

Trustees' Annual Report

and consolidated financial statements



For the year ended
31st March 2022

Chair and Chief Admiral Nurse/ Chief Executive Officer's report	4	Spotlight: Corporate partnerships	46
		A winning team: community, virtual and challenge events	48
Strategic report	6	Spotlight: Virtual challenges	50
About Admiral Nurses	6	Taking concerns seriously	52
Dementia facts and figures	7	Looking after our people	54
		Running our organisation well	56
Achievements, performance and plans	8	Financial review	58
Joanna's story	8	Structure, governance and management	58
Admiral Nurses – a lifeline for families	10	Trustee recruitment, appointment and induction	59
Spotlight: Supporting diverse and under-served communities	12	Principal risks and uncertainties	60
Evaluating our hosted Admiral Nurse services	14	Reserves Policy	61
Here to listen: our Admiral Nurse Dementia Helpline	15	Investment Policy	61
Evaluating our Helpline	16	Pay for the Senior Management Team	62
Spotlight: Closer to Home virtual clinics	18	Trustees' responsibilities in relation to the financial statements	62
Evaluating Closer to Home virtual clinics	20	Statement as to disclosure to our Auditor	62
Supporting younger people: our Young Onset Dementia Programme	21	References and administrative details	63
Spotlight: The Young Dementia Network	24		
Recording our impact	26	Independent Auditor's report	63
Spotlight: Our 'Guiding the way' campaign	28	Use of our report	66
Fred's story	30	Consolidated statement of financial activities	68
Developing our Admiral Nurses	32	Balance sheets	69
Researching dementia support and care	34	Consolidated statement of cash flows	70
Spreading the word: our Marketing and Communications Team	36		
Spotlight: Twitter Spaces	40	Notes to the financial statements	71
Denise's story	42		
Celebrating donations, gifts and pledges	44	Thank you	88

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

It has been another challenging year for families affected by dementia. While the restrictions on daily living have eased, many people continue to feel the effects of Covid-19's 'long tail'.

We hear from families who feel the prolonged periods of isolation led to a deterioration in their loved ones' independence and abilities, and who feel lost and alone in a complex care system. They tell us they are encountering delays in getting a diagnosis in the first place because of a huge backlog of assessments, and that many services that they relied on before have failed to return to pre-Covid levels, or have stopped functioning entirely.

The need for our dementia specialist Admiral Nurses has never been greater, and while we have faced many challenges as we adapt to the 'new normal', I am delighted to say that thanks to our wonderful supporters, our nurses have been able to help more people than ever.

Over the year, we have grown the number of nurses throughout the UK – including

appointing our first nurses specialising in young onset dementia, diverse and under-served communities, and learning disabilities.

We also launched our new Closer to Home service – virtual clinics offering appointments by phone and video call, which supported over 1,300 families in its first six months.

None of this would have been possible without our donors, fundraisers, corporate partners, regular givers and legators.

Building on the success of our virtual challenges, which we launched in the midst of the pandemic, we ran four Facebook challenges across the year – Cycle 100 Miles in June, Walk 30 Miles in September, Jog 50 Miles in November, and the hugely popular March Dog Walking Challenge. Over 12,500 supporters took part in these events, raising an incredible £2.1m.

We were also able to reinstate some of our in-person events, including the London Marathon, our annual Time for a Cuppa fundraiser, and our carol concert.

As a charity, we are committed to improving dementia care, and in November, we launched a campaign to highlight the difficulties



many families experience in accessing NHS continuing healthcare (CHC) funding for relatives with dementia.

We engaged with the Department of Health and Social Care and NHS England to call for improvements, and saw an increase in contacts to our Helpline and clinics from families in need of support throughout this complex and often unfair process.

We continue to innovate to improve support for families living with dementia, and in 2021 we were one of the first charities worldwide to start using Twitter Spaces. These are live audio forums where our Admiral Nurses, other professionals and people with lived experience can connect with members of the public to share expert, compassionate advice and support.

We also held our first online Summer School which was open to all health and social care professionals, helping them improve their knowledge and understanding of dementia to better support the families they work with.

These are just a few of our successes this year, and in the pages of this Annual Report, you will find many more highlights – but there is still more to do.

We have ambitious plans for the year ahead, including growing the number of Admiral Nurses, increasing the reach of our Helpline and virtual clinics, and continuing to campaign for much-needed improvements in dementia care.

It is only by working together that we can offer a lifeline to more families facing dementia, and we are truly grateful to our many supporters, donors and, of course, our Admiral Nurses and Dementia UK staff and volunteers who make this happen.

With our sincerest thanks,

Dr Hilda Hayo
Chief Admiral Nurse/CEO

Professor David Croisdale-Appleby OBE
Chair of Trustees

About Admiral Nurses

Dementia UK is the specialist dementia nurse charity. Our nurses, called Admiral Nurses, offer life-changing support for families affected by dementia.

As dementia specialists, they help families manage complex needs, considering the person living with dementia and the people around them. They provide tailored clinical advice and psychological support; advise

people about benefits and financial issues; support families in their caring role; and help build links with other health and care professionals.

Admiral Nurses work in the community, in hospitals, on the Dementia Helpline, and in virtual clinics. They are continually supported and developed by Dementia UK.

For families facing dementia, they can be a lifeline.



“Our nurse was amazing. She gave us a 45-minute video appointment and completely understood what we were going through. Her advice was really helpful and relevant – much better than we have had from other services in the last three years.”

Family carer

Dementia facts and figures

Dementia is an umbrella term for a range of neurological conditions that affect the brain and get worse over time.

There are over 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
- difficulties with speech
- problems with decision-making
- changes in behaviour



Over
940,000
people in the UK are thought to be living with dementia.



1 in 4
hospital beds is occupied by someone with dementia.



Around
7.5%
of people with dementia are aged 65 or under – this is called young onset dementia.



700,000
people in the UK are informal carers for a person with dementia.

Dementia is the leading cause of death in the UK.

Joanna's story

Joanna's mum was diagnosed with vascular dementia in 2015. Joanna talks about the impact that her mum's condition has had on the whole family, and how they have been supported by an Admiral Nurse.

My mum worked as a mental health nurse and was always very independent. The first sign that something was wrong was when she broke her leg. She struggled to engage with physiotherapy and couldn't get her head around how to balance on crutches. She started having difficulties at work and there were concerns about her performance.

Mum decided to retire early, aged 55, and from then on, she began to withdraw from life. She found it hard to engage in conversation and would sit staring into space. Her life revolved around watching television – she didn't really do much else.

Mum was referred to a neurologist, who diagnosed disease in the small blood vessels

“I couldn't get through a day without crying.”

of the brain. But as time passed, I became increasingly worried about her. I found lots of unopened letters in her flat, including unpaid bills. She had been involved in a car accident and because she hadn't responded to the insurance claim, her insurance was void – yet she was still driving. It became clear that there was more to her condition than we knew.

After returning to the neurologist, Mum was eventually diagnosed with vascular dementia in 2015, at the age of 59. We were informed by letter, with no phone call or follow-up. I was devastated.

I knew Mum would need extra support, so she moved to a retirement property with carers on site. I thought she would be safe there, but she ended up having a bad fall and had to have surgery on her face.

After that, I arranged for extra carers to visit Mum in her flat every day, but they only came for 15 minutes at a time. Mum was incontinent and would go unchanged for hours. They would try to put her to bed at 9pm and she would



“My Admiral Nurse was a guardian angel.”

refuse. One night, she fell out of bed and the carers found her on the floor the next morning. I had no idea how long she had been there.

At the time, I was working as a police officer, and I also had three young children. I was in a constant state of anxiety. I decided to completely change career and become a university lecturer because I needed a job with regular hours. If I was on a late shift and didn't get home until four o'clock in the morning, I'd still have to get up to take Mum to a doctor's appointment at 9am.

I was exhausted and couldn't get through a day without crying. That's when I found the Dementia UK website and called the Helpline. I broke down as I felt so helpless.

The Helpline nurse told me there was a dementia specialist Admiral Nurse, Louise, in my area, and we arranged a meeting. The first time I spoke to Louise it felt like speaking to this amazing, knowledgeable professional who understood what I was going through. It was such a relief.

Louise taught me that I needed to look after myself and gave me lots of practical advice. She supported me with applying for care home funding and came with me to important meetings with Social Care.

Louise also said I could call the Helpline whenever I needed. That felt like a safety blanket, helping me cope with the emotional trauma of seeing the person I love deteriorate.

Mum's dementia has been a very rocky road for our whole family, but at a time when I was at burnout and didn't know where to turn, Louise was there for me. She was my guardian angel.

Achievements, performance and plans

Admiral Nurses – a lifeline for families

Our dementia specialist Admiral Nurses are at the heart of everything we do. Our Admiral Nurse services, which are hosted by organisations such as NHS Trusts, care homes and hospices in collaboration with Dementia UK, offer life-changing support to families facing dementia.

What we said we would do

Increase the number of new Admiral Nurses in primary care by at least 22, and in acute care by at least eight.

What we did

Increased the number of new nurses in primary care by 26, and in acute services by 18.

What we said we would do

Recruit at least four more nurses to support people from under-served communities, such as those with young onset dementia, learning disabilities, and people from ethnic minority communities.

What we did

Expanded our Lewy body dementia service, appointing a new Admiral Nurse specialising in Lewy body dementia. She supports people with Lewy body dementia and their families, as well as other Admiral Nurses across the UK who work with people with the diagnosis.

Appointed a Young Onset Dementia Consultant Admiral Nurse to support people living with

young onset dementia (where symptoms develop before the age of 65) and their families. This is a national role, with a focus on raising awareness of young onset dementia and influencing and driving national policy. The nurse will also support other Admiral Nurses and health and social care professionals, encourage links between research and practice, and develop new materials and resources.

Secured an extension of our first Learning Disabilities Admiral Nurse role, continuing and building on our support for people living with learning disabilities. This post is hosted by the charity MacIntyre, which will be fully funding the position going forward.

Appointed our first Consultant Admiral Nurse for Diverse and Under-served Communities. She will play a pivotal role in the development of new and existing services, so people living with dementia from diverse and under-served communities have equal access to specialist dementia care. This includes setting up new services in areas where there is a high number of diverse and under-served communities, and ensuring Admiral Nurses are equipped to provide culturally sensitive care (see p12).

Agreed two new Admiral Nurse posts to focus on diverse communities in Leicester and the Black Country, and a Mandarin and Cantonese-speaking nurse to deliver clinics in London, in collaboration with the Chinese Welfare Trust.

Conducted an Admiral Nurse diversity audit to establish how diverse our workforce is – the better families are understood and represented, the better they can be supported.



What we said we would do

Recruit Admiral Nurses to work in specific areas including care homes and hospitals.

What we did

Recruited 16 new nurses to work in specific settings including the community, care homes, and hospices.

We also...

Created 28 new Admiral Nurse services across the country – a total of 62 nurses. In addition, we now have clinics offering in-person appointments in five regions. We have also secured a contract to develop our first service in Guernsey, which will have two nurses.

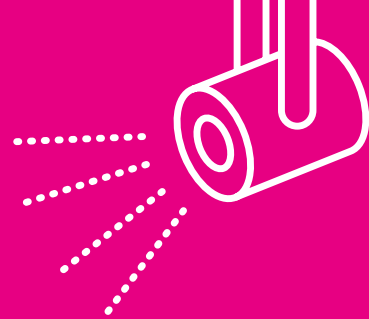
Developed a new model within acute care to support people through transitions from hospital to home – this involves Admiral Nurses working with families who care for someone who is about to be discharged from hospital, whether that be to residential care or their family home.

What we'll do next – our priorities for 2022-23

Increase the number of new Admiral Nurses in primary care by 15 and in acute posts by 10.

Increase the number of Young Onset Dementia Admiral Nurses by three to work in Cognitive Disorder Clinics (clinics for the assessment, diagnosis and treatment of people with cognitive deterioration, including dementia) and in community settings.

Develop a model to help our nurses better support and engage with families from diverse and under-served communities. We will identify and support the delivery of training to help nurses meet the unique needs of these families. This will include creating a further three new Admiral Nurse roles in under-served communities.



Spotlight

Supporting diverse and under-served communities

Paulette Winchester-Joseph is Dementia UK's first Admiral Nurse for Diverse and Under-served Communities.

I was appointed Consultant Admiral Nurse for Diverse and Under-served Communities in July 2021, having been an Admiral Nurse for 14 years. The need for this new role arose from a renewed focus on diversity, equity and inclusion in the charity's strategy for 2020-25.

