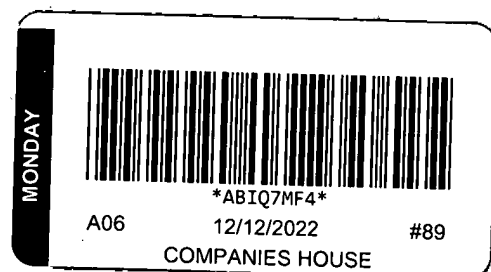


National Migraine Centre

Report of the Trustees and Financial Statements for the year ended 31 March 2022



Registered company no: 05846538 (England and Wales)
Registered charity no: 1115935

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GOVERNANCE, LEGAL & ADMINISTRATIVE DETAILS

Registered office and principal address

1st Floor, Citibase
Millbank Tower
21-24 Millbank
London SW1P 4QP

Registered company number

05846538 (England and Wales)

Registered charity number

1115935

Patron

Mr Francis Rossi OBE

Trustees

Mr Anthony Stratton (Chair)
Dr Bal Athwal
Mr Simon Kingsnorth
Mr Howard Morris (resigned 10 November 2021)
Ms Ruth Robertson
Ms Penny Wilson

Independent examiner

Giles Thrush
Richardson Jones
Chartered Accountants

Bankers

CAF Bank Limited
25 Kings Hill Avenue
Kings Hill
West Malling
Kent ME19 4TA

Solicitors

Dentons
One Fleet Place
London EC4M 7WS

Accountant

AJC Accountancy
Unit 31 Bizspace
575-599 Maxted Road
Hemel Hempstead
Herts
HP2 7DX

TRUSTEES' REPORT

Introduction

The National Migraine Centre is the UK's only charity providing diagnosis and treatment for the one in seven people and up to one in ten children who suffer migraine. Over more than four decades, our dedicated teams of world-class consultant neurologists and GP headache specialists have helped more than 64,000 people who are unable to access effective treatment through either the NHS or private clinics.

Over the past recent years, demand for our services has grown exponentially. Yet with limited funding, we have been unable to keep pace with this extraordinary growth in demand.

We receive no NHS funding; our work is largely funded by our patients. Since we provide consultations to all irrespective of their ability to pay, the income we receive from patients does not cover our costs and we must rely on support from those trusts, foundations and corporate partners who share our belief that all those affected by migraine deserve access to effective treatment.

Migraine: more than 'just a headache'

Headache affects almost everyone at some point, but around 14 per cent of the population suffer migraine, a condition that can, at its worst, severely reduce quality of life and cause chronic, disabling pain. More people suffer migraine than those living asthma, diabetes and epilepsy combined.

Migraine accounts for 89 per cent of headaches experienced worldwide and affects three times as many women as men. Around 2 per cent of people with migraine require medical intervention. Without effective treatment, migraine can undermine mental health, relationships and employment.

Migraine is the most common neurological condition in the developed world. The World Health Organization ranks migraine as the second-highest cause of disability globally, following lower back pain.

Those affected by chronic symptoms (3 per cent to 5 per cent of people with migraine) endure severe and disabling symptoms on 15 or more days a month.

Migraine and work

Research undertaken by the National Migraine Centre suggests more than 50 per cent of chronic migraine sufferers feel that their employers are not supportive of their condition. The research shows:

- 25 per cent had to change careers because of their migraines and/or headaches
- 16 per cent lost their job because of migraines and/or headaches
- 97 per cent of respondents worked while in pain caused by headache
- 54 per cent suffer financially due to their migraines
- Chronic sufferers lose 16.8 days of work per year due to headache-related conditions

The impact of migraine and headaches on work is often unseen, underestimated and misunderstood by employers and can be underplayed by those affected in order to hold on to their jobs. Access to effective treatment can minimise the impact on the individual and benefit employers by improving staff wellbeing and boosting productivity.

The cost of migraine to society

Migraine is responsible for 86 million equivalent workdays lost per annum (11.4 for each person with migraine) at a cost of just under £8.8 billion to the UK economy.

