed 1st June 2019)
- Mark Stroyan (appointed 1st June 2019)
- William Roe (appointed 19th February 2020)

Trustee recruitment, appointment and induction

Dementia UK seeks to embrace a range of skills within the Board of Trustees and, as part of our governance process, trustees identify and remedy any skills deficits on the Board. The existing trustees of Dementia UK are empowered under the Articles of Association to elect new trustees. New trustees are recruited in a number of ways, including advertising and previous involvement and interest in the work of the charity. The prospective trustees are invited to meet informally with the Chair of trustees, another trustee and the CEO to discuss the role. If they are still interested they then progress to a formal interview.

Following the interview the proposals are submitted to the Nominations and Remunerations Committee where they are discussed and assessed against the identified skills deficits. A recommendation is then submitted to the Board of Trustees for ratification. The proposed trustee is then invited to attend a Board meeting as an observer before they make a decision to become a trustee for the charity.

All new trustees attend the Dementia UK induction programme, meeting with the Chief Admiral Nurse and CEO and members of staff working in the charity. They also receive relevant historical documentation.

Sub-committees of the Board of Trustees

To assist in the smooth running of the charity, the trustees have set up sub-committees that oversee and advise the charity's work and they report to the Board of Trustees. These sub-committees are:

- Clinical and Professional Committee (CPC)
- Finance, Risk and Audit Committee (FRAC)
- Nominations and Remunerations Committee

The CPC and FRAC committees meet at least four times per year and have at least two trustees in the membership, with one chairing the meeting. The trustees on each committee have relevant interests and skills that they bring to the work of the committees.

The Nominations and Remunerations Committee meets twice per year and has at least three trustees in the membership including the Chair of Trustees. The delegated functions of the committee include: nominations of trustees, remuneration of staff, performance monitoring, succession planning and recruitment.

A scheme of delegation is in place and day-to-day responsibility for the affairs of the charity, including operational matters, rests with the Chief Admiral Nurse and CEO and the executive team.

Dementia UK executive team members are:

- Dr Hilda Hayo, Chief Admiral Nurse and Chief Executive Officer
- Paul Edwards, Director of Clinical Services
- Martin Bishop, Director of Fundraising, Marketing and Communications
- Niall Larkin, Director of Operations

Dementia UK Trading Limited

Dementia UK Trading Limited develops commercial opportunities and covenants its profits to the charity. Its results are included with the consolidated financial statements. During the year Dementia UK Trading Limited transferred the Compass clinical database to Dementia UK for a market value of £225,000.

Risk management

The Board of Trustees is responsible for the management of the risks faced by the charity. A Risk Register identifies the potential and actual risks, the nature of the risks, the likelihood and impact of the risks happening, and the measures taken to prevent or manage them. The trustees review this Risk Register formally at all Board Meetings as well as discussing and updating it at Committee meetings.

The main risks identified that the charity faces are:

- Inability to deliver income and consequently deliver the charity's strategic aims due to the COVID-19 pandemic. This is mitigated by close monthly monitoring of income and expenditure plus:
 - Inability to deliver income – changes to the fundraising strategy, including developing new virtual fundraising events and activities, strengthening the ways donors can support the charity online and launching specific appeals where needed
 - Inability to deliver strategic aims because of lower expenditure budget – mitigated by certain expenditure decisions delayed until it is clear if the unrestricted or restricted funds will be available; ensuring learnings from moving to a working from home model for all staff are maximised and agile working is embedded e.g. continuing to use video conferencing and saving on travel costs even where travel is possible; working in collaboration with other organisations to avoid duplication
- Inability to deliver and grow income outside of COVID-19 effects – mitigated by our robust fundraising strategy, diverse range of income streams, specific targets and KPIs, and consistent reporting to the Board of Trustees
- Loss of our reputation, competency and the Admiral Nurse brand – mitigated by ensuring all the systems, processes and support are in place to ensure the effective recruitment, maintenance and development of Admiral Nurses and Admiral Nurse services
- Insufficient internal infrastructure – mitigated by

continually assessing and evolving the infrastructure as the charity grows, while taking into account the needs for the coming years

Dementia UK has in place a Business Continuity Plan, which ensures that the charity has contingencies in place should any serious incident occur, such as fire, flood, pandemic or act of terror. By ensuring that our Business Continuity Plan was up to date, and with regular planning meetings ahead of the UK feeling the full effects of the COVID-19 pandemic, the charity was able to move with sufficient agility to ensure that staff were equipped to work from home, as per Government guidance.

