Trustees’ Annual Report
and consolidated financial statements

For the year ended
31st March 2023
Chair and Chief Admiral Nurse/Chief Executive Officer’s report

With the number of people living with dementia increasing all the time, and families telling us how they struggle to find the support they desperately need, the life-changing work of Dementia UK has never been more important. This year, you have helped us grow our income from £17.1m to £19.4m – an incredible 12% increase – meaning more families have been able to access our services.

On behalf of everyone at Dementia UK, thank you so much for your support.

This year, we have made great strides towards meeting the aims of our 2020-25 strategy and our overarching goal of providing expert, compassionate dementia support to every family that needs it through our dementia specialist Admiral Nurses.

During 2022-23, we increased the number of Admiral Nurses by 44, and we are delighted that we now have 420 in post. We are particularly proud to have launched several new specialist services across the UK, including services for families from minority ethnic communities – such as our first ever clinics specifically for people from Chinese and South-East Asian backgrounds, in collaboration with the Chinese Welfare Trust.

Building on the success of our Closer to Home virtual clinics, with the final Covid-19 restrictions on travel and social distancing lifted, we were able to move onto the next phase of the project. Our Admiral Nurses began hosting free dementia clinics in branches of our corporate partner, Leeds Building Society, in January 2023. These clinics have been extremely well-received, and we will be visiting more branches in 2023-24 so more families can access expert dementia support in their own communities.

To strengthen our support for families affected by dementia, we are continuing to offer virtual clinics alongside our Helpline and are growing the number of nurses in these teams. This allows us to offer the best possible advice and support to the increasing number of families facing dementia in the UK – many of whom struggle to know where to turn and are left feeling exhausted, overwhelmed and alone.

As always, we have continued to innovate to raise awareness of our work, drive fundraising and engagement, and be the voice of people affected by dementia and their families.

One highlight was our awareness campaign, ‘I live with dementia’, with its central message, ‘If you love someone living with dementia, you’re living with it too’. Through powerful stories and videos, targeted advertising, social media, and press and PR activity, we reached thousands of people who had little or no knowledge of our charity and Admiral Nurses.

To build a clearer picture of the value of Admiral Nursing, we launched our first National
Census, with the results published in 2022–23. This provided further evidence of our nurses’ activity, which we will use to highlight their unique role in dementia care and support to potential host organisations and the wider public.

Admiral Nurses are at the heart of everything we do, and we are committed to providing them with the best possible education and support. We developed our Admiral Nurse Academy and saw our first cohort complete the new Accelerator Learning Programme, which allows current Registered Nurses to convert their role to Admiral Nurse and set up a new service through a six-month learning programme.

We also aim to upskill other health and social care professionals and held an extremely successful second online Summer School for those working in the dementia field, including students and volunteers.

We can only do what we do because of the generosity of our supporters. In 2022–23, we built on the success of our virtual events programme with eight fundraising challenges throughout the year, including our popular Dog Walking Challenge and a new Knitting Challenge. We grew our challenge events portfolio and recruited record numbers of participants in events like the London Marathon and Great North Run.

We secured existing – and cultivated new – relationships with our national and regional partners who have not just raised funds for Dementia UK, but also raised awareness of the support our nurses offer. Thank you so much for all you have done. And our regular givers and those pledging gifts in Wills have shown extraordinary generosity that will allow us to support families now and in the future.

These are just a few of our highlights, and you can read about many more in the pages of this report. We are extremely thankful for every single person who has helped make these possible.

We must now press on with our ambitious plan to grow the number of Admiral Nurses to 1,000 by 2030 so they can offer a lifeline to everyone who needs it. This will help ensure that every family affected by dementia has access to our services – whether in person, through our Helpline and virtual clinics, or through the information resources we produce.

By working together, we can make this vision a reality – and we are truly grateful to our supporters, donors, partners, volunteers and, of course, our Admiral Nurses and Dementia UK staff for everything they do to make this happen. Together, we can ensure no one has to face dementia alone.

Dr Hilda Hayo
Chief Admiral Nurse and Chief Executive Officer

Professor David Croisdale-Appleby OBE
Chair of Trustees
Every three minutes, someone in the UK develops dementia: a progressive and complex condition that can be devastating for the whole family. And too often, people are left to cope alone with ever-changing and relentless challenges.

Families often have to take on caring responsibilities that push them to their physical, emotional and financial limits. Struggling to know where to turn, they are left feeling exhausted, overwhelmed and alone.

That’s where our specialist dementia nurses – known as Admiral Nurses – come in. As experts in the condition, their tailored, life-changing support helps families through the fear and confusion of dementia. From sharing practical tips for caring to offering compassionate emotional support and helping families plan for the future, they are there when people need them most.

Every day, Admiral Nurses help families up and down the country to have the best life possible for as long as possible. Whether it’s via our Helpline, clinics or in the community, our nurses give people the much-needed space to talk to someone who understands. For many families, they are a lifeline.

“Without the Admiral Nurse Helpline, I can’t bear to think of what might have happened to me. It was a priceless gift to be able to talk to someone who completely understood when I was feeling utterly desperate.”

Family carer
Specialist dementia care – closer to those who need it

More than one million people in the UK will be living with dementia by 2025, and this is set to increase significantly over the coming decades. As this number rises, so too does the number of families impacted by dementia, and the need for specialist advice and support.

We believe that every family affected by dementia should have access to specialist help through our Admiral Nurses. As experienced, compassionate dementia specialists, they offer the practical solutions and emotional support to help families face dementia with more confidence, dealing with the challenges of today and preparing for the future.

We will bring specialist dementia care closer to those who need it.

In hospitals

We will:
• create new Admiral Nurse posts to support families whose loved one with dementia is in hospital

On our Helpline

We will:
• invest in the Helpline to expand its opening hours and increase the number of nurses on shift, so that the maximum number of calls can be answered in real time
• develop the digital side of the Helpline so carers can access the most relevant information and support resources when they need it, complementing the support that the Admiral Nurses give

In the community

We will:
• develop new Admiral Nurse posts each year across the UK, investing in new and existing services to increase our geographical coverage
• provide clinic appointments with Admiral Nurses in areas without full-time nurse services, to reach even more families

In the workplace

We will:
• further develop our Dementia at Work resource, offering guidance to working-age carers, as well as guidance for employers on how best to support their staff and customers
• continue to provide a specialist dementia support programme to corporate partners and other companies for carers while they are at work, including workplace Admiral Nurse clinics
In areas of specialism

We will develop dedicated Admiral Nurse services for:

- people living with learning disabilities and dementia
- diverse communities, including people from Black, Asian and other minority ethnic groups within the UK
- those diagnosed with dementia under the age of 65

Through our digital offer

We will:

- expand our series of Admiral Nurse advice leaflets and videos to cover every symptom and challenge that dementia presents
- constantly update our website to ensure our advice is accurate, contemporary, and supported by clear, intuitive functionality
- develop and test ways to signpost carers to the most relevant information and support services
- promote our digital offering so that everyone who needs it knows there is clear, practical advice available to them at all times
- investigate and implement online access to Admiral Nurses, on our Helpline and in the community – trialling video calling and text message services

Our vision: access to the life-changing support of an Admiral Nurse for every family that needs it.
Our values

**We listen, learn and collaborate**
We listen to people with dementia and their families; to clinicians and our colleagues; and to our supporters and fundraisers. This underpins all of our work.

**We are empowering, supportive and respectful**
We empower families to know what they are entitled to and advocate for them so that they receive it.

**We act with integrity, transparency and accountability**
Every penny we spend comes directly from our supporters – and we are committed to full transparency regarding how we spend this money.

**We encourage creativity and innovation**
We apply innovation and creativity to everything we do.
About dementia

Dementia is an umbrella term for a range of progressive conditions that affect the brain. Around 944,000 people in the UK are living with dementia.

There are more than 200 types of dementia. The most common are Alzheimer’s disease, vascular dementia, Lewy body dementia, frontotemporal dementia and mixed dementia.

Common symptoms of dementia include:
- memory loss
- confusion
- problems with understanding
- speech and language difficulties
- problems with decision-making
- changes in behaviour

Someone in the UK develops dementia every 3 minutes

1 in 2 people in the UK will be affected by dementia in their lifetime

More than half of UK adults know someone who has been diagnosed with dementia

Around 70,800 people in the UK live with young onset dementia – where symptoms develop before the age of 65.

Dementia is the leading cause of death in the UK.
“It’s demanding living with this condition.”
Maq’s story

Maq was diagnosed with dementia at the age of 54. He reflects on how young onset dementia affects his day-to-day life.

I was diagnosed with frontotemporal dementia when I went into hospital for major heart surgery and had a brain scan. I'd had no symptoms, so it was difficult to accept the news.

I was working as an accountant at the time, and I thought, “If I’ve got this condition and there’s no cure, there’s no way I can carry on working” – so I stopped. It was a big adjustment and made me less financially independent. On reflection, I think I could have stayed at work for longer.

I didn’t tell my family about my diagnosis for over a year. My wife had passed away, and my children were still at school. I wanted to protect them. In the end, I asked a professional to explain it to them. I couldn’t bring myself to say it.

Dementia isn’t just about memory loss

As time has passed, my dementia symptoms have become more obvious. It changes my mood and perception and affects me physically and psychologically – it isn’t all about memory loss. Communication can be difficult, so I lip read and rely on body language and gestures a lot.

It’s demanding living with this condition. It changes from day to day, hour to hour, minute to minute. If you spoke to me at 9am, 6pm and 12am you would meet three different people.

My mind wanders and I don’t want to show myself being agitated so I hide that part of me by sitting on my own and reading.

I want to break the stigma around dementia

I get asked to talk at many different events about my experience of dementia. I do on average 18 Zoom sessions a week – it’s like a full-time job, but it keeps me going. Social connection is so important, and whenever somebody asks me for help, I’m there.

In the South Asian community, dementia is a taboo subject. People feel ashamed to seek help and don’t know where to get support. As a member of Dementia UK’s Lived Experience Advisory Panel (LEAP), I act as a liaison between the community and the dementia specialist Admiral Nurses – hopefully, I’m helping to break the stigma.

When someone says they have benefitted from what I have said it gives me a boost. I don’t know how many years I have left, but I want to make a difference while I can.

“Social connection is so important – if somebody asks me for help, I’m there.”

Dementia UK Annual Report 2022-23
Our dementia specialist Admiral Nurses are at the heart of everything we do, offering life-changing support to families facing dementia. Admiral Nurse services are hosted by a range of organisations, including many NHS Trusts, in collaboration with Dementia UK.

What we said we would do
Increase the number of new nurses in primary care by 15 and in acute care by 10.

What we did
Appointed 20 new Admiral Nurses in primary care posts and 15 in acute care. This brings our total number of Admiral Nurses to 420 as of 31st March 2023 – compared with 376 in the year ending 2021-22 – and exceeds our target growth for the year.
Appointed new Consultant Admiral Nurses for Frailty and for Young Onset Dementia (see p28 for more information).

What we said we would do
Develop a model to help our nurses better support and engage with families from diverse communities by identifying and supporting the training needed to meet these families’ unique needs. This would include creating a further three new Admiral Nurse roles in minority ethnic communities.

What we did
Launched our first service supporting Chinese and South-East Asian families, in partnership with the Chinese Welfare Trust. This is run by an Admiral Nurse who is fluent in both Cantonese and Mandarin. The service aims to address challenges such as myths and taboos around dementia, language barriers, and a lack of culturally appropriate support. Please see p16 for more information.
Identified a Lead Admiral Nurse for Equality, Diversity and Inclusion within the Admiral Nurse Academy who will develop our nurses’ knowledge and understanding of supporting families from diverse communities.
Developed three new services to support families from diverse communities in the city of Leicester and in areas covered by the Black Country Healthcare NHS Foundation Trust.
Developed a post in Derbyshire focusing on people with learning disabilities and dementia. People with a learning disability are at greater risk of developing dementia, especially young onset dementia.
What we’ll do next – our priorities for 2023-24

Recruit a total of 33 new posts:
- 10 in acute care
- 15 in primary care networks
- five in diverse communities
- three specialising in young onset dementia

We will also create eight new Admiral Nurse clinics in areas without existing services. This will ensure that more areas of the UK have an Admiral Nurse service and therefore support more families in their local communities.

Develop our prison clinics model and extend its reach to improve the support offered to an estimated 12,000 prisoners with dementia throughout the UK. This will build on our current Admiral Nursing activity offering specialist advice to prison staff supporting service users with dementia.

Support the expansion of our clinics for members of the Professional Footballers’ Association (PFA) and their families, and similar sports-related clinics. We have appointed a Consultant Admiral Nurse for Sport and Dementia (May 2023) – this will be a key influencing role to ensure the needs of people with sport-associated dementia are represented in national policy, research and guidance. The post will also provide clinical advice and support by telephone, online and in clinics; and offer training and guidance to other Admiral Nurses on best practice in dementia care for people who have played sport and are living with dementia.
Spotlight
The Chinese Welfare Trust Admiral Nurse clinic

In August 2022, Dementia UK and the Chinese Welfare Trust launched a new clinic offering specialist dementia support to families from a Chinese or South-East Asian background across five London boroughs. Clinic Admiral Nurse Emily Ka-Hei Lui shares her experiences of the first eight months of the service.

Families of Chinese and South-East Asian heritage face many challenges in accessing dementia care and support. These include language barriers; the stigma surrounding dementia; conflicts within the family around care expectations; and a lack of dementia-specific, culturally appropriate services.

In recognition of the unique challenges experienced by families living with dementia from these communities, in 2022 Dementia UK launched an Admiral Nurse service specifically for people from Chinese and South-East Asian backgrounds, in association with the Chinese Welfare Trust (CWT).

The service aims to provide health advice and communication tips that are culturally appropriate; help families access local support; offer psychological and emotional support; and raise dementia awareness in the community through talks, awareness sessions, short films, and articles for local newsletters.

Appointments are held in GP surgeries and Chinese community centres, alongside telephone and video calls. Although the service is based in London, we receive appointment requests from all over the country.

“Often, people do not want to let their friends and neighbours know about the dementia diagnosis because of the stigma in their community, leaving them with no one to turn to. They also find it helpful to speak to me in their first language.”
**Breaking down stigma**

The families I work with say it is helpful to speak to someone who understands their situation. Often, they do not want to let their friends and neighbours know about the dementia diagnosis because of the stigma in their community, leaving them with no one to turn to. They also find it helpful to speak to me in their first language.

Many carers cry in their appointments, stating that they are at a point of breakdown and do not know what to do next. This is rare in Chinese culture as people are in general very reluctant to seek help when they are struggling and do not like to disclose their personal feelings.

Being an Admiral Nurse is really meaningful, especially as I can offer specialist support to carers whose needs are often forgotten, as well as their loved ones. But a lot more could be done to support families affected by dementia within the Chinese and South-East Asian community, from raising awareness to post-diagnostic support.

In the coming year, I hope we can partner with other local community organisations and expand the service across the UK – and also apply the model to other minority ethnic communities.

“Being an Admiral Nurse is really meaningful, especially as I can offer specialist support to carers whose needs are often forgotten.”
Evaluating our hosted Admiral Nurse services

Admiral Nurses work within a range of host organisations, such as NHS Trusts. Our Insights and Evaluation Team collects information from family carers and health and social care professionals about our Admiral Nurse services, demonstrating their impact on people affected by dementia.

Carers told us:
- **98%** The service had improved their ability to take better care of the person with dementia
- **96%** The service had improved their ability to cope
- **98%** Their experience of the service was ‘very good’ or ‘good’

Professionals told us the Admiral Nurse service:
- **100%** Improved person-centred care
- **100%** Improved quality of life for families
- **100%** Enabled families to be involved in decisions about their relative’s care
- **98%** Improved case management and coordination

“Due to the help and excellent advice given... I now feel much more positive about my future. I used to get very low and upset after my wife went into a care home... I would have been totally lost without the advice and help from the Admiral Nurse.”

Family carer
A listening ear

When families need expert, compassionate dementia advice and support, the Admiral Nurses on our Helpline and in virtual clinics are here to listen.

How to contact an Admiral Nurse

**Helpline:** call 0800 888 6678 (Monday-Friday 9am-9pm, Saturday, Sunday and bank holidays 9am-5pm, every day except 25th December) or email helpline@dementiauk.org

**Virtual clinics:** book a free, confidential 45-minute phone or video appointment at dementiauk.org/book

**Closer to Home clinics:** book a face-to-face appointment with an Admiral Nurse in selected Leeds Building Society branches at dementiauk.org/closer-to-home (until March 2024).

"Since Gran's diagnosis, I've called the Dementia Helpline several times. It's reassuring to have someone listen without judgement."

Family carer

What we said we would do

**Increase** the number of families we support by adding an extra 17 Helpline shift availabilities per week. Day shifts (weekdays and weekends) are 7½ hours long. Evening shifts are 3½ hours long.

What we did

**Merged** our Helpline and virtual clinics teams to become a Core Clinical Services Team. Joining up these two key services will improve access to Admiral Nurses to families throughout the UK. This has proven a more successful way of growing our support offer than simply introducing more Helpline shifts. Virtual clinics are now available Monday to Friday, 9am-4pm.

**Supported** more people than ever before through our Helpline and virtual clinics. Our Helpline recorded 34,273 contacts between April 2022 and March 2023: an increase of 3% on the previous year. In virtual clinics, 2,457 appointments were completed.

What we said we would do

**Continue** with our Helpline expansion to ensure more families get through on their first attempt. We aimed to have 12 full-time and 16 part-time Helpline nurses in post by April 2023. This would enable us to meet the increasing number and complexity of calls and reduce the need for sessional nurses to staff the Helpline.
What we did

**Increased** the number of full-time nurses in the service from eight to 10 and the number of part-time nurses from 12 to 17. Due to a recruitment freeze as we merged our Helpline and virtual clinics services under the Core Clinical Services umbrella, we were unable to grow the number as much as we planned, but every one of these nurses has a life-changing impact on the families they support.

What we said we would do

**Launch** a Closer to Home mobile support centre in January 2023, travelling around the UK and offering families face-to-face appointments with an Admiral Nurse in their local community.

