



DementiaUK

Helping families face dementia

Trustees' Report and Consolidated Financial Statements

For the year ended 31 March 2019



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About Dementia UK

Dementia UK provides specialist dementia support for families through our Admiral Nurse services. When things get challenging or difficult for people with dementia and their families, Admiral Nurses work alongside them. They give the 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 - helping them 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.

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.

“I went through a long period of finding it difficult to cope with my mother's behaviour and my response to it – the Admiral Nurse who listened to me was patient and inspiring and honest.”

Admiral Nurse Dementia Helpline caller

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

Our 2017–2020 strategy period is drawing to a close and we are well on track to achieve our target of 300 Admiral Nurses in post.

It has been a really busy and successful year and we now have more Admiral Nurses – specialist dementia nurses – working within a range of settings including local communities, GP surgeries, hospices and hospitals. In addition, we are providing Admiral Nurse Clinics in some local communities that do not have access to an Admiral Nurse, and this model is being tested in some businesses.

The Admiral Nurse Dementia Helpline is open seven days a week and, compared to last year, the number of calls and emails responded to has increased by 35%, meaning we are able to support more families than ever before. Family members who phone our service are given the time to talk through any issues they may be facing, and our nurses provide specialist advice and support which they can use to help them cope with the complexities dementia can bring.

We have made a significant investment in our services this year, as we know that the need for our specialist help has never been greater, with an estimated one million people in the UK living with dementia by 2021. It continues to be our ambition to provide an Admiral Nurse for every family that needs one.

However, as diagnosis rates rise, local support services are reducing. Demand for care home and hospice places outstrips supply. More and more onus for support is being pushed towards GPs, who are already overstretched. People with dementia, and the people who care for them, are at risk of slipping through the gaps of an overextended health and social care system that does not make adequate provision for them.



This is where Admiral Nurses come in. They can help close those gaps – making specialist, family-centred dementia care more accessible to the people who need it.

We are currently working on our 2020–2025 strategy, consulting with stakeholders to ensure we get it right. Broadly, over the next five years we want to ensure that our support is closer to the people who need it: closer to the workplaces of people juggling caring responsibilities while holding down a job; closer to hand, so every call to the Helpline is answered in real time, and so advice and support is easily found at the click of a button on a phone or computer; and closer to people across the UK in their local communities and hospitals.

However, we cannot do any of this without the wonderful support given to us by people who donate to us, volunteer with us, commission and host our Admiral Nurses. A sincere thank you to you all.

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

“Admiral Nurses help close the gaps – making specialist, family-centred dementia care more accessible to the people who need it.”

Kathleen and Bahman's story

“Without our Admiral Nurse, life would have been far more difficult physically and financially.”



Bahman with Admiral Nurse, Vincent Goodorally

Bahman had been worried about his wife's mental health for some time. "Kathleen would ask the same questions over and over again, such as what day it was," says Bahman. He finally persuaded Kathleen to go to their GP but Kathleen was an eloquent and intelligent former GP herself, and the doctor concluded there was nothing wrong with her.

The problems continued for months and Bahman decided to seek advice from their local mental health team. "We referred ourselves," says Bahman. "They examined my wife, and that's the first time we heard the word Alzheimer's mentioned."

"I couldn't think of anything worse happening to Kathleen than the deterioration of her mental state," says Bahman. "I looked Alzheimer's up online, learning there was no cure and it could mean forgetting who your own children were. This was very difficult to learn."

Bahman contacted Dementia UK and was put in touch with Admiral Nurse Vincent Goodorally.

"Vincent offered suggestions about financial support, such as Attendance Allowance, which we'd never heard of. And he arranged for the district nurse to visit us at home every week, which was a great help, as it meant not having to struggle to GP appointments. Without Vincent, life would have been far more difficult for us to cope with, both physically and financially."

Kathleen also had sleep apnoea, a disorder that meant she could fall deeply asleep at any moment. "Kathleen was sometimes sleeping for 20 hours a day," says

Bahman. "I couldn't wake her up, even if I shook her arm. Nothing worked. She could fall asleep wherever we were, which could mean me trying to physically move her."

Vincent told Bahman about a taxi service that could carry Kathleen in her wheelchair, so even if she fell asleep while out and about, Bahman could get her home.

For five years, Vincent kept on coming to see Kathleen and Bahman. "His regular meetings with me and my wife helped a great deal," says Bahman. "We had live-in care for the last five years, which almost broke us financially. But Vincent helped us apply for Continuing Healthcare funding, which we were completely unaware of. We managed to get about a third of our care expenses through that."

Kathleen died at home in spring 2019. "She went peacefully with her whole family around her," says Bahman. "We were very fortunate in that."

Vincent and Bahman still keep in touch. "Vincent was here only a few days ago," says Bahman. "He's planning to come every now and again just to see how I'm getting on, now that I am living by myself. I only have praise for Vincent. It's an excellent service."

“I looked Alzheimer's up online, learning there was no cure and it could mean forgetting who your own children were. This was very difficult to learn.”

Strategic Report

Introducing Admiral Nurses

There is currently no cure for dementia. The treatments available can only slow the progression of the condition, not halt it; and they are not effective in many cases. Post-diagnostic support is patchy and for some people, non-existent.

Many people receive a diagnosis of dementia and then go home, to fend for themselves.

Admiral Nurses offer these people specialist one-to-one support, expert guidance and practical solutions, to help the entire family.

Admiral Nurses work alongside families to help them:

- understand the diagnosis, anticipating changes that might happen in their relative's personality and behaviour
- put in place coping mechanisms, to contend with some of the challenges dementia can bring, such as sleep disturbances, incontinence, false beliefs and delusions, as well as managing other complex health conditions
- co-ordinate with health and social care services, to ensure the best care for the person with dementia; and the best support for their family

Admiral Nurses both improve the quality of life for families, and save health and social care systems money. They share best practice with other clinical professionals, producing better outcomes for people living with dementia. Admiral Nurses:

- intervene quickly when needed on a case-by-case basis, avoiding costly crises, reducing unnecessary hospital admissions and delaying entry into residential care
- understand the critical need for joined-up health and social care for families, with the expertise to manage and coordinate care

- work in partnership with people living with dementia and their families, delivering evidence-based relationship-centred care. They are an invaluable source of contact and support at particular points of difficulty in the dementia journey. This can include diagnosis, when the condition progresses, or when tough decisions need to be made about changing care requirements or end of life care



Admiral Nurses John-Paul Burn, Anthonya Owalabi and Sue Ponting

KEY INFORMATION

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 2021 and over two million by 2050
- Dementia and Alzheimer's disease are the leading cause of death in England and Wales

“I could not have coped without the support of the Admiral Nurse.”