Insurance cover is in place and is reviewed annually to ensure it is providing the most appropriate cover.

Reserves policy

The charity holds unrestricted general fund reserves, to ensure we can continue to operate in the event there are any unforeseen and significant decreases in income.

The Board of Trustees' policy with regard to unrestricted general fund reserves is to set a target for such reserves to equal a minimum of three months' projected unrestricted expenditure.

The trustees aim to achieve this by judicious management of the Charity's resources. The trustees will review the reserves policy at least annually.

At 31st March 2020, we held £3,872k in unrestricted general fund reserves, after deducting the Net Book Value of Fixed Assets, which equates to 4.8 months of projected unrestricted expenditure. This increase was largely due to planned expenditure being put on hold in March 2020. The trustees are of the opinion that this level is prudent in light of the current risks faced by the charity due to COVID-19, and is in line with the best practice on reserves policies within the charity sector.

Investment policy

The trustees' investment powers are governed by the Memorandum and Articles of Association, which permit the charity's funds to be invested in a wide range of securities and assets. Funds are currently held on bank deposit.

Pay for the senior leadership team

Dementia UK has a remuneration policy and senior leadership pay is decided by trustees, who review senior leadership pay based on market rates and benchmarking against charities of comparable size.

References and administrative details

Legal status

Dementia UK is established as a charitable company limited by guarantee and is registered with the Charity Commission under charity number 1039404 (England and Wales) and SCO47429 (Scotland). The charity's affairs are governed by its Memorandum and Articles of Association dated 17 June 1994 (and updated on 4th November 2019), which allow for any activities covered by the charity's objectives with no specific restrictions. The liability of the members in the event of the company being wound up is limited to a sum not exceeding £1.

Trustees' responsibilities in relation to the financial statements

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

Company law requires the charity's trustees to prepare financial statements for each year, which 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 the 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 and statements of recommended practice 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 company will continue to operate

The trustees are responsible for keeping adequate accounting records that disclose, with reasonable accuracy at any time, the financial position of the charity and to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and the group, and hence taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

Statement as to disclosure to our auditor

In so far as the trustees are aware at the time of approving our trustees' annual report:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all appropriate steps to ensure the auditor is aware of any relevant audit information

Approved by the trustees on 11 August 2020
and signed on their behalf by:

Professor David Croisdale-Appleby OBE
Chair of Trustees

Independent auditor's report to the members of Dementia UK

Opinion

We have audited the financial statements of Dementia UK (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2020 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2020 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- 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) Regulation 2006 (as amended)

Basis for opinion

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

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- The trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- The trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue

Other information

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

In connection with our audit of the financial statements, 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.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

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 misstatements in the trustees' annual report, including the strategic report.

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

- 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 trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the parent

charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the 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 regulations made under those Acts.

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.

As part of an audit in accordance with ISAs (UK), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may

involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the group's internal control
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's or the parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or the parent charitable company to cease to continue as a going concern
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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 section 44(1)(c) of 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 those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Helen Elliott (Senior statutory auditor)

19 August 2020

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Reference and administrative details - Other

