



**DementiaUK**

Helping families face dementia

***Trustees' Report and  
Consolidated Financial  
Statements***

*For the year ended 31 March 2018*

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## Chair and Chief Admiral Nurse/CEO's report

Every single day we hear about the struggles families affected by dementia face. Callers to our Helpline frequently tell our Admiral Nurses that their relative has changed since their diagnosis; that they aren't the same person as before. They want to know:

*“How can I manage these personality and behavioural changes? Is there anything anyone can do to help? And if so, how can I access it?”*

Families often have to contend with these difficult issues whilst still working, managing family commitments and dealing with their own health problems, which are further exacerbated by stress, lack of sleep and feelings of isolation.

The right services and support are undoubtedly lacking – and have worsened. Health and social care resources available to families coping with the complexities dementia can bring have reduced significantly over the last few years.

Our dementia specialist Admiral Nurses can help families make sense of what is happening, and give specialist advice and support on how to prevent or manage any complex issues the family are facing. Their specialist dementia support is a lifeline for families who often struggle to find the answers they need elsewhere. They work with other health and social care organisations to ensure that families receive the care and support they need. Dementia UK also takes an active part in developing national policy and guidance regarding dementia care, so that the needs of families are reflected in the future development of services and support.

Not only do Admiral Nurses improve families' quality of life, they also save money for health and social care providers by helping families avoid crises such as avoidable hospital admissions. They ensure the highest possible standard of dementia care, by educating, leading, developing and supporting other health and social care professionals as well.

Families tell us Admiral Nurses' support can make a life-changing difference to their experience of dementia. It means they can continue giving care and support for longer at home, where their loved one wants to stay.

This year, thanks to our extremely generous supporters, we're proud to have helped more families than ever before. As you will see from this Annual Report we have invested significantly in developing new services, and as of end March 2018 we had 224 Admiral Nurses throughout the UK, providing unique and vital support. Our Admiral Nurse Dementia Helpline has also been there for a record 14,155 people.

Approximately 850,000 people in the UK have dementia – and that figure is growing. Despite our great progress, Admiral Nurses still aren't available locally for every family who needs one. Our Helpline reaches many of these families, and this year we also introduced Admiral Nurse clinics so we can support more people. We plan to develop these further during the coming year to make them available in areas currently without an Admiral Nurse service, while spreading awareness about Admiral Nursing into these regions.

Thank you for helping us to make all this possible. The families we help appreciate your support so much.

This was the first year of our 2017-2020 strategy – and we've got exciting plans for year two, including many more Admiral Nurses available locally and on our Helpline.

More than ever we need your support to make our ambitions happen. We hope you'll continue to help us strive towards our goal of being there for every family who needs us.

**Professor David Croisdale-Appleby OBE**  
Chair of Trustees

**Dr Hilda Hayo**  
Chief Admiral Nurse and CEO

## Admiral Nurses

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Dementia can be devastating. A person might be aware that their abilities are fading and find themselves bewildered and frustrated. Or the person might not be aware of the changes in themselves, but might find the world increasingly confusing and frightening.

And these changes do not just impact the person with dementia. Their family and friends can find themselves suddenly in the role of carers – providing more support for someone who previously was independent for all their needs. There are around 670,000 relatives and friends caring for a person with dementia in the UK, and it is not surprising that 40% of those experience depression or anxiety.

Admiral Nurses are there for the person with dementia, but crucially, they are there for their families: to help them understand the changes dementia can cause, to plan for them, and to face them with greater understanding. When communication gets hard, our Admiral Nurses are on hand with their specialist skills and techniques to help families stay connected. If someone with dementia is scared or distressed, they work with the family to find ways to help the person become calmer. If families are struggling to cope, we'll ensure they get the best possible care and support so they are able to stay together for longer.

Admiral Nurses work across a variety of care settings, providing support to people with dementia and their families at whatever stage they require it. The majority work in the community, working with families in their own homes. Increasing numbers though work in acute hospitals, hospices and care homes; with some models actively establishing links between the two, so that the service can help facilitate care packages during the transition from hospital back home after discharge, for instance.

For those families that do not have access to an Admiral Nurse, we run a seven day a week Admiral Nurse Dementia Helpline, offering the practical solutions and emotional support families need over the phone and via email.

Dementia UK gives Admiral Nurses continual training and support, so that the families they help have someone truly expert and caring by their side. Beyond supporting families, Admiral Nurses educate, lead and support other health and social care professionals to enhance the standard of care that people with dementia receive.

Recent evaluations of Admiral Nurse services have shown that access to an Admiral Nurse helps families avoid crises; which in turn reduces unnecessary hospital admissions and GP visits, and can delay admissions to care homes, enabling families to stay together, at home, for as long as they choose to do so. As well as reducing the distress experienced by the person diagnosed with dementia and their family, and helping them maintain control over the decisions affecting their care, this also has significant cost savings benefits for the NHS and social care system.

# The difference we made in 2017/18

## Increasing access to Admiral Nurses

Dementia can turn families' lives upside down – but Admiral Nurses are there to make sure they don't have to cope alone. Their specialist dementia support can be the difference between families coping and not.

Our Business Development Team works strategically to increase the number of Admiral Nurse Services throughout the UK and to maintain high standards and quality within existing services.

At the end of March 2018 we had 224 Admiral Nurses working across the UK, and are in the process of recruiting many more. That's a 12% increase on the 200 in 2016/17. And not only do we have more nurses, but they are working across more regions and across more care settings. Twelve Admiral Nurses are now working in hospices, providing crucial end of life care and support to people with dementia and their families.

### What's next?

By the end of 2018/19, we're aiming to have 260 Admiral Nurses in post nationwide. The year after that, we want to have 300. We intend to continue with this investment, working towards coverage of all counties of the UK. We have been collecting data from some of these newly established services, with the view to providing more evidence of the effectiveness of Admiral Nursing. This will then be used to provide evidence to potential hosts, helping us further increase the numbers of Admiral Nurses.

As we add more Admiral Nurse posts, we also have need to expand the teams that provide service and evaluation, as well as the development, training and supervision of the nurses. The growth of our Professional and Practice Development team is testament to our continuous investment in the training of our Admiral Nurses, ensuring that they meet the high expectations that Dementia UK and the families they support have of them.

## Helping more people via our Helpline

With 850,000 people diagnosed with dementia in the UK – and that figure growing – we simply can't provide face to face contact for everyone who needs an Admiral Nurse.