Reaching more people who need us

We have supported more than 60,000 people this year. However Dementia UK is working tirelessly to increase the number of Admiral Nurses, and we won't stop until every family affected by dementia has the specialist support it needs.

Recruiting more Admiral Nurses

This year 45 Admiral Nurses were recruited bringing the total across the UK to 269. Cambridgeshire, Essex, Herefordshire, Northumberland, Somerset, Suffolk and Wiltshire now have their first Admiral Nurses, so that families in these areas can get the specialist help they need. New nurses also started in areas where there was already some coverage. We are proud to be on course to reach our target of 300 nurses by 2020.

Admiral Nurses now work in GP surgeries, care homes, specialist clinics, voluntary sector organisations and local authorities. This year we also expanded our services in hospices and NHS hospitals. By the end of March 2019, we had 102 Admiral Nurse services, enabling more families than ever before to have the support of a dementia specialist nurse.

We have also improved how we oversee and monitor Admiral Nurse services to make sure they are governed effectively and sustainably. New Admiral Nurse services have service specifications, performance indicators and contracts agreed with all partners before a nurse is recruited, to make sure all services work to the same high standards. For the first months of operation, new teams are supported by our Consultant Admiral Nurses.

Expanding the Admiral Nurse Dementia Helpline

The Admiral Nurse Dementia Helpline continues to be a vital service that means families anywhere in the country can get support from an Admiral Nurse, seven days a week. We have increased the number of nurses on duty Monday to Friday (9am-5pm) from eight to ten, in response to the growing number of people contacting the Helpline. We have also increased the number of nurses on duty in the evenings (5pm-9pm) from two to three.

In 2018/19, the Helpline gave specialist advice and support to 19,160 people who called and emailed, compared with 14,155 in 2017/18. Just over a quarter of these (26%) had contacted the Helpline before over a separate issue, indicating the need for longer-term specialist support and advice. ►

Admiral Nurse professional and practice development

Dementia UK supports the continuous professional development of Admiral Nurses through supervision, education and specialist training. This year:

63 Admiral Nurses had a comprehensive three-day induction, helping them to develop their knowledge and skills

17 locations hosted monthly practice development groups – meetings at which nurses come together for clinical supervision and education. This enables peer feedback and discussion of case studies, helping to develop nurses' expertise and ensure consistency across Admiral Nurses working in different settings

27 nurses successfully completed an Admiral Nurse Competency Framework. Delivered by the University of Worcester, it counts towards a Master's degree

200 Admiral Nurses attended a two-day forum on 'Working with Families', which covered the latest research and evidence in supporting families, as well as topics such as young onset dementia and end of life care

134 Admiral Nurses benefitted from a one-day workshop on frailty and end of life care

“I find the [training] invaluable. It encourages self-reflection and inquisitive enquiry. The support complements my practice.”

Admiral Nurse

New community-based Admiral Nurse clinics

Our new community-based clinics help us reach families who might not otherwise get specialist face-to-face support from an Admiral Nurse. Carers can book a 30-60 minute consultation with an Admiral Nurse at clinics in locations such as offices, GP surgeries, pharmacies or community settings. We also held clinics at the Alzheimer's Show in London.

Our clinics help carers get support with the challenges they are facing, including how to manage symptoms such as restlessness, changes in personality or behaviour, distress, false beliefs or a relative who does not want to go for memory testing. Often family carers want to talk to the Admiral Nurses about their feelings and ask for advice on how to cope.

Consultant Admiral Nurses

This year we recruited six new Consultant Admiral Nurses, bringing the total to nine. Our consultant nurses provide clinical support to new Admiral Nurses for the first six months of their practice, ensuring they are delivering the service in an evidence-based way and collecting the data needed for evaluation and research.

Our consultant nurses launched specialist working groups for nurses to directly address the needs of people with a diagnosis of young onset dementia, and dementia support for people with learning disabilities – two areas in which there is a critical need for more services.

As well as coaching and guiding new and existing Admiral Nurses, our consultants also provide expert advice and support to other clinical professionals in their area. They work closely with Admiral Nurse services which have been identified as needing extra support because of, for example, changes in workload, expectations or outcomes of the nurse team; or due to changes within the host organisation. Our consultants also continue their clinical involvement with families living with dementia, in order to maintain their clinical knowledge and skills.

Lived Experience and Advisory Panel

Our Lived Experience and Advisory Panel (LEAP) met four times during the year. LEAP is a group of people with dementia and their carers who are advising on and supporting the work of Dementia UK. The group is co-chaired by someone with dementia and a family carer. This year the group has, amongst other things:

- advised on the development of resources for children and young people
- provided feedback on our information leaflets
- developed a user-friendly resource to help increase awareness of Admiral Nursing and campaign for more services

They are also contributing to the development of the 2020-2025 Dementia UK Strategy and will be taking an active role at the next Admiral Nurse Forum.

Our priorities for 2019-20 include:

- Increase the number of community-based Admiral Nurse clinics in areas of the UK which do not currently have an Admiral Nurse
- Focus on the growth of Admiral Nursing in primary and acute care settings, and specialist areas such as learning disability and young onset dementia across the UK, ensuring our Consultant Admiral Nurses continue to offer support in these areas
- Pilot the use of technology to support clinical supervision, online learning and development and sharing best practice amongst Admiral Nurses
- Expand and increase the number of Helpline nurses available



Senior Consultant Admiral Nurse, Victoria Lyons with a clinic attendee

“ I just wanted to offer a heartfelt thanks for today's session. I am so grateful for the advice and kind words. The nurse provided clarity on a topic that has consumed me and left me puzzled for so long, and I truly can see my whole family's day to day life improving upon the strength and guidance she has provided. This may all sound rather dramatic, but words can't express the struggle it has been so far, and today it felt like there may be light at the end of the tunnel.”

Clinic attendee

Recording evidence of our impact

By collecting robust evidence of the effectiveness of Admiral Nurses, we are helping to increase the availability of specialist support for families living with dementia across the UK.

Service evaluations

We supported the in-depth evaluation of 83 Admiral Nurse services during 2018/19 in order to carefully measure their impact. Our evaluations, which are shared with our host organisations, are used to identify each service's strengths as well as areas for improvement. This is vital if we are to continually improve the quality of our services. This year we also developed a survey to collect feedback from professional partners who have contact with Admiral Nurse services, and we have now started using this in our evaluations.