Registered Name Dementia UK

Working Names Dementia UK, Admiral Nurses, Admiral Nurse Dementia Helpline

Board of Trustees See page 23

Chief Executive Officer Dr Hilda Hayo

Company Secretary Niall Larkin

Charity number England and Wales 1039404 and Scotland SC047429

Company number 02944156

Principal Address 7th Floor, One Aldgate, London, EC3N 1RE

Registered office 7th Floor, One Aldgate, London, EC3N 1RE

Auditor Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London, EC1Y 0TL

Bankers National Westminster Bank PLC, 166 Camden High Street, London, NW1 0NS

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2020

		Unrestricted	Restricted	2020 Total	Unrestricted	Restricted	2019 Total
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	9,241,820	1,411,693	10,653,513	6,904,798	1,776,470	8,681,268
Charitable activities							-
Admiral Nursing projects	3	12,573	-	12,573	1,944	-	1,944
Business development	3	78,434	-	78,434	102,666	-	102,666
Research and Publications	3	25,068	-	25,068	-	-	-
Other fundraising activities	4	80,723	-	80,723	74,553	-	74,553
Investments		41,774	-	41,774	12,849	-	12,849
Other		1,967	-	1,967	31,443	-	31,443
Total income		9,482,359	1,411,693	10,894,052	7,128,253	1,776,470	8,904,723
Expenditure on:							
Raising funds	5	2,807,199	-	2,807,199	2,316,322	-	2,316,322
Charitable activities							
Admiral Nursing projects	5	2,524,308	1,079,201	3,603,509	3,183,248	1,698,939	4,882,187
Business development	5	673,231	-	673,231	652,699	-	652,699
Research and publications	5	162,842	-	162,842	165,353	-	165,353
Public awareness	5	656,684	-	656,684	659,734	-	659,734
Practice development	5	936,365	-	936,365	785,560	-	785,560
Total expenditure		7,760,629	1,079,201	8,839,830	7,762,916	1,698,939	9,461,855
Net income for the year	7	1,721,730	332,492	2,054,222	(634,663)	77,531	(557,132)
Transfers between funds		(17,840)	17,840	-	-	-	-
Net movement in funds		1,703,890	350,332	2,054,222	(634,663)	77,531	(557,132)
Reconciliation of funds:							
Total funds brought forward		2,371,051	1,055,894	3,426,945	3,005,714	978,363	3,984,077
Total funds carried forward	21	4,074,941	1,406,226	5,481,167	2,371,051	1,055,894	3,426,945

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 21a to the financial statements.

Balance sheets

As at 31 March 2020

Company no. 02944156

		The group		The charity	
		2020	2019	2020	2019
	Note	£	£	£	£
Fixed assets:					
Tangible assets	12	202,852	216,023	202,852	216,023
Investments	13	-	-	1	1
		202,852	216,023	202,853	216,024
Current assets:					
Debtors	16	772,771	880,881	772,771	1,089,396
Short term deposits		5,265,421	3,000,000	5,265,421	3,000,000
Cash at bank and in hand		1,244,041	1,749,804	1,232,977	1,744,180
		7,282,233	5,630,685	7,271,169	5,833,576
Liabilities:					
Creditors: amounts falling due within one year	17	(1,519,171)	(1,632,091)	(1,500,783)	(1,632,091)
Net current assets		5,763,062	3,998,594	5,770,386	4,201,485
Total assets less current liabilities		5,965,914	4,214,617	5,973,239	4,417,509
Creditors: amounts falling due after one year	18	(484,747)	(787,672)	(484,747)	(787,672)
Total net assets	20	5,481,167	3,426,945	5,488,492	3,629,837
Funds:	21				
Restricted income funds		1,406,226	1,055,894	1,406,226	1,055,894
Unrestricted income funds:					
Designated funds		-	-	-	-
General funds		4,074,941	2,371,051	4,082,266	2,573,943
Total unrestricted funds		4,074,941	2,371,051	4,082,266	2,573,943
Total funds		5,481,167	3,426,945	5,488,492	3,629,837

Approved by the trustees on 11th August 2020 and signed on their behalf by:

Professor David Croisdale-Appleby OBE

Steven Clarke CPFA

Chairman

Treasurer

Consolidated statement of cash flows

For the year ended 31 March 2020

	Note	2020		2019	
		£	£	£	£
Cash flows from operating activities	23		1,755,142		(40,213)
Cash flows from investing activities:					
Interest and dividends receivable		41,774		12,849	
Purchase of fixed assets		(37,258)		(236,331)	
Investments in short term deposits		(2,265,421)		750,000	
Net cash provided by investing activities			(2,260,905)		526,518
Change in cash and cash equivalents in the year			(505,763)		486,305
Cash and cash equivalents at the beginning of the year			1,749,804		1,263,499
Cash and cash equivalents at the end of the year			1,244,041		1,749,804

Notes to the financial statements

For the year ended 31 March 2020

1 Accounting policies

a) Statutory information

Dementia UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address and principal place of business is 7th Floor, One Aldgate, London EC3N 1RE.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary Dementia UK Trading Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees are of the view that the immediate future of the charity for the next 12 months is secure on the basis of confirmation of continuing income streams and fundraising activity to generate additional income streams. Accordingly, the financial statements have been prepared on the going concern basis.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken at the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services and other educational activities undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each.