It is recognised that accessing dementia care can sometimes be more challenging for families from Black, Asian and other diverse communities. Some of the challenges that these communities face include lower levels of understanding and knowledge of dementia; higher levels of stigma associated with the condition; lack of knowledge of how to access services; and a reluctance to ask for and accept formal support from professionals, believing that it is the responsibility of family members to care for a person with dementia.

In some minority ethnic communities, there are myths and taboos around dementia that make it difficult to ask for help. For example, dementia can be seen as a punishment for past events or the work of evil spirits. There may also be significant language barriers to accessing support.

At Dementia UK, we understand the needs and challenges of diverse and under-served communities. We support our Admiral Nurses to work alongside these communities to help them overcome the barriers they face and ensure that they have a better experience of dementia support.

A better quality of life with dementia

My priority for the year ahead is to establish a Diversity Champions Network to develop an improved model of nursing. This will enhance the understanding of dementia in people from diverse and under-served backgrounds, and improve their experience of care and support.

We will recruit new Admiral Nurses who are themselves from diverse backgrounds so that families feel better represented and understood, and more able to access life-changing dementia support. We will also upskill our existing nurses through webinars, forums, conferences, special interest groups and communities of practice so they can support families from diverse and under-served backgrounds to have a better quality of life with dementia.



In some minority ethnic communities, there are myths and taboos around dementia that make it difficult to ask for help. For example, dementia can be seen as a punishment for past events or the work of evil spirits. There may also be significant language barriers.

Evaluating our hosted Admiral Nurse services



Our Insights and Evaluation Team collected information from family carers and health and social care professionals about how Admiral Nurse services in communities, primary care and acute care are meeting the needs of families facing dementia.

Carers told us:

- 86%** The service had improved their ability to take better care of the person with dementia.
- 87%** The service had improved their ability to cope.
- 100%** They would recommend the service to family and friends.

Professionals told us the Admiral Nurse service:

- 99%** Improved care for families.
- 99%** Improved quality of life for families.
- 98%** Enabled families to be involved in decisions about care.
- 94%** Improved case management and coordination.

“Before [my Admiral Nurse] came along I was afraid to ask for help from others. Today I can gladly say how much I’ve grown in confidence and am no longer afraid to ask for help. My anxiety and stress levels have dropped to almost zero and I feel that I can now face whatever difficulties my caring responsibilities throw at me.”

Family carer

Here to listen

Our free Admiral Nurse Dementia Helpline provides expert, compassionate advice at the end of the phone.

What we said we would do

Ensure our Helpline reaches and supports even more families living with dementia.

What we did

Supported some of the most vulnerable people across the UK. In 2021-22 there were 33,199 direct contacts to the Helpline – over 600 more than in the previous year.

Due to the ‘long tail’ of the Covid-19 pandemic, our conversations and emails have become more complex, with many families experiencing difficulties in accessing dementia services and facing pressing or challenging situations at home, in hospital, in care homes and in other settings.

Calls and emails therefore take us more time to ensure that we address the needs of our contacts safely and appropriately.

What we said we would do

Continue the expansion of the Helpline to ensure more callers get through on their first attempt by recruiting more dementia specialist Admiral Nurses.

What we did

Maintained the opening hours of our Helpline, which were extended during the pandemic – we are open seven days a week, every day except 25th December.

Increased the number of nurses on each Helpline shift:

- from 14 to 16 on weekdays
- from five to six on weekday evenings
- from five to six on Saturdays and Sundays

Recruited more Admiral Nurses to work on the Helpline. We now have eight full-time Helpline nurses, and 52 sessional nurses registered to work on the Helpline as required.

What we’ll do next – our priorities for 2022-23

Increase the number of families we can support by adding an extra 17 shift availabilities per week. Day shifts (weekdays and weekends) are 7.5 hours long. Evening shifts are 3.5 hours long.

Continue with our Helpline expansion to ensure more families get through on their first attempt. We will do this by recruiting

more full-time and part-time Admiral Nurses to the Helpline. We aim to have 12 full-time and 16 part-time nurses in post by April 2023 – this will enable us to meet the increasing number and complexity of calls and reduce the need for sessional nurses to staff the Helpline. Our aim is to support at least 34,000 direct contacts between April 2022 and March 2023.

Evaluating our Helpline



Our Insights and Evaluation Team surveyed 189 carers who contacted our Helpline about their experiences.

In 2021, the top reasons for contacts to our Helpline were:

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

Carers say the Helpline made a positive difference to:

- 99%** their ability to take better care of the person they look after.
- 97%** their ability to make important decisions about the care of the person they look after.
- 97%** their knowledge of local services offering support.
- 97%** their ability to cope in their caring role.
- 93%** their ability to communicate with the person they look after.

96% of carers said the Helpline Admiral Nurse gave them enough time and listened to them.

95% said that the nurse was good at explaining things clearly.

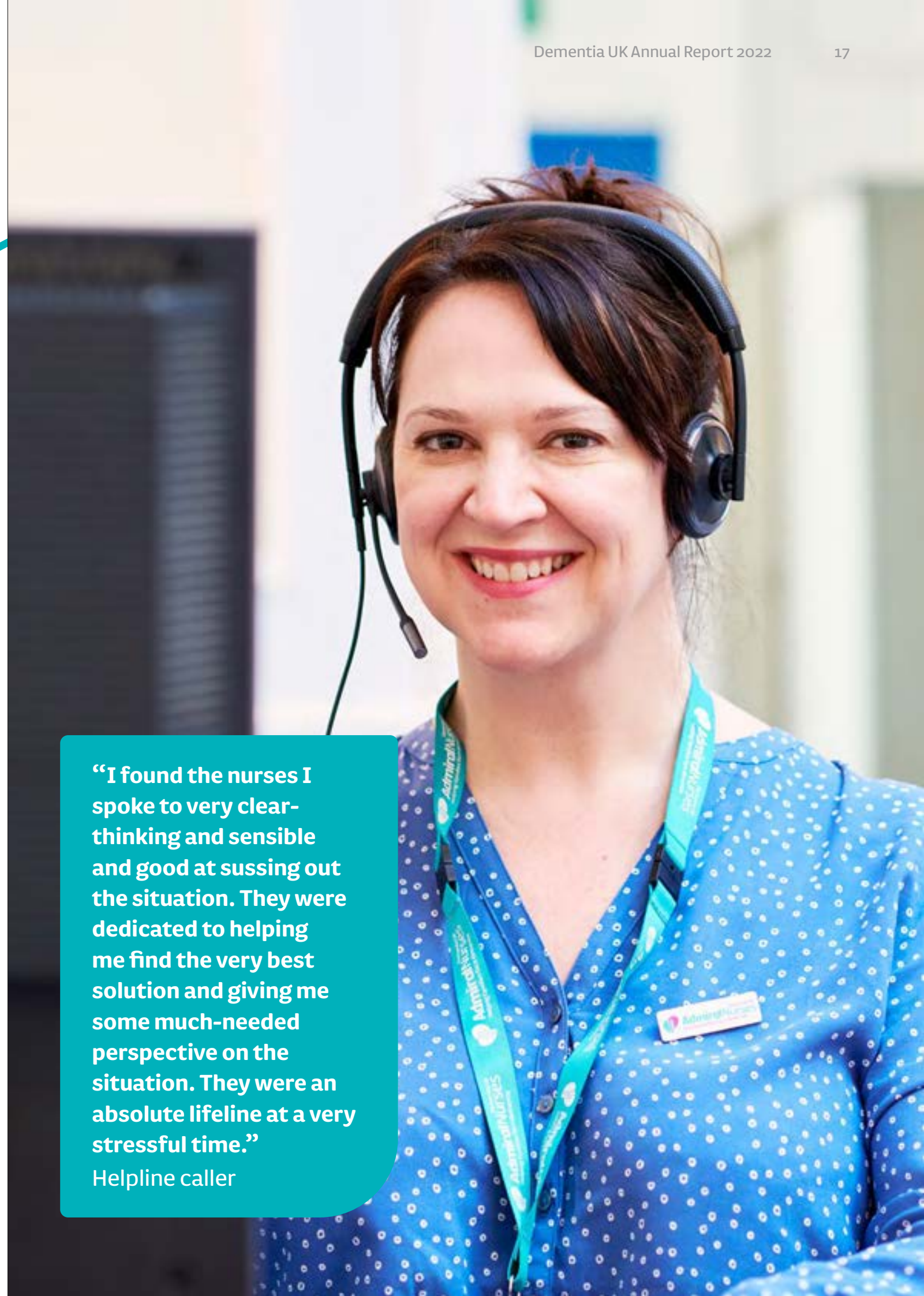
90% stated that their experience of our Helpline was very good or good.

Our Helpline helps to relieve pressure on other health and social care services.

Without the Helpline, 24% of carers would have seen a GP about the needs of the person with dementia.

“I found the nurses I spoke to very clear-thinking and sensible and good at sussing out the situation. They were dedicated to helping me find the very best solution and giving me some much-needed perspective on the situation. They were an absolute lifeline at a very stressful time.”

Helpline caller





Spotlight

Closer to Home virtual clinics

Closer to Home Project Lead Helen Green explains how virtual clinics are reaching more families living with dementia.

Closer to Home is a new initiative that provides families with support from a dementia specialist Admiral Nurse in virtual clinics, by phone or video call. Families can book a free 45-minute appointment at a time to suit them at dementiauk.org/book-a-clinic-appointment.

Closer to Home was funded in its first year of service by our corporate partner, Leeds Building Society.

Originally, the intention was to establish the Closer to Home service as a mobile support centre travelling the UK, offering face-to-face appointments. But when lockdown was announced, followed by the ongoing requirement for social distancing, the model evolved into nurse-led virtual clinics offering appointments by phone or video call.

Virtual clinics have the advantage of meeting an increased need for support for families countrywide, reaching people living in under-served areas and those who cannot easily leave their home.

It also allows family members who may live in different areas – both within the UK and sometimes overseas – to participate in the same appointment. We have supported families

in countries including Australia, America and Switzerland, all with relatives with dementia in the UK, enabling them to receive the expert advice of an Admiral Nurse at a time when travel was restricted.

Initially, we offered clinics three days a week, but demand for the service led to us expanding to four days a week in February 2022. We have also created four new full-time Admiral Nurse posts to work in the clinics.

Accessing ongoing support

In the first six months after the launch of Closer to Home in June 2021, over 1,300 families had a virtual appointment. Families can access ongoing support through repeat bookings, and health professionals are also using the service to improve their dementia knowledge and awareness.

We are currently working on plans to launch the mobile support centre alongside virtual clinics and hope to commence this in January 2023. We have also developed a new, simpler, bespoke booking system, and are preparing to offer appointments five days a week so we can support more families facing dementia.

Evaluating Closer to Home clinics

Our Insights and Evaluation Team gathered data about our virtual clinics for the six-month period from their launch in June 2021 until the end of November.

During this period, our Closer to Home clinics completed 632 appointments.

The majority of appointments were conducted by phone (63%).

The most common reasons for requesting an appointment were:

- accessing support
- dementia understanding and support
- care options
- psychological/emotional support
- understanding behaviour

Our clinics nurses have the time to listen.

97% of survey respondents said the Admiral Nurse was 'very good' or 'good' at listening to them, making them feel at ease and showing care and understanding.

96% of respondents said the nurse was 'very good' or 'good' at giving them enough time to discuss their situation, and explained things clearly.

90% of respondents said they received all or most of the information, advice or support that they needed.

91% of respondents said their appointment improved their ability to take better care of the person with dementia.

91% said it improved their ability to make decisions about the person's care.

Our clinics signpost contacts to services that can offer additional support.

These include GPs, Social Services, voluntary organisations and organisations that offer advice around benefits and services.

"I felt I must contact you to say how useful my appointment was. Admiral Nurse Helen was so kind and caring but also knowledgeable and helpful. We are not fortunate enough to have an Admiral Nurse service here in Calderdale but having access to the virtual clinics is really beneficial, especially when you have wonderful nurses like Helen."

Family carer

Supporting younger people

Our Young Onset Dementia Programme offers specialist support to people whose dementia symptoms developed before the age of 65 and their families.

What we said we would do

Increase access to Admiral Nurse services with a young onset dementia specialism or expertise.

We also have a searchable database listing young onset dementia groups and services – something that is unique to Dementia UK.

What we did

Appointed a new Consultant Admiral Nurse for Young Onset Dementia, and increased the number of nurses with a young onset dementia specialism.

Launched a young onset dementia module on Blackboard (our virtual learning space for Admiral Nurses). We also developed two young onset dementia-focused webinars: Young onset dementia and families, and Sexual health, perimenopause and menopause in women with young onset dementia.