Carer surveys

Our annual carer experience survey records the difference our services make to the lives of the people we support. This year we collected surveys from:

- 210 people who had used our Admiral Nurse service
- 219 callers to the Dementia Helpline
- 110 people who attended one of our community-based clinics

The summary of responses to our 2018/19 carer experience survey revealed:

Admiral Nurses

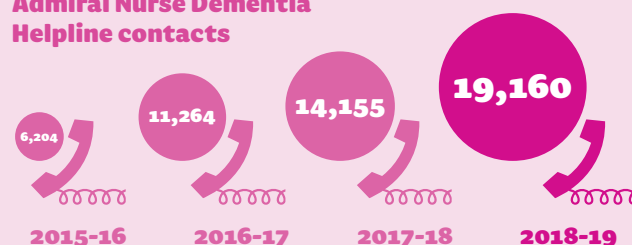
- 98% said they would recommend Admiral Nurses to family and friends
- 99% said that their Admiral Nurse was helpful in providing them with emotional support
- 91% said it had increased their ability to take better care of the person they look after

Admiral Nurse Dementia Helpline

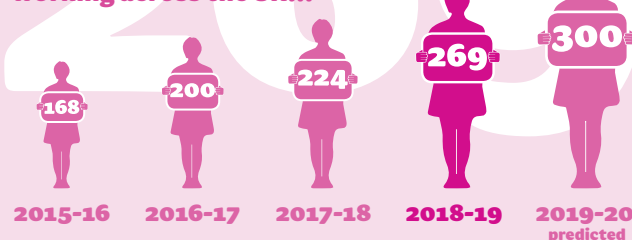
- 95% said the Admiral Nurse was helpful in providing them with support and advice to manage risk and prevent possible crises
- 99% said the Admiral Nurse was good at explaining things in a way they could easily understand
- 91% said the Helpline had made a positive difference to their confidence in their ability to cope

“The Admiral Nurse has made a huge difference to my life and that of my mother. Her support, compassion, knowledge and understanding during a very heart-breaking time for us all was truly amazing.”

Admiral Nurse Dementia Helpline contacts



Number of Admiral Nurses working across the UK...



700,000

the number of informal carers for the 850,000 people living with dementia in the UK.

Admiral Nurse Clinics

- 98% said the advice and support offered by the Admiral Nurse was helpful in understanding changes in behaviour in the person with dementia
- 98% said that the Admiral Nurse was good at helping them to identify options available to them
- 95% said the clinic made a positive difference to their ability to take better care of the person they look after or help

We also carried out an analysis of 442 Adult Carer Quality of Life questionnaires, completed by carers between 2015-2018. These are completed at the first assessment and again at the last review, to measure the difference made to someone's quality of life. Questions look at areas such as stress, sense of value and ability to care. The analysis indicates that Admiral Nursing interventions are potentially associated with medium to large increases in quality of life for family carers.

Our priorities for 2019-20 include:

- Refine how we collect feedback from families supported by Admiral Nurse services
- Use larger data sets to make our surveys and evaluations more robust and representative
- Collect more case studies to record the impact of our services on families

Supporting research into dementia care

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

Shaping national policy

Dementia UK is at the forefront of discussions about national policies on dementia care, and how to integrate them with best practice to make the biggest possible difference to families' lives.

This year, senior staff from Dementia UK actively contributed to the new Dementia Guidelines published in 2018 by the National Institute for Clinical Excellence (NICE). The guidelines are already making a positive difference to the lives of people living with dementia and their families. Dementia UK is also contributing to the NICE Adult Carer guidelines, which are due to be published before the end of 2019.

Published research on dementia

Dementia UK enjoys a growing reputation for its clinical expertise. We are well placed to contribute to research, disseminate its findings and translate these findings into clinical practice.

This year, we supported professional research taking place not just in the UK but also around the world on topics such as case management, end of life care, and developing an advance care plan template. Staff from Dementia UK and Admiral Nurses regularly publish papers and articles in professional and clinical journals on a range of topics including: young onset dementia, pain management, case management, end of life and palliative care.

We saw a marked increase in the number of published case studies written by Admiral Nurses during the year. These captured in detail the positive difference that the service makes to the lives of the families it supports. Case studies were published in journals including *British Journal of Neuroscience Nursing*, *International Journal of Palliative Nursing*, *Dementia*, *Palliative Medicine*, and *Journal of Dementia Care*.

We also contributed to a major research project led by University College London into caring for a relative or friend with dementia; and research into supporting excellence in end of life care in dementia, carried out by Newcastle University.

Our priorities for 2019-20 include:

- Raise the profile of Admiral Nursing in the academic world and make the name Admiral Nursing more prominent in health and social care literature
- Support any Admiral Nurse who has a case study, project or study they wish to disseminate
- Make Dementia UK and Admiral Nurses pivotal to dementia research across the UK

Raising awareness of dementia

Our communications team is dedicated to raising awareness of the difficulties faced by people with dementia and their family members, and promoting the work of Dementia UK and Admiral Nurses in addressing those difficulties.

In the media

This year, we have continued to proactively issue a stream of statements about dementia care, and have increased our media presence in national, regional, broadcast, print, trade and consumer media as a result. 63% of our coverage this year was generated by proactive PR, through a focus on rapid, newsworthy written reactions to breaking news stories, as well as opinion pieces, advice content and consumer stories. We believe that the simultaneous increase in reactive coverage is due to our growing media presence and visibility.

Films and leaflets

We released six new videos this year – featuring Admiral Nurses offering advice on some of the difficult issues facing carers such as dealing with unexpected incontinence, what to try if someone with dementia wants to leave the house, and coping with distress.

We also launched a series of seven short films in collaboration with Central England Co-operative, showing the impact of having a relative with dementia on young people. The films are accompanied by a toolkit of resources for teachers and youth group leaders, plus advice for young people who have a relative with dementia.

Our popular series of specialist advice leaflets has now expanded to 36, including new ones this year on ‘Employment and early onset dementia’ and ‘Understanding dying: what to expect at the end of life’. These leaflets distil our nurses’ expertise and practical solutions for carers looking after someone with dementia. Our core leaflets are now available in Bengali, Gujarati, Punjabi, Tamil, Urdu, Polish and Chinese (traditional and simplified).

Our priorities for 2019-20 include:

- Continue to increase understanding, awareness and knowledge of Dementia UK and Admiral Nurses
- Launch an honorary ambassador programme to strengthen our relationship with celebrity supporters
- Develop, run and evaluate Dementia UK’s first campaign to help influence positive change for families living with dementia

Online

The number of unique visitors to our website rose 24% compared to the year before.



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Social media engagement increased considerably too, because of the broader range of content we are now adding including infographics, video and mentions of dementia from current affairs and television.