Support costs are the cost of overall direction and administration, comprising the salary and overhead costs of the central function.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

Admiral Nursing projects	50%
Business development	8%
Research and publications	2%
Public awareness	6%
Practice development	8%
Raising funds	26%

l) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- Fixtures and fittings
15%-33% per annum, straight line
- IT Hardware and Software
15%-33% per annum, straight line

n) Investments in subsidiaries

Investments in subsidiaries are at cost.

o) Admiral Nurse Services

Funding is made available to employing authorities to meet employment, travelling and training costs incurred by them in the provision of Admiral Nurse services. The funding is accrued and recognised in the accounts in line with the provision of these services.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between three and 12 months.

r) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

s) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past

event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

t) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

u) Pensions

The charity subscribes to a defined contribution scheme for the benefit of its employees. Contributions payable are charged to the Statement of Financial Activities (SOFA) in the year they are payable.

The charity also subscribes to the NHS Pension Scheme, a multi-employer defined benefit pension scheme. It is not possible to identify the assets or liabilities relating to the charity, therefore the charity accounts for contributions to the scheme as if it were a defined contribution scheme. Contributions payable are charged to the SOFA in the year they are payable.

2 Income from donations and legacies

	2020			2019		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Legacies	1,268,054	-	1,268,054	596,627	65,000	661,627
Voluntary donations	7,973,766	1,411,693	9,385,459	6,308,171	1,711,470	8,019,641
	<u>9,241,820</u>	<u>1,411,693</u>	<u>10,653,513</u>	<u>6,904,798</u>	<u>1,776,470</u>	<u>8,681,268</u>

3 Income from charitable activities

	2020			2019		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Fees and contributions from Institutions	12,573	-	12,573	1,944	-	1,944
Sub-total for Admiral Nursing projects	12,573	-	12,573	1,944	-	1,944
Management and Development Fees	78,434	-	78,434	102,666	-	102,666
Sub-total for Business Development	78,434	-	78,434	102,666	-	102,666
Contributions from Institutions	25,068	-	25,068	-	-	-
Sub-total for Research and Evaluation	25,068	-	25,068	-	-	-
Total income from charitable activities	<u>116,075</u>	<u>-</u>	<u>116,075</u>	<u>104,610</u>	<u>-</u>	<u>104,610</u>

4 Income from other fundraising activities

	2020			2019		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
Carol concert, Christmas cards and Merchandise	80,723	-	80,723	71,933	-	71,933
Income from Trading Subsidiary	-	-	-	2,621	-	2,621
	<u>80,723</u>	<u>-</u>	<u>80,723</u>	<u>74,553</u>	<u>-</u>	<u>74,553</u>

5 Analysis of expenditure (current year)

	Charitable activities								2019 Total
	Raising funds	Admiral Nursing projects	Business development	Research and publications	Public awareness	Practice development	Governance costs	Support costs	
	£	£	£	£	£	£	£	£	£
Staff costs (note 8)	1,297,720	2,165,615	460,489	112,073	256,137	435,161	-	801,898	5,118,908
Direct Activity costs	745,025	399,670	48,928	18,680	212,756	345,904	11,210	54,726	3,115,984
IT and Telephone	46,678	47,644	4	-	2,216	200	-	346,947	291,468
Office and Administration costs	108,354	12,234	8,917	1,110	31,786	207	8,340	173,849	302,253
Professional fees	98,272	2,514	-	-	45,363	-	42,393	34,445	320,430
Premises	-	-	-	-	-	-	-	462,365	312,811
	2,296,049	2,627,677	518,338	131,863	548,258	781,472	61,943	1,874,230	9,461,855
Support costs	494,797	944,612	149,938	29,988	104,957	149,938	-	(1,874,230)	-
Governance costs	16,353	31,220	4,955	991	3,469	4,955	(61,943)	-	-
Total expenditure 2020	2,807,199	3,603,509	673,231	162,842	656,684	936,365	-	-	8,839,830
Total expenditure 2019	2,316,322	4,882,187	652,699	165,353	659,734	785,560	-	-	9,461,855

5b Analysis of expenditure (Prior year)