What we did

**Revised** our plans to introduce a mobile support centre due to Covid-19 supply-chain issues. Instead, we launched face-to-face Closer to Home dementia clinics visiting branches of Leeds Building Society. These began in mid-January 2023, and by the end of March 2023, we had supported 81 people living with dementia and their families through appointments with Admiral Nurses in branches in their local communities. These clinics are set to continue until March 2024.

What we said we would do

**Grow** our virtual clinics to offer appointments five days a week so that more families can receive the support of an Admiral Nurse by phone or video call.

What we did

**Expanded** our virtual clinics offering from four days a week to five, so more families can book an appointment at a time to suit them.

What we’ll do next – our priorities for 2023-24

**Ensure** even more families get through to the Helpline on their first attempt by improving efficiency. This will also enable us to meet the ever-growing number and complexity of calls.

**Aim** to support at least a combined 36,000 direct contacts on our Helpline and in virtual clinics and increase the number of calls we can answer first time.
Spotlight

Safeguarding our staff and beneficiaries
Safeguarding is a growing concern, and as a charity focused on dementia support, we are acutely aware of our responsibilities to vulnerable people. All employees recognise the need to raise concerns if they suspect someone is vulnerable, and to consult one of our dementia specialist Admiral Nurses as necessary.

Safeguarding disclosures raised via our Helpline and clinics have increased significantly in the past three years. Within our safeguarding policy, disclosures are rated red, amber or green depending on severity. We are seeing a higher number of amber and red disclosures than in previous years. This means that not only are overall disclosures increasing, but their severity is increasing too.

A Safeguarding Team, led by the Director of Clinical Services, meets monthly to review all disclosures, including themes and possible actions to support our beneficiaries and staff members who are engaged in them. The three main themes are:

- **suicidal ideation:** where a carer or person with dementia states they want to end their life
- **domestic violence:** where a carer or person with dementia either threatens or causes actual harm to another person
- **lack of support for carers:** where caring has become extremely difficult due to a lack of formal or informal support

As a result of these issues, we are taking the following actions:

- **suicidal ideation:** we have met with the Marketing and Communications Team to look at ways to provide further information about coping strategies and self-care. We are reviewing our messaging about accessing support so that carers experiencing suicidal ideation can be supported sooner. We continue to provide support information from other charities such as Samaritans, Mind and Cruse
- **domestic violence:** we are reviewing our information on coping with violence, de-escalation techniques and personal safety. We have also produced a new leaflet on personal safety for carers of people with dementia
- **lack of support for carers:** we are continually raising issues nationally about the lack of support for people with dementia and their families to policy-makers and NHS and social care bodies

The safeguarding disclosures raised in 2022-23 do not meet the threshold for reporting to the Charity Commission as we are supporting our beneficiaries who are experiencing safeguarding situations, as opposed to these situations resulting from the actions or omissions of Dementia UK.

In addition to supporting our beneficiaries, we provide regular and enhanced support to our nursing staff and are reducing the administrative burden by automating part of the safeguarding process.

Our Director of Clinical Services has also presented the charity’s safeguarding findings to the Chief Social Worker at the Department for Health and Social Care to increase awareness across the Adult Safeguarding Network; and we have been asked to support NHS England’s Safeguarding Leads Network to raise the issue of domestic violence in relation to dementia.
Evaluating our Helpline

Our Insights and Evaluation Team’s analysis of people’s experiences of the Admiral Nurse Dementia Helpline helps ensure the best possible service for the families who contact us.

In 2022, the top reasons for contacts to our Helpline were:

- accessing support
- getting a diagnosis
- dementia understanding and support
- behavioural issues
- information about care options

What carers told us about our Helpline

88% said the Helpline improved their ability to take better care of the person with dementia
84% said the Helpline made a difference to their ability to communicate with the person they care for

Taking the pressure off other health and social care services

94% said the nurses explained things clearly, gave them enough time and listened to them
90% said the Helpline made a positive difference to their ability to make decisions about the care of the person with dementia
89% said the Helpline improved their understanding of dementia
36% of carers told us that without the Helpline, they would have seen a GP for the needs of the person with dementia
15% would have seen a GP for their own needs
6% said the person they care for would have had to go to A&E
“My mental and physical health [were] teetering on the edge for a very long time. The support I received from the Helpline has been immeasurable and the fact I could contact a nurse any time has literally saved me on a few occasions.”

Family carer
As of March 2023, our clinics had visited 11 branches across Yorkshire and Newcastle, with a team of five Admiral Nurses providing 81 appointments to people living with dementia and their families. We publicised the clinics through awareness days in branches, contacting carers’ groups and organisations, advertising, and appearing on local TV and radio.

**Admiral Nurse Joe Costello was part of the Closer to Home Team. He says:**

“Closer to Home clinics are a fantastic way to deliver dementia support, with up to five appointments available each day. Running the clinics in Leeds Building Society branches means they are easy for people to access in their local communities, and the relaxed setting can remove some of the stress for carers who are anxious in clinical settings like GP practices and hospitals.

“I have spoken to carers about everything from balancing full-time work with their caring responsibilities to supporting their loved one to stay at home for as long as possible. I have advised family members on navigating health and social care services, applying for benefits, and looking into local care options for their relative.

“Families have told us how helpful it is to talk to someone who understands what they are going through, and to have the space and time for a professional to listen to their needs and give them the appropriate advice and support. Many have shared their feelings of love and loss around the progression of the illness in a safe space.

“It has also been a great opportunity to talk to Leeds Building Society staff who are keen to learn more about dementia and how it impacts on people living with the condition or on those close to them.”

**What’s next for Closer to Home?**

In the coming months, Closer to Home clinics will be visiting more locations across the UK and offering appointments in branches including Aberdeen, Glasgow, Manchester, Watford, Bristol, Cardiff and Belfast.

As well as face-to-face Closer to Home clinics, we have continued to offer our virtual clinics.
model, which evolved as a result of the Covid-19 lockdown. These clinics offer appointments by phone and video call and have proven incredibly successful. Virtual clinics are a lasting legacy of our partnership with Leeds Building Society and now form part of our Core Clinical Services alongside our Helpline.

To find out more about Closer to Home dementia clinics, please visit dementiauk.org/closer-to-home. For more information on virtual clinics, please see dementiauk.org/book.

“I have spoken to carers about everything from balancing full-time work with their caring responsibilities to supporting their loved one to stay at home for as long as possible.”

Joe Costello, Closer to Home Admiral Nurse
Supporting younger people

Around 70,800 people in the UK live with young onset dementia – where symptoms develop before the age of 65. Our Young Onset Dementia Programme is creating a prominent national centre of expert support, information and collaborative influencing activities for younger people with dementia, their families and professionals in the field.

What we said we would do

Develop new young onset dementia learning materials and support for nurses, including:
• a pre-Admiral Nurse young onset dementia module
• learning opportunities in the Admiral Nurse Forum (our annual online conference) and Summer School (a free virtual learning and development event for health and social care professionals and volunteers with an interest in dementia)
• a special interest group

What we did

Presented an expert session on young onset dementia at Dementia UK’s Summer School in July 2022. The session featured our Consultant Admiral Nurse for Young Onset Dementia, a Young Onset Dementia Advisor, and a couple with lived experience of young onset dementia. The session was attended by 255 professionals, with overwhelmingly positive feedback. A further 350 professionals watched a recording of the session.

Hosted an Admiral Nurse Forum session on sexual health conversations with people and families living with young onset dementia. Sixty-four Admiral Nurses attended the session.

Identified the learning needs of our Admiral Nurses on the Helpline and in clinics and produced education and support materials for them, for example on dementia and menopause.

“[It was] amazing to hear the insight of someone who is dealing with young onset dementia... It has certainly made me think more about the condition and the strategies that can be used to ensure people can live life as fully as possible for as long as possible.”

Summer School attendee
Launched a new young onset dementia special interest group – this currently has 43 Admiral Nurse members. The group will increase activity and support for our nurses around young onset dementia in line with Admiral Nurse Academy plans.

What we said we would do
Grow the number of Young Onset Dementia Admiral Nurses – we aim to recruit at least three per year, with 15 in post by 2025.

What we did
Appointed our new Consultant Admiral Nurse for Young Onset Dementia. She will support our Admiral Nurses to build their knowledge and confidence in working with families affected by young onset dementia; and will directly support families with the most complex needs around young onset dementia.

Agreed two new Young Onset Dementia Admiral Nurse posts – one post is being recruited in Manchester, and a second in Northampton will be advertised in 2023. We are also recruiting an Admiral Nurse for the Young Onset Dementia Team in Oxfordshire.

While we may not meet our target of 15 new Young Onset Dementia Admiral Nurses by 2025 due to issues such as difficulties finding match funding for these specialist services, we are identifying opportunities to convert existing Young Onset Dementia Specialist Nurses to Young Onset Dementia Admiral Nurses; and exploring the potential to embed young onset dementia speciality in larger teams, both new and existing.

What we said we would do
Collaborate with the Consultant Admiral Nurse for Young Onset Dementia to raise the national profile of Dementia UK’s young onset dementia offer.

What we did
Raised awareness of our support for families affected by young onset dementia. We have presented on Dementia UK’s offering for families affected by young onset dementia to professional bodies such as the Royal College of Obstetricians and Gynaecologists; the Alzheimer’s Dementia and Care Show; and local and regional groups and services via the national Dementia Clinical Network webinar.

Our work on menopause also attracted media coverage, including on BBC Radio’s Woman’s Hour.

Developed a range of promotional assets with Dementia UK’s Marketing and Communications Team to highlight our services for families affected by young onset dementia. We are particularly proud of our two short films featuring Jude, who was diagnosed with young onset dementia at the age of 57: please see p32 for more information.

What we said we would do
Promote the availability of our Helpline and virtual clinics to people with young onset dementia and collect data and feedback on people’s experiences of these services.

What we did
Received 1,531 contacts to the Admiral Nurse Dementia Helpline relating to young onset dementia – an increase of 12% on 2021-22. Sixteen percent of these contacts were from a person living with dementia, showing that our Helpline is an invaluable resource for people with a young onset dementia diagnosis, and not just their carers.

What we said we would do
Develop our suite of young onset dementia resources, including the young onset dementia section of the website.
What we did

Reviewed our existing content and identified gaps that needed to be filled to support families affected by young onset dementia. As a result, we have:

• published new leaflets on:
  - Getting a diagnosis of young onset dementia
  - Next steps after a young onset dementia diagnosis
  - Finance and young onset dementia
  - Perimenopause and menopause
  - Young onset dementia: information for parents
  - Young onset dementia: choosing a care home
  - Young onset dementia: different symptoms
• revised Dementia UK’s life story template to include more content relevant to people with young onset dementia

We also...

Released a new, more accurate estimate of the number of people living with young onset dementia in the UK. We extrapolated from research conducted by a member of the Young Dementia Network and the Dementia Intelligence Network that around 70,800 people in the UK live with young onset dementia, replacing the out-of-date estimate of 42,325 (2014).

We took the opportunity to highlight this discrepancy to the media, raising awareness of the number of people facing young onset dementia and calling for better care and support.

What we’ll do next – our priorities for 2023-24

Increase access to young onset dementia expertise within existing and new Admiral Nurse services so that more families can receive support with the unique challenges of the condition.

Deliver communication and marketing activity to improve the understanding of young onset dementia; increase access to high-quality digital information; and strengthen the Young Dementia Network community.

Cultivate a national influencing role to raise awareness and understanding of young onset dementia and improve its care and support. We will use the expertise of the Young Dementia Network to help us do this (see opposite).

Ensure young onset dementia is integrated in all aspects of Dementia UK’s work and reinforce its distinctive characteristics and the unique issues faced by the families it affects. This will ensure more people affected by young onset dementia can access specialist information that is applicable to their specific challenges.
The Young Dementia Network

The Young Dementia Network is a dynamic and unique online influencing community of over 4,600 people, hosted by Dementia UK. It was established in 2016 by YoungDementia UK, which merged with Dementia UK in 2020.

Membership of the Young Dementia Network includes people living with young onset dementia; their families and friends; and professionals working in health and social care, dementia research and the voluntary sector. They are all dedicated to improving the lives of people with young onset dementia and their families.

Our highlights in 2022-23 include:

• increasing the Young Dementia Network membership by 1,000
• launching a new and highly successful webinar programme for professionals around diagnosing young onset dementia. This put people with lived experience of young onset dementia at its centre. Over 950 people attended the live webinars, with a further 940 viewing the recording on YouTube. You can watch all our webinars at youngdementianetwork.org/our-webinars
• planning our first campaign to improve the diagnosis experience for people with young onset dementia and their families
• contributing a young onset dementia perspective to national policy and strategy planning, including giving written evidence to the All Party Parliamentary Group on dementia and diagnosis

To find out more about the Young Dementia Network and to join us, please visit youngdementianetwork.org
Young onset dementia is a growing health issue in the UK, but awareness of the condition is poor. Many people consider dementia a condition of old age and do not realise that it can affect younger people – and are unaware of how it impacts the person with the diagnosis and those around them.

To raise awareness of young onset dementia, challenge the stereotype that dementia only affects older people, and show that a fulfilling life can be lived post-diagnosis, we made two films featuring Jude Thorp, who was diagnosed with young onset Alzheimer’s disease in 2021 aged 57. Jude, her wife Becky, and their two daughters, aged 17 and 19, are supported by the Young Dementia Oxfordshire service, which is provided by Dementia UK.

In the first film, Jude talks about why getting a dementia diagnosis was important to her, so she knew what she was dealing with – but was nevertheless devastating for her and her family. She shares how, with the help of Becky and best friend Johnty, she came to terms with the news.

In the second film, Jude, Becky and Johnty discuss how she has continued to live a full and active life since her diagnosis. She describes the support she has received from Dementia UK as a godsend.

The impact of the films

We felt it was important to tell Jude’s story in her own words, and also include her family’s voices, to show the impact her diagnosis has had on her and the people around her. We also wanted to demonstrate that although Jude faces challenges in her daily life, she continues to live actively and positively with support from Becky, her daughters and friends; as well as from Dementia UK.

The films were shared on our social media channels, where they have been viewed over 6,500 times. We have disseminated them on our website, in blog posts and in a young onset dementia-specific email. Jude has also taken part in webinars and been interviewed in the press and on the radio about living with young onset dementia.

You can watch the films at dementiauk.org/judes-story

Spotlight
Our young onset dementia films

With the number of people with young onset dementia increasing, Kate Fallows, Young Onset Dementia Marketing and Communications Manager, worked on two new films to highlight the issues faced by younger people with the diagnosis.
Measuring our impact

Monitoring and evaluating our work helps us develop our services so we can offer the best possible support for families facing dementia. Our Insights and Evaluation Team gathers the information we need to do this.

What we said we would do

Ensure that our insights and evaluation work continues to support Dementia UK’s strategy. This includes supporting colleagues across the organisation through the development of tools and methods for gathering, storing and sharing information and evidence. We also said we would support the collection, analysis and reporting of evidence of the impact of Admiral Nurses and wider Dementia UK activities.

What we did

Planned and provided all the elements needed to evaluate the new Admiral Nurse Accelerator Learning Programme – a fast-track programme for current Registered Nurses who wish to convert to an Admiral Nurse role and launch a new service. We aim to report our findings in September 2023.

Advised and guided Dementia UK colleagues and services on the best ways to monitor and evaluate their services. We have supported:

- our Helpline
- virtual clinics
- the Consultant Admiral Nurse for Young Onset Dementia service
- Young Onset Dementia Advisors
- the Consultant Admiral Nurse for Frailty service
- the Chinese Welfare Trust clinic
- the Professional Footballers’ Association (PFA) clinics
- prison clinics services
- dementia steering groups

Collected compelling data needed to make an impact in the media and in our campaigns. For example, the Policy, Campaigns and Public Affairs Team included Helpline and clinics data in its response to the Scottish Government’s dementia strategy consultation – please see p48.

Produced reports on eight Admiral Nurse services hosted by organisations such as NHS Trusts. These included the West Wales annual report 2021-22; annual reports for two primary care services; and quarterly monitoring reports for five services. We also produced the learning disabilities Admiral Nurse service evaluation report 2020-22. These evaluations will help build the evidence base for Admiral Nursing and enable our nurses to demonstrate the impact of their role.
What we said we would do

Continue to gather data to help Dementia UK demonstrate the role of Admiral Nurses across various settings, including through the first ever National Admiral Nurse Census, carried out in March 2022 (see p38). We also said we would analyse and report evidence relating to Dementia UK’s Admiral Nurse services and further develop tools to support with this, eg dashboard reporting.

What we did

Conducted, evaluated and reported on the above census. The results were shared with nurses, host organisations and throughout Dementia UK to highlight the uniqueness and complexity of Admiral Nurse roles across various settings.

Planned the next National Admiral Nurse Census for 2023. Using feedback from 2022, we have improved the survey tool and developed supporting resources to help nurses complete the census. We have also created an individual data summary tool to share with nurses to provide vital information about their service.

Supported Admiral Nurses with monitoring and evaluation advice, guidance and support throughout the year.

Monitoring and evaluating Admiral Nurse services highlights their unique role and provides the information we need to best support the families we work with.

Collected feedback from carers accessing our Helpline and Closer to Home service (including virtual clinics) during 2022. We received 828 completed surveys about our Helpline and 379 on Closer to Home. These will be analysed and collated into an annual report for 2022-23 for each service.

What we said we would do

Ensure our nurses are supported with monitoring and evaluation of their services by launching a monitoring and evaluation handbook and an education module on our online learning platform. We also said we would continue to provide monitoring and evaluation advice, guidance and support.

What we did

Launched the evaluation and monitoring toolkit on our online learning platform in September 2022 and trained people in its use via a webinar. The toolkit, which includes our new monitoring and evaluation handbook, helps Admiral Nurses record and evaluate a range of data about the use of their services.

Improved the monitoring and evaluation dashboards for our Helpline and clinics. These are now updated monthly and shared with teams across the organisation, enabling them to easily see the data relating to their services such as the number of appointments and contacts.

Supported Admiral Nurses with monitoring and evaluation advice, guidance and support throughout the year.
What we’ll do next – our priorities for 2023-24

**Ensure** that our insights and evaluation work continues to effectively support Dementia UK’s strategy. We will do this by supporting our Admiral Nurses and other colleagues across the organisation with monitoring and evaluation advice and guidance.