According to research undertaken by The Work Foundation:

- Migraine is the biggest cause of years lived with disability amongst those aged 15 to 49 – a time when people are often at their most productive, furthering their careers and starting families, leading to a major impact on career development and the wider economy
- 5.7 days are lost per person with migraine every year, equating to 43 million workdays at a cost of almost £4.4 billion
- An estimated additional £4.4 billion is lost to the economy each year due to reduced productivity as those with migraines continue working – many express concerns about the negative impact on their careers of taking extended or regular sick leave

In spite of its extraordinary cost to society, migraine is the least publicly funded of all neurological diseases relative to its economic impact.

Misunderstood, misdiagnosed, mistreated

Despite the prevalence of migraine and the cost to the individual and society, headache is rarely mentioned in NHS plans while most GPs will have five hours or less training on the condition. Consequently, the quality of care inevitably varies greatly across the UK.

According to The Work Foundation's research, GPs '...do not know enough about [migraine] and appear to have little interest in it given the wide range of competing medical conditions.'

These weaknesses in primary care result in unnecessary referrals to already over-burdened secondary care, leading to extensive waiting lists and problems accessing services for those in greatest need.

Secondary care at NHS hospitals remains greatly under resourced to handle this scale of demand. Only 20 per cent of NHS Trusts responding a freedom of information request by The Migraine Trust said they had a specialist headache clinic; the UK has just 1.1 full-time equivalent neurologists per 100,000 people (compared to more than four in France and Germany).

As a result of these inadequacies and capacity issues across both primary and secondary care in the NHS, there are over 16,500 emergency admissions for headache every year – up 14 per cent in five years. Most of these would be avoidable with the effective care.

These service gaps leave many people in great distress, and the National Migraine Centre their last resort.

A lifeline for people with headache

The National Migraine Centre was founded in 1980 to provide treatment to those affected by migraine and other primary headaches, to share skills and train professionals, to conduct and promote research,

and to improve self-management.

Neither private nor within the NHS, we remain the only charity in the UK dedicated to delivering treatment for those affected by headache. Last year, we provided 1,375 consultations and treatments to people affected by migraine and primary headache.

Our charity brings together some of the world's most renowned headache clinicians, including leading consultant neurologists and GP headache specialists who support the charity in both governance and patient-facing roles.

National Migraine Centre clinicians are based around the UK, seeing patients affected by migraine and primary headache nationwide using videolink technology. For those requiring face-to-face treatments, such as Botox or nerve block injections, doctors offer in-person appointments locally at special procedure clinics.

We also help those affected by migraine by improving self-management, with a range of tools, including our Heads Up podcast and online guides, providing essential, evidence-based guidance and information.

The National Migraine Centre is inspected and regulated by the Care Quality Commission (CQC). The most recent CQC report on our work found our clinic to be safe, effective, caring, responsive and well-led. Patient surveys in the three quarters leading up to that report showed extremely high levels of satisfaction, with 99.2 percent, 99.3 per cent and 100 per cent of patients respectively indicating that they were likely or highly likely to recommend us.

All our medical staff are fully qualified clinicians with a specialist interest and additional training in migraine and headache, registered with the UK's General Medical Council or the Nursing and Midwifery Council. Our clinicians provide additional and overlapping expertise on various specialist areas such as women's health, mental health and ophthalmology.

Our clinicians devote one hour to each first appointment, giving every patient around 40 minutes with the doctor, far more time than they might receive in NHS or private settings, to discuss their individual case. Our doctors will then liaise with patients' GPs to ensure ongoing appropriate care, recommending medication and care plans.

Chair's statement

As chair of the National Migraine Centre, it gives me great pleasure to present our annual report and accounts for the year to 31 March 2022.

The prior year was dominated by the impact of the Covid-19 pandemic, with the implementation of online consultations, the closure of our physical clinic and the focus on short term financial security via some generous donations and loan funding from the Government-backed Bounce Back Loan scheme and our existing bank.

2021/22 was a combination of both consolidation and transition as we embedded the new online operational model, ensuring it was underpinned by robust procedures and with the correct resource and staffing.

The online consultation model has proved very successful, opening up the geography of the UK from both a patient and clinician recruitment perspective. Patient feedback has been excellent, and the flexibility has reduced cancellations and improved efficiency.

The transition required significant changes from a clinical working perspective, which resulted in a reduction down to only two headache specialist GPs during periods in the year, which had a significant short-term impact on income. However, I am happy to report that we finished the year with the highest number of clinicians in our history, 18, spread across the country, allowing us to provide treatment for more patients than ever before and reduce our waiting list.