	Charitable activities								2019 Total
	Raising funds	Admiral Nursing projects	Business development	Research and publications	Public awareness	Practice development	Governance costs	Support costs	
	£	£	£	£	£	£	£	£	£
Staff costs (note 8)	1,091,200	1,885,496	421,310	106,932	290,113	526,434	-	797,424	5,118,908
Direct Activity costs	561,541	1,994,687	58,310	24,236	190,383	140,288	11,707	134,832	3,115,984
IT and Telephone	23,206	39,502	26	-	1,138	-	644	226,951	291,468
Office and Administration costs	55,675	20,392	4,819	538	24,154	1,074	27,074	168,527	302,253
Professional fees	180,939	-	-	-	19,359	-	82,274	37,858	320,430
Premises	-	-	-	-	-	-	-	312,811	312,811
	1,912,561	3,940,078	484,465	131,706	525,147	667,796	121,698	1,678,404	9,461,855
Support costs	376,464	878,417	156,860	31,372	125,488	109,802	-	(1,678,404)	-
Governance costs	27,297	63,693	11,374	2,275	9,099	7,962	(121,698)	-	-
Total expenditure 2019	2,316,322	4,882,187	652,699	165,353	659,734	785,560	-	-	9,461,855

6 Grant making

	Grants to institutions £	2020 £	2019 £
Cost			
Admiral Nursing Projects	325,000	325,000	1,554,760
At the end of the year	325,000	325,000	1,554,760

The charity provided half funding for two years for the recruitment of Admiral Nurses in a number of health institutions. These costs are included in note 5 under 'direct activity costs'.

7 Net income for the year

This is stated after charging:	2020	2019
	£	£
Depreciation	50,429	20,308
Operating lease rentals:		
Property	407,425	287,969
Other	159,192	117,743
Auditors' remuneration (excluding VAT):		
Audit - current year	17,500	13,800
Audit - previous year under-accrual	2,830	3,480

8 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:	2020	2019
	£	£
Salaries	4,619,790	4,141,696
Termination costs	-	49,733
Employer's National Insurance contributions	473,976	429,308
Employer's contributions to defined contribution pension scheme	278,275	196,097
Employer's contributions to defined benefit pension scheme	95,234	81,230
Other staff related costs	61,818	220,845
	5,529,093	5,118,908

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2020 No.	2019 No.
£60,000 - £69,999	4	4
£70,000 - £79,999	-	1
£80,000 - £89,999	3	1
£90,000 - £99,999	-	1

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £379,197 (2019: £366,176).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2019: £nil). No charity trustee received payment for professional or other services supplied to the charity (2019: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £2,474 (2019: £4,617) incurred by 3 (2019: 3) members relating to attendance at meetings. The charity also incurred £nil expenditure on trustees' meetings in the year (2019: £840).

9 Staff numbers

The average number of employees (head count based on number of staff paid per month) during the year was 143 (2019: 121). This includes sessional employees and other employees who received no pay in certain months (head count based on number per month) which during the year was 29 (2019:27)

	2020 No.	2019 No.
Raising funds	33	24
Admiral Nursing Projects	63	56
Business Development	10	10
Research and Publications	2	2
Public Awareness	7	8
Practice Development	10	7
Support	18	14
	143	121

10 Related party transactions

There are no related party transactions to disclose for 2020 (2019: none) other than those already disclosed in note 8. There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

11 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Dementia UK Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £3,313 (2019: nil).

12 Tangible fixed assets

Group and charity	Fixtures and fittings £	IT Hardware and Software £	Total £
Cost			
At the start of the year	206,869	29,462	236,331
Additions in year	-	37,258	37,258
At the end of the year	206,869	66,720	273,589
Depreciation			
At the start of the year	17,239	3,069	20,308
Charge for the year	41,374	9,055	50,429
At the end of the year	58,613	12,124	70,737
Net book value			
At the end of the year	148,256	54,596	202,852
At the start of the year	189,630	26,393	216,023

All of the above assets are used for charitable purposes.

13 Investment in subsidiary undertaking

	The group		The charity	
	2020	2019	2020	2019
	£	£	£	£
At the start and the end of the year	-	-	1	1

14 Subsidiary undertaking

The charitable company owns the whole of the issued ordinary share capital of Dementia UK Trading Limited, a company registered in England. The subsidiary was used to develop the Compass database for the charity which has now been transferred to the charity in 2019-20, for a market value of £225,000, and for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiary is shown below:

	2020	2019
	£	£
Turnover	225,000	2,621
Administrative expenses and taxation charge	(29,435)	(95,894)
Profit/(Loss) for the financial year	195,565	(93,273)
The aggregate of the assets, liabilities and funds was:		
Assets	43,998	9,370
Liabilities	(51,323)	(212,260)
Funds	(7,325)	(202,890)

15 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2020	2019
	£	£
Gross income	10,669,052	8,902,102
Result for the year	1,858,655	(463,859)