What we said we would do

Develop and implement an effective and sustainable young onset dementia digital support programme including online information, webinars, short films and blogs.

What we did

Created a specific young onset dementia section of the Dementia UK website with resources including information pages, blogs, family stories, and films to educate and inform people about young onset dementia.



Developed a range of leaflets specific to young onset dementia, addressing the different impact on and needs of younger people with dementia. We have published three new leaflets and webpages: About young onset dementia; Employment and young onset dementia; and Frontotemporal dementia.

What we said we would do

Increase the number of people affected by young onset dementia who connect and engage with Dementia UK.

What we did

Grew the membership of the Young Dementia Network from 3,454 to 4,484.

Carried out a survey of people affected by young onset dementia to guide the development of a portfolio of resources. The survey had 250 responses and identified what information people would find helpful – 150 respondents also volunteered to help develop resources.

Increased the involvement of people affected by young onset dementia through personal stories, photos and films shared in the media and on social media.

“[People with young onset dementia] need acknowledgement that it is not just older people who have dementia. It is life-changing and younger people have jobs, need an income. I feel as though I lost my independence and part of my identity.”

Person with young onset dementia



What we'll do next – our priorities for 2022-2023

Develop further learning materials and support for nurses, including a pre-Admiral Nurse young onset dementia module, learning opportunities in the Admiral Nurse Forum and Summer School, and a special interest group.

Grow the number of Young Onset Dementia Admiral Nurses – we aim to recruit at least three per year with 15 in post across the UK by 2025.

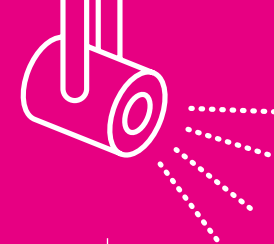
Work with the Consultant Admiral Nurse for Young Onset Dementia to raise the national profile of Dementia UK's young onset dementia offer.

Promote the availability of Closer to Home virtual clinics and the Helpline to people affected by young

onset dementia, and collect data and feedback on people's experiences of the service.

Develop the young onset dementia section of the Dementia UK website by reviewing and enhancing existing content and identifying and filling gaps.

Produce at least six new young onset dementia leaflets, including Getting a diagnosis of young onset dementia and next steps; Support for children and teenagers with a parent with young onset dementia; and Choosing a care home for and with a person with young onset dementia.



Spotlight

The Young Dementia Network

Tessa Gutteridge, Programme Director for Young Onset Dementia, explains how the Young Dementia Network is working to improve the lives of people with the diagnosis and their families.

The Young Dementia Network was established in 2016 by YoungDementia UK. Following the merger of our charities in 2020, it is now hosted by Dementia UK. It is a unique influencing community made up of people living with young onset dementia, their families and friends, and people working in health and social care, dementia research and the voluntary sector.

Nearly 1,000 people joined the Young Dementia Network this year, taking our membership to over 4,400.

Network members are united in their purpose to improve the lives of people with young onset dementia and their families, and create positive change for a better future. This means embedding young onset dementia firmly within health and social care systems, policies, practice, and research nationally.

This year, the Network has involved people affected by young onset dementia in contributing to England's new dementia strategy, to the All-Party Parliamentary Group on dementia, and to the Memory Services National Accreditation Standards consultation.

Raising the profile of young onset dementia

As well as building a community to create change, the Network has enabled members to

participate in research studies, exchange good practice and information, and share stories of activism, including through regular webinars.

Dementia UK has also raised the profile of the Young Dementia Network and young onset dementia by launching our Network website, growing our social media activity and publishing an engaging e-newsletter, all with fresh branding.

There is still much to do to improve the lives of people affected by young onset dementia, but with the reputation and reach of Dementia UK behind us, we have made an excellent start.

“As a clinician and researcher, it is highly motivating and inspiring to be part of a network committed to the common purpose of raising awareness of young onset dementia and promoting change.”

Dr Janet Carter, Consultant in Old Age Psychiatry and Senior Clinical Lecturer in Old Age Psychiatry at University College London

Recording our impact

Our Insights and Evaluation Team plays a vital role in helping us develop and improve our services by listening to Admiral Nurses and families affected by dementia.

What we said we would do

Ensure that our insights and evaluation work effectively supports Dementia UK's strategy by collecting, analysing and reporting evidence of the impact of Admiral Nurses and wider Dementia UK activities.

What we did

Monitored and evaluated Dementia UK's clinics services through:

- developing dashboards for activity reporting with 2,021 appointments completed – 1,217 in Closer to Home clinics and 804 in primary care clinics
- developing surveys to collect feedback from people accessing services, with 365 surveys completed to date

- providing reports for steering groups throughout the year for primary care clinics services

Supported Dementia UK's 'Guiding the way: NHS continuing healthcare (CHC) campaign' (see p28) with a rapid appraisal of experiences of CHC from Admiral Nurses and family carers. We completed three focus groups and in-depth interviews and shared the results with the Policy, Campaigns and Public Affairs Team.

Supported our strategic objectives by working on evaluations with Admiral Nurses across a range of services throughout the UK. We also provided 16 monitoring reports for hosted Admiral Nurse services.



What we said we would do

Publish external reports and resources including Dementia UK surveys of carers and professionals to show the impact that our nurses are having and help us to build the evidence base for Admiral Nursing.

What we did

Published summary reports for:

- the Dementia Helpline – see p16 for results
- the Admiral Nurse Lewy body dementia service
- Closer to Home virtual clinics (interim six-month report for partner Leeds Building Society) – see p20

We also...

Developed and launched our first National Admiral Nurse Census in March 2022. The census records our nurses' activity on one selected day and is a great opportunity to gather high quality data to demonstrate the uniqueness and complexity of their roles across various settings.

Supported the Young Onset Dementia Working Group to develop and implement an online survey on what young onset dementia information people want; what has been helpful; what is missing; and how they like to access information.

Developed and implemented a Dementia UK staff audit and survey on equality, diversity and inclusion. The team also supported the Consultant Admiral Nurse for Diverse and Under-served Communities with an Admiral Nurse diversity audit.

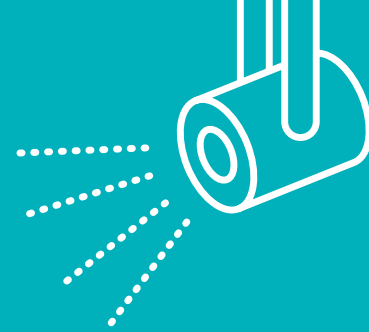
What we'll do next – our priorities for 2022-2023

Ensure that our insights and evaluation work continues to effectively support Dementia UK's strategy. We will support colleagues across the organisation through the development of suitable tools/methods for gathering, storing and sharing information and evidence. We will also support the collection, analysis and reporting of evidence on the impact of Admiral Nurses and wider Dementia UK activities.

Continue to gather data to help Dementia UK demonstrate the role of Admiral Nurse across various settings. We will analyse, report on and

further develop the National Census. We will also analyse and report evidence relating to Dementia UK's Admiral Nurse services and further develop tools to support with this (eg dashboard reporting).

Ensure our nurses are supported with monitoring and evaluation of their services. We will launch a monitoring and evaluation handbook and an education module on Blackboard, with supporting resources. We will continue to provide monitoring and evaluation advice, guidance and support.



Spotlight

Our 'Guiding the way' campaign

Our Policy, Campaigns and Public Affairs Team raises awareness of the issues facing families living with dementia and pushes for change, including through influencing national policy.

In November 2021, we launched our 'Guiding the way' campaign, looking at the challenges many families face when applying for NHS continuing healthcare (CHC) funding for a person with dementia, and calling for improvements to the process. CHC funding is a package of care fully funded by the NHS for adults with long-term, complex health needs.

We interviewed family carers and Admiral Nurses to better understand the challenges families face trying to access CHC funding. We uncovered three main issues:

- assessors ignoring or misunderstanding the variable impact dementia may have on individuals and their families
- a lack of support within the process
- a confrontational, rather than supportive, process

Our campaign focused on shining a light on the difficulties that many families affected by dementia face when applying for CHC, and sharing our recommendations for improving the CHC application and assessment process across England.

We launched 'Guiding the way' by sharing family stories about applying for CHC on our website and on social media – two of these were picked up by local and national media. We also featured

a video of Maureen – a Dementia UK Volunteer Ambassador – talking about her experiences of applying for CHC for her husband.

As part of the campaign, we developed a guide to CHC for families living with dementia, and a separate guide for CHC assessors, which aims to support them in completing robust assessments of people with dementia. We have also developed e-learning resources for Admiral Nurses to continually develop their knowledge and understanding of CHC.

Since launching the campaign, we have seen an increase in contacts to our Helpline and clinics about CHC, and over 4,000 views of our information resources page. As members of the CHC Alliance, we have collaborated on an amendment to the Health and Care Bill to improve accountability and quality of services, and are working with the Department for Health and Social Care (DHSC) on updates to the CHC National Framework.

We are committed to improving the CHC experience for families affected by dementia by working with our supporters, Admiral Nurses, local CHC leads, NHS England, NHS Improvement, and the DHSC to make our recommendations a reality.



“It is so important for families going through the CHC process to have someone like an Admiral Nurse to help them navigate the system. I don't know how families cope on their own.”

Mary, who was supported by an Admiral Nurse when applying for CHC for her mum

Fred's story

The Admiral Nurse Dementia Helpline was a lifeline to Fred when his wife Lynne was diagnosed with vascular dementia. Fred is now one of our Volunteer Ambassadors, helping to raise awareness of the challenges facing families living with dementia.

Lynne was a primary school music teacher for 35 years and a university lecturer for eight years. During the early part of her teaching career, she was also a semi-professional opera singer. She had a real vocation – she loved music and was very well respected in the amateur theatre world.

Lynne was lecturing at Plymouth University when she suffered her first stroke, in 2010. It left her with some paralysis on her left side, which meant she had to stop work, but she managed to rebuild, working on shows for the local operatic society.

“I fought for two years for a diagnosis.”

Then, in 2017, Lynne had a blackout while driving and crashed into a parked car. She got all the admin sorted out, but that evening, she went to a rehearsal, and some of the cast members noticed changes to her facial features. She was taken to A&E, where it was confirmed that she had had a second, more serious, stroke.

From that point, I knew Lynne was deteriorating. But it didn't just go from good to bad overnight – it was a long and difficult process. I fought for two years to get a diagnosis, and finally, in 2020, she was diagnosed with vascular dementia at the age of 65.

Lynne's dementia meant I had to give up my job in the Ambulance Service. I was getting her up in the morning, dressing her, taking her to the toilet, lifting her. She could no longer remember our conversations; her cognition, sight and hearing were rapidly declining, and she was incontinent.

Lynne's psychiatric doctor noticed that I was at risk of a breakdown and gave me the details of the local Admiral Nurse service. I didn't think I needed it at that stage, but I wrote the number down in case I needed it in the future.

Eventually, after a difficult morning with Lynne, I reached crisis point. I went into my office, saw the number for the Admiral Nurse service, and picked up the phone. An amazing nurse, Trace, listened as I cried for an hour and a half. It was like everything came to the surface.



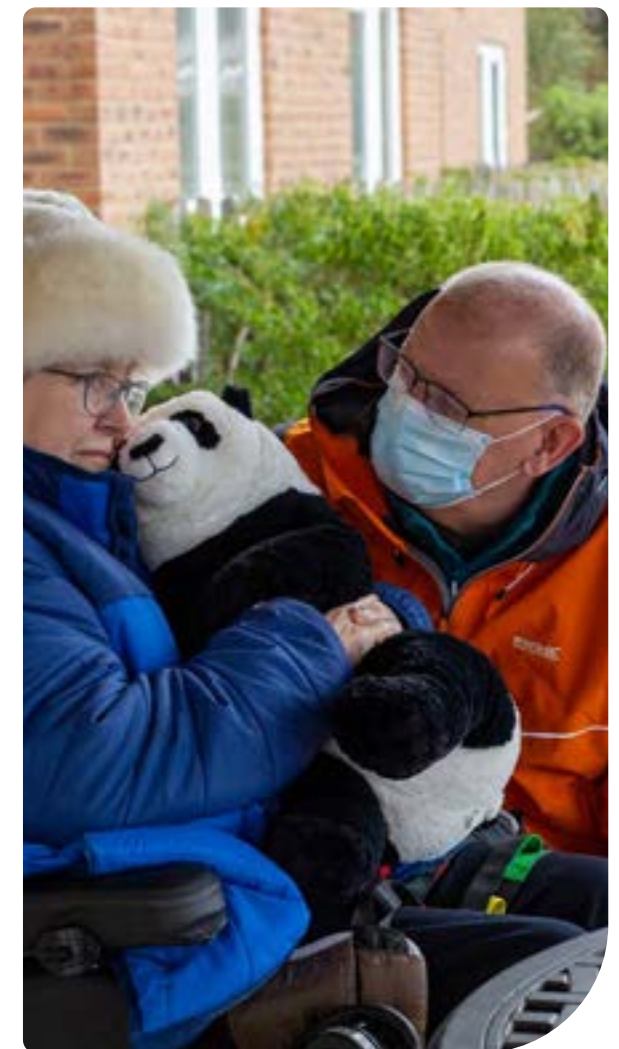
“My Admiral Nurse opened the door to getting help.”