The profile of the National Migraine Centre continues to grow, with the Heads Up Podcast a key driver. The podcast was last year shortlisted in the Podcast of the Year category at the prestigious Medical Journalists Awards.

One of our leading clinicians, Dr Katy Munro, also had a book published for the Penguin Life Expert Series called Managing your Migraine.

Towards the end of the year, we began a complete re-branding of the charity and the development of a new website. As part of the new site we are developing, alongside academic and NHS partners, a new tool to direct people with headache to trusted, reliable sources of information, all made possible thanks to generous funding from the University of Warwick.

Finally, I would like to express my sincere thanks to our fellow board member, Howard Morris, who stepped down after 12 years.

Following two very challenging years, the National Migraine Centre is now in an excellent position to provide even more excellent clinical care and support to migraine sufferers across the UK.

Anthony Stratton
Chair

Our Vision

Our vision is for all those affected by migraine to have access to life-changing support and world class treatment. We empower people to take control of their headaches and lead better lives by providing expert patient care, facilitating research, improving professional skills and supporting better self-management.

Our Values

We are:

COMPASSIONATE. We are always patient focused, treating every individual with dignity and respect. We extend that care and consideration to our clinicians, staff, trustees, supporters and all those with whom we interact in the course of our work.

EXPERT. We bring together leading clinicians, policymakers and researchers in the field of headache treatment, continually striving to develop skills and expertise across our charity, the NHS and wherever those affected by migraine seek treatment and support.

PROFESSIONAL. We are dedicated to upholding the highest standards of professionalism and integrity. We are committed to delivering safe, high-quality and evidence-based care for every patient. We are always open, transparent and supportive.

COLLABORATIVE. We work together with our patients to deliver the best outcomes for every individual. We work with clinicians, charities, researchers and others to advance our vision.

DRIVEN. We are dedicated and passionate, single-minded in our commitment to improving the lives of all those affected by headache. We actively work to improve access and transform outcomes for everyone in need, always striving for equity in the provision of services and support.

Structure, Governance & Management

Organisational structure

Our governing body, the board of trustees (the board), is responsible for the overall governance and work of the charity. The trustees are volunteers and do not receive any remuneration for their services.

The board delegates operational management to the chief executive. The chief executive supports the board, assists the board in setting strategy and implements that strategy through the management of a small administrative team and a world class clinical team.

Objectives and activities

The National Migraine Centre was founded in 1980 as a registered medical charity by Dr Blau and Dr Wilkinson, both consultant neurologists with a special interest in migraine. The original governing document is a trust deed dated 23 May 1980, later replaced by a set of Articles of Association.

The trustees confirm that they have referred to the Charity Commission's guidelines and that the National Migraine Centre's current aims and objectives are charitable and fall within our governing documents.

Our objects, set out in our Articles of Association, are to:

- Provide treatment to all sufferers from migraines and other headaches
- Share our knowledge through training, lecturing and publications
- Conduct, promote and publish research into the causes, treatment and alleviation of migraine and other headaches

During four decades as an independent medical charity, the National Migraine Centre has:

- Treated over 64,000 patients
- Gained a global reputation for clinical excellence, with high levels of patient satisfaction
- Developed treatments that have since become the recommended standard by the British Association for the Study of Headaches
- Delivered headache masterclasses for thousands of healthcare professionals, improving the quality of care across the NHS and beyond
- Distributed self-management information through the media and digital channels

Risk management

The board recognises its responsibility in the identification, management and mitigation of risks and works closely with the executive team in this regard.

We maintain a risk register and continue to review risks on a regular basis, ensuring financial, compliance, reputational and other risks are considered and plans updated accordingly.

Reserves

The charity's income can fluctuate significantly and the trustees have adopted the policy of aiming to keep

a general reserve equal to three months' running costs. Due to the financial issues faced during the recent pandemic, general reserves are below this target, although recent action, particularly the recruitment of additional clinicians to significantly increase capacity, has been taken to address this.

Appointments and retirements of trustees

During the course of the year, Mr Howard Morris stepped down from the Board. There were no new appointments.

Review of the Year

Embracing the opportunities of telemedicine

The sudden arrival of the Covid-19 pandemic in spring 2020 had far-reaching consequences for the National Migraine Centre. Our clinic, which had operated face-to-face for 40 years, developed into a telemedicine service over the course of just a few days, using videolink technology.