**Develop** suitable tools and methods for gathering, storing, analysing and sharing information and evidence. We will analyse and report evidence relating to Dementia UK’s Admiral Nurse services (Helpline, clinics, Consultant Admiral Nurse specialisms and hosted services). Collecting feedback from families accessing our services and clinics will remain a key part of our work.

**Complete** our evaluation of our new Admiral Nurse Accelerator Learning Programme (please see p42) to inform and improve it going forward.

**Continue** to gather data to help Dementia UK demonstrate the role and impact of Admiral Nurses across various settings. This will include analysing and reporting on the 2023 Admiral Nurse Census and further developing the census for future years.
Spotlight
The National Admiral Nurse Census

In March 2022, we launched our first ever National Admiral Nurse Census, which we analysed and reported on in the year 2022-23. The aim was to shine a light on the Admiral Nursing role across our services – to prospective hosts and the general public.
We wanted to capture a snapshot of the work of Admiral Nurses to help us describe what they do, what the workforce is like, who they support, and how. We also wanted to use the census to track changes in and growth of Admiral Nursing over time.

In developing the census, we reviewed censuses used by other nursing workforces globally and data that was already routinely collected during evaluations; and sought the views of senior Admiral Nurses, Dementia UK senior management, and other colleagues across the organisation.

To support nurses in completing the census, we uploaded resources to support the data collection and recording to our online learning platform, which included an overview of and guide to the questions, tally sheets, and an information video.

Admiral Nurses received an email containing a link to the survey. They were asked to record all of their activity on Census Day, and were given two weeks to submit their data. Overall, we had a 77% return rate.

What we learnt

Admiral Nurses come from a variety of backgrounds – each bringing a unique set of skills and experience to their role.

- 65% are Registered Mental Health Nurses
- 38% are Adult Registered Nurses
- 4% are Learning Disabilities Registered Nurses
- Around 12% hold dual registration (e.g. Adult and Mental Health Registered Nurses)

On Census Day, 165 nurses told us that they collectively carried out an incredible 2,864 interventions during their appointments and contacts. Together, they supported:

- 624 primary carers
- 140 people living with dementia
- 107 other carers

The majority of contacts took place by phone (619), followed by face-to-face appointments (211) and video calls (22).

The most common reasons for contacts were emotional and psychological support; coping strategies; and increasing knowledge of dementia.

Admiral Nurses also play a vital role in providing advice, support, education and training to other health and social care professionals. On Census Day, 99 nurses delivered 244 activities to support other professionals, reaching up to 525 people.

How we will use the census results

We will use the results to share insights about and raise the profile of Admiral Nurses, including with potential host organisations to give them more information about their unique role.

Developing the National Admiral Nurse Census for 2023

Based on our experiences in 2022, we made a number of changes to the census for 2023, including:

- changing from a Census Day to Census Week – Admiral Nurses still recorded their activity for one day, but had the flexibility to choose the day that best represented their work
- streamlining the total number of sections and the flow of questions
- adding a question at the end of each section to record how long the nurse spent on each of the activities listed during their day. This will help us build a picture of how Admiral Nurses spend their time

To read a summary of the results of the National Admiral Nurse Census 2022, please visit dementiauk.org/census-summary
Penny’s story

Penny’s mum, Rosemary, was diagnosed with mixed dementia in 2016. Penny shares how the diagnosis has changed their lives.

My mum was always a happy, chatty and sociable person. She was a talented musician and a big part of the community – she helped organise the local music festival and was the musical director for many local productions.

I first noticed that something wasn’t right when Mum started struggling to process information. She repeated things a lot and couldn’t manage her diary. This went on for five years before she was diagnosed with mixed dementia in 2016.

I called the Admiral Nurse Dementia Helpline for advice, and the specialist dementia nurse explained that Mum was experiencing ‘sundowning’ – a state of intense confusion and anxiety that typically happens around dusk. The advice the nurse gave me meant we were able to anticipate Mum’s sundowning and try to occupy her with other things before she got caught up in it.

I wanted Mum to live at home for as long as possible, but it was getting more difficult to keep her safe. On one occasion, she was found on the street in her nightie. I knew it was time for Mum to go into a care home, but I really struggled with making that decision. Again, I phoned the Helpline – it was so helpful to speak to an Admiral Nurse who reassured me that it was the right thing to do and helped me to plan.

Our podcast won a gold award

I started the Discovering Dementia podcast with Mum when I realised that people are often isolated after getting a dementia diagnosis. Mum and I hoped the podcast would help other families in a similar situation to feel less alone. She was also very keen to reduce the stigma around dementia.
We are now working on our third series, and we even won a British Podcast Award – each time I tell Mum we won, it’s like I’m telling her for the first time as she doesn’t remember. She is still shocked and so happy every time I tell her, which is lovely to relive.

Life doesn’t have to stop after a dementia diagnosis, and I can still spend time with Mum doing things we both enjoy – like going on a Dementia Adventure holiday together. I visit Mum in her care home every week and I do her hair, paint her nails and put her lipstick on. She still loves music and playing the piano; it keeps her mind active.

Living with dementia is a rollercoaster, but the Admiral Nurses have been a great emotional support. I’ve spent a lot of time crying on calls to the Helpline, and they always take time to understand my circumstances and give solutions, help and advice. I couldn’t have coped without them.

You can listen to Rosemary and Penny’s podcast at discoveringdementia.co.uk
Developing our Admiral Nurses

Our Admiral Nurse Academy supports our nurses to develop their knowledge, skills and professionalism so they can offer tailored, person-centred support to every family they work with. We also help other health and social care professionals grow their understanding of dementia.

What we said we would do

**Build** the Admiral Nurse Academy, considering the current education and learning needs of our nurses and the support we can offer to other health and social care professionals working with people affected by dementia.

What we did

**Merged** two teams – the Service Development Consultant Admiral Nurse Team and the Practice Development Team – to create a more streamlined training and development offer under the Admiral Nurse Academy umbrella. This will ensure that Admiral Nurses are supported to provide high-quality, evidence-based dementia services.

**Developed** new resources on our online learning platform. These covered topics including grief, loss and bereavement; a leadership course, with eight attendees going on to complete a bespoke course with the Florence Nightingale Foundation; and a course on presentation skills.

We saw increased activity from Admiral Nurses on our online learning platform throughout the year.

**Provided** regular online clinical supervision for Admiral Nurses, including through monthly Practice Action Learning Sets, where nurses connect with each other to share insights, best practice and support. These sessions are facilitated by Dementia UK clinical staff and support nurses with the practical and emotional challenges of their role, helping to prevent stress and burnout.

What we said we would do

**Deliver** our new Accelerator Learning Programme to enable current Registered Nurses (Adult, Mental Health and Learning Disability) to become Admiral Nurses and establish a new hosted service.

This is a ‘blended learning’ programme where nurses will spend 50% of their time studying, and 50% working within their employing organisation (eg NHS Trust) preparing to launch their service. In the first year of the programme, we aimed to recruit at least eight nurses.

What we did

**Launched** the programme in September 2022, with five monthly modules developed and built on our online learning platform. Throughout the programme, each nurse receives targeted support from an experienced Academy Lead Admiral Nurse to plan and launch their new service.
As of March 2023, five Registered Nurses had completed the course, converted their posts to Admiral Nurse roles, and launched their new services. One nurse is currently undertaking the course, and two more posts are in recruitment.

**What we said we would do**

**Build** our external offer of education and learning for health and social care professionals working with people with dementia and their families. We said we would continue to develop our Summer School and consider other ways to engage potential Admiral Nurses.

**What we did**

**Welcomed** record numbers of people to our free online Summer School over four days in July 2022 – 1,533 people attended in 2022, compared to 620 in 2021.

Summer School is open to all health and social care staff, including students and volunteers, who have an interest in supporting families living with dementia. Webinars and presentations are offered on a range of contemporary and relevant topics across dementia care and support.

Summer School received excellent feedback, and all presentations are available on the Dementia UK YouTube channel: youtube.com/@DementiaUK1

**Summer School feedback**

“Empowering, thought-provoking... Made me think about my own practice and approach.”

“Excellent speakers, very engaging and inspirational. Lots for me to take back to share with [my] team.”

“I have found this week incredibly enlightening and inspiring. I can’t wait for next year.”

**What we’ll do next – our priorities for 2023-24**

**Build** on our induction offering for new Admiral Nurses when they start a role and launch a new service. We will develop a pathway consisting of an introduction to Admiral Nursing and six months’ support with developing the service.

**Increase** Admiral Nurses’ use of resources on our online learning platform. We will do this by evaluating what currently works well and what does not, and exploring opportunities to increase engagement.

**Incorporate** the lived experience of people with dementia and their families into the Admiral Nurse Academy and other Dementia UK activity. We will recruit a Lived Experience Coordinator to support our Lived Experience Advisory Panel (LEAP) and embed its work across Dementia UK.
Researching dementia support and care

Our Research and Publications Team is at the forefront of research into dementia care and support. This inspires best practice nationally and helps raise awareness of dementia and our organisation.

What we said we would do

Help Admiral Nurses turn more of their projects and activities into research that results in new evidence of how our services impact on positive outcomes for families.

What we did

Identified the need for a programme of educational materials for our Admiral Nurses to develop their research activity. We have subsequently developed new modules including ‘How to undertake a literature review’ and ‘Understanding methods used in research’.

Conducted a survey to understand Admiral Nurses’ specific learning needs around research and publication. We will use the results to develop materials on our online learning platform that will encourage and empower our nurses to become more confident about research, and to eventually conduct and publish their own research.

We are presenting the results of the survey at an upcoming nursing research conference and preparing a journal article for a peer-reviewed publication.

Worked with other teams across Dementia UK to support their various projects and studies, such as a thorough evaluation of the role of Admiral Nurses and their impact on families affected by dementia.

What we said we would do

Produce even more peer-reviewed publications to raise awareness of the activity of Admiral Nurses and evidence of best practice in dementia care and support.

What we did

Continued our important contribution to literature on dementia care and Admiral Nursing, with 48 publications in peer-reviewed journals including Nursing Older People, Nursing Times, and the Journal of Community Nursing.

We have also provided blogs, podcasts, webinars and media interviews for a variety of outlets, including a regular ‘day in the life of an Admiral Nurse’ feature for Nursing Times.

Worked internationally to research aspects of dementia care, for example by collaborating with the European Association for Palliative Care Taskforce to develop recommendations for advance care planning in dementia (due for publication later in 2023).
What we said we would do

**Develop** a research and clinical network to consider the needs of children of people diagnosed with young onset dementia, collaborating with other teams in Dementia UK.

What we did

This remains an ambition for Dementia UK. We welcome the appointment of our Consultant Admiral Nurse for Young Onset Dementia and now that she is in post, we hope to collaborate across teams to get this important work underway.

What we said we would do

**Produce** a second book, ‘Working with dementia – what you really want to know’, for professionals in the dementia field. This will build on the success of our first book, ‘Living with dementia – what you really want to know’, which was published in December 2022.

What we did

**Commenced** work on this book, which is on track to be published in December 2023.

What we said we would do

**Develop** a research plan for Dementia UK that focuses on commissioning the research needed to support our strategy for 2020-25.

What we did

**Gained** approval from our Trustees to develop the charity’s first research strategy. Part of this development work involved a survey of Admiral Nurses to understand their learning needs and promote research-mindedness and research capacity. We will report on our work in developing the strategy through peer-reviewed journal articles and conference presentations.

We also...

**Partnered** with the University of Hull and a targeted patient and public involvement group to develop information for families affected by dementia when a mental health hospital admission is required.

We have published two open access peer-reviewed articles that include a content analysis of existing information and guidelines for NHS wards on what to include in their resources for families; and a Dementia UK leaflet for families.

**Produced** specific Research and Publications webpages to inform researchers and other professionals of our increasing presence in the dementia research world.
What we’ll do next – our priorities for 2023-24

**Extend** our reach and influence into dementia care research by growing our team and partnering with researchers in the UK and overseas.

**Launch** Dementia UK’s first research strategy in autumn 2023. We will identify and develop our top three research priorities for Admiral Nursing to grow the evidence base for our services.

We will also launch our series of Dementia UK research seminars in autumn 2023, aimed at health and social care professionals and dementia care researchers. The first seminar will be an introduction to our research strategy.

**Develop** a full range of educational materials to support Admiral Nurses’ understanding of research and increase their knowledge and skills to undertake their own research projects.

**Create** a set of conversation cards to support families affected by dementia in important and sometimes difficult discussions. These cards have been commissioned by the publishers of our book, ‘Living with dementia – what you really want to know’ and will sit alongside it.
Campaigning for change

Our Policy, Campaigns and Public Affairs Team pushes tirelessly for urgent and lasting improvements in dementia care and support. We call on policymakers and politicians to ensure dementia features prominently in the local and national agenda.

What we said we would do

Lay the foundations for the delivery of Dementia UK’s ambitious 10-year policy influencing strategy.

What we did

Appointed a new Head of Policy, Campaigns and Public Affairs in October 2022 to lead the delivery of our first ever policy influencing strategy. Since then, the team has set about delivering its plan to transform dementia care in the UK, agreeing our first-year priorities and putting in place the infrastructure to ensure that every family receives the specialist support it needs.

What we said we would do

Influence national and local policy regarding dementia care and support with politicians, officials and decision-makers through raising awareness of the needs of people living with dementia and the experiences of our Admiral Nurses.

What we did

Responded to national and local consultations to help shape policy that affects people living with dementia and their families.

These included:

- the Scottish Government’s dementia strategy
- the Department of Health and Social Care’s Hewitt Review into the accountability and governance of Integrated Care Systems for families affected by dementia. These are new partnerships between the NHS, local authorities and other partners to deliver joined-up health and social care services in local populations
- the London Borough of Richmond upon Thames Council’s dementia strategy

Called on the UK Government to publish its long-awaited 10-year national dementia strategy for England. However, in January 2023 it was replaced by a new major conditions strategy. This includes dementia alongside cancer, cardiovascular conditions, chronic respiratory conditions, mental ill health and musculoskeletal conditions.

We welcome the inclusion of dementia in the strategy but will continue to push for it to be prioritised, with an emphasis on post-diagnostic support for people living with dementia.

Worked closely with the Department for Health and Social Care to provide feedback on its draft guidance to ensure it meets the needs of people with dementia, their families and
We also reached out to parliamentarians during our ‘I live with dementia’ brand campaign and received social media coverage from MPs during both phases of the campaign.

**Secured** Baroness Finlay, an expert in palliative medicine and member of the House of Lords, to speak at the Admiral Nurse Forum in September 2022. She shared her professional insights into the importance of understanding fluctuations in mental capacity in people with dementia and having discussions about advance care planning.

**Provided** evidence on the importance of Admiral Nurse support to the All Party Parliamentary Group’s dementia report, ‘Workforce matters: putting people affected by dementia at the heart of care’. Our evidence was included in the report and highlighted the impact of Admiral Nurses.

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**What we said we would do**

**Grow** our parliamentary engagement and profile as the specialist dementia nursing charity.

**What we did**

**Engaged** with MPs on social care and the issues facing people with dementia, including before key debates. We were pleased to see the importance of Admiral Nursing referenced in questions to the Leader of the House, and our campaigning work was mentioned in a debate about guaranteeing care home visiting rights, including in a statement from the shadow Social Care Minister.

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We also published our position on how the newly established Integrated Care Systems could benefit people affected by dementia by providing more joined-up health and social care; and highlighted the need for dementia care to receive greater focus, locally and nationally.

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**What we said we would do**

**Continue** our ‘Guiding the way’ campaign for improvements in the application and assessment process for NHS continuing healthcare funding for families affected by dementia.
What we did

Drove our campaign forward, setting out our recommendations for making the continuing healthcare funding process work better for families affected by dementia. Over 10,000 people have viewed our campaign webpage; our information leaflet for families has been downloaded more than 20,000 times; and more than 6,000 people have ordered it in print.

Secured national media coverage in the Daily Mail, the Telegraph and the Independent highlighting some of the barriers to continuing healthcare faced by families affected by dementia. These include assessors ignoring or misunderstanding the variable impact of dementia on individuals and their families; a lack of support within the process; and a confrontational rather than supportive approach to assessment.

Held regular meetings with NHS England to raise issues around continuing healthcare shared by our supporters and themes emerging from our Helpline and clinics.

What we said we would do

Mobilise our Campaigns Network to ensure the voices of families affected by dementia are heard. This is a collaborative network of supporters and campaigners united in the belief that together, we can ensure that every family affected by dementia receives the life-changing support they deserve.

What we did

Focused on inspiring people to join our Campaigns Network. We also launched our first ever survey to understand the issues that matter to our Network members; the results of this will help us shape our future activities.

Asked our campaigners to share their issues surrounding hospital discharge and follow-up social care, which affect many people with dementia. Their responses, which we collected via an email form, have informed our contacts with MPs and helped shape our policy work.

What we’ll do next – our priorities for 2023-24

Press for improvements in the health and care system for families affected by dementia. This will involve launching phase two of our ‘Guiding the way’ campaign, including conducting further research into the impact of current continuing healthcare guidance, and meeting with national statutory bodies about how the process could be improved.

Work with the Department for Health and Social Care to ensure the major conditions strategy benefits people living with dementia, their families and carers.

Campaign for improvements in access to dementia support for diverse communities, ensuring that unique barriers they face are recognised and understood by policymakers.

Increase Dementia UK’s political profile and influence by setting out a manifesto of key recommendations for policy change and improvement before the next UK general election.

Grow our Campaigns Network to ensure that the voices of people affected by dementia, their families and other supporters are at the heart of all our campaigns.
Our Marketing and Communications Team is dedicated to raising awareness of dementia and the role of Admiral Nurses, including through information resources, stories, videos, social media, emails and the press.

**What we said we would do**

**Develop** and oversee a campaign to increase awareness and knowledge of Dementia UK. We planned to launch the first phase in 2022; analyse and learn from it; and use our findings to inform the direction of a second phase in early 2023.

**What we did**

**Launched** our ‘I live with dementia’ campaign, which ran from April to June 2022. This hugely successful campaign included powerful stories and videos, bus shelter advertising, social media coverage, and media and PR activity.

We followed up with a second phase, from January to March 2023, based around our free ‘Living with dementia’ guide, which 39,000 people signed up to receive. For more information on our awareness campaign, please see p56.