That's where our Admiral Nurse Dementia Helpline comes in. Seven days a week (9am-9pm weekdays and 9am-5pm weekends), anyone can call or email an Admiral Nurse who has the specialist knowledge, skills, experience and empathy to find practical solutions to the challenges they face.

Every day, the Admiral Nurses on our Helpline work through incredibly complex problems that can present in people with dementia, such as distress behaviours, personality change, and coping with additional conditions. The person who is calling (generally a family member) may also speak about their own stress levels, sleep disturbances, or physical or psychological problems.

The Admiral Nurses help callers navigate the UK's health and social care system, providing knowledge about local services and support they may be entitled to, or giving advice on advocating on behalf of their relative during assessments or interventions. They provide practical suggestions for coping with the everyday stresses of caring for a loved one with dementia, as well as sometimes providing advice and support for people with a diagnosis of dementia who want to speak to a specialist nurse.

There's no time limit; many calls last for more than 45 minutes, and nurses can talk with families and people with dementia via email too.

This year, we supported a record 14,155 families through our Helpline – a 26% rise on 2016/17.

To cope with this increased demand, we now have nine nurses working during the day on the Helpline, up from six last year. We know it's important to give people who work during the day a chance to call, so we have also increased from two to three Admiral Nurses in the evening.

We've had great feedback on the Helpline this year. We were delighted when it was nominated for a Royal College of Nursing Innovation Award, out of 700 entries. Our new bi-monthly Carers Survey has also shown positive results. Every single person asked about the Helpline had their call returned within 24 hours, and 94.4% expressed the highest level of satisfaction with the service they received.

### **What's next?**

In 2018/19, we want to make the Helpline even better for anyone who gets in touch. We plan to continue an in-depth evaluation into the experiences of families contacting us, so we can investigate how to improve the service even further.

We're also aiming to answer more calls straight away (if every nurse is on a call, some calls currently go to answerphone, and a nurse calls back within 24 hours). We'll increase the number of nurses available in the evenings and at weekends too, as calls at these times – when other services are closed and people have nowhere else to turn – are growing.

## **Learning from our work to make it better**

Continuously evaluating our services is absolutely key to gathering the data we need to become even more effective. Solid evidence of our impact is also crucial when we're trying to form new Admiral Nurse partnerships.

Our Service Evaluation team is there to support our Admiral Nurse services nationwide to analyse their work and record the difference they make to families affected by dementia. This year the team supported the Admiral Nurses to produce evaluation plans and write reports to evaluate their valuable work.

Our Getting Evidence into Admiral Nursing (GEANS) programme evaluated seven new Admiral Nurse services in depth, publishing valuable local evaluation reports packed full of user testimony, case studies and data to help us set up new services going forward. Using our learning from GEANS, we refined our bespoke carer experience survey to enable us to have a more consistent approach to gathering evidence for Admiral Nursing services. We launched the overarching findings of GEANS at an event at the King's Fund in London in November 2017.

We've also used our findings from GEANS to shape the academic research we are increasingly involved with. Our Head of Research and Publications has advised and worked with universities and institutions across the country to investigate different aspects of dementia care this year. Projects have included working with the University of Newcastle on developing end of life care interventions for families affected by dementia, and with the Universities of Lancaster and Manchester on dementia training in acute hospitals. In 2017, Dementia UK and Admiral Nurses published 19 articles in key journals, including the British Journal of Neuroscience Nursing and International Journal of Geriatric Psychiatry.

The evidence we collect makes us ideally placed to feed into national and international discourse on dementia care, improving policies for people with dementia and their families.

Dementia UK continues to be actively involved in national working groups regarding post diagnostic support, as follows:

- National Institute for Health and Care Excellence: National Dementia Strategy review
- National Young Onset Dementia Steering Group
- NHS England workshop on Advanced Care Planning guidelines for health and social care
- National Young Onset Dementia- Research Group
- National Young Onset Dementia- Post Diagnostic Support Group

- ABA: Dementia Workforce Support Planning Tool
- Dementia 2020 Citizen's Engagement Working Group
- Dementia Action Alliance - national and local groups

#### **What's next?**

We want to continue to improve the quality of our evaluation programme so that we can provide robust evidence in 2018/19. We will make sure all new Admiral Nurse teams have agreed evaluation plans; and will continue to develop measurement tools we can use to collect more families' experience of Admiral Nurses across all settings, ensuring that family feedback is a key part of all evaluation plans. We will continue to collect and analyse this data and disseminate as widely as possible to influence best practice in dementia care.

## **Training Admiral Nurses to be the best**

Our Professional and Practice Development team makes sure Admiral Nurses remain at the forefront of dementia knowledge and skills, providing a unique and full programme of professional development and mentoring to all Admiral Nurses. This includes 27 regional monthly clinical practice workshops where nurses get together for clinical supervision, and to discuss difficult cases.

This year, we grew the team so we could further improve the support we can give our Admiral Nurses. We've also delivered several courses in the topics most likely to help families, including end of life care masterclasses for 94 nurses and frailty masterclasses for 28 nurses. 60 new Admiral Nurses also completed our induction course, ensuring they were ready to meet the expectations of an Admiral Nurse and prepare them for their role.

We continued to develop our Communities of Practice, bringing together Admiral Nurses working in similar settings such as acute care, hospices and care homes to discuss best practice and learn from each other. Our Annual Admiral Nurse Forum in September 2017 was a great opportunity for 190 attendees to learn about a number of cutting-edge topics, under the theme 'Working with complexities in dementia'.

#### **What's next?**

Next year we want to strengthen our training offer further. We're setting up a new Community of Practice for Admiral Nurses working in the community to come together and share knowledge and collaborate. We're also planning the Admiral Nurse Forum for 2018, and will continue to deliver our innovative induction programme. 2018 will also see us evaluating all our professional and practice development work to see how we can sustain and maintain standards and quality.

## **Reaching as many people as possible**

Our Admiral Nurses are already helping thousands of families deal with the isolation, fear and lack of support dementia can bring. But we want to reach everyone who needs us. Not only does raising awareness of Dementia UK mean more people can benefit from Admiral Nurses, it also helps us raise the crucial funds we need to continue our work.