Trace arranged to visit us at home, and when I told her everything I was doing for Lynne, she made me see that I couldn't do it alone anymore. She encouraged me to see the doctor about my depression, and supported me with moving Lynne into a care home. It was the most difficult decision I've ever made, especially as it happened during Covid-19 which meant I was unable to visit Lynne, but Trace reassured me that it was the right time.

When someone you love has dementia, it's so hard to get help. Whenever I had asked, the door had always been closed on me. Trace opened that door when no one else would.

Dementia takes over someone's life. Lynne was such a vivacious person, but that has all been lost. Her friends, family, fellow musicians and I are missing out by no longer having the old Lynne in our lives.

I am now a Volunteer Ambassador for Dementia UK and am passionate about spreading awareness of dementia and the role of Admiral Nurses – we urgently need more so that every family that needs their support is able to get it.



Developing our Admiral Nurses

Dementia UK offers ongoing support and continuing professional development to all Admiral Nurses, allowing them to build their knowledge, skills and experience, as well as supporting other health and social care professionals to grow their understanding of dementia.

What we said we would do

Deliver our first ever virtual Summer School for health and social care professionals who work with people living with dementia and their families, involving a series of webinars looking at topics including telephone skills, assessment and diagnosis, distressed behaviour, and planning.

What we did

Hosted a four-day online Summer School on the theme of 'The NHS Well Pathway for dementia'. Summer School was facilitated by the Professional and Practice Development Team, with Admiral Nurses and Dementia UK clinicians presenting sessions on 'Preventing well', 'Supporting well', 'Living well' and 'Dying well'.

Summer School was attended by a total of 621 health and social care professionals. Feedback said that the event increased awareness, understanding and interest in the work of Dementia UK, its Admiral Nurses and Helpline; ignited a passion to improve dementia care; instilled the importance of listening to service users' and carers' experience; and increased interest in a career in Admiral Nursing.

What we said we would do

Plan and develop our Admiral Nurse Academy to ensure it supports our nurses and the increasing number of other nurses who would like to become Admiral Nurses.

What we did

Continued to build the Academy to provide a space for Admiral Nurses that is dedicated to continuing professional development; innovation; career development; knowledge exchange; developing and showcasing evidence; and connecting people and practice across the UK Admiral Nurse community, amongst other things.

We hosted development opportunities for our nurses on our Blackboard learning platform, which allows us to showcase best evidence, innovation and research. We have a regular webinar programme, offer flexible courses and learning units and focus on the individual development needs of our nurses. In addition, we offer a pre-Admiral Nurse module for nurses who are interested in becoming an Admiral Nurse – this highlights the role of the nurse in working with families.



We also...

Developed an online clinical supervision model for Admiral Nurses – we now have around 40 groups which meet monthly and are facilitated by senior nurses at Dementia UK.

Developed a leadership pathway for Admiral Nurses. Our Admiral Nurse Leadership Course offers an opportunity for nurses to consider their leadership styles more closely, and how they can influence change with a wider impact

for families living with dementia. The pathway then offers nurses the opportunity to continue to develop their leadership skills by studying with the Florence Nightingale Foundation.

Hosted a successful online Admiral Nurse Forum: an opportunity for all of our nurses to come together to learn and share best practice. Speakers included Ruth May, Chief Nursing Officer for England, and Andrea Sutcliffe, Chief Executive of the Nursing and Midwifery Council, among others.

What we'll do next – our priorities for 2022-2023

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.

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 aim to recruit at least eight nurses.

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

Researching dementia support and care

Through our Research and Publications Team, we inspire best practice nationally to help people with dementia and their families get the support they need.

We contribute our expertise to the wider field of research into dementia care and are partners and collaborators on a range of research studies.

We also offer expert advice, assist with participant recruitment, and support dissemination of research across a wide range of stakeholders.

What we said we would do

Publish ‘What you really want to know about life with dementia’ – a book giving families affected by dementia the chance to voice their questions and concerns. We wanted to provide a resource that gave a rationale or an explanation for the issues families were facing, followed by the advice that they would receive from an Admiral Nurse.

What we did

Completed the 17-chapter book, with the content directed by families affected by dementia. It focuses on what people with dementia and their family carers feel are the most important questions for them, and not

what professionals feel they should know. It is expected to be published by December 2022

What we said we would do

Help Admiral Nurses turn their projects and activities into compelling research. We said we would support and guide them to produce projects that resulted in new evidence, extending the organisation’s research capability beyond the Research and Publications Team.

What we did

Supported several nurses to develop and complete projects and research. This involved working across teams within Dementia UK and in Admiral Nurse practice.

Two examples of projects are ‘Understanding the experiences of Admiral Nurses during Covid-19’ and ‘Understanding the experiences of carers of people with Lewy body dementia receiving a specialist Admiral Nursing intervention’. They will be presented at the British Society of Gerontology Conference and the International Lewy Body Conference, respectively.

What we said we would do

Produce even more peer-reviewed publications to disseminate the activity of Admiral Nurses and evidence of how best to help people with dementia.

What we did

Produced a high number of publications of varying kinds. In addition to the book described above, we have supported and/or written over 40 journal articles and other publications throughout the year.

What we said we would do

Develop a research plan for Dementia UK that focuses on commissioning the research needed to support the direction of our strategy.

What we did

Due to confounding factors such as stretched resources in the Research and Publications Team and the impact of Covid-19, we were unable to achieve this objective. It will remain an objective for 2022-23.

We also...

Accepted commissions from several journal editors to write about various aspects

of dementia care to support generalist practitioners. This includes one of a series of 10 articles for The Journal of Older People Nursing.

Joined a subgroup to support the development of a research plan to support the next National Dementia Strategy.

Contributed a paper to the annual Alzheimer’s Disease International Report 2022 focusing on supporting family carers in decision-making.

Provided a 10-venue tour discussing continence care in dementia. We have also been involved in a large National Institute for Health Research (NIHR) study exploring continence care in the acute hospital setting – the report is in final edits, and we have partnered in the development of an NIHR podcast to accompany its launch.

Became collaborators and/or co-applicants on several new successful research bids with university partners across the UK.

Secured a part-time secondment for our Head of Research and Publications, Karen Harrison Denning, to a Chair (Professor) in Dementia Nursing at De Montfort University.

What we’ll do next – our priorities for 2022-2023

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

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

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.

Complete a recently commissioned second book: ‘Working with dementia – what you want to know’, for professionals working in the dementia field.

Spreading the word

Our Marketing and Communications Team is central in raising awareness of dementia and the life-changing support of our Admiral Nurses. We also produce expert resources for families affected by dementia.

What we said we would do

Strengthen our social media presence through Facebook, Twitter, Instagram and LinkedIn to ensure that every post reaches the people who need to see it, and that our key messages are always clear.

What we did

Worked with a new social media monitoring platform to streamline our social media scheduling and monitoring. We have used their 'listening tool' to find news articles and other content that is relevant and of interest to our social media followers and encourage them to engage with our posts.

Hosted our first Volunteer Ambassador takeover for Volunteers' Week on Twitter.

Hosted monthly Twitter Spaces with our Admiral Nurses, talking about different topics and giving a platform to supporters and social media users to talk about their concerns and challenges. We are the first UK charity to use Twitter Spaces in this way – see Spotlight on p40.

Increased engagement and reach on Instagram by posting quizzes and polls on Instagram Stories; asking our supporters for ideas on topics to cover; and creating videos for Instagram Reels – we have posted 19 videos, which have been played 60,880 times.

Trialled a new style of content with our 'Home' and 'Loss of recognition' animations. These give tips for carers in a new, more visual, digital format. They proved to be some of our most engaging pieces of content this year – the 'Home' animation had the highest reach of any video we have ever posted on Instagram and received nearly 200 positive comments.

Experimented with different types of content on LinkedIn, including PDFs, articles and polls. This resulted in an increase in click-through and engagement rates and gave LinkedIn our biggest channel growth this year.

Our social media growth in 2021-22



Facebook:
up 24%



Twitter:
up 3%



Instagram:
up 24%



LinkedIn:
up 56%

What we said we would do

Provide excellent, supportive information for people before and after a diagnosis of dementia by enshrining the expertise of Admiral Nurses through information on our website and in leaflets.



What we did

Published nine new leaflets, with an associated webpage for each:

- A stay in hospital
- End of life care
- Sources of support – practicalities
- Sources of support – financial and legal affairs
- Understanding frontotemporal dementia
- What is young onset dementia?
- Guide to NHS continuing healthcare – for carers
- Guide to NHS continuing healthcare – for assessors
- Employment and young onset dementia

What we said we would do

Deliver excellent digital activity and capitalise on new technology and technological trends in order to reach particular audiences in the way that best suits them.

What we did

Worked with a digital agency to build bespoke events forms that allow our supporters to register and pay for a place in our challenge events seamlessly, sign up to do their own fundraising event, and apply for a place in the London Marathon. Since the launch, our event registration conversion rate has doubled.

Updated the 'Get support' section of our website so the content is written for those reading on their mobile or desktop. We have also reorganised the sub-sections to make it easier for users to find the content they're looking for.

What we said we would do

Raise awareness of Dementia UK's clinical services, influencing work and fundraising by incorporating our new key messaging into all our communications and delivering a series of proactive integrated awareness campaigns.

What we did

Developed our first ever national brand campaign, 'I live with dementia', including capturing family stories and producing a video, advertisements to be displayed on social media and in five major cities, and a series of emails. The campaign launched in April 2022.

Worked with clinical teams on documents, webpages, social media and advertising to promote our Admiral Nurse Accelerator Learning Programme and drive recruitment.

What we said we would do

Ensure we are delivering our messages effectively to under-served communities, for example people from ethnic minority and LGBT+ communities, by working with people with lived experience.

What we did

Published blog posts from Admiral Nurse Asma Pandor on cultural awareness in dementia care, and steps that professionals can take to improve cultural and religious awareness in their work.

Captured Chris and Heather's story – our first family story featuring a lesbian couple – which we have used widely, including on our website, in our supporters' magazine, and in a variety of fundraising appeals. We also highlighted support services for the LGBT+ community on social media.

Developed a small awareness campaign around Black History Month. We put out content including a supporter story, videos with our Consultant Admiral Nurse for Diverse and Under-served Communities, a blog about stigma in black communities, and a Twitter Space.

What we said we would do

Research and further develop ways in which we can support people through digital services.

What we did

Launched an online booking system for Closer to Home virtual clinics appointments with an Admiral Nurse.

Worked with an external expert to develop our first ever email strategy – we changed the format of our email communications to focus on one issue, rather than newsletter and ad hoc campaigns. We have also chosen a new email provider.

We also...

Implemented the necessary processes to ensure the Marketing, Communications and Digital Teams are working across projects in a co-ordinated way to produce even more high-quality content.

Some PR highlights of 2021-22

In 2021-22, we built stronger relationships with journalists and editors and worked more closely with our Ambassadors and Celebrity Supporters – all of which led to some great PR successes.

Director of Clinical Services, Paul Edwards, secured coverage in The Independent with an 'op-ed' feature discussing Ed Balls' BBC documentary on the social care crisis. This was featured as a leading story on its homepage and was also picked up by MSN and Yahoo.

Reality TV personality Georgia Kousoulou was interviewed in Closer magazine, announcing her new role as a Celebrity Supporter of Dementia UK. She was also interviewed by OK! magazine for our Remember a Star Christmas appeal, discussing her grandmother's experience of dementia.

Dementia UK Ambassador Naughty Boy was interviewed in Metro, speaking about his mother's dementia and his role as a carer.

He talked about being an Ambassador and his experiences of calling the Admiral Nurse Dementia Helpline.

Head of Research and Publications, Karen Harrison Denning, was the key spokesperson on the representation of dementia in film, including commenting in Metro on the Anthony Hopkins film 'The Father'.