**What we said we would do**

**Update** our communications – distilling the essence of what we do into a set of powerful messages – to encourage donations from individual supporters, companies and corporate partners. We planned to conduct in-depth interviews with family carers and work with external experts and internal stakeholders to develop these messages.

**What we did**

**Gained** tremendous insight into the public’s awareness and perception of our work through research and focus groups. The result is a new ‘brand book’ which sets out how we communicate to ensure people understand the impact of dementia on families, the work of our Admiral Nurses and wider organisation, and the importance of fundraising and donations.

The book is used across the charity to ensure that our messages are always clear and consistent to everyone we are communicating with.

**What we said we would do**

**Develop** our website to make it more accessible and user-friendly, including investigating the possibility of having chat functionality.

**What we did**

**Worked** with an external agency and held workshops across our organisation to devise a plan for the redevelopment of our website to make it as straightforward, clear and easy to navigate as possible. Chatbot functionality was
discussed and may be part of phase two of the project.

What we said we would do

**Promote** the work of Admiral Nurses to prospective candidates and host organisations by developing a suite of materials highlighting their life-changing work. We planned to do this through ‘day in the life’ films, articles, emails, blogs, social media, and trade press coverage.

What we did

**Worked** closely with Admiral Nurses to promote their work with the aim of attracting new host organisations and driving recruitment. We shared powerful stories of their support for families through thought leadership pieces, blogs, social media, ‘day in the life’ articles, news stories and features. We disseminated these through our own channels, traditional news and social media outlets.

What we said we would do

**Develop** a PR, celebrity and influencer strategy to drive forward our work in these areas.

What we did

**Conducted** a thorough review of current and potential Celebrity Ambassadors, identifying opportunities to reach different audiences, and developed a new Ambassador and influencer strategy.

**Joined** forces with three established Ambassadors – Adelle Tracey, Georgia Kousoulou and Naughty Boy – to promote our awareness campaign. We hosted virtual events and placed interviews with them in the press, including the Daily Mirror, Heat magazine, the Voice and the Sun. Their support helped to raise awareness of our Helpline, clinics and Admiral Nurses.

What we said we would do

**Grow** our suite of information resources by publishing six new leaflets and associated webpages on various aspects of living with dementia.

What we did

**Published** leaflets and webpages on:
- Medication management
- Changes in sexual behaviour
- Keeping safe as a carer
- Good hydration for people with dementia
- Frailty and dementia
- Genetic forms of dementia

We also published new leaflets specific to young onset dementia: please see p30 for details.

Created new webpages for each of the above topics, plus others including:
- Vascular dementia
- Blue Badge disabled parking
- Living aids and assistive technology
- Stages of dementia – early, middle, late

We also...

**Launched** our new TikTok channel in February 2023. We initially posted videos on:
- What is dementia?
- Five things you didn’t know about Admiral Nurses
- Alzheimer’s disease and dementia: are they the same?

We will continue to experiment with different types of content, including new and existing videos, and capitalise on trends such as graphics, animations, talking heads and employee stories.

As the fastest growing social media platform, we are utilising TikTok to increase brand awareness amongst younger and new
audiences. We are posting videos regularly, experimenting with content to see what works best for our followers.

**Used** World Alzheimer’s Month in September 2022 to raise awareness of young onset dementia. This included releasing two films (please see p56), securing national media coverage and creating our first young onset dementia-specific email.

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### What we’ll do next – our priorities for 2023-24

**Develop** and oversee phase three of our campaign to increase awareness and knowledge of Dementia UK and Admiral Nurses. We will build on what we have achieved so far to grow our profile so more people are aware of our charity and our work.

**Deliver** activity that ensures Dementia UK is visible to those who need our support, creating and harnessing key communication moments across the year such as World Alzheimer’s Month.

**Deliver** innovative, high-standard digital activity, and capitalise on new technology and technological trends to reach particular audiences in the way that best suits them. We will continue to develop our website with a focus on modernising the look and feel along with improving accessibility; we expect this to be completed in autumn 2023.

**Review** our current digital offering to ensure it meets the needs of our audiences. We will make the most of opportunities to collaborate and innovate within the organisation to hit our wider strategic goals, for example by delivering an email strategy that engages our supporters and encourages them to donate to or fundraise for Dementia UK.

**Implement** our social media strategy. We will continue to develop content and grow our follower numbers on TikTok and the Young Dementia Network’s LinkedIn so we can reach professionals, raise awareness of young onset dementia and ensure our messages target the right people.

**Continue** to promote the work of Admiral Nurses to drive recruitment and inspire more organisations to host our nurses within their services.

**Develop** and deliver our PR, celebrity and influencer strategy, driving our work forward in these important awareness-raising areas.

**Help** foster a culture of equity, diversity and inclusion (EDI) within the charity and to our external audiences. We will ensure our team is represented in the EDI working group, and review our information, marketing and media material to ensure they are diverse and inclusive.

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### Our social media growth in 2022-23

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Dementia UK Annual Report 2022-23
Spotlight
‘I live with dementia’ – our awareness campaign

In April 2022, we launched our national awareness campaign, ‘I live with dementia’. Claire Sandham, Dementia UK’s Marketing and Brand Lead, explains what we have achieved so far and our plans for the next phase.

‘I live with dementia’ is the charity’s largest awareness campaign to date. It focuses on the message, ‘If you love someone living with dementia, you’re living with it too’. We wanted to show how dementia impacts family and friends – not just the person with the diagnosis.

We identified the need for this campaign because while there is high awareness of Dementia UK amongst the public, there is low understanding of our work as a charity and the specialist support provided by Admiral Nurses.

Phase one

The first phase of our campaign reached millions of people through bus shelter advertising, social media, and media and PR activity that highlighted the challenges faced by family carers. We were also fortunate to be given advertising space on BT’s Street Hubs so our message reached high streets across the UK. The creative direction was informed directly by people living with dementia and their families. It included a powerful film featuring three carers talking about their unique experiences, which won silver in the Smiley Charity Film Awards 2023.

During the first phase, 8,855 people signed up to receive further support. We saw:

• an uplift in contacts to our Helpline and virtual clinics
• an overall increase in people searching for ‘Dementia UK’ online
• a 5.9% uplift in one-off donations made via the Dementia UK website compared to the same period the year before

Phase two

The first phase of our awareness campaign showed us that our campaign idea resonated, and that there was demand for information about our specialist dementia nurses. We built on this for phase two, which centred on a new ‘Living with dementia’ guide featuring advice and life hacks from Admiral Nurses, people living with dementia and their families.

We also produced a second series of films, again focusing on the experiences of carers, and made use of a bigger range of channels, such as connected TV and radio advertising to promote the guide, along with further BT Street Hub advertising.

The compelling stories we shared locally and nationally resulted in 39,000 people signing up to receive the guide and associated series of emails – more than double what we expected.
What’s next?

We are now planning phase three of our brand campaign. We will work with more families to generate authentic content that reflects what it means to 'live with dementia too' and build on our work to raise further awareness of our life-changing support.

You can watch our films at:

• “I live with dementia” (phase one): youtube.com/watch?v=OfU6zyDuViE
• “When’s Nana going to get better?” (phase two): youtu.be/yXXdNCqGNKo
• “We’ll do it together” (phase two): youtu.be/ofMBqLFHnDbw
• “I’m glad you called” (phase two): youtu.be/VKZvaWTj7Uo

Brand campaign feedback

“You’ve hit the nail on the head with this campaign because, yes, I’m living with dementia too. My whole family is as well.”

“A powerful and hugely relatable video... Admiral Nurses have been a great help and lifeline for our family – thank you. This campaign will resonate with many people and help raise awareness of your amazing charity.”
Paul’s story

Paul’s dad, Mick, lives in Spain, where he was diagnosed with vascular and Lewy body dementia. Paul shares how he is impacted by his dad’s dementia, despite not being in the same country.

My dad’s dementia has affected me in more ways than I could have imagined. I think about all the things he is going to miss out on in the future. There have been days when I have just cried because I want my dad back. Even though he is still here, he isn’t the person he was. I feel like I’ve forgotten how to laugh.

Mum and Dad moved to Spain three years ago, and that’s where he received his dementia diagnosis. He often forgets that I don’t live in the same country as him. He sometimes asks me to bring him a bag of chips. I try to joke with him by saying that they will be cold by the time I get there. It’s really difficult to know whether to keep reminding him that I’m not in Spain or to just go along with his version of reality.

Some days, it feels easier being far away, but other days are so difficult. Before Dad moved into a care home, my phone lived next to my bed at night just in case he called. But if he’s in a bad mood, it’s impossible to have a conversation with him on the phone and that’s the only opportunity I have to speak to him. I worry about Mum too; I would love to be closer so I could support her more.

I felt so overwhelmed and worried

Things got on top of me one day at work. I felt like I was in a fishbowl – I had never known anxiety like it before. I had to tell my manager that it wasn’t safe for me to be at work. I got in my car and left, and I honestly don’t remember the drive home – I was on autopilot. I realise now that I’d had an anxiety attack because I felt so overwhelmed and worried about Dad.

I don’t usually show my emotions, but I knew I needed some support. I researched Dementia UK and came across the Helpline. I plucked up the courage to make the call and spoke to Mark, a dementia specialist Admiral Nurse.

Speaking to Mark, I felt like a weight had been lifted off my shoulders. As much as you can talk to your friends and family, there is a huge benefit to talking to a specialist dementia nurse. Mark truly understood what we were going through and how to help. He reassured me that I was doing a good job.

It takes courage to admit that you are struggling. I find it difficult to open up about my feelings which I think is common amongst men, but it’s okay to need help. Making that initial call to the Helpline was scary but I now know I have someone to fall back on and know Dementia UK is there to catch me when I fall. Sometimes you just need someone to listen.
“It takes courage to admit you’re struggling.”
Celebrating donations, gifts and pledges

We rely entirely on voluntary donations to grow the number of Admiral Nurses. Every penny donated by our generous supporters helps ensure that families do not have to face dementia alone.

What we said we would do

Continue to invest in donor acquisition and retention, securing and delivering one-off donations, regular gifts and donations made in memory.

What we did

Ensured that our existing supporters had as many opportunities as possible to help fund our work. These included our summer and Christmas fundraising appeals via direct mail, email and social media.

Inspired new supporters to join us through payroll giving, birthday donations and our campaigns on Facebook. We also piloted a digital advertising campaign on Facebook, recruiting new supporters who agree with our vision of specialist dementia care for every family that needs it.

Increased our number of regular givers by 30% on the previous year. Regular giving is crucial to the success of our charity, helping us plan for the growth of Admiral Nursing services in the short- and long-term. We are so grateful to every single person who has made a regular gift despite the cost-of-living crisis.

What we said we would do

Develop and deliver timely, relevant and engaging communications to inspire both existing and new supporters to donate to Dementia UK.

What we did

Showcased the difference that our supporters’ generosity makes in the two ‘Closer to you’ magazines we published during the year. We featured stories from families, supporter inspiration and useful dementia information while encouraging readers to make a gift.

Ensured, through our well-planned communications, that everyone who donated to us was thanked for their commitment and generosity. This included clearly showing how supporters’ money makes a difference to families affected by dementia.

Based every fundraising appeal on compelling stories from families and Admiral Nurses. These stories are crucial in helping supporters feel directly connected to the people they and we help.
Participated in a mystery shopping activity to check the quality and effectiveness of our processes and communications to ensure we always listen to our supporters and respond to them efficiently and respectfully. Interim results showed that the majority of our contact was rated positively.

What we said we would do

Continue to raise awareness of gifts in Wills as part of the long-term sustainability of our income.

What we did

Promoted how people could leave gifts in Wills to support Dementia UK. We did this via direct mail, email, inserts, digital advertising, Facebook adverts and Remember a Charity Week. This activity contributed to us increasing the number of people pledging a gift in their Will by 56% on the previous year.

Redesigned our Gifts in Wills guide and other supporting materials to powerfully highlight how legacies of all sizes can help people affected by dementia now and in the future. We demonstrated the impact of these gifts through stories from families receiving our support and people who have made a gift in their Will to Dementia UK.

Developed our first Dementia UK gifts in Wills radio advert. It featured the story of a family who made the decision to leave a gift after receiving support from an Admiral Nurse.

Held our first gifts in Wills supporter event at the Garden Museum, London. We invited regular givers and supporters who had expressed an interest in making a Will to celebrate what we have achieved because of gifts already received, and to encourage people to make this generous choice.

We also...

Developed our Memory Wall: an online space where supporters can share memories of loved ones. Over 1,900 people have made dedications, with the no-obligation opportunity to make a donation if they wish.

What we’ll do next – our priorities for 2023-24

Continue to provide new and existing supporters with opportunities to donate through a variety of fundraising activities. These include appeals, single donations, regular gifts, donations made in memory and our new Weekly Lottery (launched February 2023).

Build deeper engagement with supporters to make them feel more involved in our work, inspiring their loyalty and long-term relationships. We will gather insights from surveys, mystery shopping and focus groups to ensure we make a powerful case for our supporters to donate.

Continue to raise awareness of the value of gifts in Wills through a variety of activities including legacy marketing, events for current and prospective supporters, and ensuring all Dementia UK staff and Admiral Nurses are able to articulate the importance of gifts in Wills.
We highly value our major supporters and partners, whose generosity plays a vital part in helping us grow our Admiral Nursing services.

What we said we would do
Support our Development Group with its fundraising appeal to fund 30 new Admiral Nurses by 2024. This is a group of seven people who use their contacts and networks to help raise funds to increase the number of Admiral Nurses.

What we did
Raised nearly enough to fund seven new Admiral Nurses by working with and supporting the Development Group throughout the year. The group organised a series of fundraising events including a coast-to-coast walk, private dinners and a horse racing day, and helped us secure new corporate partnerships and personal donations.

What we said we would do
Raise the funds needed to support new Admiral Nurse services across the UK by securing new partnerships and funding from major supporters.

What we did
Submitted applications for funding to trusts and foundations across the UK to support our work. Our successful applications included the Calleva Foundation, which has generously agreed to fund two new Helpline Admiral Nurses per year during our three-year partnership; and the Moondance Foundation, which is contributing to funding our work in Wales.

Launched a new partnership with Everyone Active. The sports and leisure chain is fundraising across its 200 UK centres and has promoted our ‘I live with dementia’ campaign through screens in gyms. It is also raising awareness of the positive difference exercise can make to people with dementia and making its centres more dementia-inclusive.

Secured new national corporate partnerships with Artemis Investment Management, Briggs Equipment UK, Next, Venator, Westerleigh Group and Wolseley UK Ltd.

What we said we would do
Build strategic and mutually beneficial partnerships with our national corporate supporters.

What we did
Continued our partnerships with some of our highly valued corporate national supporters.

• Leeds Building Society has donated an amazing £635,513 since 2020, raised through colleague fundraising and match-funded by the Society and member
donations, such as ‘Your Interest in Theirs’ (a scheme where members donate the pence interest on their savings accounts) as well as donations linked to savings bonds. As mentioned previously, we have taken our partnership to the next level by offering free dementia clinics in Leeds Building Society branches through our collaborative Closer to Home project (please see p26 for more information).

- Our longest standing and highest value partnership with Central Co-op, which began in 2017, has been extended with the aim of reaching the incredible fundraising milestone of £2m.

- Thames Water raised £148,000 during our partnership and we are continuing to work together to raise awareness of its Priority Services Register, which provides extra support to vulnerable customers, including families affected by dementia.

- Zurich Community Trust and Tokio Marine HCC have also agreed to continue their partnerships with us in 2023, and we are truly grateful for their ongoing support.

Developed our Dementia at Work programme which offers our partners education and access to specialist support from Admiral Nurses for staff and customers who are facing the challenges of dementia – please see p66 for more information.

What we said we would do

Engage our high value supporters more closely.

What we did

Provided opportunities for our high value supporters to meet key Dementia UK staff, including our Chief Admiral Nurse/CEO. These included private dinners, one-to-one meetings with supporters, and celebratory events with our larger partners such as Leeds Building Society. We personally thanked them for their generosity and shared more information about other ways to work with us.

We also...

Welcomed over 400 supporters for our Christmas carol concert at St George’s Church, London, organised by a dedicated committee of volunteers. We are so grateful for their support in continuing to create this very special event for Dementia UK.
What we’ll do next – our priorities for 2023-24

Present compelling reasons to support us that clearly show the impact of major giving. We will make sure that all our supporters are recognised and thanked for their gifts and feel an important part of the Dementia UK family.

Increase the number of individuals and organisations making high value gifts. We will use events such as a reception at the House of Commons as opportunities to introduce new contacts to Dementia UK and develop innovative and creative ways to connect with supporters and prospects.

We will also encourage our existing supporters to introduce their like-minded contacts to us, providing them with the information they need to do so.

Nurture meaningful relationships with our partners and high value supporters. We will communicate with them in person, by telephone or by email, according to their preference, to keep them up to date with our plans, successes, and the amazing things they have made possible.

Work closely with our colleagues to identify where funding from high value supporters could make the most difference to Dementia UK and the families we support, allowing us to demonstrate to current and potential partners and donors the impact their generous donations could have.
Dementia has a significant impact on workplaces throughout the UK. Statistics show that 15% of people who care for a person with dementia are not in work because of their caring responsibilities, and 17% of female carers have felt penalised at work. In addition, many of the 70,800 people in the UK with young onset dementia are still in employment themselves.

At Dementia UK, we recognise the impact that dementia can have in the workplace. Our Dementia at Work programme forms an important part of the charity’s strategy.

Through our programme, we provide support and guidance to employers and employees. This aims to help them better understand and manage the challenges of dementia, improving the experiences of work for people living with the condition and their family carers; and to support them in creating dementia-inclusive workplaces.

Dementia UK also offers advice and support to employees with dementia who want to continue working, including by developing new information resources; and to family carers who may need to request reasonable adjustments to balance their work and caring responsibilities.

Through the Dementia at Work programme, we aim to promote understanding in the workplace, reduce stigma, and improve quality of life for people affected by dementia.

In the past year, we have delivered 63 Dementia at Work sessions in workplaces, with 2,404 people attending our talks. This included offering support to 12 of our major partners, with 42 corporate sessions delivered. We have also signposted a number of organisations to other Admiral Nurse teams or wider Dementia UK teams for further information and support.