16 Debtors

	The group		The charity	
	2020	2019	2020	2019
	£	£	£	£
Trade debtors	25,431	23,373	25,431	23,117
Taxation and social security	99,143	34,538	99,143	31,050
Other debtors	21,887	23,112	21,887	23,112
Prepayments	276,479	347,293	276,479	347,293
Accrued income	349,831	452,565	349,831	452,565
Amounts due from group undertakings	-	-	-	212,259
	772,771	880,881	772,771	1,089,396

The charity received notifications regarding a number of legacies before the year end totalling £1,458,820. However, these legacies did not meet the full income recognition criteria as per the accounting policy as at 31 March 2020, and therefore, have not been accrued in the 2019/20 financial statements (2018/19: £153,689).

17 Creditors: amounts falling due within one year

	The group		The charity	
	2020	2019	2020	2019
	£	£	£	£
Trade creditors	346,730	382,208	344,738	382,208
Taxation and social security	244,904	184,378	197,073	184,378
Other creditors	44,896	15,300	44,896	15,300
Accruals	106,903	82,886	105,403	82,886
Deferred income	17,387	-	17,387	-
Admiral Nurse Projects - Grant accruals	758,351	967,319	758,351	967,319
Amounts due to group undertakings	-	-	32,935	-
	1,519,171	1,632,091	1,500,783	1,632,091

18 Creditors: amounts falling due after one year

	The group		The charity	
	2020	2019	2020	2019
	£	£	£	£
Admiral Nurse Projects - Grant accruals	484,747	787,672	484,747	787,672
	484,747	787,672	484,747	787,672

Total grant commitments outstanding as at 31 March 2020 relating to the recruitment of Admiral Nurses payable to health institutions were £1,243,098 (2019: £1,754,991), of which payable within one year were £758,351 (2019: £967,319) and after one year were £484,747 (2019: £787,672). The amounts due within one year are included within accruals in note 17 above.

19 Pension schemes

The Charity operates two pension schemes, a stakeholder pension scheme, administered by Aviva, and NHS Pensions. As at 31 March 2020, the amounts owed to the schemes were Aviva £67,806 (2019: £49,438) and NHS £nil (2019: £13,296). The number of members in Aviva are 96 and NHS 18. The NHS Pension Scheme is an unfunded occupational scheme backed by the Exchequer, which is open to all NHS employees and certain employees of other approved organisations. Dementia UK is an approved organisation. The Scheme provides pensions, based on final salary, in varying circumstances for employees of participating employers. The Scheme receives contributions from employees and employers to defray the costs of pensions and other benefits. From 1 April 2006 the NHS Business Services Authority (the Authority) has been the body responsible for the administration of the NHS Pension Scheme for England and Wales. In support of the Authority, NHS employers are required to explain the Scheme to the employees. In addition, they submit pension data to the NHS Business Services Authority (NHSBSA). Every four years the Government Actuary conducts a full actuarial review of contribution rates. In order to defray the costs of benefits, in 2019/20 employers paid contributions of 14.38% of pensionable pay and employees contributed on a tiered scale from 5% - 14.5% of their pensionable pay depending on total earnings. Further information on benefits can be obtained from the NHS Pension Scheme website.

20a Analysis of group net assets between funds (current year)

	General unrestricted	Restricted funds	Total funds
	£	£	£
Tangible fixed assets	202,852	-	202,852
Net current assets	3,872,089	1,890,973	5,763,062
Long term liabilities	-	(484,747)	(484,747)
Net assets at 31 March 2020	4,074,941	1,406,226	5,481,167

20b Analysis of group net assets between funds (prior year)

	General unrestricted	Restricted funds	Total funds
	£	£	£
Tangible fixed assets	216,023	-	216,023
Net current assets	2,155,028	1,843,566	3,998,594
Long term liabilities	-	(787,672)	(787,672)
Net assets at 31 March 2019	2,371,051	1,055,894	3,426,945

21a Movements in funds (current year)