This year, we appointed two Admiral Nurses to provide clinics and run awareness sessions around the country. From November 2017 to March 2018, they delivered 56 Admiral Nurse clinics, providing one-to-one specialist advice and support for people who have a family member who has been diagnosed with dementia. As well as providing invaluable specialist advice and information to families, clinics can be ideal opportunities to showcase what Admiral Nurses can do, thereby raising awareness and encouraging attendees to campaign for local Admiral Nurses.

In addition, we have been providing awareness raising sessions and clinics at a number of our Corporate Partners, where employees affected by dementia can get advice and support.

We have now published 27 titles in our Admiral Nurse information leaflet series, responding to the questions that our nurses are asked on the Helpline and out in the field. These resources deal with the changes in behaviour and difficult symptoms associated with dementia in the same way that our Admiral Nurses do: offering clear, practical advice, in a reassuring and knowledgeable tone. The leaflets are one of the best performing sections of our website.

We launched our first Admiral Nurse awareness raising campaign this year. We created a short animated film, *'Together Again'* which explores feelings of being lost in dementia – and how the support and guidance of an Admiral Nurse can help bring families back together again, even if only for a few precious moments. We promoted this on social media, while simultaneously testing radio adverts in Norfolk, Leicestershire, Nottinghamshire, Derbyshire and West Yorkshire. After the campaign launched, traffic to our website increased by 25% and online donations increased by 31%.

As part of the campaign, we also created six Admiral Nurse advice videos which cover a range of topics to help families with different aspects of living with dementia. These were: what to do when someone with dementia doesn't recognise you anymore; what is an Admiral Nurse; coping with feelings of guilt; looking after yourself as a carer; maintaining relationships; and life story work.

We also succeeded in securing a slot on the BBC's Lifeline Appeal in December 2017. Our short film, fronted by Dementia UK Ambassador Jim Broadbent, told the story of three families who had benefitted from an Admiral Nurse. Not only did the appeal provide vital funds, it also gave us exposure to more than one million people on national television.

### **What's next?**

We plan to continue this important work reaching out to new families in 2018/19. We'll work hard to raise awareness of Admiral Nurses further, and to attract even more people to our sessions and clinics. We also want to work with many more companies across the UK to raise awareness and offer clinics, so more people can benefit from the expertise of Admiral Nurses.

We plan to work closely with Universities who train nurses so that they are more informed about Admiral Nursing and specialist dementia care. We plan to raise awareness in GP surgeries and pharmacies across the UK of Admiral Nursing by ensuring they have Admiral Nurse Dementia Helpline information, and we are exploring the further use of Admiral Nurse clinics in those areas which do not have access to a local Admiral Nurse service.

We continue to publish our information leaflets at a rate of roughly one per month, ensuring that the expertise and practical advice of Admiral Nurses is available to people across the country, regardless of their circumstances.

We intend to continue our brand awareness raising activity, to build upon the momentum of our media activity and film, *'Together Again'*, so that more people affected by dementia know there is specialist, compassionate care for them, in Admiral Nurses.

## **Improving how we work behind the scenes to make more impact**

To do our vital work, it's important we have the right people and systems in place behind the scenes. We've made a lot of progress on this front in 2017/18.

We've appointed four highly experienced and skilled Consultant Admiral Nurses (CANs) to help us make sure our services are developed in line with best practice, to maintain Admiral Nurse standards, support training and development, and work to create new Admiral Nurse partnerships.

In line with the Charity Governance Code we have recruited skilled and capable trustees and they in turn have appointed the Executive Team, and together they ensure that the charity complies with relevant legislation and regulation including Charity Commission guidance, Care Quality Commission guidance and the Nursing and Midwifery Council Code.

We were also delighted to establish a new Lived Experience Advisory Panel in 2017. The panel is made up of ten people, including family carers and people with dementia and representatives from national involvement networks. Through this panel, people with dementia and their families can advise and provide feedback to Dementia UK in a meaningful way, so we can develop the best possible services for them. The panel has already helped to improve our website and our information leaflets as well as develop a pack we use to make the case for Admiral Nurse services locally.

This year, we added new members of staff to our Information Services team, which will ensure Dementia UK's growth is properly supported by a modern IT infrastructure, as well as training our staff in digital knowledge. We also developed the Compass system, a new clinical database for dementia care. The software is unique in being able to model the complexity of cases worked on by our Admiral Nurses, helping them record and manage their daily activities. Compass will provide the performance metrics we need to thoroughly and effectively evaluate our services.

**What's next?**

Our Consultant Admiral Nurse team and Lived Experience Advisory Panel will continue to influence on our work in 2018/19.

We're also planning to invest in a Core Infrastructure Improvement Programme to ensure all staff are well supported with IT so they can operate efficiently. We'll then focus on creating a framework for a 'Digital Dementia UK'.

## Raising more money than ever

We were only able to achieve all of this because we raised £6.9 million in 2017/18 compared to £5.4 million last year.

We rely entirely on voluntary income, including gifts in Wills. This year, we supported people across the country as they raised money for us through a range of challenges and events, as well as fundraising in their local communities.

### How we raised money this year

Many of the people who donate to us do so in memory of a loved one who lived with dementia. They may do so through a one off gift, either directly from themselves or in lieu of flowers at a funeral. Some people create a tribute page to their relative or friend, posting messages and pictures, and collecting donations.

Many of our supporters take on fundraising challenges with us: cycling, running, hiking and even wing walking their way to raise much-needed funds to support our work.

Our annual fundraising drive, Time for a Cuppa, invites supporters to bake a cake and stick the kettle on, all in the name of raising money for Admiral Nurses.

Our corporate partners find ingenious ways to support Dementia UK, from creating their own challenge events and races, to store collections and fancy dress days.

All of our income areas saw substantial growth over the course of this year.

### Fundraising approach

Our Admiral Nurses make so much difference to people's lives because of their expertise and empathy. We want all of our professional relationships to emulate their warmth and support, and that informs our fundraising approach. We foster a personable and competent fundraising team, who build strong and enduring relationships with our supporters, so that their support of Dementia UK evolves with their life, beyond a one-off event. We stay in regular contact, offering tips on good fundraising, supporting our fundraisers' creative efforts, and keeping them up to date on the difference their time, energy and money makes to us.

This year, we have invested in the number of specialist fundraisers we employ, and we remain committed to using the money from our donors and fundraisers in the wisest and most ethical ways; and are happy that our voluntary income streams deliver a good return on investment.