Our plans for the future

As our Dementia at Work programme grows, we plan to deliver our training in more workplaces, including smaller businesses, and run online masterclasses. We will also create a downloadable Dementia at Work guide for people living with dementia, their carers and employers, and develop other new resources, including leaflets and videos, for our website.
What people have told us

“My mother has vascular dementia. The session helped by giving me the tools to care for her... Many thanks.”

“[An] excellent session: the speaker was very knowledgeable and I found the whole thing really useful and informative.”

“[A] fantastic presentation, very informative, interactive, and [the Admiral Nurse’s] wealth of knowledge was exceptional. The advice and support she offered to the group was hugely appreciated by all.”
Our winning team

Our community, virtual and challenge events supporters are enthusiastic, innovative and passionate about helping people affected by dementia. Their fundraising makes an incredible difference to the families we support.

What we said we would do

Invest in and expand our community fundraising over the next three years, focusing on building a number of regional corporate supporters.

What we did

Raised more money than ever before to help people affected by dementia through our community fundraising. We closed the year up 15% on 2021-22.

Worked with regional companies ranging from retail to construction. Our relationships with regional corporates include charity of the year partnerships and one-off events. We welcomed many new partners during the year, including Mira Showers, P&A Group and Parklane Foundation.

What we said we would do

Improve our Volunteer Ambassador programme and grow the number of Volunteer Ambassadors to 25 per region by the end of 2022-23, with an aim of having a total of 150 by the end of 2023. Volunteer Ambassadors are an important part of our Dementia UK family. They work alongside our Regional Fundraising Team to support people raising money locally. They attend events, hold talks, help identify fundraising opportunities and raise awareness of Admiral Nurses.

What we did

Attracted 34 new Volunteer Ambassadors, bringing the total number to 101.

What we said we would do

Continue to diversify and grow our challenge events portfolio.

What we did

Inspired people to support us across 13 events including sponsored runs, swims, treks and cycle rides. We added two new events to our portfolio in 2022-23, leading to our supporters raising 28% more than in 2021-22.

Filled all our places in the London Marathon, Great North Run and London Landmarks Half Marathon, with many people on the waiting list.

What we said we would do

Grow the volume and value of our ‘do it yourself’ (DIY) challenge events programme.

What we did

Appointed a new team member to manage DIY fundraising activities and encourage and support the wonderful people who participate in them. Our Skydive Day and Ultra Challenge events (endurance events across a range of distances) were especially popular.
What we said we would do

**Deliver** a successful Facebook challenge programme to grow supporter numbers and drive fundraising income.

What we did

**Organised** eight virtual fundraising challenge events through our new Virtual Events Team. These centred around Facebook and included our Walk 30 Miles in September Challenge and March Dog Walking Challenge. We developed a testing process gauging interest in challenges ranging from knitting to badminton, which gave us valuable insights into what galvanises virtual audiences to support us.

What we said we would do

**Embed** a culture of innovation within the restructured Community, Events and Innovation Team to continually test, develop and learn from new fundraising propositions that engage audiences and deliver income.

What we did

**Appointed** a Senior Innovation and Products Manager – we now have a small team dedicated to this key area.

**Tested** our Virtual Lapland Dash on a small scale. This was a ready-made, family-oriented challenge which involved participants covering 10km throughout December, charting their milestones online and retrieving virtual items along the way to meet Santa at his workshop. It generated good interest and we plan to expand it in 2023.

**Started** research to gain an even better understanding of our existing and potential supporters so that we can develop new ways for them to fundraise for us in the most meaningful ways possible.

What we’ll do next – our priorities for 2023-24

**Continue** to run our most successful fundraising challenges and events, including Facebook challenges, and increase the number of people who take part in them. We will focus on DIY challenges and those involving local organisations and regional corporates. We will also work hard to ensure our fundraisers feel valued and continue to support us.

**Increase** the number of Volunteer Ambassadors to 150 and make sure we retain them by providing regular training and opportunities for involvement in our speaker network and engagements.

**Ensure** that the people who support us through challenge events – such as the London Marathon – and DIY challenges feel valued and continue to fundraise for families affected by dementia. We will also advertise a wider range of challenge events regionally.

**Test** and develop innovative ways of mobilising supporters including through Stream for Dementia UK, where our supporters raise funds by livestreaming online. Streams may include gaming, baking, exercise, music, dance and quizzes, and are a powerful way to engage younger audiences. We hope to recruit 125 content creators to Stream for Dementia UK.
We are truly grateful for the generosity and commitment of our supporters and aim to cultivate relationships that make them feel valued. Listening to their concerns and addressing them swiftly is vital in ensuring their continued support as well as building our reputation as a charity that appreciates and respects its supporters.

As members of the Chartered Institute of Fundraising and the Fundraising Regulator, we adhere to the Code of Fundraising Practice and are committed to the Fundraising Promise. There were no instances of non-compliance with the Code this year.

Resolving complaints

We make it easy for people to contact us with their complaints and are committed to putting each one right. Complaints can be registered by phone, email, post or an online form.

All complaints are forwarded to the Dementia UK Supporter Care Team. Depending on the severity, they may be escalated to more senior members of staff. We involve each supporter in resolving their complaint and record the process and resolution on our database.

In 2022-23, we received 56 general complaints. This was lower than the 286 complaints we recorded in 2021-22, although 242 of those related to a single one-off issue. Taking those out, the number of complaints rose from 44, which is in line with our significantly increased activity during the year. Our overall volume of complaints remains low for a charity of our size.

Our complaints are classified according to four levels – level one being the most serious, and level four the least.

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<td>Level 4</td>
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</table>
Protecting data

We take data protection seriously and ensure we comply with all regulations in this area. We only process information where we have a legal basis to do so. All staff are required to complete yearly data protection training and this is built into our induction process.

Our internal policies governing data use are reviewed regularly and updated where necessary. New policies are implemented on an ongoing basis to reflect our evolving fundraising programme.

Our up-to-date privacy policy is available on our website, and we ensure that all supporters know how to view this. We also clearly communicate to our supporters that they can change how they hear from us at any time.

Third-party fundraising

We work with a small number of third parties, including commercial organisations and professional fundraisers, to raise money. We are registered with the Fundraising Regulator and there were no compliance issues meeting the Code of Fundraising Practice, Section 8: Professional fundraisers, commercial participators and partners.

We closely monitor all third parties, including compliance reviews of all contracts; regular review meetings; and conducting call listening. We deliver training and support to professional fundraisers, including outlining how to recognise and protect vulnerable people and adhere to our vulnerable people policy. In 2022-23 we received three complaints about contact from these third parties, all of which were resolved.
Our People Team plays a vital role in supporting Dementia UK staff across the organisation and making our charity a positive place to work.

What we said we would do

Develop our equity, diversity and inclusion (EDI) programme, ensuring we have an inclusive culture focused on equity of opportunity for all our staff, and supporting diverse communities.

What we did

Established an internal EDI working group, made up of staff from across the charity who represent our diverse workforce. This group focuses on activity that supports all our staff to feel that they can be their authentic selves at work, regardless of their personal circumstances.

Reviewed our current practices through a full audit of our EDI work, exploring how we can achieve more impactful outcomes in this area for our staff.

Developed a clear work plan to support our staff. This involves new initiatives supporting carers, women in the workplace, colleagues of different ethnic backgrounds, and transgender colleagues with our new ‘Transitioning in the workplace’ guidance. We have also signed up to be a ‘Menopause Friendly’ and ‘Disability Confident’ employer.

Implemented updated language usage guidance and included this within our new people system to better capture and understand the diverse make-up of our staff.

What we said we would do

Develop the capacity, capability and systems within the People Team to ensure we are equipped to support our growing workforce, now and in the future.

What we did

Created a new position of Director of People and Organisational Development to sit at Executive Director level. The role represents this key component of Dementia UK at Board of Trustees level.

Increased the People Team to better support our managers and staff, particularly regarding supporting fair and equitable recruitment and learning and development activity.

This includes developing our staff members’ technical, management and soft skills (such as coaching and negotiating skills) and will lead to a culture shift towards being a learning organisation, which in turn improves innovation and productivity. This will ultimately mean we can better support families affected by dementia.

Implemented a new people system which amongst other things will help us collect more and better data about our staff so we can improve our understanding of their needs.

Supported the implementation of new policies and procedures in relation to our hybrid and remote working practices. This combines the
convenience and flexibility of homeworking for our staff while also ensuring vital face-to-face contact between colleagues.

What we said we would do

Develop our employee learning and development opportunities, ensuring equity of access for all and maintaining high standards of knowledge across the organisation in areas that will enable us to meet and exceed our ambitious goals as a charity.

What we did

Introduced a new e-learning platform. This gives staff access to 97 courses, of which five are mandatory:

- Equality, diversity and inclusion
- Safeguarding
- Health and safety
- Whistleblowing
- Bullying and harassment (for managers)

Launched our first full programme of courses designed to meet the learning needs of our staff, based on data from discussions with managers across the charity. This gives all staff access to learning opportunities that support their personal and career development objectives. In turn, it allows Dementia UK to utilise staff with the right skills and knowledge in the right places at all times.

Reviewed our contracts of employment and other contractual arrangements, for example with volunteers, consultants, contractors and honorary researchers, to ensure that we remain compliant with law and best practice principles.

What we’ll do next – our priorities for 2023-24

Launch our new online recruitment platform and careers pages on our website to help us to reach a wider audience and communicate why Dementia UK is the employer of choice in the charity sector.

Create and launch our EDI policies and strategy. These will give clear direction regarding our commitment to inclusive mindsets, not just internally but across all that we do.

Review our volunteering model and engage hundreds of people to volunteer their time and become advocates for our much-needed work.
Running our organisation well

The behind-the-scenes efforts of our Finance, Governance and Information Technology (IT) Teams keep Dementia UK running smoothly and responsibly.

What we said we would do

**Increase** resources in the Governance Team by recruiting new team members and providing tools to ensure that the whole charity can function to its full potential.

What we did

**Reorganised** and increased the resources in the Governance Team to further the charity’s compliance with the law and relevant regulations. This will enable the department to develop high standards of governance with a greater emphasis on reporting and controls; and building a culture of strong risk management throughout Dementia UK. This new structure will be in place in the first half of the 2023-24 financial year.

What we said we would do

**Explore** more automated recording and reporting functionality across the charity. The reporting would focus initially on progress against our 2020-25 strategy.

What we did

**Simplified** the recording of risks and safeguarding incidents received through our clinical services. This has significantly reduced the administrative load on our employees.

What we said we would do

**Develop** the integration of our policy compliance platform across the charity by merging the platform with Microsoft Teams. This would allow staff to benefit fully from the policy, learning and compliance tools and materials available.

What we did

**Updated** our IT infrastructure and cloud-based functionality to connect our policy compliance platform to our Microsoft Teams platform. The next stage is to work with our policy compliance platform providers to give our staff a single sign-in experience with Teams, allowing easy access to our policies and learning.

What we said we would do

**Review** and enhance processes across the charity so that risks can be rapidly identified and actions put in place to prevent and manage these appropriately. This makes risk management a live, cyclical process with increased transparency to all levels of employees.

What we did

**Implemented** an online risk portal to register and record data about events and activities that could have a negative effect on our
organisation’s ability to help people and families experiencing dementia. Possible risk areas include issues with clinical service delivery; and corporate and human resource issues affecting our strategic plans.

The board retains overall responsibility for risk management and discusses and decides the level of risk it is prepared to accept for specific and combined risks.

### What we said we would do

**Introduce** multi-factor authentication for all staff to improve digital security and the use of Microsoft 365 resources including Office, Teams, and SharePoint.

### What we did

**Improved** digital security across our whole charity by introducing multi-factor authentication. This means that to log into our IT systems, employees have to verify their identity via an app or text message. This is an additional layer of security on top of password protection, and ensures our data and organisation are protected from potential cyber attacks and misuse by unknown third parties.

**Introduced** training and guidance to govern the use of Microsoft systems for all employees. The efficient and secure running of Dementia UK depends on our employees’ knowledge of Microsoft 365, appropriate access to information, and understanding of when data can be shared externally.

### We also...

**Registered** the charity for VAT, ensuring that we are fully up to date and compliant with charity VAT requirements. This included a comprehensive review of all business and non-business activity in the charity and consideration of VAT recovery available to the charity. Our finance system has been updated for VAT and digital tax processing.

**Introduced** ethical fixed asset investments in the charity to ensure our income is protected from the long-term adverse effects of inflation.

**Improved** our internal financial controls and processes by introducing and improving several policies and procedures. This included a new supplier approval process; an improved journal approval process; and regular balance sheet reconciliations. We continuously review our systems and controls to ensure robustness, efficiency and adequate segregation of duties.

### Serious incidents

We responded appropriately to one serious incident during the financial year. The incident was met with a joint response from across the charity to ensure a full and transparent investigation was carried out, and the regulatory bodies were made aware as appropriate. We have ensured we have taken lessons from this incident and have strengthened our internal controls and processes accordingly.
What we’ll do next – our priorities for 2023-24

Introduce:

• a rolling programme of internal audits to strengthen internal controls; enhance efficiencies; increase compliance; and manage risks effectively
• a security information and event management (SIEM) solution which will enable the charity to detect, analyse and respond to security threats before they can cause harm
• contract and service management to optimise our software licences and data storage, enabling reduced support costs and greater efficiency

Achieve:

• Cyber Essentials Plus accreditation to provide assurance to our customers and partners that Dementia UK is cyber secure
• automation of routine finance processes by making process improvements to the current finance system; integrating systems; and streamlining finance processes and controls as the charity continues to grow

Improve:

• Dementia UK’s business continuity model to ensure the charity continues to remain operational in the event of disruptions, and outline steps to take during and after unexpected disruptions
• policy management, processes and internal controls including introduction of new policies where appropriate
• risk management processes throughout Dementia UK by strengthening our information governance processes and updating our information asset register

Review:

• governance procedures to monitor their effectiveness so that improvements or gaps in information handling standards can be recognised and addressed
• cash flow forecasting to provide reasonable understanding of short-term and long-term working capital requirements
• compliance with General Data Protection Regulation (GDPR) and data protection to ensure personal data is processed in a safe and secure way
Financial review

The Trustees present their report and audited consolidated financial statements for the year ended 31st March 2023.

All Trustees are also Directors for the purpose of company law, and the Trustees’ Report represents the Directors’ Report required by Section 417 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.

Income and expenditure

Our income this year increased by £2.3m to £19.4m in 2023 (2022: £17.1m). Our total expenditure was £17.7m (2022: £15.1m), giving a net surplus for reinvestment of £1.7m (2021: £2m).

Our net assets totalled £15.1m (2022: £13.4m) with net current assets of £14.2m (2022: £14.6m). The liquid cash balance (accessible within one year) was £16.0m (2022: £15.6m).

Finally, the Trustees consider that there are no material uncertainties about the charity’s ability to continue as a going concern. This is based on a detailed budget and cash flow projections for 2023-24.

Income

- Donations and legacies: £18.8m
- Charitable activities: £0.5m
- Other: £0.2m

Total: £19.4m

*Numbers rounded
Structure, governance and management

Board of Trustees

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

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

Trustees who have been in office since 1st April 2022 and up to the point of signing of the accounts are:

- Professor David Croisdale-Appleby OBE (Chair)
- Philippa Armitage
- Steven Clarke CPFA (Treasurer)
- Emma Crozier
- Johnnie Ball (appointed 17th August 2023)
- Steve Jamieson
- Jane Keir
- Anna Morgan (resigned 25th June 2022)
- William Roe
- Gavin Sanderson
- Anne Shinkwin (appointed 17th August 2023)
- David Stewart (appointed 17th August 2023)
- Mark Stroyan

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 include a wide skillset within the Board of Trustees, and as part of our governance process, Trustees identify and remedy any gaps in skills on the Board.
We recruit new Trustees in a number of ways, including advertising vacancies and reaching out to people who are involved and interested in our work. We invite potential new Trustees to observe at least one Board meeting to guide their decision about whether to agree to nomination as a Trustee.

We have an induction programme for all new Trustees of Dementia UK. This includes meeting the Chief Admiral Nurse/CEO, along with other members of staff across the charity. We also provide them with relevant historical documentation.

**Sub-committees of the Board of Trustees**

Trustees belong one of three sub-committees that oversee and advise on the charity’s work and report to the Board. This contributes to the smooth running of the charity. The three sub-committees are:

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

Each committee meets at least four times a year and includes at least two Trustees, with one acting as Chair for these meetings. The Trustees contribute their relevant interests and skills to the work of the committees.

**Chief Admiral Nurse/CEO and Executive Team**

The Chief Admiral Nurse/CEO and Executive Team are responsible for the day-to-day affairs of Dementia UK, including operational matters, and a scheme of delegation is in place.

The members of Dementia UK’s Executive Team are:

- Dr Hilda Hayo, Chief Admiral Nurse and Chief Executive Officer
- Martin Bishop, Director of Fundraising
- Nando Caicedo, Director of People and Organisational Development (from October 2022)
- Paul Edwards, Director of Clinical Services
- Niall Larkin, Director of Operations (until July 2022)
- Suruchi Saraf FCCA, Director of Finance and Corporate Services (from June 2022)

**Dementia UK Trading Limited**

Dementia UK Trading Limited develops commercial opportunities and covenants its profits to the charity. Its results are included within the consolidated financial statements.

**Principal risks and uncertainties**

The Board of Trustees is responsible for managing the risks faced by the charity. A Risk Register identifies:

- the potential and actual risks
- their nature
- the likelihood and possible impact of the risks occurring
- the measures taken to prevent or manage them

The Trustees review this Risk Register at all full Board meetings as well as discussing and updating it at committee meetings.

The main risks identified that the charity faces are:

**Risk of shortfall in income to maintain infrastructure and clinical services**

This is mitigated by our robust fundraising strategy, diverse range of income streams, specific targets, and key performance indicators (KPIs). There is close monthly
monitoring of income and expenditure and consistent reporting to the Board of Trustees.