	At 1 April 2019 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2020 £
Restricted funds:					
Admiral Nursing Projects (Helpline and Professional and Practice Development)	-	507,299	(507,299)	-	-
Admiral Nursing Lewy Body Dementia	-	15,000	(15,000)	-	-
Admiral Nursing Learning and Disability Service	-	139,741	(140,000)	-	(259)
Admiral Nursing New Nurse (National)	-	4,166	-	-	4,166
Admiral Nursing Projects (Geographical Funds):					
Buckinghamshire	32,671	-	(4,764)	-	27,907
Cambridgeshire	21,166	9,500	16,460	-	47,126
Cornwall	33,614	3,942	-	-	37,556
Cumbria	1,129	18,161	-	-	19,290
Derbyshire	155,132	112,266	(50,000)	-	217,398
Devon	5,664	40,086	(4,890)	1,685	42,545
Essex	23,259	10,120	-	-	33,379
Gloucestershire	20,199	-	-	-	20,199
Leicestershire	157,488	114,284	(120,000)	-	151,772
London - Imperial College	26,500	10,000	-	-	36,500
Northamptonshire	31,390	11,042	-	-	42,432
Nottinghamshire	109,464	7,099	-	-	116,563
Scotland	36,937	178,254	-	-	215,191
Staffordshire	82,444	21,965	16,667	-	121,076
Sussex	83,519	30,338	(635)	-	113,222
Wales	25,344	24,820	-	-	50,164
West Midlands	30,415	25,252	(35,000)	-	20,667
Yorkshire	46,597	27,732	(16,868)	-	57,461
Other Geographical restricted funds (Less than £10,000 balances at 31.3.2020)	132,962	100,626	(217,872)	16,155	31,871
Total restricted funds	1,055,894	1,411,693	(1,079,201)	17,840	1,406,226
Unrestricted funds:					
Designated funds:					
Admiral Nursing Projects (Geographical Funds)	-	-	-	-	-
Total designated funds	-	-	-	-	-
General funds	2,371,051	9,482,359	(7,760,629)	(17,840)	4,074,941
Total unrestricted funds	2,371,051	9,482,359	(7,760,629)	(17,840)	4,074,941
Total funds	3,426,945	10,894,052	(8,839,830)	-	5,481,167

21b Movements in funds (prior year)

	At 1 April 2018 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2019 £
Restricted funds:					
Masonic Charitable Foundation	-	46,500	(46,500)	-	-
Admiral Nursing Projects (Helpline and Professional and Practice Development)	-	349,036	(349,036)	-	-
Admiral Nursing Projects (Other)	-	3,500	(3,500)	-	-
Admiral Nursing Projects (Geographical Funds):					
Buckinghamshire	37,171	-	(4,500)	-	32,671
Cambridgeshire	27,637	56,593	(63,064)	-	21,166
Cornwall	61,271	23,343	(51,000)	-	33,614
Derbyshire	114,833	140,299	(100,000)	-	155,132
Devon (North District Hospital)	-	34,856	(10,500)	-	24,356
Essex	6,574	16,685	-	-	23,259
Gloucestershire	10,200	31,435	(21,436)	-	20,199
Leicestershire	144,820	209,636	(196,968)	-	157,488
Lincolnshire	6,414	5,520	-	-	11,934
London (Imperial College - Young Onset)	-	79,000	(52,500)	-	26,500
Merseyside	-	45,625	(16,500)	-	29,125
Northamptonshire	13,873	17,517	-	-	31,390
Nottinghamshire	101,517	107,947	(100,000)	-	109,464
Scotland	2,571	34,366	-	-	36,937
Staffordshire	5,321	114,623	(37,500)	-	82,444
Sussex (East)	63,649	13,950	-	-	77,599
Teeside	-	50,200	-	-	50,200
Wales	1,802	23,542	-	-	25,344
West Midlands	24,152	56,263	(50,000)	-	30,415
Worcestershire	20,584	4,823	(14,000)	-	11,407
Yorkshire	5,489	37,789	-	-	43,278
Other Geographical restricted funds (Less than £10,000 balances at 31.3.2019)	330,485	273,422	(581,935)	-	21,972
Total restricted funds	978,363	1,776,470	(1,698,939)	-	1,055,894
Unrestricted funds:					
Designated funds:					
Admiral Nursing Projects (Geographical Funds):					
Cheshire	-	-	(8,125)	8,125	-
Essex	-	-	(128,000)	128,000	-
Gloucestershire	-	-	(60,000)	60,000	-
Herefordshire	-	-	(142,700)	142,700	-
Hertfordshire	-	-	(38,500)	38,500	-
Isle of Wight	-	-	(56,008)	56,008	-
Lincolnshire	-	-	(220,400)	220,400	-
Newcastle	-	-	(46,100)	46,100	-
Norfolk	-	-	(109,716)	109,716	-
Suffolk	-	-	(32,184)	32,184	-
Wakefield	-	-	(5,229)	5,229	-
Wales	-	-	(42,000)	42,000	-
Warwickshire	-	-	(90,000)	90,000	-
Other designated funds	349,400	-	-	(349,400)	-
Total designated funds	349,400	-	(978,962)	629,562	-
General funds	2,656,314	7,128,253	(6,783,954)	(629,562)	2,371,051
Total unrestricted funds	3,005,714	7,128,253	(7,762,916)	-	2,371,051
Total funds	3,984,077	8,904,723	(9,461,855)	-	3,426,945