We have made improvements to our website to ensure giving to Dementia UK online is as easy and rewarding as possible. We have increased the clarity and visibility of our gifts in Wills messages to ensure that our supporters, and our nurses, understand how much difference legacy income makes to the charity. We have also expanded and strengthened our Volunteer Ambassador network, and the internal teams that support them, encouraging the voices campaigning for new Admiral Nurses and funding for existing services to be as loud as possible.

We do as much of our fundraising as possible in-house, including interacting with donors through our Supporter Care team. We did not have any relationships with professional fundraisers this year.

Throughout the year, we were approached by companies and organisations who would like to work with us on a commercial participator basis. In all cases we completed careful and considered due diligence on the organisations and the amount of time and effort we would need to put in, versus the income we would likely receive.

We ultimately entered into one commercial participator agreement, regarding one specific promotion during the year, with Central England Co-operative whose staff and customers were also fundraising for us.

We remained registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice. We had no instances of non-compliance with the code during the year but we did have 16 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 both our service and performance for the future. We also remained members of the Institute of Fundraising and continued to ensure staff are fully trained – and understand their responsibilities – in their respective areas.

Giving to Dementia UK should be a great experience. So we have a fundraising promise on our website as a set of standards for how we work, and the service our donors and fundraisers can expect from our team. If our donors ever feel we're falling short of our standards, we make it easy for people to contact us and we always take care to put it right.

We ensured our privacy policy was updated in line with the data protection legislation and regulation, and that it was accessible to all on our website. We also ensured our vulnerable person's policy was reviewed and that staff continue to be 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.

Lastly and most importantly, at the forefront of our minds is that all of our work simply wouldn't be possible without our supporters, donors, partners, volunteers and fundraisers.

# Our vision for the future

## Our 2017-2020 strategy

All the progress we've made over the last year – the first year of our 2017-2020 strategy – was made possible by our supporters.

Over the next two years, our priorities remain to:

- increase Admiral Nurse coverage across the UK to 300 posts by 2020
- raise awareness and understanding of Admiral Nursing so every family that needs the specialist support they provide, gets access to one
- record a high level of satisfaction from families receiving Admiral Nurse support and evidence of the effectiveness of Admiral Nursing

Living with dementia can be an incredibly hard and lonely experience, yet many families are facing a significant reduction in the support available to them through local health and social care services. Relatives are taking on caring roles alongside other responsibilities which can lead to distress and fatigue.

It's our duty to be ambitious in these trying times, and to commit to providing the specialist support that can rarely be found elsewhere. We know that people diagnosed with dementia want to stay at home and be independent for as long as possible. This requires resources and support.

The future provision of dementia support through health and social care services is uncertain, but we're confident that a 50% increase from 200 to 300 Admiral Nurses by 2020 is achievable through partnership working. We plan to use local evidence and demographic data to make sure these new posts are in the places they're needed most.

In the longer term, we aim to do much more. Our target is to ultimately have 800 Admiral Nurses across the UK.

## Financial review

The trustees present their report and audited consolidated financial statements for the year ended 31 March 2018.

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.

### Our vision

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

### Our mission

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

### 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 £6,940k (2017: £5,431k) and total expenditure was £6,635k (2017: £4,726k) giving a net surplus of £306k (2017: £705k).

Net assets totalled £3,984k (2017: £3,678k) with net current assets of £4,381k (2017: £3,800k).

The liquid cash balance (accessible within one year) was £5,013k (2017: £4,258k).

This is the third year where we have achieved a significant increase in voluntary income and this reflects the organisation's continued investment in fundraising and communications expertise and resources; as well the number of families now affected by dementia.

As a result, not only does Dementia UK have unrestricted reserves which meet its reserves policy of approximately six months' projected expenditure, it has also been in a position to set aside further funds in a New Admiral Nurse Fund to invest in new Admiral Nursing services in parts of the country where there are none.

New services are essential given the growing number of people who will be affected by dementia and who need specialist support when things become challenging or difficult.

We will designate more funds over the next three years if we can raise these, as we strive to rapidly and significantly increase the number of Admiral Nurses.

Once these funds have been designated however there is often a time-lag in new services being set up. This is due to two significant stages Dementia UK has to complete. Firstly we have to identify and agree a contract with a host for the service (e.g. with the NHS or with another charity); and secondly, in partnership with the host, we then need to recruit a nurse with the high level skills and experience that are required to be an Admiral Nurse. Typically these two stages together can take up to 18 months to complete.

Finally, the trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern.

## 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 regularly to discuss and formulate policy.

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 1 April 2017 are:

- Steven Clarke (Treasurer) CPFA
- Professor David Croisdale-Appleby OBE (Chair)
- Vanessa Godfrey (until 5 March 2018)
- Lady Barbara Judge CBE
- Professor Hilary McCallion CBE
- Robert Orr
- Karen Patrick
- Steve Jamieson (from 30 October 2017)
- Merrick Willis OBE

### Trustee recruitment, appointment and induction

The existing trustees of Dementia UK are empowered under the Articles of Association to elect new trustees at the Annual General Meeting of the charity and to make co-options at any other time. Dementia UK seeks to embrace a range of skills within the Board of Trustees, and continues to acknowledge the very important contribution made by the founding members of the charity. Additionally, as part of our governance process, trustees identify and remedy any skills deficits on the Board.

New trustees are recruited in a number of ways including advertising and previous involvement and interest in the work of the charity. Potential new trustees are invited to attend as observers in at least one board meeting, to assist them in their decision making process about whether to agree to nomination as a trustee.

All new trustees attend the Dementia UK induction programme, along with new members of staff and Admiral Nurses. In addition, they meet with the CEO and members of staff working in the charity and 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 a number of sub-committees that help to oversee certain aspects of the charity's work and they report to the Board of Trustees. These sub-committees are:

- Clinical and Professional Committee
- Finance and Audit Committee
- Fundraising and Communications Committee

Each committee meets at least four times per year and has 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.

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 (from 5th March 2018), Director of Clinical Services
- Martin Bishop, Director of Fundraising 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.

## **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 to:

- income – which is mitigated by a clear and robust fundraising strategy, specific targets and consistent reporting to Board of Trustees
- reputation, competency and the Admiral Nurse brand – which is 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
- internal infrastructure – which is mitigated by continually assessing and evolving the infrastructure as the charity grows, while taking into account the needs for the coming years

Further, trustees have assessed the effect of a significant financial event on the charity's income and are satisfied that the charity has a suitably diverse range of income streams which will mitigate the risk from such an event.