**Income generating activity includes:**
- ensuring our fundraising strategy is fit for purpose and adapted where necessary
- investing in a diverse range of income streams, both long- and short-term
- encouraging and facilitating innovation, continually developing ways for existing and new donors to support and strengthen their engagement with – and commitment to – Dementia UK
- ensuring digital fundraising is embedded in our work
- ensuring we have a skilled and high-performing team

**Expenditure monitoring includes:**
- conducting monthly reporting, regular reforecasts and well-planned annual budgets
- making decisions in a timely manner to ensure activity happens at the optimum time, and does not take place if there are not the funds to support it
- continuing to maximise the benefits of home/agile working
- collaborating with other organisations to avoid duplication of activity

**Risk of loss of our reputation and damage to the Admiral Nurse brand**

This is mitigated by ensuring all the systems, processes and support are in place to ensure the effective recruitment, maintenance and development of Admiral Nurses and Admiral Nurse services.

Nurses receive regular clinical supervision via Practice Action Learning Sets and their practice is guided by the Admiral Nurse Competency Framework, which outlines the knowledge, skills and attributes that they are required to demonstrate.

The Admiral Nurse Academy continues to grow and provides opportunities for continued professional development, including webinars, interactive learning, short courses and a leadership programme.

**Risk of breaches in data protection and governance standards**

This is mitigated by maintaining a robust data protection policy and processes, educating staff and volunteers on best practice with regard to data standards. Similarly, our Governance Team ensures that the charity works towards achieving and maintaining best governance practice in fulfilling our strategic aims.

The Governance Team ensures Data Protection Impact Assessments are undertaken so that our systems and processes are safe, secure and appropriate.

**Risk of adverse publicity**

This is mitigated by ensuring that there are high standards of communication and communication expertise within and outside the charity in dealing with clinical matters, public/supporter queries and complaints. This includes maintaining strong relationships with Admiral Nurse host services, which are monitored and supported through regular steering group meetings.

The Clinical Leadership and Communications Teams are briefed on any issues that arise and address these as required.
Reserves policy

The charity holds unrestricted reserves to ensure we can continue to operate in the event of any unforeseen and significant decreases in income.

The Board of Trustees’ policy with regards to unrestricted reserves has been set at three to six months of projected unrestricted expenditure.

The Trustees aim to achieve this by careful management of the charity’s resources and reviewing the reserves policy at least annually.

As of 31st March 2023, we held £8.7m in unrestricted reserves after deducting the Net Book Value of Fixed Assets (2022: £8.8m). This represents five and a half months of total planned unrestricted organisational expenditure.

The Trustees are of the opinion that maintaining reserves at this level is prudent given the economic uncertainty in the UK and the cost-of-living crisis, especially as we are reliant on voluntary income for 97% of our income, with over half of this coming from sponsored events and donations from members of the public.

The Trustees have a reserves policy and are of the opinion that the reserves level is in line with best practice within the charity sector and guidance from the Charity Commission; and will give the charity time to continue our vital work supporting people with dementia and their families while finding alternative sources of income should we see a sudden drop in voluntary income.

The charity held £4.9m of designated funds (2022: £2.8m) at 31st March 2023, of which £0.6m (2022: £0.8m) is for the Admiral Nurse Development Programme, and £1.5m (2022: £2.1m) is for the New Nurse Fund. It is planned that these funds will be used by 2025.

In the financial year 2022–23, the charity set aside a further designated sum of £2.8m in total for systems development work across the charity (£1.0m); services development (£1.0m) and enhancement of charitable activities including policy, campaigns and public affairs (£0.8m). These projects are expected to commence in 2023–24 and are likely to be completed towards the latter end of 2025. More detail on designated funds can be seen in Note 23 of the financial statements (p111).

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.

As of August 2022, the Board of Trustees agreed an initial sum of £1.0m each to be held in long-term investments with two investment companies, Sarasin & Partners LLP and Ruffer LLP. This initial investment may be subject to increase in the future.

The purpose of investments is to preserve and protect the value of donations received from the adverse impacts of inflation until such time as they are allocated towards charitable activities.

The charity aims for a diversified investment portfolio that seeks to produce the best financial return within an acceptable level of risk.

The charity’s investment objective is capital growth: to invest long-term reserves with a view to capital preservation, with a focus on protection against inflation. There are no current plans for future spending commitments that the portfolio will fund other than to protect against inflation.
The funds allocated towards investment are unrestricted and no donor restrictions have been placed on them.

In line with capital preservation, any income earned from the fund is to be accumulated and invested back into the portfolio. The charity does not expect to withdraw any investments in its long-term reserves and aims to invest no more than 25% of unrestricted net assets in long-term investments.

The charity is dedicated to ensuring that funds are invested in a responsible and ethical manner, incorporating environmental, social and governance considerations with particular emphasis on stewardship. The charity restricts investments in alcohol, tobacco, gambling, pornography, armaments, oil sands and thermal coal.

The Trustees have set a performance benchmark of CPI +3% a year in line with the investment strategy. Performance will be measured against inflation and agreed market indices. The level of capital volatility will be monitored to ensure the risk profile remains appropriate for the charity. The charity has adopted a phased approach to investments and accordingly funds have been transferred to investment companies in equal proportions over the duration of 2022-23. The comparison against benchmark will therefore be conducted in the next financial year.

The charity has nominated a list of authorised signatories, two of whom are required to sign instructions to the Investment Manager. The investment firms will provide quarterly reports on the valuation of investments, transactions, cash reconciliation, performance analysis and commentaries.

The Trustees of the charity have delegated the decision-making on investment matters to the Finance, Risk and Audit Committee (FRAC).

FRAC has the responsibility for:

- agreeing the investment strategy
- appointing/reappointing investment managers
- monitoring the investment assets

FRAC will review the information provided by the Investment Manager at least annually at the committee meeting where there will be presentations by the investment firms to enable decision-making.

**Pay for the Senior Management Team**

Dementia UK has a remuneration policy and pay for the CEO and Senior Management Team is decided by Trustees, who review pay based on market rates and benchmarking against charities of comparable size.

The CEO’s remuneration for 2022-23 was a base salary of £120,600. This is five times more than the lowest paid staff member. Our CEO works four days per week and accordingly she was paid £96,480 in 2022-23.

**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 SC 047429 (Scotland).

The charity’s affairs are governed by its Memorandum and Articles of Association dated 17th June 1994 (and updated on 4th November 2019), which allow for any activities covered by the charity’s objectives with no specific restrictions.

The liability of the members in the event of the company being wound up is limited to a sum not exceeding £1.
Reference and administrative details

Dementia UK, 7th Floor, One Aldgate, London EC3N 1RE

Bankers
Lloyds Bank, PO Box, Andover BX1 1LT
National Westminster Bank Plc, 250 Bishopsgate, London EC2M 3UR

Investment Managers
Sarasin & Partners LLP, Juxon House, 100 St Paul’s Churchyard, London EC4M 8BU
Ruffer LLP, 80 Victoria Street, London SW1E 5JL

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

Internal Auditor
Grant Thornton UK LLP, 30 Finsbury Square, London EC2A 1AG

Solicitor
Charles Russell Speechlys LLP, 5 Fleet Place, London EC4M 7RD

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 the Trustees’ annual report, including the strategic 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 for ensuring 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

The Trustees’ Annual Report, which includes the strategic report, has been approved by the Trustees on 17th August 2023 and signed on their behalf by:

**Professor David Croisdale-Appleby OBE**

**Chair of Trustees**
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 2023 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 significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 2023 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 six and eight 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 Financial Reporting Council’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Dementia UK’s ability to continue as a going
concern for a period of at least 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The 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. The Trustees are responsible for the other information contained within the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the Trustees’ Annual Report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The Trustees’ Annual Report, including the strategic report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees’ Annual Report, including the strategic report.

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

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees’ remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit
Responsibilities of Trustees

As explained more fully in the statement of Trustees’ responsibilities set out in the Trustees’ Annual Report, the Trustees (who are also the Directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the group’s and the parent charitable company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor’s responsibilities for the audit of the financial statements

We have been appointed as Auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the Finance, Risk and Audit Committee, which included obtaining and reviewing supporting documentation, concerning the group’s policies and procedures relating to:
  - identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations

- We inspected the minutes of meetings of those charged with governance
- We obtained an understanding of the legal and regulatory framework that the group
operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.

- We communicated applicable laws and regulations throughout the Audit Team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council’s website at [frc.org.uk/auditorsresponsibilities](http://frc.org.uk/auditorsresponsibilities). This description forms part of our Auditor’s report.

**Use of our report**

This report is made solely to the charitable company’s members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and 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.

Noelia Serrano (Senior Statutory Auditor)

17th August 2023

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)

<table>
<thead>
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<th>Note</th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>2023 Total</th>
<th>Unrestricted</th>
<th>Restricted</th>
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<td></td>
<td>£</td>
<td>£</td>
<td></td>
<td>£</td>
<td>£</td>
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<tr>
<td><strong>Income from:</strong></td>
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<td>Donations and legacies</td>
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<td>Admiral Nursing projects</td>
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<td>209,083</td>
<td><strong>300,304</strong></td>
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<td>-</td>
<td><strong>400</strong></td>
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<td><strong>83,975</strong></td>
<td>98,680</td>
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<td>-</td>
<td>-</td>
<td>19,316</td>
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<td><strong>Total income</strong></td>
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<td>15,120,303</td>
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<td><strong>17,127,108</strong></td>
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| **Expenditure on:** | | | | | | |
| Raising funds | 6a | 5,932,694 | - | **5,932,694** | 4,622,759 | - | **4,622,759** |
| **Charitable activities** | | | | | | |
| Admiral Nursing projects | 6a | 5,176,063 | 2,246,142 | **7,422,205** | 5,415,002 | 1,834,373 | **7,249,375** |
| Business development | 6a | 950,589 | - | **950,589** | 850,160 | - | **850,160** |
| Research and publications | 6a | 323,482 | - | **323,482** | 281,822 | - | **281,822** |
| Public awareness | 6a | 2,148,919 | 5,000 | **2,153,919** | 1,270,327 | 8,971 | **1,279,298** |
| Practice development | 6a | 805,024 | 140,580 | **945,604** | 792,234 | 54,639 | **846,873** |
| **Total expenditure** | | | | | | |
| | 15,336,771 | 2,391,722 | **17,728,493** | 13,232,304 | 1,897,983 | **15,130,287** |
| **Net gains on investments** | 14 | 14,999 | - | **14,999** | - | - | - |

**Net income for the year** | 8 | **2,008,775** | (297,843) | **1,710,932** | 1,887,999 | 108,822 | **1,996,821** |
| Transfers between funds | 29,196 | (29,196) | - | (11,180) | 11,180 | - | - |
| **Net movement in funds** | 2,037,971 | (327,039) | **1,710,932** | 1,876,819 | 120,002 | **1,996,821** |

**Reconciliation of funds:**
- **Total funds brought forward** | 11,713,359 | 1,640,691 | **13,354,050** | 9,836,540 | 1,520,689 | **11,357,229** |

**Total funds carried forward** | 22 | **13,751,330** | 1,313,652 | **15,064,982** | 11,713,359 | 1,640,691 | **13,354,050** |

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 22a to the financial statements.
### Balance sheets

Company no. 02944156

<table>
<thead>
<tr>
<th></th>
<th>The group</th>
<th>The charity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2023</td>
<td>2022</td>
</tr>
<tr>
<td><strong>Fixed assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note 13</td>
<td>122,143</td>
<td>88,630</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note 14</td>
<td>2,026,770</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>2,148,913</td>
<td>88,630</td>
</tr>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note 17</td>
<td>1,714,073</td>
<td>2,083,402</td>
</tr>
<tr>
<td>Short term deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6,589,709</td>
<td>6,540,984</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9,426,625</td>
<td>9,047,309</td>
</tr>
<tr>
<td></td>
<td>17,730,407</td>
<td>17,671,695</td>
</tr>
<tr>
<td><strong>Liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors: amounts falling due within one year</td>
<td>(3,551,323)</td>
<td>(3,049,984)</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>14,179,084</td>
<td>14,621,711</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>16,327,997</td>
<td>14,710,341</td>
</tr>
<tr>
<td>Creditors: amounts falling due after one year</td>
<td>(1,263,015)</td>
<td>(1,356,291)</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>15,064,982</td>
<td>13,354,050</td>
</tr>
<tr>
<td><strong>Funds:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted income funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,313,652</td>
<td>1,640,691</td>
</tr>
<tr>
<td>Unrestricted income funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated</td>
<td>4,894,045</td>
<td>2,844,872</td>
</tr>
<tr>
<td>General funds</td>
<td>8,857,285</td>
<td>8,866,487</td>
</tr>
<tr>
<td>Total unrestricted funds</td>
<td>13,751,330</td>
<td>11,713,359</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td>15,064,982</td>
<td>13,354,050</td>
</tr>
</tbody>
</table>

Approved by the Trustees on 17th August 2023 and signed on their behalf by:

**Professor David Croisdale-Appleby OBE**  
Chair

**Steve Clarke CPFA**  
Treasurer
## Consolidated statement of cash flows
For the year ended 31st March 2023

<table>
<thead>
<tr>
<th>Note</th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Net cash flows from operating activities</td>
<td>24</td>
<td>2,436,404</td>
</tr>
</tbody>
</table>

### Cash flows from investing activities:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividends receivable</td>
<td>100,567</td>
<td>8,145</td>
</tr>
<tr>
<td>Purchase of fixed assets</td>
<td>(97,158)</td>
<td>-</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(2,011,772)</td>
<td>-</td>
</tr>
<tr>
<td>Investments in short-term deposits</td>
<td>(48,725)</td>
<td>(7,389)</td>
</tr>
</tbody>
</table>

Net cash used in investing activities | (2,057,088) | 756

Change in cash and cash equivalents in the year | 379,316 | 4,322,075

Cash and cash equivalents at the beginning of the year | 9,047,309 | 4,725,234

Cash and cash equivalents at the end of the year | 9,426,625 | 9,047,309
Notes to the financial statements: for the year ended 31st March 2023

1 Accounting policies

a Statutory information

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

b Basis of preparation

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

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

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

c Public benefit entity

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

d Going concern

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

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

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

e Income

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

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

For pecuniary legacies, entitlement is taken at the earlier of the date on which either: the charity is aware that probate has been granted, and the amount receivable can be measured reliably, and the receipt is probable; or when a distribution is received from the estate. For residual 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. 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 a treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.
f Donations of gifts, services and facilities

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

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

g Interest receivable

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

h Fund accounting

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

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

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

i Expenditure and irrecoverable VAT

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

• Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose

• Expenditure on charitable activities includes the costs of delivering services and other educational activities undertaken to further the purposes of the charity and their associated support costs

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

j Grants payable

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

k Allocation of support costs

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

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

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

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

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

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

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

l  Operating leases

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

m  Tangible fixed assets

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

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

- equipment: 15%-33% per annum, straight line
- fixtures and fittings: 15%-33% per annum, straight line
- IT hardware and software: 15%-33% per annum, straight line

n  Investments

Fixed asset investments

Listed investments are included in the balance sheet initially at cost and revalued at the reporting date to bid price. Unrealised gains and losses on investments at the balance sheet date are included in the Statement of Financial Activities for the relevant underlying funds. The historical cost of investments is shown in Note 14 to the financial statements.

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.

Any expenditure that exceeds £1,500 and is paid in advance or is related to a future dated event, is held as a prepayment on the balance sheet. The prepayment is subsequently released to the Statement of Financial Activities (SOFA) in the month or months that the expenditure is incurred. Prepayments are valued at the amount prepaid net of any trade discounts due.

q  Short-term deposits

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

r  Cash at bank and in hand

Cash at bank and cash in hand include 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.
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.

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.

