Facial Palsy UK Annual Report and Unaudited Financial Statements
For the Period Ended 30 June 2019

Charity numbers 1148115 and SC045086
Company number 08107184

Facial muscles are the only ones whose principle role is to move other people
We believe that every person affected by facial palsy should be able to routinely access care and treatment to improve their quality of life. When the charity launched in 2012, there was little to no support available. This report shows what we have been doing this year to improve the situation for everyone affected by this life-changing condition.

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What we do

Facial Palsy UK is a national charity supporting people affected by facial palsy due to any cause. We offer expert help, guidance and support to those living with the condition, their friends and families, and the professionals that care for them. Here are some of the highlights of our year.

<table>
<thead>
<tr>
<th>Direct Support</th>
<th>Information</th>
<th>Family Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>504 direct support enquiries during the year.</td>
<td>37,483 views of our new animation ‘Chloe’s Day’.</td>
<td>1 family day at National Space Centre (8 families attended).</td>
</tr>
<tr>
<td>296 attendances at local support groups.</td>
<td>Published: Bell’s Palsy Patient Guide. Employer’s Guide to Facial Palsy. Employee’s Guide to Facial Palsy.</td>
<td>76 families received direct support via telephone and/or email.</td>
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</table>

Feedback from attendees of local support groups showed:

- 92% felt more knowledgeable about healthcare options.
- 92% felt less isolated.
- 77% felt more confident approaching health professionals.
- 89% felt more confident generally.
- 96% said it was helpful to hear other people’s experiences.

Our mobile & user-friendly website continued to attract more visitors.

- 397,973 users of our website during the year.
- 1,439 members of our Facial Palsy UK Community.
- 34 copies of our children’s book ‘When Teddy lost his Smile’ sold in the year.
- 247 members of Parents & Carers Facebook group at 30 Jun 2019.

Volunteers

- 70 active volunteers helping with support, information, research, feedback & events.

Research

- 421 people with facial palsy surveyed about accessing health care via the NHS and the impact of the condition.

Awareness

- 19 media mentions in magazines, national & local press, radio and television.

97% funded from charitable donations this year (see page 24 for more details)
Introduction from the Chair

In my first year as chair of Facial Palsy UK board of trustees I have been astounded by the amount we, as a small charity, can achieve and how much passion exists amongst our two employees, our trustees, and all our volunteers.

Our strap line for Facial Palsy UK is: “inform, support, research”. This trio of interconnected activities form the foundation of the charity, with each part strengthening the others and ensures that we are all constantly pushing forward for those affected by facial palsy.

Working closely with our Medical Advisory Board and hearing first-hand from our host of volunteers and people that reach out for support, we know that there are still many issues affecting those with facial palsy every day. The constant battle to improve service provision has been a core theme to our work since we formed seven years ago, and one we continue to strive for.

This report describes the past year’s activities of our small team, and in particular Karen Johnson and Lorraine Thurston, the charity’s only paid employees. We are lucky to be supported by nine trustees and a huge team of volunteers and medical advisors – without whom we would struggle to achieve all that we do – thank you.

My highlights from this year:

- Our website continues to grow and attract nearly half a million users per year. With new resources being added frequently our website continues to provide remote information worldwide for patients and their families.
- Our support services continue to provide fantastic support across a range of mediums, enabling those affected to draw on individual and group support. Our Family Day this year highlighted the value of having the opportunity to meet with others just like us – I was twenty-seven before I met anyone who had a smile like mine!
- We are continuing work to encourage more research to be conducted around facial palsy. Recent work includes: examining the effects of treatment and of facial difference in the workplace. Additionally, the charity has been actively involved in academic and scientific presentations which support the building of the evidence needed to maintain and encourage further NHS funding.

There are however challenges ahead. We are reliant on the generosity of individual fundraisers and donors, whom we are grateful to. We are committed to spending your donations wisely and are more grateful given the financial climate is leaving many with little to spare. Thank you. We are also acutely aware that the increased pressures on the NHS mean that the few services available now for people with facial palsy may be at risk – something we would strongly contest.

I would like to express my unreserved thank you to each and every one of our supporters, volunteers, staff and partners for all of their contributions over the past year. I hope you enjoy reading this report and reviewing what your efforts have achieved for those affected by facial palsy. Thank you.