22 Purposes of restricted and designated funds

Restricted funds

Admiral Nursing projects are funded by donations specifically for the development and support of the services which Admiral Nurses provide.

The total restricted funds were raised by individuals, corporates, charitable trusts and fundraisers throughout the UK for the provision of services.

Designated funds

Designated Funds relate to contracts at an advantage stage with a number of organisations.

23 Reconciliation of net income to net cash flow from operating activities

	2020	2019
Net income/(deficit) for the reporting period (as per the statement of financial activities)	2,054,222	(557,132)
Depreciation charges	50,429	20,308
Interest receivable	(41,774)	(12,849)
Decrease/(Increase) in debtors	108,110	(375,272)
(Decrease)/Increase in creditors	(415,845)	884,732
Net cash provided/(applied) by operating activities	1,755,142	(40,213)

24 Operating lease commitments

The group's and the charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2020	2019	2020	2019
	£	£	£	£
Less than one year	354,660	404,710	132,146	159,192
One to five years	1,418,640	1,618,838	168,644	319,066
Over five years	-	404,710	-	-
	1,773,300	2,428,258	300,790	478,258

25 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

Thank you

We're so grateful to everyone who has supported us over the past year including our Volunteer Ambassadors. You make our life-changing work possible. In particular, we'd like to thank the following supporters:

Alex Bescoby
Alexandra Baker
alinea consulting
Alister Munday
Angela Healey
Assura PLC
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Beverley Salt
Bill Brown 1989 Charitable Trust
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Calleva Foundation
Central England Co-operative Ltd
Clothworkers
CLS Holdings plc
Committee for the Sarah Holman Fundraising Lunch
Co-op Food in the North Region 2
Davicon Mezzanine Floors Ltd
Decanter
Denby Retail Ltd
Donald Forrester Trust
East Sussex Fundraising Group
Eden Valley Friends of Dementia UK
Essex Fundraising Group
Fieldfisher
Gareth Jones
Garfield Weston Foundation
Hayley Knight
Honiton Fundraising Group
Hortons Estate Ltd
Incora™
Infinis Energy Services Limited
Invesco UK

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Leicestershire Fundraising Group
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Sheila Wainwright
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Standard Life Aberdeen
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Steve Hudson
Susan Brisco

Swanage Area Dementia Friendly Community
Telereal Trillium Ltd
The 29th May 1961 Charitable Trust
The Adint Charitable Trust
The Britford Bridge Trust
The Burdett Trust for Nursing
The Childwick Trust
The Christopher & Kirsty Johnston Charitable Trust
The Constance Travis Charitable Trust
The Co-operative Group
The Family Rich Charities Trust
The February Foundation
The Dementia UK Carol Concert Executive Committee
The Hodge Foundation
The Kiltwalk
The Marian Lowe Charitable Trust
The P F Charitable Trust
The Schroder Charity Trust
The Silk Family
The Steel Charitable Trust
The Swire Charitable Trust
Tokio Marine HCC International Group
Wales & West Housing
West Leeds Fundraising Group
Zochonis Charitable Trust
Zurich Community Trust

And to all the kind people who have generously left a gift in their Will, families who have donated special gifts in memory of their loved ones and our supporters who wish to remain anonymous.



The Admiral Nurse Dementia Helpline is for family or professional carers of someone with dementia, people dealing with a diagnosis of dementia, and those worried about their memory or the memory of a loved one.

Call 0800 888 6678 or email helpline@dementiauk.org

Open Monday – Friday, 9am – 9pm

Saturday and Sunday, 9am – 5pm

www.dementiauk.org • 020 8036 5400 • info@dementiauk.org

Dementia UK is a registered charity in England and Wales (1039404) and Scotland (SC047429).

Company number: 02944156