Metro featured a first-person piece from Georgie Rees, whose father lives with dementia, raising awareness of the challenges facing families affected by young onset dementia. She spoke about the support she received from Admiral Nurse Fiona Chaâbane, saying: "She offered ongoing emotional support to us and provided valuable advice and guidance as Dad's health deteriorated."

We also secured widespread national, regional and trade media coverage on key issues in dementia care, including missed dementia diagnoses during lockdown and day centre provision being slashed.

What we'll do next – our priorities for 2022-2023

Develop and oversee two campaigns to increase awareness and knowledge of Dementia UK. Our first campaign, 'I live with dementia', is built around the statement: 'If you love someone living with dementia, you're living with it too'. We will analyse and learn from this campaign and then work on a second campaign in early 2023.

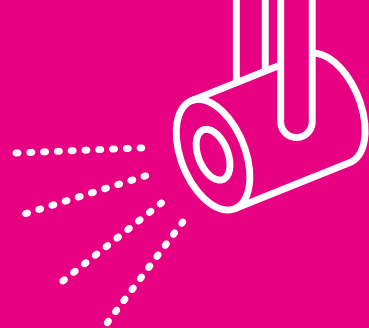
Update our key messaging and develop a fundraising case for support. We will conduct in-depth interviews with family carers and work with external experts and internal stakeholders.

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

Promote the work of Admiral Nurses to prospective candidates and hosts by developing a suite of materials highlighting the work they do. We will do this through 'day in the life' films, articles, emails, blogs, social media posts, and trade press coverage.

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

Publish six new leaflets and associated webpages including Dementia and menopause; Finance, benefits and debt; Familial Alzheimer's disease; Vascular dementia; and Good hydration for people with dementia.



Spotlight

Twitter Spaces

In May 2021, Twitter made its live audio rooms, called Twitter Spaces, available to all users. These Spaces allow real-time conversations with Twitter audiences about subjects that are important and relevant to them.

Senior Consultant Admiral Nurse Vic Lyons and Digital Marketing Executive Laura Mason were quick to identify the potential of this new digital communication platform.

We held our first Twitter Space in July 2021 and were proud to be one of the first charities in the world – if not the first – to start hosting monthly Twitter Spaces.

Our Twitter Spaces, called ‘Ask an Admiral Nurse’, are hosted by Vic Lyons, with our nurses, people living with dementia, family carers and other experts joining us as speakers.

Topics have included getting a dementia diagnosis; challenging stigma; cultural barriers to dementia diagnosis and care; young onset dementia; becoming an Admiral Nurse;

understanding behavioural changes; and a stay in hospital.

Twitter Spaces provide an opportunity to have a two-way conversation with our audience – they can hear from the experts, but also share their own thoughts and experiences. We ensure the Space is inclusive, non-judgmental and inviting, and many members of the public have joined in, talking about their experiences and asking questions.

Approximately 100 people have joined each Twitter Space, with many staying to listen to the whole hour. We are also able to record the Space and make it available for 30 days after the event – roughly 200-300 people have listened to each recording.

“It was a great experience and I was very glad I did it. Just talking about things actually felt therapeutic in a weird sort of way. Big thanks to everyone involved. Doing it via audio and not video really helped with the nerves and made it much easier to just talk from the heart. I really enjoyed the relaxed feel and thought it was a great platform for people to speak and share experiences.”

Guest speaker



Feedback from our Twitter Spaces

“It is great how much more connected you feel to a person’s voice versus copy or even video, knowing it is live and interactive.”

“I can’t thank @DementiaUK enough for the support they give through their Admiral Nurses. Please give their Twitter spaces a listen if you are a carer/relative of someone with dementia.”

“Absolutely fascinating listening to @DementiaUK @JulesKnightDUK [Admiral Nurse Jules Knight] and others talking openly and honestly about young onset dementia.”

“A really powerful discussion about people with dementia in hospital and how we can best support them. Highly recommend a listen.”

Denise's story

The practical and emotional support of an Admiral Nurse helped Denise and her family cope when her mum was diagnosed with Alzheimer's disease.

My mum, Bertha, spent her whole life looking after other people. She cared for her siblings from the age of 11 due to her mother's ill health. Later in life, she cared for my dad, who had dementia, and helped look after my children while I was working as a nurse. She was my go-to person whenever I needed help.

I first noticed changes in Mum's behaviour in 2014 when she started to make accusations that someone had broken into her home. She then started to have episodes of delirium and was taken to hospital. No reason was found, but she was admitted to a care home until she was stable.

"I didn't feel I could talk to anybody."

After three years trying to get a diagnosis, Mum was finally diagnosed with Alzheimer's disease in August 2017, at the age of 97. She was prescribed medication to slow the progression of the disease, but it had the opposite effect and her condition deteriorated rapidly.

The few months after Mum's diagnosis were awful. I didn't know what to do or where to turn. My health started to deteriorate. I couldn't sleep, I was always tearful, and I didn't feel I could talk to anybody.

When I called the Admiral Nurse Dementia Helpline, I broke down. I shared all my worries and for the first time, I felt listened to and understood.

Following the call, I was put in touch with Deborah, an Admiral Nurse in my area. She visited me at home, and we just sat and talked. She took time to understand our background and family history – she was a support for the whole family.

When you care for someone with dementia, it's so easy to doubt yourself and whether you are doing the right thing. Deborah reassured me that I was doing a good job and that what I was going through was normal. She reminded me that dementia is so much more than just memory loss, and it was dementia that was causing the changes in Mum's personality.

Deborah helped me practically and emotionally – she had so much specialist knowledge about dementia. Mum would sometimes leave the house on her own and get lost, so Deborah suggested that she wear a scannable badge so that the emergency services could return her home safely. I wouldn't have known about any of this without her.

When Mum had a nasty fall and ended up in hospital, the doctor suggested that we move her to a care home. I knew it was the right decision to keep her safe, and Deborah supported me throughout the process.



"My Admiral Nurse was at the end of the phone."

Mum celebrated her 100th birthday with a tea party in the care home, but soon after, her health started to deteriorate further, so I got back in touch with Deborah. Knowing that she was there at the end of the phone was invaluable.

Mum passed away in January 2021 during the Covid-19 pandemic. We could only have a small number of people at the funeral so we live-streamed the service. I laid Mum to rest in the family grave, with her own mum and dad. Deborah supported me in coming to terms with my bereavement.

Caring for my Mum was the hardest thing I've ever had to do, but Deborah made that journey easier. Without her, I wouldn't have been able to cope.

Celebrating donations, gifts and pledges

Dementia UK relies entirely on voluntary donations to grow the number of Admiral Nurses. Every penny donated by supporters helps us reach more families facing dementia.

What we said we would do

Maintain a diverse range of supporters and increase the number of supporters we can reach.

What we did

Delivered our summer appeal in July and our Remember a Star Christmas appeal, combining direct mail, email and social media marketing. These both attracted a large number of new donors.

Rolled out a campaign offering a free pin badge to prospective supporters who registered their details via social media.

Continued to promote Facebook birthday fundraising.

Increased our number of regular givers by 57% from the previous year.

Secured additional awareness through advertorials and with tailored editorial content in multiple publications, including the Jewish Chronicle and British Muslim magazine.

What we said we would do

Deliver powerful and effective content to supporters, ensuring a supporter-centric approach to our activities by using insight, refining our supporter journeys and collaborating with other Dementia UK teams.

What we did

Delivered a loyalty mailing to regular givers, legacy pledgers and Christmas appeal donors to show them our appreciation and tell them about the impact of their support.

Produced two issues of our supporter magazine, Closer to you, in autumn and spring. The magazine is an internal collaboration with the Editorial Manager to source and develop content that places the stories of those affected by dementia at the centre.

Worked collaboratively to source stories of Admiral Nurses and families living with dementia to feature across acquisition appeals, social media marketing and print advertising.

Delivered sensitive and personalised communication to all In Memory supporters including a thank you postcard, the opportunity to add a loved one's photo to our online Memory Wall, and an invitation to complete an In Memory survey.

What we said we would do

Invest in legacy marketing for the long-term benefit of Dementia UK.

What we did

Delivered a multi-channel marketing plan promoting gifts in Wills via print advertising, email and paid Facebook campaigns, including a legacy prospecting mailing to warm supporters.

Increased the number of pledgers by 82% from the previous year.

Participated in Remember a Charity Week in 2021, reaching over 113,000 people with gifts in Wills messaging. Amongst other activities, we emailed supporters promoting gifts in Wills and our free Wills services, ran Facebook ads, and placed features in The Scotsman and Choice magazine (amongst others) encouraging readers to leave a gift in their Will.

Introduced two additional free Wills services – online via Farewill and by phone via the Co-op – ensuring that supporters have multiple options for completing their Will. We also continued to promote gifts in Wills internally so colleagues feel comfortable speaking to those they meet about the importance of gifts in Wills.

What we said we would do

Expand and develop our team to deliver an efficient and effective fundraising operation in an ever-changing and sometimes uncertain fundraising environment that is still feeling the effects of Covid-19.

What we did

Introduced two new roles to the team to increase our capacity to provide effective, timely and high-quality marketing, stewardship and reporting.

What we'll do next – our priorities for 2022-2023

Continue to invest in donor acquisition and retention, securing and delivering one-off donations, regular gifts and donations made in memory through a variety of existing and new channels and products.

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

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



Spotlight

Corporate partnerships

Our partnerships with businesses large and small are vital in helping us grow the number of Admiral Nurses.

In 2021-22, Leeds Building Society reached an incredible milestone, raising £400,000 for Dementia UK after just two years in partnership together. Colleagues have taken on a wide range of challenges for us, from virtual global walking events and marathons to a Christmas raffle and our own March Dog Walking Challenge. This support enabled us to launch our new Closer to Home virtual clinics, offering appointments with an Admiral Nurse by phone or video call to families across the UK.

Colleagues at Central England Co-operative have raised an incredible £1.7m for Dementia UK since the start of our partnership in 2017, through events like car washes, skydives and ziplining. This year, we established new clinic posts in Nottingham, Derbyshire and Staffordshire thanks to their support. They also continued to raise vital funds for our Helpline and Admiral Nurse services.

In May 2021, we began our partnership with Thames Water. So far, colleagues have taken part in our Time for a Cuppa event, a clay shoot, quizzes and a Christmas jumper day, with the aim of raising £150,000 by April 2023.

Since 2018, our corporate partner Zurich Community Trust has donated over £470,000 towards our Helpline. We are delighted that the Trust has partnered with us for another two years with the aim of supporting our virtual clinics service by raising £300,000.

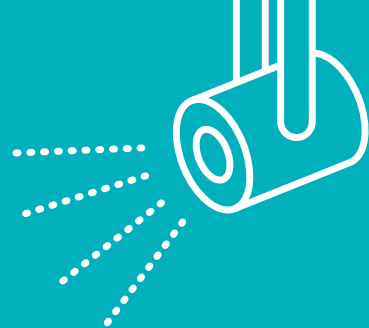
We are pleased to be working once again with Invesco, who initially supported us in 2015, funding a specialist dementia nurse in the Thames Valley area and supporting our Helpline. Invesco colleagues voted for us to resume our partnership for 2022 and 2023, with the funds raised to be split between a Consultant Admiral Nurse for Young Onset Dementia post and a new nurse post in London.

We continue to support our corporate partners with our Dementia at Work programme, which aims to provide employers with access to specialist support for staff and customers who are facing the everyday challenges of dementia.

Post-lockdown, we were also able to reinstate our popular Christmas carol concert at St George's Church, London.

“I found [the Dementia at Work session] very useful indeed. It was powerful to listen to someone who works with people with dementia daily – that part of it, I imagine, brought it home to people who haven't had close contact with a family member or friend who has been affected.”

Rob Hanks, Customer Representative, Thames Water



A winning team

The incredible efforts of our community, virtual and challenge events supporters helped us exceed our targets despite the ongoing challenges of the Covid-19 pandemic and its effects on our fundraising activity.

What we said we would do

Run a successful Facebook challenge programme to grow supporter numbers and income.

What we did

Ran four virtual events via Facebook: Cycle 100 Miles in June, Walk 30 Miles in September, Jog 50 Miles in November, and the March Dog Walking Challenge 2022. More than 12,500 fundraisers participated in these challenges.

What we said we would do

Recruit our largest ever team for the London Marathon.

What we did

Recruited 171 runners for the London Marathon 2021 – up from 122 in 2019, when the Marathon last took place in person. We also had 232 Virtual London Marathon 2021 runners.



What we said we would do

Diversify our third-party challenge events portfolio.