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 or act of terror.

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

## **Reserves policy**

To ensure the charity has the ability to withstand any unforeseen drops in income, free reserves are held.

The Board's policy with regard to free reserves has been to set a target for such reserves to equal approximately six months' projected unrestricted expenditure (£2,883K in 2017/18). The trustees aim to achieve this by judicious management of the charity's resources.

At 31st March 2018 we held £3,006K in reserves, and during the year funds over and above what we expected to raise meant we were able to increase the payment of grants from our New Admiral Nurse Fund for the accelerated expansion of Admiral Nursing.

## 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. The charity's affairs are governed by its Memorandum and Articles of Association dated 17 June 1994, 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 steps that they ought to have taken to make them aware of any relevant audit information and to establish that the auditor is aware of that information

Approved by the trustees on 30 July 2018 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 2018 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 by 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 2018 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 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 for the financial year for which the financial statements are prepared is consistent with the financial statements
- the trustees' annual 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 their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual 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) require 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report

## 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)**

Date: 30 July 2018

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

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

For the year ended 31 March 2018

		2018			2017		
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
<b>Income from:</b>							
Donations and legacies	2	5,715,506	1,097,734	<b>6,813,240</b>	4,400,007	196,358	4,596,365
Charitable activities							
Admiral Nursing projects	3	9,067	-	<b>9,067</b>	19,663	649,330	668,993
Business development	3	27,000	-	<b>27,000</b>	50,500	-	50,500
Research and Publications	3	17,259	-	<b>17,259</b>	6,655	-	6,655
Practice development	3	-	-	-	-	34,440	34,440
Other trading activities	4	71,033	-	<b>71,033</b>	68,108	-	68,108
Investments	4	1,260	-	<b>1,260</b>	5,260	-	5,260
Other		1,548	-	<b>1,548</b>	566	-	566
<b>Total income</b>		<b>5,842,673</b>	<b>1,097,734</b>	<b>6,940,407</b>	<b>4,550,759</b>	<b>880,128</b>	<b>5,430,887</b>
<b>Expenditure on:</b>							
Raising funds	5	1,549,475	-	<b>1,549,475</b>	1,266,101	-	1,266,101
Charitable activities							
Admiral Nursing projects	5	2,218,987	839,889	<b>3,058,876</b>	959,494	623,837	1,583,331
Business development	5	537,165	-	<b>537,165</b>	530,862	-	530,862
Research and publications	5	104,216	-	<b>104,216</b>	389,268	-	389,268
Public awareness	5	678,232	-	<b>678,232</b>	403,771	-	403,771
Practice development	5	677,301	29,526	<b>706,827</b>	491,416	61,321	552,737
<b>Total expenditure</b>		<b>5,765,376</b>	<b>869,415</b>	<b>6,634,791</b>	<b>4,040,912</b>	<b>685,158</b>	<b>4,726,070</b>
<b>Net income for the year</b>	7	77,297	228,319	<b>305,616</b>	509,847	194,970	704,817
Transfers between funds		(115,638)	115,638	-	-	-	-
<b>Net movement in funds</b>		<b>(38,341)</b>	<b>343,957</b>	<b>305,616</b>	<b>509,847</b>	<b>194,970</b>	<b>704,817</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		3,044,055	634,406	<b>3,678,461</b>	2,534,208	439,436	2,973,644
<b>Total funds carried forward</b>	21	<b>3,005,714</b>	<b>978,363</b>	<b>3,984,077</b>	<b>3,044,055</b>	<b>634,406</b>	<b>3,678,461</b>

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 of the financial statements.

**Balance sheets**

As at 31 March 2018

		The group		The charity	
	Note	2018	2017	2018	2017
		£	£	£	£
<b>Fixed assets:</b>					
Tangible assets	12	-	-	-	-
Investments	13	-	-	1	1
		-	-	1	1
<b>Current assets:</b>					
Debtors	16	505,609	220,902	630,046	280,370
Short term deposits		3,750,000	-	3,750,000	-
Cash at bank and in hand		1,263,499	4,257,543	1,252,191	4,252,940
		5,519,108	4,478,445	5,632,237	4,533,310
<b>Liabilities:</b>					
Creditors: amounts falling due within one year	17	(1,138,285)	(678,153)	(1,141,795)	(676,993)
<b>Net current assets</b>		<b>4,380,823</b>	3,800,292	<b>4,490,442</b>	3,856,317
<b>Total assets less current liabilities</b>		<b>4,380,823</b>	3,800,292	<b>4,490,443</b>	3,856,318
Creditors: amounts falling due after one year	18	(396,746)	(121,831)	(396,746)	(121,831)
<b>Total net assets</b>	20	<b>3,984,077</b>	3,678,461	<b>4,093,697</b>	3,734,487
<b>Funds:</b>					
Restricted income funds	21	978,363	634,406	978,363	634,406
Unrestricted income funds:					
Designated funds		349,400	685,000	349,400	685,000
General funds		2,656,314	2,359,055	2,765,934	2,415,081
Total unrestricted funds		3,005,714	3,044,055	3,115,334	3,100,081
<b>Total funds</b>		<b>3,984,077</b>	3,678,461	<b>4,093,697</b>	3,734,487

Approved by the trustees on 30 July 2018 and signed on their behalf by

**Professor David Croisdale-Appleby OBE**  
Chairman

**Steven Clarke**  
CPFA Treasurer

**Consolidated statement of cash flows**

For the year ended 31 March 2018

	Note	2018		2017	
		£	£	£	£
<b>Cash flows from operating activities</b>	23		<b>754,696</b>		1,144,114
<b>Cash flows from investing activities:</b>					
Interest receivable		<b>1,260</b>		5,260	
Investments in short term deposits		<b>(3,750,000)</b>		-	
<b>Net cash provided by investing activities</b>			<b>(3,748,740)</b>		5,260
<b>Change in cash and cash equivalents in the year</b>			<b>(2,994,044)</b>		1,149,374
Cash and cash equivalents at the beginning of the year			<b>4,257,543</b>		3,108,169
<b>Cash and cash equivalents at the end of the year</b>			<b>1,263,499</b>		4,257,543

# Notes to the financial statements

For the year ended 31 March 2018

## 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 2nd Floor, Resource for London, 356 Holloway Road, London N7 6PA.

### 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) (effective 1 January 2015) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (September 2015) 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
- Other expenditure represents those items not falling into any other heading

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. However,

the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each 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 activity.