FACEBOOK
38,532
LIKES
(up 21.77% compared to 2017-18)



TWITTER
97,223
FOLLOWERS
(up 8.54%)



INSTAGRAM
6,595
FOLLOWERS
(up 43.12%)



LINKEDIN
4,971
FOLLOWERS
(up 46.29%)



Sue Chittock with Admiral Nurse Julie Green

Sue and Ann’s story

Sue, whose mum Ann has dementia, was able to come home after passing through a series of care homes, thanks to the support of Admiral Nurse Julie. We told their story in a short film that we shared on our social media channels

Neil and Hannah's story

Hannah's husband Neil was diagnosed with Alzheimer's aged 51. We asked Hannah to tell her story, in her own words.

Neil was a police officer and his boss saw that Neil was struggling at work. We'd always joked about Neil's bad memory. It was a family standing joke, but I'd put the recent changes down to stress at work.

We had two young children, aged four and five at the time. Neil worked long hours in London and we lived in Reading, so we had a busy life and I just thought it was stress-related.

We were moving house and Neil kept forgetting, as if I was doing it all unilaterally. The mortgage adviser came round, and Neil was talking as if we hadn't made a decision yet, even though we'd accepted an offer and started house viewings. It was as if he couldn't remember it.

Away from work and home, Neil seemed like a different person. We were driving home after a holiday and I broached the subject about what was happening with him, while the kids were asleep on the back seat. He said, "No, I'm fine now that I've had a couple of days off." I asked how he would feel if he had to go to work right now and he burst into tears. He said: "I don't want to go, I don't want to go." So I said, right, let's go to the doctor, and Neil was signed off with stress related memory impairment.

The GP referred us to the memory clinic. The memory tests were harrowing. They really shone a light on the problems with Neil's short-term memory. He had to follow things in sequence – it's called 'trail finding' – and he was getting frustrated because he couldn't do it. The clever, accomplished man I knew couldn't do these simple things that most people find so easy. But it was reassuring in a way too, because we now had proof there was something wrong with him. Before, I'd sometimes felt Neil didn't remember simply because he wasn't really interested in what I was saying, or in the home and family.

Emotional support

After that there were scans, neurology checks and visits

“I can get things off my chest with Lizzie so that when I go back home to Neil, I can be a nicer person and more supportive.”

to the psychologist and it's all a bit of a blur. But we got the diagnosis of Alzheimer's and that's when we were introduced to Lizzie, our Admiral Nurse.

Lizzie was the continuity throughout it all. She gave me the intellectual and emotional support that I needed. There were so many appointments, scans and meetings, and Neil had to repeat what his failings were over and over, which was very difficult.

Neil and I agreed he needed to be frank and open with other people about his Alzheimer's, because we needed the support. If Neil behaved a bit strangely in front of family or at a school event everyone knew why. Or when Neil forgot something the children told him, I could reassure them and say "Daddy's not being unkind, he can't remember."

Lizzie helped me understand what Neil was going through and what the different symptoms meant. She helped me understand why Neil was behaving how he was, and to be more empathetic, I suppose. I was looking after two small children as well as looking after Neil, so my patience was getting squeezed. Your compassion sometimes goes when you're in 'dealing with life' mode all the time. Especially as while this happening, my father got diagnosed with pancreatic cancer.

Having Lizzie meant I could talk through what was happening with someone who would listen and have an understanding. I could get it off my chest with Lizzie so that when I went back home to Neil, I could be a nicer person and more supportive.

Supporting the children

After leaving work, Neil was at home all the time, often unhappy, angry, irrational and struggling to find his role in the house. Lizzie talked through this with him, and helped the children too. There are books for young children to help them understand dementia, but they are almost all about grandma or grandad. You know: "grandma's



Admiral Nurse Lizzie Harrison with Hannah

put her knickers in the fridge; how funny is that.” But when it’s your own dad and he’s telling you off for the umpteenth time about something you haven’t done, it’s not funny.

Lizzie helped me organise art therapy sessions for children whose parents had dementia. The children all met up and formed a nice bond. My youngest told me she felt she couldn’t talk about her dad at school because they didn’t understand. But the other children in the group were going through the same thing too. She made a friend called Paige and she told me: “I like Paige because she gets it.”

Facing the future

I can’t let Neil look after the girls on his own any more. I had to go on a training course a few months ago and I left Neil and the children at the cinema, and thought it would be OK. All they had to do was watch the film, go to MacDonald’s and walk home. But as I was driving home, I saw my nine-year-old walking up the street alone because they’d had a big argument in the park. Neil was at home happily weeding in the

“Lizzie is the continuity throughout it all. She gives me the intellectual and emotional support that I need.”

garden; my other daughter had walked home alone, and he didn’t seem to know he’d left them both by themselves.

Lizzie is very honest and open with me about what might happen in future. She doesn’t ‘sugar coat’ things. Yes, it’s sometimes depressing to think today is the best Neil is ever going to get, because tomorrow or next month his Alzheimer’s will be worse. But I’ve got Lizzie’s support to face that future. I see her at least every six weeks and can call her any time and see her more often if I need to. Often it feels overwhelming because I can’t see solutions to the problems that are coming. But as a family we are going to have to deal with it. I know Lizzie will be there to help us.



Looking after our supporters

We were only able to achieve all of this because we raised £8.9 million in 2018/19 compared to £6.9 million in the previous year. We remain entirely reliant on voluntary income, including gifts in Wills and donations from appeals, as well as the funds raised by thousands of organisations and individuals across the country.

Companies and Trusts

We have built relationships with companies from a range of sectors, for the mutual benefit of both, and have raised more income through corporate partnerships this year than ever before.

Our largest 'Charity of the Year' partnership with the Central England Co-operative was extended for a second year. Trading outlets across the business have helped us reach a total of more than £1 million to fund our Admiral Nurse Dementia Helpline, 10 new community Admiral Nurse posts and vital training.

We have continued to develop our trust fundraising programme with a focus on identifying multi-year funders, and we received the first instalment of a three-year grant from the Zurich Community Trust to fund an Admiral Nurse working on the Helpline and core telephone costs.

We secured grants to fund new services, such as the new Young Onset Dementia Service at Imperial College Healthcare NHS Trust, supported with donations from the Andrée Griotteray White Charitable Trust, the Steel Charitable Trust and the Rayne Foundation. This unique service will provide ongoing specialist support for families contending with the difficult diagnosis of early onset dementia, and the specific financial and emotional implications of this condition.

Individual giving

Donations made to commemorate a loved one remain a significant source of voluntary income. During the year there was a growth in Remembrance Funds – online memorials for thoughts, photos and memories, where friends and family can light virtual candles on special anniversaries.