What we did

Invested in two new third-party events: the London Landmarks Half Marathon and the British Heart Foundation London to Brighton Cycle Ride.

Partnered with Ultra Challenges on three trekking challenges for 2022 – the Lake District Challenge, the South Coast Challenge and the Thames Bridges Challenge – with a successful start to our recruitment campaign.

What we said we would do

Deliver Time for a Cuppa – our annual tea party fundraising event.

What we did

Held a successful Time for a Cuppa event in May 2021. More than 4,500 people participated, raising a total of £165,000. While we didn't hit

our fundraising target – likely due to ongoing social distancing and competition from other charities – we are testing targeted techniques for 2022 to improve our fundraising from this event.

What we said we would do

Run an innovation programme to develop an In Memory fundraising proposition.

What we did

Collaborated with other teams on an In Memory innovation project, exploring options for developing products that invite warm and cold supporters with In Memory motivations to donate or fundraise. The idea that tested best was an in-person walking event, which is in development during 2022.

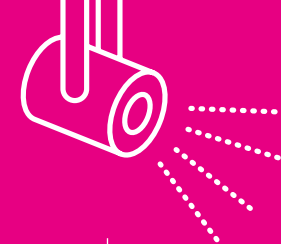
What we'll do next – our priorities for 2022-2023

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

Invest in and expand our community fundraising over the next three years. We will focus on building a pipeline of regional corporate supporters.

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.

Continue to diversify and grow our third-party events portfolio.



Spotlight

Virtual challenges

We initially launched our virtual challenges – which enabled supporters to take on a challenge in a socially distanced way and raise funds via Facebook – in 2020 during the pandemic. Following on from the success of these challenges, we continued to build on this model in 2021-2022.

The Walk 30 Miles Challenge was particularly popular due to its accessibility for our supporters. With an end to lockdowns and life returning to relative normality, it was difficult to predict how successful the challenge would be, but it attracted over 17,000 Facebook Group members and raised an incredible £922,300. This showed that there is still an appetite for virtual challenges alongside in-person events.

The Facebook fundraising model has proven an excellent fit for Dementia UK, reaching people who have a connection to dementia but may never have fundraised for the charity had they not seen the advert in their feed.

The Facebook Groups for each virtual challenge are not only a place for supporters to share fundraising tips and spur each other on, but also a space where they can share their experiences of dementia, knowing they are not alone.

Due to the success of these challenges, we have decided to invest in the virtual events sector and double the number of challenges we hold each year. This will allow us to test different asks, reach more potential supporters, and ensure that virtual events are a reliable source of vital funds for Dementia UK.

“I wanted to help to raise awareness of dementia and raise as much money as I could so people out there caring for family and friends with dementia can continue to receive much-needed support. I really enjoyed doing the challenge – I walk with [my dog] Poppy a lot anyway but it was good to have a purpose to my walks.”

Elaine, March Dog Walking Challenge participant

Taking concerns seriously

Listening to concerns and addressing them swiftly is a vital part of looking after our 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.

We received a total of 286 complaints in the year. The majority of these related to a single incident, where a large number of event participants were wrongly sent an email that was intended for a smaller, more specific segment of the event participant list. No data protection regulations were broken and no data was compromised, however the email generated a large number of responses, of which 242 were classified as complaints.

A follow-up email was sent immediately, apologising to those who had received the email in error. We managed the complaints and responses to the email, and responded to each one to resolve them.

We classify all our complaints on four levels, level one being the most serious and level four the least serious. The majority of these complaints were classified as level three – standard complaint (129) and level four – negative feedback (95). Eighteen complaints were classified as level two – escalated complaints. None were level one.

We received 82 positive responses expressing thanks and understanding after we had

apologised for the error, as well as 28 positive responses to the initial email (from those it was intended for) and 255 other neutral responses. Again, we responded to these emails as appropriate.

We have since reviewed our email processes and made changes to ensure we do not make this error again.

Outside of this incident, we received only 44 complaints this year – a very low number for a charity of our size, and significantly fewer than in the previous year. Of these, two complaints were classified as level two, while the others were all levels three and four.

The level two complaints were resolved appropriately; in both cases, there was no evidence of wrongdoing by the charity, but due to the sensitive nature of the cases and the level of dissatisfaction of the complainants, they were classified as level two.

We make it easy for people to contact us with their complaint, and are committed to putting each one right. Supporters can register their complaint using an online form, or by phone, email or post.

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



We are acutely aware of our responsibilities to vulnerable people as a charity focused on dementia support.

Data protection

We continue to take data protection seriously and ensure we comply with all regulations in this area. We only process information where we have a legal basis for doing so.

All staff are required to complete data protection training, and this is built into the induction process for new starters. Internal policies governing data use are reviewed regularly and updated where necessary, and 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.

Safeguarding

We are acutely aware of our responsibilities to vulnerable people as a charity focused on dementia support. All staff are conscious of the need to raise concerns if they suspect someone is vulnerable, in consultation with one of our dementia specialist Admiral Nurses if need be.



Looking after our people

Our Human Resources (HR) 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 a rewards scheme to support development and succession planning and recognise the loyalty of employees who remain in post for an extended period.

What we did

Established enhanced Maternity, Paternity, and Shared parental pay and leave Policies.

Expanded our Employee Assistance Programme (EAP) to include wider coverage for employees and, for the first time, their families too.

Strengthened the Occupational Health referral process and appointed a new provider to better support our employees.

Started an organisation-wide salary benchmarking process, linked to market rate data. The initial stages were completed in November 2021 and will be added to each year.

What we said we would do

Develop our Employee Learning and Development Strategy to improve opportunities for all employees, including carrying out a skills audit to establish the expertise we have and address any skills gaps.

What we did

Launched 'Lunch and learn' sessions across the organisation to offer informal and skills-based

learning on a variety of subjects, from social media training to dementia-specific topics.

What we said we would do

Continue our work to ensure that our employees feel respected and valued.

What we did

Rolled out mental health training for line managers from summer 2021.

Engaged with an external Diversity and Inclusiveness Consultant to review our practices and create a road map for improving diversity and inclusiveness.

We also...

Began a hybrid working trial with a view to enhancing work-life balance and productivity, to enable the charity to make the most of new ways of working.

Started to roll out new HR policies across the board, with a new staff handbook.

Completed our largest ever consultation exercise, leading to restructuring within the charity. The proposals were guided by staff feedback, strengthening employee engagement.

Running our organisation well

The behind-the-scenes work of our Information Services and Governance Teams keeps Dementia UK running smoothly.

What we said we would do

Collaborate to implement a common reporting framework allowing real-time oversight and reporting across all departments of the charity. This would increase transparency and reduce repetitive reporting and recording of key performance indicators.

What we did

Migrated our environment to Microsoft Azure, which readies Dementia UK for the next stage of its digital journey and presents many scalable and secure opportunities using a common technology platform.

This paves the way for integrating more easily with other systems as well as developing and managing our own bespoke applications – for example, a new online booking system for Closer to Home virtual clinics.

Took initial steps to introduce standardised reporting across the charity, including monthly reports. This demonstrates performance against the charity's strategic aims for clinical governance, Senior Management Team, and the Board of Trustees.

What we said we would do

Work with Dementia UK's Senior Management Team and Trustees to demonstrate the principles outlined in the Charity Governance Code.

What we did

Started the audit and planning process into how the charity meets the principles of the Charity Governance Code. For example, we focused on the principle of 'openness and accountability' by updating our conflicts of interest process and register; and the principle of 'board effectiveness' by updating our reporting process from directorates through to the Board of Trustees, avoiding duplication of information in multiple formats for the same purpose.

What we said we would do

Increase resource 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

Recruited a Legal and Governance Advisor and a Business Analyst to support the Head of Governance.

We also...

Continued to develop our Policy Working Group to improve the governance processes involved in developing, reviewing and implementing policy across the charity. The Policy Working Group is now supported by a Trustee, who aids communication directly with the Board of Trustees and helps support the vital role the group undertakes in managing the risk of out-of-date policies.



What we'll do next – our priorities for 2022-2023

Introduce multi-factor authentication for all staff to improve digital security.

Further expand the Governance Team, including the introduction of a new project management function. Recruiting new team members will also accelerate our work to achieve full use of the Charity Governance Code.

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

Develop the integration of our policy compliance platform across the charity by synchronising it with our active directory and information storage database and improving accessibility by merging the platform with Microsoft Teams. This will allow staff to benefit fully from the policy, learning and compliance tools and materials available.

Continually review and enhance risk management 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.

Financial review

The Trustees present their report and audited consolidated financial statements for the year ended 31st March 2022.

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.

Total incoming resources for the year were £17.1m (2021: £15.8m) and total expenditure was £15.1m (2021: £9.9m) giving a net surplus for reinvestment of £2m (2021: £5.9m).

Net assets totalled £13.4m (2021: £11.4m) with net current assets of £14.6m (2021: £11.5m).

The liquid cash balance (accessible within one year) was £15.6m (2021: £11.3m).

Finally, the Trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. This is based on a detailed budget, cash-flow and reserves forecast exercise for 2022-23.

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 2021 are:

- Professor David Croisdale-Appleby OBE (Chair)
- Philippa Armitage
- Steve Clarke CPFA (Treasurer)
- Emma Crozier
- Steve Jamieson
- Jane Keir (appointed 8th March 2022)
- Anna Morgan (resigned 25th June 2022)
- William Roe
- Gavin Sanderson
- 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 to 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 (from May 2022)

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.

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 and Engagement
- 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 with 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 happening, and 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:

Insufficient funds 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 monitoring 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

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.

We also offer our annual Summer School to all health and social care professionals within and outside of Admiral Nursing to promote high-quality, person-centred care for all families living with dementia.

Insufficient internal infrastructure

This is mitigated by continually assessing and evolving the infrastructure as the charity grows, while also taking into account what is needed to achieve our strategic aims. We continue to provide an effective office space in One Aldgate utilising a hybrid working model.

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.

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 review the Reserves Policy at least annually.

As of 31st March 2022, we held £8.8m in unrestricted reserves after deducting the Net Book Value of Fixed Assets (2021: £7.6m). This represents around six months of total planned unrestricted organisational expenditure.

In light of current financial pressures created by rising inflation, the war in Ukraine and economic uncertainties, the Trustees are of the opinion that maintaining reserves at this level is prudent and is in line with the best practice on Reserves Policies within the charity sector.

Investment Policy

The Trustees' investment powers are governed by the Memorandum and Articles of Association, which permit the charity's funds to be invested in a wide range of securities and assets. Funds are currently held on bank deposit and plans are underway to consider long-term investments further down the line to protect the charity's funds from the adverse effects of inflation.

Pay for the Senior Management Team

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

Trustees' responsibilities in relation to the financial statements

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

Company law requires the charity's Trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charitable company and the group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period.

In preparing the financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements

- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue to operate

The Trustees are responsible for keeping adequate accounting records that disclose, with reasonable accuracy at any time, the financial position of the charity, and 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

Approved by the Trustees on 10th August 2022 and signed on their behalf by:

Professor David Croisdale-Appleby
OBE, Chair of Trustees

References and administrative details

Legal status

Dementia UK is established as a charitable company limited by guarantee and is registered with the Charity Commission under charity number 1039404 (England and Wales) and SCo47429 (Scotland).

The charity's affairs are governed by its Memorandum and Articles of Association dated 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.

Registered office and operational address

7th Floor, One Aldgate, London EC3N 1RE

Bankers

Lloyds Bank, PO Box 1000, Andover BX1 1LT

Auditor

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

Solicitors

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

Independent Auditor's report

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 2022 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 the parent charitable company's affairs as at 31st March 2022 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulation 2006 (as amended)

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the

UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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) require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or

- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit

Responsibilities of Trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material

misstatement, whether due to fraud or error, and to issue an Auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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 noncompliance 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](https://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditor's Report.