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

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2023 Total £</th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2022 Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacies</td>
<td>2,155,348</td>
<td>658,000</td>
<td>2,813,348</td>
<td>1,867,183</td>
<td>60,079</td>
<td>1,927,262</td>
</tr>
<tr>
<td>Voluntary donations</td>
<td>14,747,952</td>
<td>1,226,796</td>
<td>15,974,748</td>
<td>12,989,588</td>
<td>1,203,376</td>
<td>14,192,964</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>16,903,300</strong></td>
<td></td>
<td></td>
<td><strong>16,120,226</strong></td>
</tr>
</tbody>
</table>

### 3. Income from charitable activities

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2023 Total £</th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2022 Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees and contributions from institutions</td>
<td>91,221</td>
<td>209,083</td>
<td>300,304</td>
<td>17,260</td>
<td>743,350</td>
<td>760,610</td>
</tr>
<tr>
<td>Sub-total for Admiral Nursing projects</td>
<td>91,221</td>
<td>209,083</td>
<td>300,304</td>
<td>17,260</td>
<td>743,350</td>
<td>760,610</td>
</tr>
<tr>
<td>Management and development fees</td>
<td>151,084</td>
<td>-</td>
<td>151,084</td>
<td>73,750</td>
<td>-</td>
<td>73,750</td>
</tr>
<tr>
<td>Sub-total for business development</td>
<td>151,084</td>
<td>-</td>
<td>151,084</td>
<td>73,750</td>
<td>-</td>
<td>73,750</td>
</tr>
<tr>
<td>Contributions from institutions</td>
<td>400</td>
<td>-</td>
<td>400</td>
<td>46,381</td>
<td>-</td>
<td>46,381</td>
</tr>
<tr>
<td>Sub-total for research and evaluation</td>
<td>400</td>
<td>-</td>
<td>400</td>
<td>46,381</td>
<td>-</td>
<td>46,381</td>
</tr>
<tr>
<td>Total income from charitable activities</td>
<td>242,705</td>
<td>209,083</td>
<td><strong>451,788</strong></td>
<td>137,391</td>
<td>743,350</td>
<td><strong>880,741</strong></td>
</tr>
</tbody>
</table>

### 4. Income from other fundraising activities

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2023 Total £</th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2022 Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol concert, Christmas cards and merchandise</td>
<td>62,194</td>
<td>-</td>
<td>62,194</td>
<td>61,271</td>
<td>-</td>
<td>61,271</td>
</tr>
<tr>
<td>Income from trading subsidiary</td>
<td>21,781</td>
<td>-</td>
<td>21,781</td>
<td>37,409</td>
<td>-</td>
<td>37,409</td>
</tr>
<tr>
<td></td>
<td>83,975</td>
<td>-</td>
<td><strong>83,975</strong></td>
<td>98,680</td>
<td>-</td>
<td>98,680</td>
</tr>
</tbody>
</table>

### 5. Income from investments

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2023 Total £</th>
<th>Unrestricted £</th>
<th>Restricted £</th>
<th>2022 Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividends</td>
<td>11,904</td>
<td>-</td>
<td><strong>11,904</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bank interest</td>
<td>88,663</td>
<td>-</td>
<td><strong>88,663</strong></td>
<td>8,145</td>
<td>-</td>
<td><strong>8,145</strong></td>
</tr>
<tr>
<td></td>
<td>100,567</td>
<td>-</td>
<td><strong>100,567</strong></td>
<td>8,145</td>
<td>-</td>
<td><strong>8,145</strong></td>
</tr>
</tbody>
</table>
### 6a. Analysis of expenditure (current year)

<table>
<thead>
<tr>
<th>Charitable activities</th>
<th>2023 Total (£)</th>
<th>2022 Total (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raising funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admiral Nursing projects</td>
<td>2,475,555</td>
<td>3,993,946</td>
</tr>
<tr>
<td>Business development</td>
<td>709,958</td>
<td>263,183</td>
</tr>
<tr>
<td>Research and publications</td>
<td>832,591</td>
<td>584,742</td>
</tr>
<tr>
<td>Public awareness</td>
<td>210,300</td>
<td>1,471,366</td>
</tr>
<tr>
<td>Practice development</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Governance costs</td>
<td>1,471,366</td>
<td>8,158,494</td>
</tr>
<tr>
<td>Support costs</td>
<td>10,541,641</td>
<td>2,153,919</td>
</tr>
<tr>
<td>Total</td>
<td>5,161,690</td>
<td>7,422,205</td>
</tr>
</tbody>
</table>

| Staff costs (note 9) | 706,544        | 1,358,739      |
| Direct activity costs | 2,101,302      | 1,780,618      |
| IT and telephone     | 88,910         | 140,462        |
| Office and administration costs | 245,158 | 3,272 |
| Professional fees    | 250,765        | 3,837          |
| Premises             | 245,158        | 20,640         |

| Support costs        | 706,544        | 3,993,946      |
| Governance costs     | 64,460         | 123,963        |

| Total expenditure 2023 | 5,932,694 | 7,422,205 |

### 6b. Analysis of expenditure (prior year)

<table>
<thead>
<tr>
<th>Charitable activities</th>
<th>2022 Total (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raising funds</td>
<td></td>
</tr>
<tr>
<td>Admiral Nursing projects</td>
<td>1,859,480</td>
</tr>
<tr>
<td>Business development</td>
<td>610,506</td>
</tr>
<tr>
<td>Research and publications</td>
<td>547,103</td>
</tr>
<tr>
<td>Public awareness</td>
<td>157,711</td>
</tr>
<tr>
<td>Practice development</td>
<td>-</td>
</tr>
<tr>
<td>Governance costs</td>
<td>-</td>
</tr>
<tr>
<td>Support costs</td>
<td>8,158,494</td>
</tr>
<tr>
<td>Total</td>
<td>3,850,121</td>
</tr>
</tbody>
</table>

| Staff costs (note 9) | 45,974         | 88,411         |
| Direct activity costs | 1,436,772      | 2,551,511      |
| IT and telephone     | 67,151         | 94,423         |
| Office and administration costs | 256,727 | 10,921 |
| Professional fees    | 229,991        | 1,088          |
| Premises             | -              | -              |

| Support costs        | 726,664        | 1,397,428      |
| Governance costs     | 14,146         | 10,609         |

| Total expenditure 2022 | 4,622,759 | 7,249,375 |

Dementia UK Annual Report 2022-23
7. Grant making

<table>
<thead>
<tr>
<th>Cost</th>
<th>Grants to institutions</th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admiral Nursing projects</td>
<td>1,730,027</td>
<td>1,730,027</td>
<td>2,480,430</td>
</tr>
<tr>
<td>At the end of the year</td>
<td>1,730,027</td>
<td>1,730,027</td>
<td>2,480,430</td>
</tr>
</tbody>
</table>

During 2023, the charity provided investment for Admiral Nurses in 20 (2022: 22) new services. These costs are included in Note 6a under 'Direct activity costs'. Further details can be found on our website: dementiauk.org

8. Net income/(expenditure) for the year

Includes the below charges:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>63,645</td>
<td>66,563</td>
</tr>
<tr>
<td>Operating lease rentals:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td>357,759</td>
<td>352,289</td>
</tr>
<tr>
<td>Other</td>
<td>53,744</td>
<td>71,611</td>
</tr>
<tr>
<td>Auditors’ remuneration (excluding VAT):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit – current year</td>
<td>22,000</td>
<td>18,700</td>
</tr>
<tr>
<td>Audit – previous year under/(over) accrual</td>
<td>7,000</td>
<td>(1,550)</td>
</tr>
<tr>
<td>Other services</td>
<td>3,690</td>
<td>2,560</td>
</tr>
</tbody>
</table>
9. Analysis of staff costs, Trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>£8,109,430</td>
<td>£6,481,622</td>
</tr>
<tr>
<td>Termination/redundancy costs</td>
<td>£74,000</td>
<td>£36,069</td>
</tr>
<tr>
<td>Employer’s National Insurance costs</td>
<td>£911,620</td>
<td>£692,392</td>
</tr>
<tr>
<td>Employer’s contributions to defined contribution pension scheme</td>
<td>£617,553</td>
<td>£373,852</td>
</tr>
<tr>
<td>Employer’s contributions to defined benefit pension scheme</td>
<td>£227,369</td>
<td>£187,489</td>
</tr>
<tr>
<td>Other staff related costs</td>
<td>£601,669</td>
<td>£387,070</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£10,541,641</strong></td>
<td><strong>£8,158,494</strong></td>
</tr>
</tbody>
</table>

The following number of employees received employee benefits (excluding employer pension costs and employer’s National Insurance) during the year between:

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>2023 No.</th>
<th>2022 No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>£60,000-£69,999</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>£70,000-£79,999</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>£80,000-£89,999</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>£90,000-£99,999</td>
<td>2</td>
<td>-</td>
</tr>
</tbody>
</table>

The total employee benefits (including pension contributions and employer’s National Insurance) of the key management personnel were £476,152 (2022: £401,682).

The charity Trustees were neither paid nor received any other benefits from employment with the charity in the year (2022: £nil). No charity Trustee received payment for professional or other services supplied to the charity (2022: £nil).

Trustees’ expenses represent the payment or reimbursement of travel and subsistence costs totalling £2,152 (2022: £2,581) incurred by two (2022: two) members relating to attendance at meetings. The charity also incurred expenditure totalling £322 on Trustees’ meetings in the year (2022: £nil).
10. Staff numbers

The average number of employees (head count based on number of staff paid per month) during the year was 205 (2022: 183). This includes sessional employees and other employees who received no pay in certain months (head count based on number per month); the average during the year was 16 (2022: 26).

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raising funds</td>
<td>53</td>
<td>43</td>
</tr>
<tr>
<td>Admiral Nursing projects</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Business development</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Research and publications</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Public awareness</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Practice development</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Support</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>205</strong></td>
<td><strong>183</strong></td>
</tr>
</tbody>
</table>

11. Related party transactions

There are no related party transactions to disclose for 2023 (2022: 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.

The total amount of donations received from related parties, without conditions, was £24,988 (2022: £9,639).

12. 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 depending upon operational requirements. In 2022-23, Dementia UK Trading Limited made a loss of £2,087 and so £nil (2022: £4,164) profits were Gift Aided to the charity. Therefore, its charge to Corporation Tax in the year was also £nil (2022: £1,512).
13. Tangible fixed assets

<table>
<thead>
<tr>
<th>Group and charity</th>
<th>Equipment £</th>
<th>Fixtures and fittings £</th>
<th>IT hardware and software £</th>
<th>Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At the start of the year</td>
<td>-</td>
<td>206,869</td>
<td>82,928</td>
<td>289,797</td>
</tr>
<tr>
<td>Additions in year</td>
<td>2,976</td>
<td>-</td>
<td>94,182</td>
<td>97,158</td>
</tr>
<tr>
<td><strong>At the end of the year</strong></td>
<td>2,976</td>
<td>206,869</td>
<td>177,110</td>
<td>386,955</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depreciation</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At the start of the year</td>
<td>-</td>
<td>141,361</td>
<td>59,806</td>
<td>201,167</td>
</tr>
<tr>
<td>Charge for the year</td>
<td>-</td>
<td>41,373</td>
<td>22,272</td>
<td>63,645</td>
</tr>
<tr>
<td><strong>At the end of the year</strong></td>
<td>-</td>
<td>182,734</td>
<td>82,078</td>
<td>264,812</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net book value</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At the end of the year</strong></td>
<td>2,976</td>
<td>24,135</td>
<td>95,032</td>
<td>122,143</td>
</tr>
<tr>
<td><strong>At the start of the year</strong></td>
<td>-</td>
<td>65,508</td>
<td>23,122</td>
<td>88,630</td>
</tr>
</tbody>
</table>

All of the above assets are used for charitable purposes.

14a. Fixed asset investments

<table>
<thead>
<tr>
<th>Market value at 1st April</th>
<th>2023 £</th>
<th>2022 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisitions at cost</td>
<td>2,011,183</td>
<td>-</td>
</tr>
<tr>
<td>Net cash reinvested</td>
<td>588</td>
<td>-</td>
</tr>
<tr>
<td>Gains on revaluation</td>
<td>14,999</td>
<td>-</td>
</tr>
<tr>
<td><strong>Market value at 31st March</strong></td>
<td>2,026,770</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Historical cost at 31st March</th>
<th>2023 £</th>
<th>2022 £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asset allocation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>£</td>
<td>%</td>
<td>£</td>
</tr>
<tr>
<td>Alternative investments</td>
<td>305,105</td>
<td>15</td>
</tr>
<tr>
<td>Equities</td>
<td>905,408</td>
<td>45</td>
</tr>
<tr>
<td>Fixed income</td>
<td>676,994</td>
<td>33</td>
</tr>
<tr>
<td>Liquid assets</td>
<td>94,715</td>
<td>5</td>
</tr>
<tr>
<td>Property</td>
<td>44,548</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,026,770</td>
<td>100</td>
</tr>
</tbody>
</table>
14b. Investment in subsidiary undertaking

<table>
<thead>
<tr>
<th></th>
<th>The group</th>
<th>The charity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2023</td>
<td>2022</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>At the start and the end of the year</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

15. Subsidiary undertaking

The charitable company owns the whole of the issued ordinary share capital of Dementia UK Trading Limited, a company registered in England. All activities have been consolidated on a line-by-line basis in the statement of financial activities. A summary of the results of the subsidiary is shown below:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Turnover</td>
<td>21,781</td>
<td>37,409</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(17,484)</td>
<td>(23,677)</td>
</tr>
<tr>
<td>Gross profit</td>
<td>4,297</td>
<td>13,732</td>
</tr>
<tr>
<td>Administrative expenses and taxation charge</td>
<td>(6,384)</td>
<td>(1,621)</td>
</tr>
<tr>
<td>(Loss)/profit on ordinary activities before taxation</td>
<td>(2,087)</td>
<td>12,111</td>
</tr>
<tr>
<td>Taxation on profit on ordinary activities</td>
<td>-</td>
<td>(1,512)</td>
</tr>
<tr>
<td>(Loss)/profit for the financial year</td>
<td>(2,087)</td>
<td>10,599</td>
</tr>
<tr>
<td>Total retained earnings brought forward</td>
<td>2,000</td>
<td>(4,435)</td>
</tr>
<tr>
<td>Distribution under Gift Aid to parent charity</td>
<td>-</td>
<td>(4,164)</td>
</tr>
<tr>
<td>Total retained earnings carried forward</td>
<td>(87)</td>
<td>2,000</td>
</tr>
</tbody>
</table>

The aggregate of the assets, liabilities and funds was:

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Assets</td>
<td>3,332</td>
<td>7,778</td>
</tr>
<tr>
<td>Liabilities</td>
<td>(3,418)</td>
<td>(5,777)</td>
</tr>
<tr>
<td>Funds</td>
<td>(86)</td>
<td>2,001</td>
</tr>
</tbody>
</table>

16. Parent charity

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

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Gross income</td>
<td>19,405,645</td>
<td>17,093,863</td>
</tr>
<tr>
<td>Result for the year</td>
<td>1,713,022</td>
<td>1,990,383</td>
</tr>
</tbody>
</table>
17. Debtors

<table>
<thead>
<tr>
<th></th>
<th>The group</th>
<th></th>
<th></th>
<th>The charity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2023</td>
<td>£</td>
<td>2022</td>
<td>£</td>
<td>2023</td>
<td>£</td>
</tr>
<tr>
<td>Trade debtors</td>
<td>51,513</td>
<td></td>
<td>354,084</td>
<td></td>
<td>51,513</td>
<td></td>
</tr>
<tr>
<td>Other debtors</td>
<td>1,916</td>
<td></td>
<td>1,800</td>
<td></td>
<td>1,916</td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>705,040</td>
<td></td>
<td>755,865</td>
<td></td>
<td>705,040</td>
<td></td>
</tr>
<tr>
<td>Accrued income</td>
<td>955,604</td>
<td></td>
<td>971,653</td>
<td></td>
<td>955,604</td>
<td></td>
</tr>
<tr>
<td>Amounts due from group undertakings</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>1,211</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,714,073</td>
<td></td>
<td>2,083,402</td>
</tr>
</tbody>
</table>

The charity received notifications regarding a number of legacies before the year end totalling £1,079,057. However, these legacies did not meet the full income recognition criteria as per the accounting policy as at 31st March 2023, and therefore have not been accrued in the 2023 financial statements (2022: £1,367,685).

18. Creditors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>The group</th>
<th></th>
<th></th>
<th>The charity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2023</td>
<td>£</td>
<td>2022</td>
<td>£</td>
<td>2023</td>
<td>£</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>521,422</td>
<td></td>
<td>490,176</td>
<td></td>
<td>521,422</td>
<td></td>
</tr>
<tr>
<td>Taxation and social security</td>
<td>533,067</td>
<td>296,971</td>
<td>533,061</td>
<td>293,014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other creditors</td>
<td>11,159</td>
<td></td>
<td>13,530</td>
<td></td>
<td>11,159</td>
<td></td>
</tr>
<tr>
<td>Accruals</td>
<td>453,432</td>
<td></td>
<td>484,675</td>
<td></td>
<td>451,232</td>
<td></td>
</tr>
<tr>
<td>Deferred income</td>
<td>77,306</td>
<td></td>
<td>44,917</td>
<td></td>
<td>77,306</td>
<td></td>
</tr>
<tr>
<td>Admiral Nurse projects – grant accruals</td>
<td>1,954,937</td>
<td>1,719,715</td>
<td>1,954,937</td>
<td>1,719,715</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts due to group undertakings</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>1,509</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,551,323</td>
<td></td>
<td>3,049,984</td>
</tr>
</tbody>
</table>
19. Creditors: amounts falling due after one year

<table>
<thead>
<tr>
<th></th>
<th>The group</th>
<th>The charity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2023</td>
<td>2022</td>
</tr>
<tr>
<td>Admiral Nurse projects – grant accruals</td>
<td>£1,213,763</td>
<td>£1,257,791</td>
</tr>
<tr>
<td>Rent-free provision</td>
<td>£49,252</td>
<td>£98,500</td>
</tr>
<tr>
<td></td>
<td>£1,263,015</td>
<td>£1,356,291</td>
</tr>
</tbody>
</table>

Total grant commitments outstanding as at 31st March 2023 relating to the recruitment of Admiral Nurses payable to health institutions were £3,168,699 (2022: £2,977,506), of which payable within one year were £1,954,537 (2022: £1,719,714) and after one year were £1,213,763 (2022: £1,257,792). The amounts due within one year are included within accruals in Note 18 above.