As with many healthcare providers, we were forced to consider every aspect of how we delivered our services, with new infrastructure, IT, policies and processes put in place to guarantee the continued delivery of world-class care.

Despite the challenges, our team of clinicians and administrators succeeded in developing a model that was effective and which met the needs of our patients.

As time went on, it became apparent that the move to the digital environment brought with it very significant benefits.

Our patients, who had previously travelled from around the UK to see headache specialists at our central London location, found they were able to see the same leading clinicians from home or during a lunch hour. They expressed clearly a preference for accessible telemedicine.

Strong evidence also emerged to show that headache services could deliver safe and effective care remotely, which gave our clinicians greater confidence that they were able to help more people while continuing to guarantee the same standards of care for which we are renowned.

So, in the first quarter of 2021/22, we made the informed decision to embrace telemedicine as a long-term shift in our service delivery model, enabling us to get expert, safe and effective headache services to people in need right across the UK.

As a result, 2021/22 was the year we redesigned our service from the ground up.

These changes were not easy to implement and they came at significant cost. We lost many of the clinicians who had joined us to see patients in person and, at one point, our clinician team was reduced to just two GPs and a consultant neurologist. Our income fell sharply during 2021/22 as a result.

However, knowing this was a strategically important decision, we continued, recognising that our catchment area for clinicians would grow from the London area to cover the whole of the UK. Beginning in the summer, we actively searched for exceptional GPs around the country who had both a passion for headache medicine and a genuine interest in or preference for telemedicine.

Rebuilding our clinical team took time: over a period of months, we invested in high quality training, led by respected and experienced headache medicine specialists. During this time, the number of people we could see in the clinic fell back as our limited number of clinical staff focused on delivering exceptional, intensive headache training and developing our new cohort of GP headache specialists.

Despite the challenges of changing our business model and a temporary fall in income, the results have been remarkable. We ended the year with a team of 18 trained headache specialist clinicians, by far the highest number by far in our history. 14 GP headache specialists have now been appointed, supported by

a clinical leadership team of two senior GP headache specialists and our new consultant neurologist, Dr Simone Gregoire. And as the year ended, we also appointed our first ever headache specialist prescribing nurse, who will lead on the delivery of procedures such as Botox and nerve block injections.

The challenges of the past year have been significant and these are reflected in our income. But the future for the charity has been secured and we now begin 2022/23 looking forward to helping more patients than ever, with the largest clinical team in our history, exceptionally strong patient demand and reinvigorated income streams.

Premises

Although our consultations are generally remote, the charity offers procedure clinics by hiring clinical space from partner organisations.

We have recently begun a regular procedure clinic at the 999 Medical Centre in north-west London, which is led by our newly-recruited headache specialist nurse.

Website

Work began in late 2021/22 on a new website for the charity. The development work involved a review of all patient information and factsheets, which will be updated and expanded.

A new online booking system has also been designed to support our move to telemedicine, improve triage and reduce the administrative burden.

The new site will go live in early 2022/23

New brand

During the final quarter of 2021/22, we embarked on a project to refresh the charity's brand, including a new logo, strapline and visual identity. This work was built on patient research and insights.

The new brand will launch along with along with the new website.

Heads Up podcast

Patient education is a crucial element of our work. Our Heads Up podcast, presented by Dr Katy Munro, has now been downloaded over 140,000 times and has a loyal listenership of those affected by migraine as well as doctors with an interest in headache treatment.

Series four was recorded and released during the course of the year.

We were honoured to be the only charity to make the shortlist of the Medical Journalists' Association annual awards last year, alongside the BBC and the BMJ.

Media coverage

Dr Munro also leads on much of the charity's media work, which helps raise awareness of migraine, self-

management options and treatments. Media coverage during the year included BBC TV, The Times, Daily Mail and Mail on Sunday

Thanks

The annual Christmas appeal was a great success, raising over £22,000. We thank all those who so generously gave their support to the appeal or throughout the year.

We receive support from clinicians who give their valuable time to provide high-quality clinical training. We are particularly grateful to Dr Richard Wood for his support in training and mentoring the new intake of clinicians.