Our Christmas Appeal, Remember a Star, saw a record number of online donations, providing us with a platform to build on year on year; and our Facebook fundraisers set up a record number of new pages.

Community and events

This year we created a new regional fundraising team to give us a stronger presence in communities across the UK, and strengthened the central and challenge events teams. We've started to see the results of this work with more people taking part in fundraising events and activities on behalf of Dementia UK. During the year, for example:

- 1,881 people organised Time for a Cuppa events – and raised money for Dementia UK by inviting people to catch up, reminisce and indulge
- 907 runners ran 13,007 miles for us, the equivalent of London to Edinburgh 32 times
- 24 new Volunteer Ambassadors joined Dementia UK – working alongside our staff to raise awareness of Admiral Nurses, as well as developing new fundraising opportunities and attending events on our behalf

Supporter care

To build stronger relationships with our donors, we now have separate teams working on supporter care and gift processing. This means we thank supporters quicker after they have made a donation, and process their donation faster.

Our priorities for 2019-20 include:

- Significantly increase the promotion of gifts in Wills to Dementia UK
- Increase the number of people who give regularly to Dementia UK, so we can plan ahead with confidence and commit to expanding our services
- Expand our corporate, trust and high net worth fundraising, developing new partnerships
- Further grow the Dementia UK challenge events and community fundraising programmes
- Develop and deliver a new fundraising activity to complement 'Time for a Cuppa'



Our new regional fundraising team

Our fundraising approach

During the year, our fundraising team built strong and enduring relationships with our supporters. They stayed in regular contact, offering tips on good fundraising, supporting our fundraisers' creative efforts, and sharing the difference their time, energy and money makes to us.

We invested in the number of specialist fundraisers we employ, focused both on generating income for the charity and ensuring we provide an excellent level of support to people donating to, and fundraising for us. We strived to ensure we used funds wisely, and continually ask ourselves whether donors would consider an activity an appropriate use of funds. We are happy that our voluntary income streams deliver a good return on investment.

We have improved our website, so that giving to Dementia UK online is as easy and rewarding as possible. We have enabled donors to support us through social media, most notably through Facebook. We have increased the clarity and visibility of our gifts in Wills messages to ensure that supporters, and our nurses, understand the difference legacy income makes to the charity. We have continued to 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, and we did not have any relationships with professional fundraisers this year. 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.

Throughout the year, we were approached by many 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 three commercial participator agreements, one with Central England Co-operative, whose staff and customers were also fundraising for us, and two with Christmas card suppliers.

We remain registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice, and are familiarising ourselves with the updated Code which becomes effective in October 2019. We had no instances of non-compliance with the Code during the year; but we did have 33 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 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 take great care to put it right.

Additionally we are members of the Institute of Fundraising and ensure staff understand their responsibilities in their respective areas, and are fully trained.

We ensured our compliance with the General Data Protection Regulation (GDPR) on 25th May 2018 and our ongoing adherence to data protection legislation and best practice. We contact our supporters only where we can identify the appropriate legal basis for doing so, and we inform supporters of their data rights and of simple ways to change how we contact them at any time.

We continue to review and update our policies and practices in support of GDPR compliance, and ensure that we review the data protection policies of third parties before committing to agreements with them. 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.

We have a vulnerable person's policy visible on our website. 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 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.

How supporters raise money for us.

Christmas carol concert

Our 2018 annual carol concert, featuring readings by celebrity speakers Timothy West, Rupert Lazarus and Nigel Planer, raised over £100,000.

“Why I am leaving a gift to Dementia UK in my Will”

“My Admiral Nurse, Loraine lifted a huge weight off my shoulders. She helped with the practical challenges of caring for someone with dementia, and helped me deal with my own feelings and emotions. I don’t know what I would have done without her.”

Colin Appleby

Time for a Cuppa

Helen raises money for Dementia UK through Time for a Cuppa events in memory of her husband Tony, who had vascular dementia. “I don’t think I would have coped without the invaluable practical and emotional support of my Admiral Nurse. It was this sense of bringing people together which encouraged me to have a go at hosting my very own Time for a Cuppa party.”

Helen Fowler

Runs in the family

“Dad was diagnosed with dementia with Lewy bodies three years ago, so we wanted to run for a charity that’s very close to us.”

Matthew Lawrence, on why he and his brothers all chose to run for Dementia UK in the London Marathon.

50 sports in 50 days

Brian celebrated his 50th birthday by taking part in 50 sports in 50 days. He fundraised for Dementia UK as he has family and friends with dementia and thinks our specialist nurses do a great job of supporting families.

Brian Martin

“I wasn’t lucky enough to know about Dementia UK when I was struggling to support my Mum, so I am passionate to make sure I get the word out there so that others don’t feel they are alone.”

Brenda Foulds, on why she’s chosen to become a Dementia UK Volunteer Ambassador.

“As one of the biggest health issues of our time, it is a cause that resonates strongly with our colleagues and customers. This has been our most successful charity partnership to date.”

Martyn Cheatle, Chief Executive Officer, Central England Co-operative, until April 2019.

“Our team got right behind the idea of supporting Dementia UK as our major charity, given that dementia impacts people not just in our own families and social networks but also upon the patients, staff and carers using our primary care buildings right across the country. We were delighted to help fund Dementia UK’s Helpline.”

Claire Rick, Assura plc



Governance and efficiency behind the scenes

The further development of governance was a key focus for the charity during the year. This ensured we:

- fully complied with GDPR and all data protection legislation
- further developed the charity's disaster recovery planning
- bolstered our Policy Working Group with representatives from across the charity to define, discuss and review our suite of policies
- launched a new e-learning platform to support every member of staff in improving Cyber Security, and strengthen the integration of policy across all areas of the charity
- followed the recommended good practice in the Charity Governance Code

We are striving to create a highly-efficient and digitally-aware organisation, so we can make the best possible use of every pound we receive.

Digital case management

Our new clinical case management system - called Compass - is now being used on the Admiral Nurse Dementia Helpline. It was developed in partnership with Admiral Nurses to better support their practice and provide quality data.

Data security

Data security is vital for any organisation that stores large amounts of confidential information. This year we thoroughly reviewed our information security to identify possible risks. We are now working towards ISO 27001 accreditation, the gold standard for information security.

Our digital vision

The more efficient we can be, the higher percentage of each pound we raise will go on supporting families affected by dementia. This year we've begun the process of being 'digital by design' – proactively embracing digital technologies across the organisation that can help us work smarter. Staff now have access to cloud technologies to improve collaboration and enable people to work remotely from anywhere in the UK. This includes the Admiral Nurses on the Helpline who are able to access the system from home.