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	54%
● Business development	9%
● Research and publications	1%
● Public awareness	7%
● Practice development	6%
● Raising funds	23%

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.

#### **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

#### **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 3 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

	Unrestricted £	Restricted £	2018 Total £	2017 Total £
Legacies	621,876	15,000	<b>636,876</b>	450,975
Voluntary donations	5,093,630	1,082,734	<b>6,176,364</b>	4,145,390
	<u>5,715,506</u>	<u>1,097,734</u>	<u><b>6,813,240</b></u>	<u>4,596,365</u>

## 3 Income from charitable activities

	Unrestricted £	Restricted £	2018 Total £	2017 Total £
Donations and gifts	9,067	-	<b>9,067</b>	668,993
<b>Sub-total for Admiral Nursing projects</b>	9,067	-	<b>9,067</b>	668,993
Other Trading Income	27,000	-	<b>27,000</b>	50,500
<b>Sub-total for Business development</b>	27,000	-	<b>27,000</b>	50,500
Grants from Institutions	17,259	-	<b>17,259</b>	6,655
<b>Sub-total for Research and evaluation</b>	17,259	-	<b>17,259</b>	6,655
Donations and grants	-	-	-	34,440
<b>Sub-total for Practice development</b>	-	-	-	34,440
<b>Total income from charitable activities</b>	<u>53,326</u>	<u>-</u>	<u><b>53,326</b></u>	<u>760,588</u>

## 4 Income from Fundraising and other trading activities

	Unrestricted £	Restricted £	2018 Total £	2017 Total £
Carol concert and cards	61,033	-	<b>61,033</b>	65,608
Income from trading subsidiary	10,000	-	<b>10,000</b>	2,500
	<u>71,033</u>	<u>-</u>	<u><b>71,033</b></u>	<u>68,108</u>

## 5 Analysis of expenditure

	Charitable activities										2018 Total	2017 Total
	Raising funds	Admiral Nursing Projects	Business development	Research and publications	Public awareness	Practice development	Governance costs	Support costs	2018 Total	2017 Total		
Staff costs (note 8)	£ 626,455	£ 1,276,370	£ 368,485	£ 76,864	£ 208,727	£ 333,957	£ -	£ 573,286	£ 3,464,144	£ 2,368,992		
Direct Activity costs	515,115	1,093,630	49,090	15,726	359,685	292,538	-	125,675	2,451,459	1,759,178		
IT & Telephone	28,115	30,054	440	374	1,517	479	-	108,554	169,533	31,542		
Office and Administration costs	45,410	8,881	5,953	68	15,791	1,565	20,563	142,090	240,321	175,372		
Professional fees	65,964	1,270	1,358	-	3,040	-	49,748	51,533	172,913	180,912		
Premises	-	-	-	-	-	-	-	136,421	136,421	110,074		
Support costs	1,281,059	2,410,205	425,326	93,032	588,760	628,539	70,311	1,137,559	6,634,791	4,726,070		
Governance costs	252,791	610,911	105,329	10,533	84,264	73,731	-	(1,137,559)	-	-		
	15,625	37,760	6,510	651	5,208	4,557	(70,311)	-	-	-		
<b>Total expenditure 2018</b>	<b>1,549,475</b>	<b>3,058,876</b>	<b>537,165</b>	<b>104,216</b>	<b>678,232</b>	<b>706,827</b>	<b>-</b>	<b>-</b>	<b>6,634,791</b>	<b>-</b>		
<b>Total expenditure 2017</b>	<b>1,266,101</b>	<b>1,583,331</b>	<b>530,862</b>	<b>389,268</b>	<b>403,771</b>	<b>552,737</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,726,070</b>		

Of the total expenditure, £5,765,376 was unrestricted (2017: £4,040,912) and £869,415 was restricted (2017: £685,158)

## 6 Grant making

	Grants to institutions	2018 £	2017 £
<b>Cost</b>			
Admiral Nursing Projects	506,000	<b>506,000</b>	415,000
At the end of the year	506,000	<b>506,000</b>	415,000

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:

	2018 £	2017 £
Depreciation	-	253
Operating lease rentals:		
Property	136,421	127,698
Other	36,265	36,265
Auditors' remuneration (excluding VAT):		
Audit - current year	13,400	13,000
Audit - previous year under-accrual	7,000	-

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

Staff costs were as follows:

	2018 £	2017 £
Salaries and wages	<b>2,885,986</b>	2,020,559
Redundancy and termination costs	<b>11,917</b>	-
Social security costs	<b>301,387</b>	209,956
Employer's contribution to defined contribution pension schemes	<b>211,920</b>	138,477
Other staff related costs	<b>52,934</b>	-
	<b>3,464,144</b>	2,368,992

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

	2018 No.	2017 No.
£60,000 - £69,999	<b>2</b>	2
£70,000 - £79,999	<b>1</b>	1
£100,000 - £110,000	<b>1</b>	1

## 8 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel (continued)

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £303,964 (2017: £303,914).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2017: £nil). No charity trustee received payment for professional or other services supplied to the charity (2017: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £1,781 (2017: £2,181) incurred by 5 (2017: 5) members relating to attendance at meetings on behalf of the charity.

## 9 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 122 (2017: 66.)

	2018 No.	2017 No.
Raising funds	24	16
Admiral Nursing Projects	58	23
Business Development	10	6
Research & Publications (Formerly Research & Evaluation)	1	4
Public Awareness	8	2
Practice Development	7	6
Support	14	9
	<b>122</b>	<b>66</b>

## 10 Related party transactions

There are no related party transactions to disclose for 2018 (2017: 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 nil (2017: nil).

## 12 Tangible fixed assets

Group and charity	Fixtures and fittings £	Total £
<b>Cost</b>		
At the start of the year	325,982	<b>325,982</b>
Additions in year	-	-
Disposals in year	(325,982)	<b>(325,982)</b>
At the end of the year	-	-
<b>Depreciation</b>		
At the start of the year	325,982	<b>325,982</b>
Charge for the year	-	-
Eliminated on disposal	(325,982)	<b>(325,982)</b>
At the end of the year	-	-
<b>Net book value</b>		
<b>At the end of the year</b>	-	-
At the start of the year	-	-

All of the above assets are used for charitable purposes.