We wish to express our thanks to those consultants, agencies and contractors who have supported the charity at no, or reduced, cost. In particular, we are grateful to Dentons law firm for their ongoing legal advice, including significant support in the development of our new website.

Finally, we thank all those trusts, foundations, corporate supporters and academic institutions who so generously donated, or who worked with us in partnership, during the course of the year, including:

- Adrian Swire Charitable Trust
- Arthur Clark Community Fund
- CHK Foundation
- PF Charitable Trust
- Teva
- University of Warwick

Statement of Trustees' Responsibilities

The trustees (who are also the directors of the National Migraine Centre for the purposes of company law) are responsible for preparing the Report of the Trustees and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the trustees are required to


- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charity SORP;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

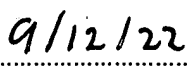
The trustees are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for 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.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

On behalf of the Board:

..... Name

..... Date

Anthony Stratton, Chair

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF NATIONAL MIGRAINE CENTRE

I report on the accounts for the year ended 31 March 2022 set out on pages 18 to 28.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year (under Section 144(2) of the Charities Act 2011 (the 2011 Act)) and that an independent examination is required.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under Section 145 of the 2011 Act;
- to follow the procedures laid down in the General Directions given by the Charity Commission under Section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

Basis of the independent examiner's report

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statements below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that, in any material respect, the requirements
 - to keep accounting records in accordance with Section 386 of the Companies Act 2006; and
 - to prepare accounts which accord with the accounting records, comply with the accounting requirements of Section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities

have not been met; or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.



Giles Thrush

Richardson Jones

Independent Examiner

02 December 2022

STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating an income and expenditure account)
For the year ended 31 March 2022

	Notes	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
INCOME					
Donations and legacies					
Donations	2	107,134	-	107,134	198,154
Legacies		-	-	-	10,000
		107,134	-	107,134	208,154
Other trading activities					
Fundraising		38,814	-	38,814	47,284
Fees		101,596	-	101,596	71,284
	3	140,410	-	140,410	118,568
Income from investments	4	25	-	25	54
Income from charitable activities					
Grants		8,880	30,000	38,880	64,998
Contract income		35,603	-	35,603	7,650
	5	44,483	30,000	74,483	72,648
Other income	6	1,219	-	1,219	295
Total income		293,271	30,000	323,271	399,719
Less: Expenditure on raising funds					
Marketing costs		(6,074)	-	(6,074)	(4,247)
Net income available for charitable activities		287,197	30,000	317,197	395,472
Expenditure on charitable activities					
Research and medical costs		101,187	19,792	120,979	132,885
Operating costs		209,339	41,540	250,879	260,429
	7	310,526	61,332	371,858	393,314
Governance costs	8	1,000	-	1,000	1,000
Total expenditure		311,526	61,332	372,858	394,314
NET INCOME / EXPENDITURE		(24,329)	(31,332)	(55,661)	1,158
Transfers between funds	16	-	-	-	-
RECONCILIATION OF FUNDS					
Total funds brought forward		37,838	53,192	91,030	89,872
TOTAL FUNDS CARRIED FORWARD		13,509	21,860	35,369	91,030

BALANCE SHEET

As at 31 March 2022

	Notes	2022 £	2021 £
FIXED ASSETS			
Tangible assets	13	584	1,442
CURRENT ASSETS			
Debtors	14	10,924	24,932
Cash at bank		129,782	183,817
		<u>140,706</u>	<u>208,749</u>
CREDITORS			
Amounts falling due within one year	15	(15,841)	(24,163)
NET CURRENT ASSETS		124,865	184,586
TOTAL ASSETS LESS TOTAL LIABILITIES		125,449	186,028
CREDITORS			
Amounts falling due after one year			
Bank loans		(90,080)	(95,000)
NET ASSETS		35,369	91,028
FUNDS	16		
Unrestricted funds		13,509	37,836
Restricted funds		21,860	53,192
TOTAL FUNDS		36,369	91,028

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2022.

The members have not required the charitable company to obtain an audit of its financial statements for the year ended 31 March 2021 in accordance with Section 476 of the Companies Act 2006.

The directors / trustees acknowledge their responsibilities for:

- ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006, and
- preparing financial statements which give a true and fair view of the state of affairs of the charitable company at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable companies.