Our priorities for 2019-20 include:

- Launch the second module of Compass: Compass Community. This module will be used by community-based Admiral Nurse services across the UK
- Create a 'performance dashboard' for Dementia UK. This will draw performance data from across our organisation – from fundraising to clinical care – to make it easier to monitor progress towards our goals
- Ensure our governance continues to be of the highest quality, complying with the law and relevant regulations and continue to monitor and report governance across the charity to demonstrate our commitment to excellence

Financial review

The trustees present their report and audited consolidated financial statements for the year ended 31 March 2019.

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 £8,905k (2018: £6,940k) and total expenditure was £9,462k (2018: £6,635k) giving a net deficit of £557k (2018: Net surplus £306k).

Net assets totalled £3,427k (2018: £3,984k) with net current assets of £3,999k (2018: £4,381k). The liquid cash balance (accessible within one year) was £4,750k (2018: £5,013k).

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

There was a planned net deficit in the year as the charity reduced its level of unrestricted general fund reserves. There was significant investment in new Admiral Nursing services across the UK, prioritising parts of the country where there are none (a total of £1,555k new grant commitments for the years 2019/20 to 2021/22). If this exceptional cost is excluded then the charity would have returned a surplus of nearly £1m in 2018/19. Dementia UK part-funds new Admiral Nurse posts, typically for a period of two years; the host of the service funds the post after that, with Dementia UK funding the Admiral Nurse's ongoing professional and practice development.

Dementia UK also moved to its new offices in October 2018, having outgrown our previous premises due to the expansion in our workforce. We made an investment in IT infrastructure systems, as well as furniture and fittings which resulted in increased operational costs. The increase in staff numbers meant an increase in associated payroll costs, and we dedicated further investment in the Helpline service with increased costs during the year. Consequently, the charity's overall cost base is now higher than in previous years; which is consistent with the growth in the charity over the past few years from a small-sized to medium-sized charity.

Dementia UK's activities and finances for the next five years will be set-out in its 2020-2025 Strategy, which is currently at its consultation stage.

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 four times a year at least, 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 1st April 2018 are:

- Steven Clarke (Treasurer) CPFA
- Professor David Croisdale-Appleby OBE (Chair)
- Steve Jamieson
- Lady Barbara Judge CBE (until 30th October 2018)
- Professor Hilary McCallion CBE (until 2nd August 2018)
- Robert Orr (until 1st June 2019)
- Karen Patrick (until 31st May 2019)
- Merrick Willis OBE (until 1st 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)

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, 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 an induction programme, meeting with the Chief Admiral Nurse/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 sub-committees that help to oversee the charity's work and they report to the Board of Trustees. These sub-committees are:

- Clinical and Professional Committee
- Finance, Risk and Audit Committee

Both committees meet at least four times per year and has at least two trustees in the membership, with one chairing the meeting. The trustees on both committees 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/CEO and the Executive team.

Dementia UK executive team members are:

- Dr Hilda Hayo, Chief Admiral Nurse/Chief Executive Officer
- Martin Bishop, Director of Fundraising and Communications
- Paul Edwards, Director of Clinical Services
- 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:

- Inability to grow income – mitigated by our robust fundraising strategy, specific targets and KPIs, and consistent reporting to the Board of Trustees. The 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
- 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 or act of terror.

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.

In previous years, the Board of Trustees' policy with regard to unrestricted general fund reserves has been to set a target for such reserves to equal a minimum of six months' projected unrestricted expenditure.

However, during 2018/19 the trustees decided to draw down on its level of unrestricted reserves with increased

payment of grants for the accelerated expansion of Admiral Nursing services. Simultaneously, the trustees changed their reserves policy to hold a lower level of unrestricted reserves equivalent to a minimum of three months' projected unrestricted expenditure (£2,043k based on 2019/20 budgeted 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 2019, we held £2,155k in unrestricted general fund reserves, which equates to 3.2 months of projected unrestricted expenditure. The trustees are of the opinion that this level is prudent in light of the current risks faced by the charity 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. However 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.

Reference 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 SC047429 (Scotland). 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.

Other

Registered Name Dementia UK

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

Board of Trustees See page 20

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

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

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

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 5th August 2019
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 31st March 2019 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 31st March 2019 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) 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

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: 14th August 2019

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 2019

				2019			2018
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations and legacies	2	6,904,798	1,776,470	8,681,268	5,715,506	1,097,734	6,813,240
Charitable activities						-	
Admiral Nursing projects	3	1,944	-	1,944	9,067	-	9,067
Business development	3	102,666	-	102,666	27,000	-	27,000
Research and publications	3	-	-	-	17,259	-	17,259
Other trading activities	4	74,553	-	74,553	71,033	-	71,033
Investments	4	12,849	-	12,849	1,260	-	1,260
Other		31,443	-	31,443	1,548	-	1,548
Total income		7,128,253	1,776,470	8,904,723	5,842,673	1,097,734	6,940,407
Expenditure on:							
Raising funds	5	2,316,322	-	2,316,322	1,549,475	-	1,549,475
Charitable activities						-	
Admiral Nursing projects	5	3,183,248	1,698,939	4,882,187	2,218,987	839,889	3,058,876
Business development	5	652,699	-	652,699	537,165	-	537,165
Research and publications	5	165,353	-	165,353	104,216	-	104,216
Public awareness	5	659,734	-	659,734	678,232	-	678,232
Practice development	5	785,560	-	785,560	677,301	29,526	706,827
Total expenditure		7,762,916	1,698,939	9,461,855	5,765,376	869,415	6,634,791
Net (expenditure)/ income for the year	7	(634,663)	77,531	(557,132)	77,297	228,319	305,616
Transfers between funds		-	-	-	(115,638)	115,638	-
Net movement in funds		(634,663)	77,531	(557,132)	(38,341)	343,957	305,616
Reconciliation of funds:							
Total funds brought forward		3,005,714	978,363	3,984,077	3,044,055	634,406	3,678,461
Total funds carried forward	21	2,371,051	1,055,894	3,426,945	3,005,714	978,363	3,984,077