## 13 Investment in subsidiary undertaking

	The group		The charity	
	2018	2017	2018	2017
	£	£	£	£
At the start and the end of the year	-	-	<b>1</b>	<b>1</b>

## 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 is used 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:

	2018 £	2017 £
Turnover	10,000	2,500
Administrative expenses	(63,595)	(34,122)
Loss for the financial year	<u>(53,595)</u>	<u>(31,622)</u>

The aggregate of the assets, liabilities and funds was:

	2018 £	2017 £
Assets	28,648	13,075
Liabilities	(138,265)	(69,097)
Funds	<u>(109,617)</u>	<u>(56,022)</u>

## 15 Parent charity

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

	2018 £	2017 £
Gross income	6,930,407	5,428,388
Result for the year	<u>350,853</u>	<u>736,438</u>

## 16 Debtors

	The group 2018 £	2017 £	The charity 2018 £	2017 £
Trade debtors	77,312	49,058	66,796	40,591
Other debtors	27,146	23,834	27,146	23,834
Prepayments	119,172	38,010	119,172	38,010
Accrued income	281,979	110,000	281,979	110,000
Amounts due from group undertakings	-	-	134,953	67,935
	<u>505,609</u>	<u>220,902</u>	<u>630,046</u>	<u>280,370</u>

## 17 Creditors: amounts falling due within one year

	The group 2018 £	2017 £	The charity 2018 £	2017 £
Trade creditors	373,098	276,702	378,562	272,734
Taxation and social security	119,402	74,117	119,402	74,119
Other creditors	16,153	52,351	14,199	55,158
Accruals	629,632	274,983	629,632	274,982
	<b>1,138,285</b>	678,153	<b>1,141,795</b>	676,993

## 18 Creditors: amounts falling due after one year

	The group 2018 £	2017 £	The charity 2018 £	2017 £
Grant commitments	396,746	121,831	396,746	121,831
	<b>396,746</b>	121,831	<b>396,746</b>	121,831

Total grant commitments outstanding as at 31 March 2018 relating to the recruitment of Admiral Nurses payable to health institutions were £978,721 (2017: £359,280), of which payable within one year were £581,975 (2017: £237,449) and after one year were £396,746 (2017: £121,831). The amounts due within one year are included within accruals in note 17 above.

## 19 Pension scheme

The Charity operates two pension schemes, a stakeholder pension scheme, administered by Friends Life and NHS Pensions. As at 31 March 2018, the amounts owed to the schemes were Friends Life £11,948 (2017: £23,054) and NHS £705 (2017: £1,858). The number of members in Friends Life are 34 and NHS 18.

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

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Net current assets	2,656,314	567,400	1,157,109	<b>4,380,823</b>
Long term liabilities	-	(218,000)	(178,746)	<b>(396,746)</b>
<b>Net assets at 31 March 2018</b>	<b>2,656,314</b>	<b>349,400</b>	<b>978,363</b>	<b>3,984,077</b>

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

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Net current asset	2,414,055	685,000	701,237	<b>3,800,292</b>
Long term liabilities	(55,000)	-	(66,831)	<b>(121,831)</b>
<b>Net assets at 31 March 2017</b>	<b>2,359,055</b>	<b>685,000</b>	<b>634,406</b>	<b>3,678,461</b>

## 21a Movements in funds (current year)

	At 1 April 2017 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2018 £
<b>Restricted funds:</b>					
Masonic Charitable Foundation	31,851	-	(31,851)	-	-
Admiral Nursing Projects (Helpline and PD)	-	25,600	(25,600)	-	-
Admiral Nursing Projects (Other)	-	188,154	(188,154)	-	-
Buckinghamshire	34,025	3,302	(420)	-	<b>36,907</b>
Cambridgeshire	25,000	2,637	-	-	<b>27,637</b>
Cheshire	2,086	28,000	(50,000)	19,914	-
Cornwall	66,606	15,063	(20,398)	-	<b>61,271</b>
Derbyshire	-	114,833	-	-	<b>114,833</b>
Devon (Sid Valley)	89,498	1,594	(99,993)	8,901	-
Devon (Topsham)	125,000	3,494	-	-	<b>128,494</b>
Dorset (Purbeck)	-	28,258	(50,000)	21,742	-
Hertfordshire	30,819	727	(7,459)	-	<b>24,087</b>
Isle of Wight	67,518	8,642	(75,000)	-	<b>1,160</b>
Kent	39,688	200	(29,015)	-	<b>10,873</b>
Leicestershire	4,086	140,734	-	-	<b>144,820</b>
Norfolk	-	9,383	(74,464)	65,081	-
North East Hospices	-	54,400	(54,400)	-	-
Sussex (East)	44,374	21,875	(2,600)	-	<b>63,649</b>
Wakefield	30,154	4,732	(13,852)	-	<b>21,034</b>
West Midlands	12,342	11,810	-	-	<b>24,152</b>
Wiltshire	-	110,000	(110,000)	-	-
Worcestershire	16,148	4,436	-	-	<b>20,584</b>
Other Geographical restricted funds	15,211	319,860	(36,209)	-	<b>298,862</b>
<b>Total restricted funds</b>	<b>634,406</b>	<b>1,097,734</b>	<b>(869,415)</b>	<b>115,638</b>	<b>978,363</b>
<b>Unrestricted funds:</b>					
<b>Designated funds:</b>					
Essex	50,000	-	(50,000)	-	-
Hertfordshire - Garden House Hospice	50,000	-	(50,000)	-	-
Northumberland (Hospice Care)	45,600	-	(45,600)	-	-
Somerset	50,000	-	(50,000)	-	-
Suffolk	90,000	-	(90,000)	-	-
Wiltshire	50,000	-	(50,000)	-	-
Other Designated Funds	349,400	-	-	-	<b>349,400</b>
<b>Total designated funds</b>	<b>685,000</b>	<b>-</b>	<b>(335,600)</b>	<b>-</b>	<b>349,400</b>
<b>General funds</b>	<b>2,359,055</b>	<b>5,842,673</b>	<b>(5,429,776)</b>	<b>(115,638)</b>	<b>2,656,314</b>
<b>Total unrestricted funds</b>	<b>3,044,055</b>	<b>5,842,673</b>	<b>(5,765,376)</b>	<b>(115,638)</b>	<b>3,005,714</b>
<b>Total funds</b>	<b>3,678,461</b>	<b>6,940,407</b>	<b>(6,634,791)</b>	<b>-</b>	<b>3,984,077</b>

The narrative to explain the purpose of each fund is given in note 22.