Use of our report

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

Date: 20th September 2022

for and on behalf of Sayer Vincent LLP,
Statutory Auditor

Invicta House, 108-114 Golden Lane,
London, EC1Y 0TL

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



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

For the year ended 31st March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from:							
Donations and legacies	2	14,856,771	1,263,455	16,120,226	13,462,413	1,463,591	14,926,004
YDUK transfer of net assets	2	-	-	-	-	313,513	313,513
Charitable activities							
Admiral Nursing projects	3	17,260	743,350	760,610	88,252	129,806	218,058
Business development	3	73,750	-	73,750	100,720	-	100,720
Research and publications	3	46,381	-	46,381	6,920	-	6,920
Other fundraising activities	4	98,680	-	98,680	95,209	-	95,209
Investments		8,145	-	8,145	23,697	-	23,697
Other		19,316	-	19,316	127,534	-	127,534
Total income							
		15,120,303	2,006,805	17,127,108	13,904,745	1,906,910	15,811,655
Expenditure on:							
Raising funds	5	4,622,759	-	4,622,759	3,138,091	7,917	3,146,008
Charitable activities							
Admiral Nursing projects	5	5,415,002	1,834,373	7,249,375	2,375,079	1,934,564	4,309,643
Business development	5	850,160	-	850,160	621,980	-	621,980
Research and publications	5	281,822	-	281,822	167,499	-	167,499
Public awareness	5	1,270,327	8,971	1,279,298	975,651	-	975,651
Practice development	5	792,234	54,639	846,873	626,880	87,932	714,812
Total expenditure							
		13,232,304	1,897,983	15,130,287	7,905,180	2,030,413	9,935,593
Net income/(expenditure) for the year							
	7	1,887,999	108,822	1,996,821	5,999,565	(123,503)	5,876,062
Transfers between funds		(11,180)	11,180	-	(237,966)	237,966	-
Net movement in funds							
		1,876,819	120,002	1,996,821	5,761,599	114,463	5,876,062
Reconciliation of funds:							
Total funds brought forward		9,836,540	1,520,689	11,357,229	4,074,941	1,406,226	5,481,167
Total funds carried forward							
	21	11,713,359	1,640,691	13,354,050	9,836,540	1,520,689	11,357,229

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

Balance sheets
Company no. 02944156

As at 31st March 2022

	Note	The group		The charity	
		2022 £	2021 £	2022 £	2021 £
Fixed assets:					
Tangible assets	12	88,630	224,633	88,630	224,633
Investments	13	-	-	1	1
		88,630	224,633	88,631	224,634
Current assets:					
Debtors	16	2,083,402	2,132,427	2,083,402	2,154,741
Short term deposits		6,540,984	6,533,596	6,540,984	6,533,596
Cash at bank and in hand		9,047,309	4,725,234	9,041,037	4,700,705
		17,671,695	13,391,257	17,665,423	13,389,042
Liabilities:					
Creditors: amounts falling due within one year	17	(3,049,984)	(1,886,386)	(3,045,716)	(1,879,737)
Net current assets					
		14,621,711	11,504,871	14,619,707	11,509,305
Total assets less current liabilities					
		14,710,341	11,729,504	14,708,338	11,733,939
Creditors: amounts falling due after one year					
	18	(1,356,291)	(372,275)	(1,356,291)	(372,275)
Total net assets					
	20	13,354,050	11,357,229	13,352,047	11,361,664
Funds:					
Restricted income funds	21	1,640,691	1,520,689	1,640,691	1,520,689
Unrestricted income funds:					
Designated new nurse funds		2,844,872	2,000,000	2,844,872	2,000,000
General funds – balance c/fwd		8,868,487	7,836,540	8,866,484	7,840,975
Total unrestricted funds		11,713,359	9,836,540	11,711,356	9,840,975
Total funds					
		13,354,050	11,357,229	13,352,047	11,361,664

Approved by the Trustees on 10th August 2022 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 2022

		2022	2021
Note		£	£
Cash flows from operating activities	23	4,321,319	4,824,163
Net cash provided by operating activities		4,321,319	4,824,163
Cash flows from investing activities:			
Interest and dividends receivable		8,145	23,697
Purchase of fixed assets		-	(98,492)
Investments in short term deposits		(7,389)	(1,268,175)
Net cash used in investing activities		756	(1,342,970)
Change in cash and cash equivalents in the year		4,322,075	3,481,193
Cash and cash equivalents at the beginning of the year		4,725,234	1,244,041
Cash and cash equivalents at the end of the year		9,047,309	4,725,234

Notes to the financial statements: for the year ended 31st March 2022

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	<p>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.</p> <p>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.</p>
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	<p>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.</p> <p>Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.</p> <p>Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.</p>
i Expenditure and irrecoverable VAT	<p>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:</p> <ul style="list-style-type: none"> 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. <p>Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.</p>
j Grants payable	Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the Trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.
k Allocation of support costs	<p>Resources expended are allocated to the particular activity where the cost relates directly to that activity.</p> <p>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.</p> <p>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.</p> <p>Support costs are the cost of overall direction and administration, comprising the salary and overhead costs of the central function.</p>

k Allocation of support costs continued	<p>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.</p> <p>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:</p> <table> <tr> <td>Admiral Nursing projects</td><td>50%</td></tr> <tr> <td>Business development</td><td>8%</td></tr> <tr> <td>Research and publications</td><td>2%</td></tr> <tr> <td>Public awareness</td><td>6%</td></tr> <tr> <td>Practice development</td><td>8%</td></tr> <tr> <td>Raising funds</td><td>26%</td></tr> </table>	Admiral Nursing projects	50%	Business development	8%	Research and publications	2%	Public awareness	6%	Practice development	8%	Raising funds	26%
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	<p>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.</p> <p>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:</p> <table> <tr> <td>Fixtures and fittings</td><td>15%-33% per annum, straight line</td></tr> <tr> <td>IT hardware and software</td><td>15%-33% per annum, straight line</td></tr> </table>	Fixtures and fittings	15%-33% per annum, straight line	IT hardware and software	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 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.												
q Short term deposits	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.												
r Cash at bank and in hand	Short term deposits includes cash balances that are invested in accounts with a maturity date of between three and 12 months.												
s Creditors and provisions	Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.												
t Financial instruments	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.												
	The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.												

u Pensions

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

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

2. Income from donations and legacies

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Legacies	1,867,183	60,079	1,927,262	2,359,992	-	2,359,992
Voluntary donations	12,989,588	1,203,376	14,192,964	11,102,421	1,463,591	12,566,012
	14,856,771	1,263,455	16,120,226	13,462,413	1,463,591	14,926,004
YDUK transfer of net assets	-	-	-	-	313,513	313,513

On 1 November 2020, YoungDementia UK became part of Dementia UK by transferring all its activities and net assets to Dementia UK at nil consideration. The net assets transferred are continued to be expended towards the charitable objects of YoungDementia UK.

3. Income from charitable activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Fees and contributions from institutions	17,260	743,350	760,610	88,252	129,806	218,058
Sub-total for Admiral Nursing projects	17,260	743,350	760,610	88,252	129,806	218,058
Management and development fees	73,750	-	73,750	100,720	-	100,720
Sub-total for business development	73,750	-	73,750	100,720	-	100,720
Contributions from institutions	46,381	-	46,381	6,920	-	6,920
Sub-total for research and evaluation	46,381	-	46,381	6,920	-	6,920
Total income from charitable activities	137,391	743,350	880,741	195,892	129,806	325,698

4. Income from other fundraising activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Carol concert, Christmas cards and merchandise	61,271	-	61,271	82,703	-	82,703
Income from trading subsidiary	37,409	-	37,409	12,506	-	12,506
	98,680	-	98,680	95,209	-	95,209

5a. Analysis of expenditure (current year)

	Charitable activities									
	Raising funds	Admiral Nursing projects	Business development	Research and publications	Public awareness	Practice development	Governance costs	Support costs	2022 Total	2021 Total
	£	£	£	£	£	£	£	£	£	£
Staff costs (note 8)	1,859,480	3,105,593	610,506	220,390	547,103	504,100	157,711	1,153,612	8,158,495	6,216,212
Direct activity costs	1,436,772	2,551,511	-	-	402,926	103,196	-	-	4,494,405	1,988,301
IT and telephone	67,151	94,423	85	-	489	-	-	518,466	680,614	512,606
Office and administration costs	256,727	10,921	1,835	1,999	34,406	1,843	7,431	590,957	906,119	394,493
Professional fees	229,991	1,088	-	-	116,074	-	11,680	161,405	520,238	408,311
Premises	-	-	-	-	-	-	-	370,416	370,416	415,670
	3,850,121	5,763,536	612,426	222,389	1,100,998	609,139	176,822	2,794,856	15,130,287	9,935,593
Support costs	726,664	1,397,428	223,588	55,897	167,691	223,588	-	(2,794,856)	-	-
Governance costs	45,974	88,411	14,146	3,536	10,609	14,146	(176,822)	-	-	-
Total expenditure 2022	4,622,759	7,249,375	850,160	281,822	1,279,298	846,873	-	-	15,130,287	-

5b. Analysis of expenditure (prior year)

	Charitable activities									
	Raising funds	Admiral Nursing projects	Business development	Research and publications	Public awareness	Practice development	Governance costs	Support costs		2021 Total
	£	£	£	£	£	£	£	£		£
Staff costs (note 8)	1,439,807	2,502,378	457,131	126,282	291,978	455,058	114,363	829,215		6,216,212
Direct activity costs	750,987	683,471	83	(252)	458,461	95,551	-	-		1,988,301
IT and telephone	36,961	73,715	-	215	467	-	-	401,248		512,606
Office and administration costs	145,849	5,286	563	203	27,573	-	1,349	213,670		394,493
Professional fees	238,744	18,522	-	-	74,019	-	15,500	61,526		408,311
Premises	-	-	-	-	-	-	-	415,670		415,670
	2,612,348	3,283,372	457,777	126,448	852,498	550,609	131,212	1,921,329		9,935,593
Support costs	499,545	960,665	153,706	38,427	115,280	153,706	-	(1,921,329)		-
Governance costs	34,115	65,606	10,497	2,624	7,873	10,497	(131,212)	-		-
Total expenditure 2021	3,146,008	4,309,643	621,980	167,499	975,651	714,812	-	-		9,935,593

6. Grant making

Cost	Grants to institutions	2022	2021
	£	£	£
Admiral Nursing projects	2,480,430	2,480,430	616,535
At the end of the year	2,480,430	2,480,430	616,535

The charity provided half funding for two years for the recruitment of Admiral Nurses in 22 (2021: 6) health institutions. These costs are included in note 5 under 'direct activity costs'. Further details can be found on our website dementiauk.org.

7. Net income/(expenditure) for the year

This is stated after charging:

	2022	2021
	£	£
Depreciation	66,563	76,711
Operating lease rentals:		
Property	352,289	378,288
Other	71,611	97,386
Auditors’ remuneration (excluding VAT):		
Audit – current year	18,700	17,800
Audit – previous year over-accrual	(1,550)	-

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

Staff costs were as follows:

	2022	2021
	£	£
Salaries	6,481,622	5,089,287
Termination/redundancy costs	36,069	24,400
Employer’s National Insurance contributions	692,392	529,903
Employer’s contributions to defined contribution pension scheme	373,852	302,844
Employer’s contributions to defined benefit pension scheme	187,489	122,600
Other staff related costs	387,070	147,178
	8,158,494	6,216,212

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

	2022	2021
	No.	No.
£60,000-£69,999	9	3
£70,000-£79,999	2	1
£80,000-£89,999	4	3

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £401,682 (2021: £392,365).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees’ expenses represents the payment or reimbursement of travel and subsistence costs totalling £2,581 (2021: £2,092) incurred by two (2021: three) members relating to attendance at meetings. The charity also incurred £nil expenditure on Trustees’ meetings in the year (2021: £nil).

9. Staff numbers

The average number of employees (head count based on number of staff paid per month) during the year was 183 (2021: 154).

This includes sessional employees and other employees who received no pay in certain months (head count based on number per month) during the year was 26 (2021: 20).

	2022	2021
	No.	No.
Raising funds	43	36
Admiral Nursing projects	82	59
Business development	11	10
Research and publications	4	2
Public awareness	13	8
Practice development	9	11
Support	22	27
	183	154

10. Related party transactions

There are no related party transactions to disclose for 2022 (2021: 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 £9,639 (2020-2021: £nil).

11. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity’s trading subsidiary Dementia UK Trading Limited Gift Aids available profits to the parent charity depending upon operational requirements. In 2021-2022, Dementia UK Trading Limited Gift Aided £4,164 (2021: £nil) of profits to the charity. Its charge to corporation tax in the year was £1,512. (2021: £878)

12. Tangible fixed assets

Group and charity	Fixtures and fittings	IT hardware and software	Total
	£	£	£
Cost			
At the start of the year	206,869	165,213	372,082
Disposals in year	-	(82,285)	(82,285)
At the end of the year	206,869	82,928	289,797
Depreciation			
At the start of the year	99,987	47,461	147,448
Charge for the year	41,374	25,189	66,563
Eliminated on disposal	-	(12,844)	(12,844)
At the end of the year	141,361	59,806	201,167
Net book value			
At the end of the year	65,508	23,122	88,630
At the start of the year	106,882	117,752	224,633

All of the above assets are used for charitable purposes.