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 2019

Company no. 02944156

	Note	The group 2019 £	2018 £	The charity 2019 £	2018 £
Fixed assets:					
Tangible assets	12	216,023	-	216,023	-
Investments	13	-	-	1	1
		216,023	-	216,024	1
Current assets:					
Debtors	16	880,881	505,609	1,089,396	630,046
Short term deposits		3,000,000	3,750,000	3,000,000	3,750,000
Cash at bank and in hand		1,749,804	1,263,499	1,744,180	1,252,191
		5,630,685	5,519,108	5,833,576	5,632,237
Liabilities:					
Creditors: amounts falling due within one year	17	(1,632,091)	(1,138,285)	(1,632,091)	(1,141,795)
Net current assets		3,998,594	4,380,823	4,201,485	4,490,442
Total assets less current liabilities		4,214,617	4,380,823	4,417,509	4,490,443
Creditors: amounts falling due after one year	18	(787,672)	(396,746)	(787,672)	(396,746)
Total net assets	20	3,426,945	3,984,077	3,629,837	4,093,697
Funds:	21				
Restricted income funds		1,055,894	978,363	1,055,894	978,363
Unrestricted income funds:					
Designated funds		-	349,400	-	349,400
General funds		2,371,051	2,656,314	2,573,943	2,765,934
Total unrestricted funds		2,371,051	3,005,714	2,573,943	3,115,334
Total funds		3,426,945	3,984,077	3,629,837	4,093,697

Approved by the trustees on 5th August 2019 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 2019

	Note	2019	2018
		£	£
Cash flows from operating activities	23	(40,213)	754,696
Cash flows from investing activities:			
Interest receivable		12,849	1,260
Purchase of fixed assets		(236,331)	-
Investments in short term deposits		750,000	(3,750,000)
Net cash provided by investing activities		526,518	(3,748,740)
Change in cash and cash equivalents in the year		486,305	(2,994,044)
Cash and cash equivalents at the beginning of the year		1,263,499	4,257,543
Cash and cash equivalents at the end of the year		1,749,804	1,263,499

Notes to the financial statements

For the year ended 31 March 2019

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) (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	53%
Business development	9%
Research and publications	2%
Public awareness	7%
Practice development	7%
Raising funds	22%

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
- IT Equipment
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 £	2019 Total £	Unrestricted £	Restricted £	2018 Total £
Legacies	596,627	65,000	661,627	621,876	15,000	636,876
Voluntary donations	6,308,172	1,711,470	8,019,642	5,093,630	1,082,734	6,176,364
	<u>6,904,798</u>	<u>1,776,470</u>	<u>8,681,268</u>	<u>5,715,506</u>	<u>1,097,734</u>	<u>6,813,240</u>

3 Income from charitable activities

	Unrestricted £	Restricted £	2019 Total £	Unrestricted £	Restricted £	2018 Total £
Donations and gifts	1,944	-	1,944	9,067	-	9,067
Sub-total for Admiral Nursing projects	1,944	-	1,944	9,067	-	9,067
Other Trading Income	102,666	-	102,666	27,000	-	27,000
Sub-total for Business development	102,666	-	102,666	27,000	-	27,000
Grants from Institutions	-	-	-	17,259	-	17,259
Sub-total for Research and evaluation	-	-	-	17,259	-	17,259
Total income from charitable activities	<u>104,610</u>	<u>-</u>	<u>104,610</u>	<u>53,326</u>	<u>-</u>	<u>53,326</u>

4 Income from fundraising and other trading activities

	Unrestricted £	Restricted £	2019 Total £	Unrestricted £	Restricted £	2018 Total £
Carol concert and cards	71,933	-	71,933	61,033	-	61,033
Income from trading subsidiary	2,621	-	2,621	10,000	-	10,000
	<u>74,553</u>	<u>-</u>	<u>74,553</u>	<u>71,033</u>	<u>-</u>	<u>71,033</u>

5a Analysis of expenditure (current year)

	Charitable activities								2019 Total	2018 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	3,464,144
Direct activity costs	561,541	1,994,687	58,310	24,236	190,383	140,288	11,707	134,832	3,115,984	2,451,459
IT and Telephone	23,206	39,502	26	-	1,138	-	644	226,951	291,468	169,533
Office and administration costs	55,675	20,392	4,819	538	24,154	1,074	27,074	168,527	302,253	240,321
Professional fees	180,939	-	-	-	19,359	-	82,274	37,858	320,430	172,913
Premises	-	-	-	-	-	-	-	312,811	312,811	136,421
	1,912,561	3,940,078	484,465	131,706	525,147	667,796	121,698	1,678,404	9,461,855	6,634,791
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	
Total expenditure 2018	1,549,475	3,058,876	537,165	104,216	678,232	706,827	-	-	-	6,634,791

Of the total expenditure, £7,762,916 was unrestricted (2018: £5,765,376) and £1,698,939 was restricted (2018: £869,415).

5b Analysis of expenditure (Prior year)

	Charitable activities							Support costs	2018 Total	2017 Total
	Raising funds	Admiral Nursing projects	Business development	Research and publications	Public awareness	Practice development	Governance costs			
	£	£	£	£	£	£	£	£	£	£
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 and Telephone	28,115	30,054	440	374	1,517	479	-	108,554	169,533	131,542
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
	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
Support costs	252,791	610,911	105,329	10,533	84,264	73,731	-	(1,137,559)	-	-
Governance costs	15,625	37,760	6,510	651	5,208	4,557	(70,311)	-	-	-
Total expenditure 2018	1,549,475	3,058,876	537,165	104,216	678,232	706,827	-	-	6,634,791	
Total expenditure 2017	1,266,101	1,583,331	530,862	389,268	403,771	552,737	-	-	-	4,726,070

Of the total expenditure, £5,765,376 was unrestricted (2017: £4,040,912) and £869,415 was restricted (2017: £496,180).

6 Grant making

	Grants to institutions £	2019 £	2018
Cost			
Admiral Nursing projects	1,554,760	1,554,760	506,000
At the end of the year	1,554,760	1,554,760	506,000

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 expenditure/income for the year

This is stated after charging:

	2019 £	2018 £
Depreciation	20,308	-
Operating lease rentals:		
Property	287,969	136,421
Other	117,743	36,265
Auditors' remuneration (excluding VAT):		
Audit - current year	13,800	13,400
Audit - previous year under-accrual	2,900	7,000

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

Staff costs were as follows:

	2019 £	2018 £
Salaries and wages	4,141,696	2,885,986
Redundancy and termination costs	49,733	11,917
Social security costs	429,308	301,387
Employer's pension costs	277,327	211,920
Other staff related costs	220,845	52,934
	5,118,908	3,464,144

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

	2019 No.	2018 No.
£60,000 - £69,999	4	2
£70,000 - £79,999	1	1
£80,000 - £89,999	1	-
£90,000 - £99,999	1	-
£100,000 - £110,000	-	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 £366,176 (2018: £303,964).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2018: £nil). No charity trustee received payment for professional or other services supplied to the charity (2018: £nil).