20. Pension schemes

The charity operates two pension schemes: a stakeholder pension scheme, administered by Aviva, and the NHS Pension Scheme. As at 31st March 2023, the amounts owed to the schemes were Aviva £28,795 (2022: £3,829) and NHS £nil (2022: £nil). The number of members in Aviva are 180 and in the NHS Pension Scheme 35. 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 1st April 2006 the NHS Business Services Authority (NHSBSA: 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 NHSBSA. Every four years the Government Actuary conducts a full actuarial review of contribution rates. In order to defray the costs of benefits, in 2022-23 employers paid contributions of 14.38% of pensionable pay. From April 2022 to September 2022, employees contributed on a tiered scale from 5%-14.5% of their pensionable pay depending on total earnings. From October 2022, there was a change to member contribution rates from the Department of Health and Social Care. From this date, employees contributed on a tiered scale from 5.1%-13.5% of their actual pensionable pay. Further information on benefits can be obtained from the NHS Pension Scheme website nhsbsa.nhs.uk/nhs-pensions
### 21a. Analysis of group net assets between funds (current year)

<table>
<thead>
<tr>
<th></th>
<th>General unrestricted</th>
<th>Restricted funds</th>
<th>Total funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible fixed assets</td>
<td>£122,143</td>
<td>£</td>
<td>£122,143</td>
</tr>
<tr>
<td>Fixed asset investments</td>
<td>£2,026,770</td>
<td>£</td>
<td>£2,026,770</td>
</tr>
<tr>
<td>Net current assets</td>
<td>£11,651,669</td>
<td>£2,527,415</td>
<td>£14,179,084</td>
</tr>
<tr>
<td>Long-term liabilities</td>
<td>(£49,252)</td>
<td>(£1,213,763)</td>
<td>(£1,263,015)</td>
</tr>
<tr>
<td><strong>Net assets at 31st March 2023</strong></td>
<td><strong>£13,751,330</strong></td>
<td><strong>£1,313,652</strong></td>
<td><strong>£15,064,982</strong></td>
</tr>
</tbody>
</table>

### 21b. Analysis of group net assets between funds (prior year)

<table>
<thead>
<tr>
<th></th>
<th>General unrestricted</th>
<th>Restricted funds</th>
<th>Total funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible fixed assets</td>
<td>£88,630</td>
<td>£</td>
<td>£88,630</td>
</tr>
<tr>
<td>Net current assets</td>
<td>£11,723,229</td>
<td>£2,898,482</td>
<td>£14,621,711</td>
</tr>
<tr>
<td>Long-term liabilities</td>
<td>(£98,500)</td>
<td>(£1,257,791)</td>
<td>(£1,356,291)</td>
</tr>
<tr>
<td><strong>Net assets at 31st March 2022</strong></td>
<td><strong>£11,713,359</strong></td>
<td><strong>£1,640,691</strong></td>
<td><strong>£13,354,050</strong></td>
</tr>
</tbody>
</table>

### 22a. Movements in funds (current year)

<table>
<thead>
<tr>
<th></th>
<th>At 1st April 2022</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restricted funds:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admiral Nursing projects (Helpline and professional and practice development)</td>
<td>-</td>
<td>£345,600</td>
<td>(£285,600)</td>
<td>-</td>
<td>-</td>
<td>£60,000</td>
</tr>
<tr>
<td>Admiral Nursing Learning and Disability Service and new nurses (national)</td>
<td>£27,272</td>
<td>£188,580</td>
<td>(£84,571)</td>
<td>(£18,568)</td>
<td>-</td>
<td>£112,713</td>
</tr>
<tr>
<td><strong>Admiral Nursing projects (geographical funds):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>£47,190</td>
<td>£1,445</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>£48,635</td>
</tr>
<tr>
<td>Cornwall</td>
<td>£3,632</td>
<td>£17,650</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>£21,282</td>
</tr>
<tr>
<td>Cumbria</td>
<td>£63,625</td>
<td>£6,903</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>£70,528</td>
</tr>
<tr>
<td>Derbyshire</td>
<td>£160,258</td>
<td>£581</td>
<td>(£114,654)</td>
<td>-</td>
<td>-</td>
<td>£46,185</td>
</tr>
<tr>
<td>Devon</td>
<td>£156,496</td>
<td>£32,474</td>
<td>(£148,225)</td>
<td>-</td>
<td>-</td>
<td>£40,745</td>
</tr>
<tr>
<td>Dorset (Purbeck)</td>
<td>£14,093</td>
<td>£19,116</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>£33,209</td>
</tr>
<tr>
<td>Essex</td>
<td>£9,995</td>
<td>£4,323</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>£14,318</td>
</tr>
<tr>
<td>Isle of Wight</td>
<td>£8,209</td>
<td>£8,500</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>£16,709</td>
</tr>
<tr>
<td>Leeds</td>
<td>£136,431</td>
<td>£200,701</td>
<td>(£281,945)</td>
<td>-</td>
<td>-</td>
<td>£55,187</td>
</tr>
<tr>
<td></td>
<td>At 1st April 2022</td>
<td>Income</td>
<td>Expenditure</td>
<td>Transfers</td>
<td>Gains and losses</td>
<td>At 31st March 2023</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------</td>
<td>--------</td>
<td>-------------</td>
<td>-----------</td>
<td>------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Leicestershire</td>
<td>30,018</td>
<td>16,152</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>46,170</td>
</tr>
<tr>
<td>London</td>
<td>31,960</td>
<td>673,630</td>
<td>(450,000)</td>
<td>-</td>
<td>-</td>
<td>255,590</td>
</tr>
<tr>
<td>National</td>
<td>10,370</td>
<td>162,516</td>
<td>(142,002)</td>
<td>-</td>
<td>-</td>
<td>30,884</td>
</tr>
<tr>
<td>Scotland</td>
<td>135,414</td>
<td>50</td>
<td>(77,160)</td>
<td>-</td>
<td>-</td>
<td>58,304</td>
</tr>
<tr>
<td>Somerset</td>
<td>12,247</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12,247</td>
</tr>
<tr>
<td>Staffordshire</td>
<td>94,016</td>
<td>5,211</td>
<td>(74,179)</td>
<td>-</td>
<td>-</td>
<td>25,048</td>
</tr>
<tr>
<td>Sussex</td>
<td>85,337</td>
<td>12,398</td>
<td>(29,968)</td>
<td>-</td>
<td>-</td>
<td>67,767</td>
</tr>
<tr>
<td>Teesside (Newcastle)</td>
<td>37,760</td>
<td>40,000</td>
<td>(54,196)</td>
<td>-</td>
<td>-</td>
<td>23,564</td>
</tr>
<tr>
<td>Wales</td>
<td>68,046</td>
<td>27,107</td>
<td>(6,500)</td>
<td>-</td>
<td>-</td>
<td>88,653</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>52,910</td>
<td>131,259</td>
<td>(168,572)</td>
<td>-</td>
<td>-</td>
<td>15,597</td>
</tr>
<tr>
<td>Other geographical restricted funds (Less than £10,000 balances at 31st March 2022)</td>
<td>217,426</td>
<td>105,227</td>
<td>(260,150)</td>
<td>-</td>
<td>-</td>
<td>62,503</td>
</tr>
<tr>
<td>YDUK projects</td>
<td>237,986</td>
<td>94,456</td>
<td>(214,000)</td>
<td>(10,628)</td>
<td>-</td>
<td>107,814</td>
</tr>
<tr>
<td><strong>Total restricted funds</strong></td>
<td>1,640,691</td>
<td>2,093,879</td>
<td>(2,391,722)</td>
<td>(29,196)</td>
<td>-</td>
<td>1,313,652</td>
</tr>
<tr>
<td><strong>Unrestricted funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admiral Nursing Development Programme</td>
<td>760,000</td>
<td>-</td>
<td>(174,000)</td>
<td>-</td>
<td>-</td>
<td>586,000</td>
</tr>
<tr>
<td>Designated New Nurse Fund</td>
<td>2,084,872</td>
<td>-</td>
<td>(716,827)</td>
<td>140,000</td>
<td>-</td>
<td>1,508,045</td>
</tr>
<tr>
<td>Designated systems development work</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,000,000</td>
<td>-</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Designated charitable activities</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>800,000</td>
<td>-</td>
<td>800,000</td>
</tr>
<tr>
<td>Designated services development</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,000,000</td>
<td>-</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Total designated funds</strong></td>
<td>2,844,872</td>
<td>-</td>
<td>(890,827)</td>
<td>2,940,000</td>
<td>-</td>
<td>4,894,045</td>
</tr>
<tr>
<td>General funds</td>
<td>8,868,487</td>
<td>17,330,547</td>
<td>(14,445,944)</td>
<td>(2,910,804)</td>
<td>14,999</td>
<td>8,857,285</td>
</tr>
<tr>
<td><strong>Total unrestricted and designated funds</strong></td>
<td>11,713,359</td>
<td>17,330,547</td>
<td>(15,336,771)</td>
<td>29,196</td>
<td>14,999</td>
<td>13,751,330</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td>13,354,050</td>
<td>19,424,426</td>
<td>(17,728,493)</td>
<td>-</td>
<td>14,999</td>
<td>15,064,982</td>
</tr>
</tbody>
</table>
### 22b. Movements in funds (prior year)

#### Restricted funds:

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Admiral Nursing projects (Helpline and professional and practice development)</strong></td>
<td>-</td>
<td>529,550</td>
<td>-</td>
<td>-</td>
<td>27,272</td>
</tr>
<tr>
<td><strong>Admiral Nursing Learning and Disability Service and new nurse (national)</strong></td>
<td>27,272</td>
<td>3,500</td>
<td>-</td>
<td>-</td>
<td>27,272</td>
</tr>
<tr>
<td><strong>Admiral Nursing projects (geographical funds):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>27,907</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>27,907</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>47,126</td>
<td>64</td>
<td>-</td>
<td>-</td>
<td>47,190</td>
</tr>
<tr>
<td>Cornwall</td>
<td>37,619</td>
<td>300,310</td>
<td>(334,297)</td>
<td>-</td>
<td>3,632</td>
</tr>
<tr>
<td>Cumbria</td>
<td>28,606</td>
<td>35,019</td>
<td>-</td>
<td>-</td>
<td>63,625</td>
</tr>
<tr>
<td>Derbyshire</td>
<td>211,148</td>
<td>3,140</td>
<td>(54,030)</td>
<td>-</td>
<td>160,258</td>
</tr>
<tr>
<td>Devon</td>
<td>13,460</td>
<td>348,099</td>
<td>(205,063)</td>
<td>-</td>
<td>156,496</td>
</tr>
<tr>
<td>Leeds</td>
<td>-</td>
<td>299,206</td>
<td>(162,775)</td>
<td>-</td>
<td>136,431</td>
</tr>
<tr>
<td>Leicestershire</td>
<td>32,050</td>
<td>22,674</td>
<td>(24,706)</td>
<td>-</td>
<td>30,018</td>
</tr>
<tr>
<td>London</td>
<td>21,590</td>
<td>10,370</td>
<td>-</td>
<td>-</td>
<td>31,960</td>
</tr>
<tr>
<td>Manchester</td>
<td>-</td>
<td>22,000</td>
<td>-</td>
<td>-</td>
<td>22,000</td>
</tr>
<tr>
<td>National</td>
<td>-</td>
<td>140,050</td>
<td>(140,860)</td>
<td>11,180</td>
<td>10,370</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>41,682</td>
<td>95</td>
<td>-</td>
<td>-</td>
<td>41,777</td>
</tr>
<tr>
<td>Nottinghamshire</td>
<td>117,172</td>
<td>-</td>
<td>(53,850)</td>
<td>-</td>
<td>63,323</td>
</tr>
<tr>
<td>Scotland</td>
<td>215,268</td>
<td>3,411</td>
<td>(83,265)</td>
<td>-</td>
<td>135,414</td>
</tr>
<tr>
<td>Staffordshire</td>
<td>123,086</td>
<td>14,963</td>
<td>(44,033)</td>
<td>-</td>
<td>94,016</td>
</tr>
<tr>
<td>Sussex</td>
<td>122,284</td>
<td>16,902</td>
<td>(53,850)</td>
<td>-</td>
<td>85,337</td>
</tr>
<tr>
<td>Teesside (Newcastle)</td>
<td>50,000</td>
<td>-</td>
<td>(12,240)</td>
<td>-</td>
<td>37,760</td>
</tr>
<tr>
<td>Wales</td>
<td>28,801</td>
<td>46,245</td>
<td>(7,000)</td>
<td>-</td>
<td>68,046</td>
</tr>
<tr>
<td>West Midlands</td>
<td>18,187</td>
<td>450</td>
<td>(3,500)</td>
<td>-</td>
<td>15,137</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>39,145</td>
<td>29,043</td>
<td>(15,278)</td>
<td>-</td>
<td>52,910</td>
</tr>
</tbody>
</table>

Other geographical restricted funds (Less Than £10,000 balances at 31st March 2022)

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>YDUK projects</td>
<td>261,471</td>
<td>169,876</td>
<td>(193,361)</td>
<td>-</td>
<td>237,986</td>
</tr>
</tbody>
</table>

**Total restricted funds**

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,520,689</td>
<td>2,006,805</td>
<td>(1,897,983)</td>
<td>11,180</td>
<td>1,640,691</td>
</tr>
</tbody>
</table>

#### Unrestricted funds:

**Designated funds:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admiral Nursing Development Programme</td>
<td>-</td>
<td>(540,000)</td>
<td>1,300,000</td>
<td>-</td>
<td>760,000</td>
</tr>
<tr>
<td>Designated New Nurse Fund</td>
<td>2,000,000</td>
<td>-</td>
<td>(1,415,128)</td>
<td>1,500,000</td>
<td>2,084,872</td>
</tr>
</tbody>
</table>

**Total designated funds**

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,000,000</td>
<td>-</td>
<td>(1,955,128)</td>
<td>2,800,000</td>
<td>2,844,872</td>
</tr>
</tbody>
</table>

**General funds**

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7,836,540</td>
<td>15,120,303</td>
<td>(11,277,176)</td>
<td>(2,811,180)</td>
<td>8,868,487</td>
</tr>
</tbody>
</table>

**Total unrestricted funds**

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9,836,540</td>
<td>15,120,303</td>
<td>(13,232,304)</td>
<td>(11,180)</td>
<td>11,713,359</td>
</tr>
</tbody>
</table>

**Total funds**

<table>
<thead>
<tr>
<th>Description</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Gains and losses</th>
<th>At 31st March 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11,357,229</td>
<td>17,127,108</td>
<td>(15,130,287)</td>
<td>-</td>
<td>13,354,050</td>
</tr>
</tbody>
</table>
23. Purposes of restricted and designated funds

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

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

YDUK projects relate to funds transferred from YoungDementia UK when the charity became part of Dementia UK in November 2020. The funds will continue to be used for activities in line with YoungDementia UK's charitable objects.

Designated funds
The charity holds the following designated funds at year end:

Admiral Nurse Development Programme
The Accelerator Learning Programme has been set up to enable current Registered Nurses (Adult, Mental Health and Learning Disability) to become Admiral Nurses and establish a new hosted service. At 31st March 2023 this totalled £586,000 (2022: £760,000).

Designated New Nurse Fund
The New Nurse Fund is used to fund Admiral Nurse services in host organisations to offer life-changing support to families facing dementia. The balance at 31st March 2023 is £1,508,045 (2022: £2,084,872), which includes increasing the designated fund by £200,000 for strategic development of Admiral Nurse services. This has been offset by £60,000, which was originally set aside in 2021-22 for a service that is now no longer required, giving a net movement of £140,000.

Designated systems development work across the charity
Funds totalling £1.0m have been set aside for systems development work across the charity. The project/s will be scheduled to start in 2023-24 and the anticipated duration is likely to be two years from the start date.

Designated charitable activities
Funds of £800,000 have been set aside for the development of policy, campaigns, public affairs and raising awareness of our charitable activities during 2023-24.

Designated services development
Funds totalling £1.0m have been set aside for the development of our clinical services, including digital service delivery for beneficiaries. The expenditure is expected to start in 2023-24 and to be completed towards the end of 2025.
24. Reconciliation of net income to net cash flow from operating activities

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for the reporting period</td>
<td>1,710,932</td>
<td>1,996,821</td>
</tr>
<tr>
<td>(as per the statement of financial activities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gains on revaluation of investment assets</td>
<td>(14,999)</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation charges</td>
<td>63,646</td>
<td>66,563</td>
</tr>
<tr>
<td>Dividends and interest from investments</td>
<td>(100,567)</td>
<td>(8,414)</td>
</tr>
<tr>
<td>Loss on the sale of fixed assets</td>
<td>-</td>
<td>69,441</td>
</tr>
<tr>
<td>Decrease in debtors</td>
<td>369,329</td>
<td>49,025</td>
</tr>
<tr>
<td>Increase in creditors</td>
<td>408,063</td>
<td>2,147,614</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>2,436,404</td>
<td>4,321,319</td>
</tr>
</tbody>
</table>

25. Operating lease commitments

<table>
<thead>
<tr>
<th></th>
<th>Property</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2023</td>
<td>2022</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Less than one year</td>
<td>357,759</td>
<td>357,759</td>
</tr>
<tr>
<td>One to five years</td>
<td>377,428</td>
<td>735,187</td>
</tr>
<tr>
<td></td>
<td>735,187</td>
<td>1,092,946</td>
</tr>
</tbody>
</table>

The 2022 lease commitments disclosure for property has been restated one to five years from £817,270 to £735,187. This accurately reflects the outstanding position on operating leases.

Contingent liability
Dementia UK has entered into a rent lease agreement that expires in April 2025. The rent agreement includes a probability of 10% rent increase.

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 are indebted to everyone who has supported us over the past year, including our Volunteer Ambassadors. Because of you, more families can receive the life-changing support of a specialist dementia nurse. In particular, we would like to thank the following supporters:

The 29th May 1961 Charitable Trust  
Ali Stearn  
Aon UK  
The Artemis Charitable Foundation  
Assura plc  
Johnnie Ball  
Mike Balsamo  
Barbour Foundation  
Barratt London  
Briggs Equipment  
BT  
Janette Burt  
Butt family through the Calleva Foundation  
James Calvert  
Central Co-op  
The John Coates Charitable Trust  
The Collaboration Choir  
Computacenter UK  
Cosby Golf Club  
Coventry Hearsall Golf Club  
The Duchy Health Charity  
East Sussex Fundraising Group  
Everyone Active  
The February Foundation  
The Folio Society  
Great Days  
GRUNDFOS Pumps Ltd  
Haywards Heath Golf Club  

H&M  
Home Instead UK  
Industrials REIT  
Invesco UK  
Isle of Wight Fundraising Group  
Manjinder Kang  
Jane Keir  
The Klondyke Group  
Sir James Knott Trust  
Kohler Mira  
The Kirby Laing Foundation  
Nigel and Ian Lane  
Leeds Building Society  
Leicestershire Fundraising Group  
Richard Leitch  
Cecil and Hilda Lewis Charitable Trust  
Market Harborough and the Bowdens Charity  
Marks & Spencer  
Frank and Maggie Marshall  
The Mere Golf Club and Resort  
Moondance Foundation  
The George A Moore Foundation  
Christine Muskett  
Next plc  
Norwest Foods International  
The Openwork Foundation  
The P F Charitable Trust  
The Pipeline Industries Guild
We also thank all our kind legators who generously left a gift in their Will, as well as our supporters who wish to remain anonymous.

Purbeck Fundraising Group (Dorset)
The Rayne Foundation
The Basil Samuel Charitable Trust
Simpson Thacher and Bartlett LLP
The Charles Skey Charitable Trust
The Sobell Foundation
Jon Spurling
Stanmore Golf Club
St Martin’s School Northwood
Ian Stone
Nicola Sullivan
Swire Charitable Trust
Team Excalibur
Tina Taylor
Thames Water Utilities Limited
Theydon Bois Golf Club
Tokio Marine HCC
Mr David Tunnicliffe and family
Mr and Mrs Stephen Tunnicliffe and family
Janet Venables
Venator
Rosalind Webber
Westerleigh Group
Wimbledon Park Golf Club
Zenith Vehicles
Zurich Community Trust
The Admiral Nurse Dementia Helpline and virtual clinics provide life-changing support for families affected by all forms of dementia – including Alzheimer’s disease.

Call 0800 888 6678 or email helpline@dementiauk.org
Open Monday-Friday, 9am-9pm
Saturday and Sunday, 9am-5pm
Every day except 25th December

Virtual clinics: dementiauk.org/book

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

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