13. Investment in subsidiary undertaking

	The group		The charity	
	2022	2021	2022	2021
	£	£	£	£
At the start and the end of the year	-	-	1	1

14. Subsidiary undertaking

The charitable company owns the whole of the issued ordinary share capital of Dementia UK Trading Limited, a company registered in England. The subsidiary was used to develop the Compass database for the charity. This transferred to the charity in 2019-20 for non-primary purpose trading activities. 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:

	2022	2021
	£	£
Turnover	37,409	12,506
Cost of sales	(23,677)	(5,369)
Gross profit	13,732	7,137
Administrative expenses and taxation charge	(1,621)	(3,568)
Profit on ordinary activities before taxation	12,111	3,569
Taxation on profit on ordinary activities	(1,512)	(678)
Profit for the financial year	10,599	2,891
Total retained earnings brought forward	(4,435)	(7,326)
Distribution under Gift Aid to parent charity	(4,164)	-
Total retained earnings carried forward	2,000	(4,435)
The aggregate of the assets, liabilities and funds was:		
Assets	7,778	24,649
Liabilities	(5,777)	(29,083)
Funds	2,001	(4,434)

15. Parent charity

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

	2022	2021
	£	£
Gross income	17,093,863	15,799,149
Result for the year	1,990,383	5,873,172

16. Debtors

	The group		The charity	
	2022 £	2021 £	2022 £	2021 £
Trade debtors	354,084	112,470	354,084	112,351
Other debtors	1,800	6,174	1,800	6,174
Prepayments	755,865	520,971	755,865	520,970
Accrued income	971,653	1,492,812	971,653	1,492,812
Amounts due from group undertakings	-	-	-	22,434
	2,083,402	2,132,427	2,083,402	2,154,741

The Charity received notifications regarding a number of legacies before the year end totalling £1,367,685. However, these legacies did not meet the full income recognition criteria as per the accounting policy as at 31st March 2022, and therefore, have not been accrued in the 2021-2022 financial statements (2020-2021: £1,505,641).

17. Creditors: amounts falling due within one year

	The group		The charity	
	2022 £	2021 £	2022 £	2021 £
Trade creditors	490,176	397,509	490,176	397,509
Taxation and social security	205,971	244,447	202,014	241,268
Taxation – VAT payable	91,000	-	91,000	-
Other creditors	13,530	36,779	13,530	36,779
Accruals	484,675	274,817	482,855	271,347
Deferred income	44,917	26,250	44,917	26,250
Admiral Nurse projects – grant accruals	1,719,715	906,584	1,719,715	906,584
Amounts due to group undertakings	-	-	1,509	-
	3,049,984	1,886,386	3,045,716	1,879,737

18. Creditors: amounts falling due after one year

	The group		The charity	
	2022 £	2021 £	2022 £	2021 £
Admiral Nurse projects – grant accruals	1,257,791	194,426	1,257,791	194,426
Rent-free provision	98,500	177,849	98,500	177,849
	1,356,291	372,275	1,356,291	372,275

Total grant commitments outstanding as at 31st March 2022 relating to the recruitment of Admiral Nurses payable to health institutions were £2,977,506 (2021: £1,101,011), of which payable within one year were £1,719,714 (2021: £906,584) and after one year were £1,257,792 (2021: £194,426). The amounts due within one year are included within accruals in note 17 above.

19. Pension schemes

The charity operates two pension schemes, a stakeholder pension scheme, administered by Aviva, and NHS Pensions. As at 31st March 2022, the amounts owed to the schemes were Aviva £3,829 (2021: £87,635) and NHS £nil (2021: £nil). The number of members in Aviva are 132 and NHS 31. 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 (the Authority) has been the body responsible for the administration of the NHS Pension Scheme for England and Wales. In support of the Authority, NHS employers are required to explain the Scheme to the employees. In addition, they submit pension data to the NHS Business Services Authority (NHSBSA). Every four years the Government Actuary conducts a full actuarial review of contribution rates. In order to defray the costs of benefits, in 2021/22 employers paid contributions of 14.38% of pensionable pay and employees contributed on a tiered scale from 5%-14.5% of their pensionable pay depending on total earnings. Further information on benefits can be obtained from the NHS Pension Scheme website: nhsbsa.nhs.uk/nhs-pensions.

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

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

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

	General unrestricted £	Restricted funds £	Total funds £
Tangible fixed assets	224,634	-	224,634
Net current assets	9,789,755	1,715,115	11,504,870
Long term liabilities	(177,849)	(194,426)	(372,275)
Net assets at 31 st March 2021	9,836,540	1,520,689	11,357,229

21a. Movements in funds (current year)

	At 1 st April 2021 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 st March 2022 £
Restricted funds:					
Admiral Nursing projects (Helpline and professional and practice development)	-	529,550	(529,550)	-	-
Admiral Nursing Learning and Disability Service and new nurses (national)	27,272	3,500	(3,500)	-	27,272
Admiral Nursing projects (geographical funds):					
Buckinghamshire	27,907	-	-	-	27,907
Cambridgeshire	47,126	64	-	-	47,190
Cornwall	37,619	300,310	(334,297)	-	3,632
Cumbria	28,606	35,019	-	-	63,625
Derbyshire	211,148	3,140	(54,030)	-	160,258
Devon	13,460	348,099	(205,063)	-	156,496
Essex	9,955	(47,711)	47,751	-	9,995
Leeds	-	299,206	(162,775)	-	136,431
Leicestershire	32,050	22,674	(24,706)	-	30,018
London	21,590	10,370	-	-	31,960
Manchester	-	22,000	-	-	22,000
National	-	140,050	(140,860)	11,180	10,370
Northamptonshire	41,682	95	-	-	41,777
Nottinghamshire	117,172	-	(53,850)	-	63,323
Scotland	215,268	3,411	(83,265)	-	135,414
Staffordshire	123,086	14,963	(44,033)	-	94,016
Sussex	122,284	16,902	(53,850)	-	85,337
Teesside (Newcastle)	50,000	-	(12,240)	-	37,760
Wales	28,801	46,245	(7,000)	-	68,046
West Midlands	18,187	450	(3,500)	-	15,137
Yorkshire	39,145	29,043	(15,278)	-	52,910
Other geographical restricted funds (Less than £10,000 balances at 31 st March 2022)	46,860	59,549	(24,577)	-	81,832
YDUK projects	261,471	169,876	(193,361)	-	237,986
Total restricted funds	1,520,689	2,006,805	(1,897,983)	11,180	1,640,691
Unrestricted funds					
Designated funds					
Admiral Nursing development programme	-	-	(540,000)	1,300,000	760,000
Designated new nurse fund	2,000,000	-	(1,415,128)	1,500,000	2,084,872
Total designated funds	2,000,000	-	(1,955,128)	2,800,000	2,844,872
General funds	7,836,540	15,120,303	(11,277,176)	(2,811,180)	8,868,487
Total unrestricted and designated funds	9,836,540	15,120,303	(13,232,304)	(11,180)	11,713,359
Total funds	11,357,229	17,127,108	(15,130,287)	-	13,354,050

21b. Movements in funds (prior year)

	At 1 st April 2020 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 st March 2021 £
Restricted funds:					
Admiral Nursing projects (Helpline and professional and practice development)	-	1,109,875	(1,109,875)	-	-
Admiral Nursing Learning and Disability Service and new nurse (national)	3,907	27,084	(3,978)	259	27,272
Admiral Nursing projects (geographical funds):					
Buckinghamshire	27,907	-	-	-	27,907
Cambridgeshire	47,126	-	-	-	47,126
Cornwall	37,556	63	-	-	37,619
Cumbria	19,290	16,316	(7,000)	-	28,606
Derbyshire	217,398	-	(6,250)	-	211,148
Devon	42,545	93,817	(240,304)	117,402	13,460
Essex	33,379	90,172	(113,596)	-	9,955
Gloucestershire	20,199	275	(20,474)	-	-
Leicestershire	151,772	22,791	(142,513)	-	32,050
London (Imperial College)	36,500	-	(14,910)	-	21,590
Northamptonshire	42,432	-	(750)	-	41,682
Nottinghamshire	116,563	609	-	-	117,172
Scotland	215,191	77	-	-	215,268
Staffordshire	121,076	2,010	-	-	123,086
Sussex	113,222	9,742	(680)	-	122,284
Teesside (Newcastle)	-	50,000	-	-	50,000
Wales	50,164	32,056	(121,500)	68,081	28,801
West Midlands	20,667	-	(8,312)	5,832	18,187
Yorkshire	57,461	11,601	(29,917)	-	39,145
Other geographical restricted funds (Less than £10,000 balances at 31 st March 2020)	31,871	83,103	(114,506)	46,392	46,860
YDUK Projects	-	357,319	(95,848)	-	261,471
Total restricted funds	1,406,226	1,906,910	(2,030,413)	237,966	1,520,689
Unrestricted funds:					
Designated funds:					
Admiral Nursing projects (geographical funds)			78,932	(78,932)	-
Designated new nurse fund	-	-	-	2,000,000	2,000,000
Total designated funds	-	-	78,932	1,921,068	2,000,000
General funds	4,074,941	13,904,745	(7,984,112)	(2,159,034)	7,836,540
Total unrestricted funds	4,074,941	13,904,745	(7,905,180)	(237,966)	9,836,540
Total funds	5,481,167	15,811,655	(9,935,593)	-	11,357,229

22. Purposes of restricted and designated funds

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

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

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
Designated funds relate to funding new Admiral Nurse services.

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

	2022 £	2021 £
Net income/expenditure for the reporting period (as per the statement of financial activities)	1,996,821	5,876,062
Depreciation charges	66,563	76,711
Interest receivable	(8,145)	(23,697)
Loss on the sale of fixed assets	69,441	-
Decrease/(increase) in debtors	49,025	(1,359,656)
Decrease in creditors	2,147,614	254,743
Net cash provided by operating activities	4,321,319	4,824,163

24. Operating lease commitments

	Property		Equipment	
	2022 £	2021 £	2022 £	2021 £
Periods:				
Less than one year	357,759	352,287	79,188	75,691
One to five years	817,270	1,144,932	38,597	107,586
	1,175,029	1,497,219	117,785	183,277

The 2021 lease commitments disclosure has been restated, property one to five years from £1,131,004 to £1,144,932, equipment under one year from £119,964 to £75,691 and one to five years from £141,796 to £107,586. This accurately reflects the outstanding position on operating leases.

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

25. Legal status of the charity

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

Thank you

We are so grateful 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:

41 Club
abrdn
Alpi UK
Aon
Bank ABC
Johnnie Ball
Barita Smith
Berry's Jewellers
Tapas Bhattacharyya
Calleva Foundation
Central England Co-operative
David and Elizabeth Challen
Mr and Mrs N Corner
Dementia UK Carol Concert Committee
Dementia UK Development Group
Droitwich Golf Club
Earlsmead Charitable Trust
Ecclesiastical Insurance, proudly part of the
Benefact Group
Eden Valley Friends of Dementia UK
esure Group
Mr and Mrs Fenning
Garfield Weston Foundation
Helianthus Charitable Trust

Johnson Controls
Manny Singh Kang
Keltruck Ltd HQ
Kenilworth Golf Club
Leeds Building Society
Leicestershire Fundraising Group
Lloyds Bank, Coverage Capital Management
Lord and Lady Barnard
MJC Stone Charitable Trust
Marks & Spencer
Frank and Maggie Marshall
Janet Mee
Moondance Foundation
National Energy Efficiency Awards
Next plc
Purbeck Fundraising Group (Dorset)
Shears Foundation
Sid Valley Memory Café
Simmons & Simmons LLP
Ali Stearn
Mr and Mrs Mark Stroyan
Barry Summerfield
Swire Charitable Trust
Thames Water Utilities Ltd

The 29th May 1961 Charitable Trust
The Adint Charitable Trust
The Art File
The Assura Community Fund
The Banbury Club
The Barratt Foundation
The Charles Skey Charitable Trust
The February Foundation
The Hodge Foundation
The Invesco Cares Foundation
The Kirby Laing Foundation
The Klondyke Group
The Openwork Foundation
The PF Charitable Trust
The Sobell Foundation
The Zochonis Charitable Trust
Ben and Harriet Thorpe
Tokio Marine HCC International Group
Steve Tunnicliffe
Verdant Leisure
Wilderness Golf Club
Winckworth Sherwood LLP
Zurich Community Trust

**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.**



The Admiral Nurse Dementia Helpline provides 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-a-clinic-appointment

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

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