The financial statements were approved by the Board of Trustees and were signed on its behalf by:

AA Name

9/12/22 Date

Anthony Stratton, Chair

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2022

1. Accounting Policies

Basis of accounting

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP 2019 (FRS 102) and the Companies Act 2006. These financial statements have been prepared under the historic cost convention and the accounting policies set out therein.

Incoming resources

All incoming resources are included on the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Resources expended

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to a particular heading, they have been allocated to activities on a basis consistent with the use of resources.

Direct charitable expenditure includes costs directly incurred in carrying out charitable objectives.

Governance costs are costs associated with the governance arrangements of the charity, which relate to the general running of the charity.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life. Items over £1,000 are capitalised.

- Fixtures and fittings: 33% on cost
- Computer equipment: 33% on cost
- Leasehold premises: over 5 years

Stocks

Stocks are valued at the lower of cost and net realisable value, after making allowances for obsolete and slow-moving items.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes. Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the statement of financial activities on a straight-line basis over the period of the lease.

Pension costs and other post-retirement benefits

Staff members are entitled to join one of two personal pension schemes. During the financial year 2021/22, any salaried medical professionals were entitled to join the NHS final salary scheme.

Government grants

Government grants are recognised on the accrual model. Under the accrual model, a grant relating to revenue shall be recognised as income on a systematic basis over the periods in which the entity recognises the related costs for which the grant is intended to compensate.

The charity received a £50,000 loan under the Coronavirus Bounce Back Loan (BBL Scheme) in January 2021. This is a 100% government backed loan with the first twelve months of interest being paid for by the UK government. In the year ended 31 March 2022, a total of £705.48 (2021: £294.52) loan interest was paid for with government grants.

2. Donations and Legacies

	2022 £	2021 £
Donations – onsite	-	129,323
Donations – offsite	-	42,406
Donations - combined	90,983	
Gift Aid – tax recovered	16,151	26,425
Legacies (net)	-	10,000
	<u>107,134</u>	<u>208,154</u>

3. Other Trading Activities

	2022 £	2021 £
Fundraising	38,814	47,284
Fees	<u>101,596</u>	<u>71,284</u>
	<u>140,410</u>	<u>118,568</u>
Fees include:		
Private patients	36,450	9,114
Clinical procedures	65,146	59,946
Publications	-	2,224
	<u>101,596</u>	<u>71,284</u>

4. Income from Investments

	2022	2021
	£	£
Deposit account interest	25	54

5. Income from Charitable Activities

	2022	2021
	£	£
Grants	38,880	64,998
Contact income	35,603	7,650
	74,483	72,648
Grants received, included in the above:		
Arnold Clark Community Fund	1,000	-
Adrian Swire Trust	3,000	-
PF Charitable Trust	3,000	-
Warwick Medical School (restricted)	-	9,998
CAF (restricted)	-	20,000
CAF (unrestricted)	1,500	-
CHK Foundation (restricted)	30,000	30,000
Haberdashers'	-	5,000
Miscellaneous	380	-
	38,880	64,998
Contract income, included in the above:		
Teva	-	7,500
Richmond Training Hub	1,500	-
Warwick Medical School	33,945	-
Other contract income	158	150
	35,603	7,650

6. Other Income

	2022	2021
	£	£
Miscellaneous income	514	-
Government grant (BBL interest)	705	295

7. Expenditure on Charitable Activities

	2022	2021
	£	£
Research and medical costs	120,979	132,885
Operating costs	250,879	260,429
	371,858	393,314

8. Governance Costs

	2022 £	2021 £
Independent Examiner's fees	1,000	1,000
Legal and professional fees		
	<u>1,000</u>	<u>1,000</u>

9. Net incoming / (outgoing) resources

Net resources are stated after charging / crediting:	2022 £	2021 £
Depreciation	1,318	4,310

10. Trustees' Remuneration and Benefits

There were no trustees' remuneration or other benefits for the year ended 31 March 2022, nor for the year ended 31 March 2021.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2022, nor for the year ended 31 March 2021.

11. Staff Costs

	2022 £	2021 £
Wages and salaries	211,698	208,789
Employer's National Insurance	13,976	13,109
Employer's pension costs	8,986	9,215
	<u>234,660</u>	<u>231,113</u>

One employee received emoluments in excess of £60,000 (2021: none).