## 21b Movements in funds (prior year)

	At 31 March 2016	Income & gains	Expenditure & losses	Transfers	At 31 March 2017
	£	£	£	£	£
<b>Restricted funds:</b>					
Levy Foundation	-	146,858	(146,858)	-	-
People's Health Trust	16,980	4,500	(21,480)	-	-
Masonic Charitable Foundation	-	45,000	(13,149)	-	<b>31,851</b>
Admiral Nursing Projects (Helpline and PD)	50,000	219,617	(269,617)	-	-
Admiral Nursing Projects (Other)		-	-		
Buckinghamshire	410	33,615	-	-	<b>34,025</b>
Cambridgeshire	-	25,000	-	-	<b>25,000</b>
Cornwall	67,798	17,558	(18,750)	-	<b>66,606</b>
Devon (Sid Valley)	1,862	99,344	(11,708)	-	<b>89,498</b>
Devon (Topsham)	-	125,000	-	-	<b>125,000</b>
Dorset (Purbeck)	5,377	22,476	(27,853)	-	-
Hertfordshire	22,901	7,918	-	-	<b>30,819</b>
Isle of Wight	74,600	17,918	(25,000)	-	<b>67,518</b>
Kent	51,105	5,163	(16,580)	-	<b>39,688</b>
Sussex (East)	58,104	8,770	(22,500)	-	<b>44,374</b>
Wakefield	27,921	40,090	(37,857)	-	<b>30,154</b>
Worcestershire	10,698	5,450	-	-	<b>16,148</b>
Other geographical restricted funds	51,680	55,851	(73,806)	-	<b>33,725</b>
<b>Total restricted funds</b>	<b>439,436</b>	<b>880,128</b>	<b>(685,158)</b>	<b>-</b>	<b>634,406</b>
<b>Unrestricted funds:</b>					
<b>Designated funds:</b>					
Brighton	50,000	-	(50,000)	-	-
Cheshire	25,000	-	(25,000)	-	-
Devon	90,000	-	(90,000)	-	-
Doncaster	15,000	-	(15,000)	-	-
Dorset	50,000	-	(50,000)	-	-
Huddersfield	20,000	-	(20,000)	-	-
Newcastle	50,000	-	(50,000)	-	-
North Tyneside	50,000	-	(50,000)	-	-
Staffordshire	50,000	-	(50,000)	-	-
Yorkshire	15,000	-	(15,000)	-	-
Other Designated Funds	385,000	-	-	300,000	<b>685,000</b>
<b>Total designated funds</b>	<b>800,000</b>	<b>-</b>	<b>(415,000)</b>	<b>300,000</b>	<b>685,000</b>
<b>General funds</b>	<b>1,734,208</b>	<b>4,550,759</b>	<b>(3,625,912)</b>	<b>(300,000)</b>	<b>2,359,055</b>
<b>Total unrestricted funds</b>	<b>2,534,208</b>	<b>4,550,759</b>	<b>(4,040,912)</b>	<b>-</b>	<b>3,044,055</b>
<b>Total funds</b>	<b>2,973,644</b>	<b>5,430,887</b>	<b>(4,726,070)</b>	<b>-</b>	<b>3,678,461</b>

## 22 Purposes of restricted and designated funds

### Restricted funds

Masonic Charitable foundation funds are used to support the remuneration of the Director of Clinical Services. 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 foundations throughout the UK for the provision of services.

## 22 Purposes of restricted and designated funds

### Designated funds

Essex - Full funding for one year for the salary of one Admiral Nurses  
 Hertfordshire - One post half funding for two years at the Garden House Hospice  
 Hertfordshire - One post half funding for two years at Lister Hospital  
 Northumberland - One post half funding for two years at St Oswalds Hospice  
 Northumberland - One post half funding for two years at HospiceCare  
 Somerset - One post half funding for two years at Western General Hospital  
 Suffolk - Two posts half funding for two years at Sole Bay Health Centre  
 Wiltshire - One post half funding for two years at Great Western Hospital  
 Other Designated Funds - £349,400 relating to contracts at advanced stage with a number of organisations

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

	2018	2017
	£	£
<b>Net income for the reporting period (as per the statement of financial activities)</b>	<b>305,616</b>	704,817
Depreciation charges	-	253
Interest receivable	<b>(1,260)</b>	(5,260)
Increase in debtors	<b>(284,707)</b>	(88,318)
Increase in creditors	<b>735,047</b>	532,622
Net cash provided by operating activities	<b>754,696</b>	1,144,114

## 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	
	2018	2017	2018	2017
	£	£	£	£
Less than one year	<b>69,600</b>	150,351	<b>36,265</b>	36,265
One to five years	-	48,847	<b>145,062</b>	135,995
	<b>69,600</b>	199,198	<b>181,327</b>	172,260

## 25 Capital commitments

At the balance sheet date, the group had committed to £0 (2017: £0).

## 26 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.

## Legal and administrative information

<b>Registered Name</b>	Dementia UK
<b>Working Names</b>	Admiral Nurses, Admiral Nurse Dementia Helpline
<b>Board of Trustees</b>	See page 14
<b>Chief Executive Officer</b>	Dr Hilda Hayo
<b>Company Secretary</b>	Niall Larkin
<b>Charity number</b>	England and Wales 1039404 and Scotland SCo47429
<b>Company number</b>	02944156
<b>Principal Address</b>	2nd Floor, Resource for London, 356 Holloway Road, London N7 6PA
<b>Registered office</b>	2nd Floor, Resource for London, 356 Holloway Road, London N7 6PA
<b>Auditor</b>	Sayer Vincent LLP, Invicta House, 108-114 Golden Lane EC1Y 0TL
<b>Bankers</b>	National Westminster Bank PLC, 166 Camden High Street, NW1 0NS



# Thank you

**Our work simply wouldn't be possible without our supporters, donors, partners, volunteers and fundraisers and we want to say thank you. They include:**

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And to all our Ambassadors and supporters across the UK who wished 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](mailto:helpline@dementiauk.org)**

**Open Monday – Friday, 9am – 9pm**

**Saturday and Sunday, 9am – 5pm**

**[www.dementiauk.org](http://www.dementiauk.org) • 020 8036 5400 • [info@dementiauk.org](mailto:info@dementiauk.org)**

Dementia UK is a registered charity in England and Wales (1039404) and Scotland (SC047429).  
Company number: 02944156