Trustees' expenses represents the payment or reimbursement of travel, subsistence and other costs totalling £4,617 (2018: £1,781) incurred by 3 (2018: 5) members relating to attendance at meetings of the trustees and other duties. The charity also incurred £840 expenditure on trustees' meetings in the year.

9 Staff numbers

The average number of employees (head count based on number of staff paid per month) during the year was 121 (2018: 95).

This includes sessional employees and other employees who received no pay in certain months (head count based on number per month) during the year was 27 (2018: 27).

	2019 No.	2018 No.
Raising funds	24	19
Admiral Nursing projects	56	45
Business development	10	8
Research and publications	2	1
Public awareness	8	6
Practice development	7	5
Support	14	11
	121	95

10 Related party transactions

There are no related party transactions to disclose for 2019 (2018: 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 (2018: nil).

12 Tangible fixed assets

Group and charity	Fixtures and fittings £	IT equipment £	Total £
Cost			
At the start of the year	-	-	-
Additions in year	206,869	29,462	236,331
At the end of the year	206,869	29,462	236,331
Depreciation			
At the start of the year	-	-	-
Charge for the year	17,239	3,069	20,308
At the end of the year	17,239	3,069	20,308
Net book value			
At the end of the year	189,630	26,393	216,023
At the start of the year	-	-	-

All of the above assets are used for charitable purposes.

13 Investment in subsidiary undertaking

	The group 2019	2018	The charity 2019	2018
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 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:

	2019 £	2018 £
Turnover	2,621	10,000
Administrative expenses	(95,894)	(63,595)
Loss for the financial year	(93,273)	(53,595)
The aggregate of the assets, liabilities and funds was:		
Assets	9,370	28,648
Liabilities	(212,260)	(138,265)
Funds	(202,890)	(109,617)

15 Parent charity

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

	2019	2018
	£	£
Gross income	8,902,102	6,930,407
Result for the year	(463,859)	350,853

16 Debtors

	The group		The charity	
	2019	2018	2019	2018
	£	£	£	£
Trade debtors	23,373	77,312	23,117	66,796
Taxation and social security	34,538	-	31,050	-
Other debtors	23,112	27,146	23,112	27,146
Prepayments	347,293	119,172	347,293	119,172
Accrued income	452,565	281,979	452,565	281,979
Amounts due from group undertakings	-	-	212,259	134,953
	880,881	505,609	1,089,396	630,046

17 Creditors: amounts falling due within one year

	The group		The charity	
	2019	2018	2019	2018
	£	£	£	£
Trade creditors	382,208	373,098	382,208	378,562
Taxation and social security	184,378	119,402	184,378	119,402
Other creditors	15,300	16,153	15,300	14,199
Accruals	82,886	47,757	82,886	47,757
Grant commitments	967,319	581,875	967,319	581,875
	1,632,091	1,138,285	1,632,091	1,141,795

18 Creditors: amounts falling due after one year

	The group		The charity	
	2019	2018	2019	2018
	£	£	£	£
Grant commitments	787,672	396,746	787,672	396,746
	787,672	396,746	787,672	396,746

Total grant commitments outstanding as at 31 March 2019 relating to the recruitment of Admiral Nurses payable to health institutions were £1,754,991 (2018: £978,721), of which payable within one year were £967,319 (2018: £581,975) and after one year were £787,672 (2018: £396,746).

19 Pension schemes

The charity operates two pension schemes, a stakeholder pension scheme (administered by Aviva) and NHS Pensions. As at 31 March 2019, the amounts owed to the schemes were Aviva £49,438 (2018 £11,948) and NHS £13,296 (2018: £705). The number of members in Aviva are 90 and in NHS are 19. 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 Authority. Every four years the Government Actuary conducts a full actuarial review of contribution rates. In order to defray the costs of benefits, in 2018/19 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	Designated funds	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

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

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

21a Movements in funds (current 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 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	-	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	273,421	(581,935)	-	21,971
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

21b Movements in funds (prior year)

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

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.

The total for other geographical restricted funds includes negative balances of £36,499 as at 31.3.2019. These will be covered by further donations raised in future years.

Designated funds

Designated funds relate to contracts at an advanced stage with a number of organisations.

23 Reconciliation of net (expenditure)/income to net cash flow from operating activities

	2019 £	2018 £
Net (expenditure)/income for the reporting period (as per the Statement of Financial Activities)	(557,132)	305,616
Depreciation charges	20,308	-
Interest receivable	(12,849)	(1,260)
Increase in debtors	(375,272)	(284,707)
Increase in creditors	884,732	735,047
Net cash provided by operating activities	(40,213)	754,696

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	
	2019 £	2018 £	2019 £	2018 £
Less than one year	404,710	69,600	159,192	36,265
One to five years	1,618,838	-	319,066	145,062
Over five years	404,710	-	-	-
	2,428,258	69,600	478,258	181,327

25 Capital commitments

At the balance sheet date, the group had committed to £Nil (2018: £Nil).

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.

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:

The 29th May 1961 Charitable Trust

Alinea Consulting

The Andrée Griotteray White Charitable Trust

Assura

Ballinger Charitable Trust

Bill & Vera Chappell Charitable Foundation

Calleva Foundation

Central England Co-operative Limited

Chaucer

Computacenter

The Constance Travis Charitable Trust

Corporate Services Division of Sainsbury's

Dementia Friendly Purbeck

The Dementia UK Carol Concert Committee

Donald Forrester Trust

East Sussex Fundraising Group

Eden Valley Fundraising Group

Essex Fundraising Group

F and F team

Fieldfisher

Genuine Solutions Limited

Gloucestershire Community Nurses Fund

Gowling WLG (UK) LLP

Honiton Fundraising Group

Honiton Hospital League of Friends

Huntsman Corporation

Isle of Wight Fundraising Group

Jan Burt BEM

John Billitteri

Leicestershire Fundraising Group

Lennox Hannay Charitable Trust

Link Financial Outsourcing Limited

Lynne Clarke

Masonic Charitable Foundation

The Mede (Topsham) Fundraising Group

Moseley Golf Club

The Pixel Fund

QVC

The Rayne Foundation

Salomon Oppenheimer Philanthropic Foundation

Sheila Wainwright

Sid Valley Memory Cafe

Simon Gibson Charitable Trust

Sir James Knott Trust

The Sobell Foundation

The Steel Charitable Trust

Stileman Charitable Trust

Swanage Area Dementia Friendly Community

The Swire Charitable Trust

Venator Materials PLC

Wales and West Housing

Zurich Community Trust

And to all our kind legators who generously left a gift in their Will, as well as 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