The average monthly number of employees during the year was as follows:

	2022 No.	2021 No.
Direct charitable	7.5	9

12. Pension Costs

Staff members are entitled to join one of two personal pension schemes. During the financial year 2021/22, any salaried medical professionals were entitled to join the NHS final salary scheme.

During the year ended 31 March 2022, the company's total contributions amounted to £8,986 (2021: £9,215).

13. Tangible Fixed Assets

	Improvement leasehold premises	Hardware and software	Fixtures, fittings & equipment	TOTALS
	£	£	£	£
COST				
At 1 April 2021	-	-	21,252	21,252
Additions	-	-	459	459
Disposals	-	-	-	-
At 31 March 2022	-	-	21,711	21,711
DEPRECIATION				
At 1 April 2021	-	-	19,810	19,810
Charge for the year	-	-	1,317	1,317
Disposals	-	-	-	-
At 31 March 2022	-	-	21,127	21,127
NET BOOK VALUE				
At 31 March 2022	-	-	584	584
NET BOOK VALUE				
At 31 March 2021	-	-	1,442	1,442

14. Debtors: Amounts Falling Due Within One Year

	2022	2021
	£	£
Prepayments	911	5,044
Other debtors	10,013	19,888
	10,924	24,932

15. Creditors: Amounts Falling Due Within One Year

	2022	2021
	£	£
Creditors and accruals	11,608	18,181
Social security and taxes	4,233	5,982
	15,841	24,163

16. Movement in Funds

	At 1 April 2021	Net movement in funds	Transfers between funds	At 31 March 2022
	£	£	£	£
Unrestricted funds				
General funds	37,838	(24,329)	-	13,509
Restricted funds				
Restricted funds	53,192	(31,332)	-	21,860
TOTAL FUNDS	91,030	(55,661)	-	35,369

Net movement in funds, included in the above:

	Incoming resources	Resources expended	Movement in funds
	£	£	£
Unrestricted funds			
General funds	287,197	(311,526)	(24,329)
Restricted funds			
Restricted funds	30,000	(61,332)	(31,332)
TOTAL FUNDS	317,197	(372,858)	(55,661)

17. Related Party Disclosures

There were no related party transactions in the reporting period that require disclosure.

NATIONAL MIGRAINE CENTRE**Report of the Trustees and Financial Statements for the year ended 31 March 2022****INCOME**

	2022	2021
	£	£
Donations and legacies		
Donations – onsite	-	129,323
Donations – offsite	-	42,406
Donations - combined	90,983	-
Gift Aid donations	16,151	26,425
Legacies	-	10,000
	<u>107,134</u>	<u>208,154</u>
Other trading activities		
Fundraising	38,814	47,284
Fees	101,596	71,284
	<u>140,410</u>	<u>118,568</u>
Investment income		
Deposit account interest	25	54
Charitable activities		
Grants	38,880	64,998
Contract income	35,603	7,650
	<u>74,483</u>	<u>72,648</u>
Other income	1,219	295
TOTAL INCOME	323,271	399,719

EXPENDITURE

	2022 £	2021 £
Research and medical costs		
Salaries	104,557	132,136
Other research and medical costs	16,422	749
	<u>120,979</u>	<u>132,885</u>
Operating costs		
Salaries and staff costs	173,873	165,353
Repairs and renewals	204	2,716
Rent	22,189	36,057
Rates	-	6,225
Telephone and internet costs	6,649	8,391
Light and heat	-	2,530
Insurance	1,475	1,499
Incidental office costs (including relocation)	7,656	10,533
Subscriptions	3,134	2,940
Cleaning	-	861
Website development	13,216	-
Finance costs	3,497	5,296
Financial outsourcing and ICT	13,951	13,424
Bank interest	3,717	295
Depreciation – fixtures, fittings & equipment	1,318	4,310
	<u>250,879</u>	<u>260,429</u>
Expenditure on raising funds		
Marketing costs	6,074	4,247
Governance costs		
Independent Examiner's fee	1,000	1,000
Legal and professional fees	-	-
	<u>1,000</u>	<u>1,000</u>
TOTAL EXPENDITURE	378,932	398,561

NET INCOME / (EXPENDITURE)

	2022 £	2021 £
NET INCOME / (EXPENDITURE)	(55,662)	1,158