Dr Rebecca Black, Chair.
Our aims

In 2016 we set out our three-year strategy to improve the situation for people affected by facial palsy across the UK. In September 2019 we will be refreshing our strategic plan ensuring that our aims are continuing to address the needs of those affected by facial palsy.

Improve health

To improve the physical and emotional health of adults and children with facial palsy.

Greater awareness

To increase awareness of facial palsy and its social, physical and psychological consequences.

Better diagnosis, management & rehabilitation

To promote diagnosis, acute and long-term management and rehabilitation of people living with facial palsy.

Our vision

For people living with facial palsy to have timely access to care and treatments that can improve their quality of life and for greater research into the causes and treatments of facial palsy.

Our mission

For every person in the UK affected by facial palsy to be given access to the best information, treatment and support available.
Frontline Support

Key concerns

Social isolation is a continuing theme for those seeking support, regardless of their age. In 2018/19, 48% of those who contacted us for direct support felt isolated1.

Current culture across the UK places a high degree of importance on physical attractiveness and personal appearance. Any form of facial difference can damage self-esteem and cause previously outgoing people to become withdrawn and isolated.

There is often a perceived mismatch between the way that someone looks and the way that they feel about themselves. Someone who has a more obvious facial difference will not necessarily have more problems socially or psychologically, but someone else who has a less noticeable difference may feel distressed. People hesitate to explain this to their family, health professional or employer because they worry that it makes them sound vain and minimises their discomfort or pain.

Our support groups serve a valuable function: connecting people and allowing them to share thoughts, information and advice in a safe environment. From feedback we received across all of our groups in 2018/19, 92% of people who responded agreed with the statement: “Coming to the group makes me feel less isolated”.

“Facial palsy impacts every area of life in some way. Many of the people who contact us for support feel vulnerable and alone and need to be listened to and to be heard.”
Lorraine Thurston, Facial Palsy UK Support and Information Coordinator.

13 local support groups

Our target

Make more face-to-face support available locally.

Our achievements

- Numbers attending support groups increased by 27% (296 attendances) compared to the previous year, the average number attending each group was 8. The largest number of attendees in one group was 22.
- There were 35 face-to-face meetings during the year with 33 being entirely volunteer led with an estimate of 231 volunteer hours spent running the groups (attending meetings, correspondence, travel and admin time).

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1 Source: Facial Palsy UK support enquiries 2018/19
Out of 180 support group attendees who completed feedback forms: 89% said they now had greater confidence, 92% were more knowledgeable about health care options, 92% felt less isolated and 77% felt more confident approaching health professionals. A huge 96% of attendees responding found it helpful to hear other people’s experiences of facial palsy.

11 speakers gave talks at the groups about topics including: workplace advice, mindfulness, psychological issues, patient experiences, medical tattooing, meditation and treatments for facial palsy.

In our survey published March 2019, of 421 adults with facial palsy in the UK, 162 had attended a Facial Palsy UK support group. When comparing to a range of psychotherapies and peer support options engaged with, our Facial Palsy UK Support Groups received the most positive feedback (91% overall). This consisted of 73% who rated the support group as helpful and 18% who said attending a support group made a big improvement to their life.

The Cheshire & Mersey Support Group were Liverpool ECHO finalists in the charity organisation award category in August 2018.

“It’s a lovely group. I feel listened to for the first time in a long time. The only problem is limited time. We could talk all day and not cover everything, probably because this is the only place we find knowledgeable ears of people who understand.”

Anonymous feedback collected at East Grinstead Support Group.

“Thank you so much, it is the first time I have met anyone else with facial palsy since I got RHS (Ramsay Hunt syndrome) and it was so supportive and emotional to meet people in a similar situation. Thank you.”

Anonymous feedback collected at London Support Group.

“The facial palsy support group was the only time I ever met anyone else with the same condition. It was a six hour round trip but worth it.”

2019 Survey respondent.

Volunteers make it possible for people to receive peer support in their local area. Unfortunately, our Exeter support group has had to stop running this year due to a lack of volunteers in the area. We would like to thank the health professional volunteer that ran this group previously and we are seeking an alternative for people in the region.

We recognise the lack of face-to-face support available in Wales, Humberside, Yorkshire and North Lincolnshire, and launched Facebook groups during the year to try and bring people together in these areas for peer support. There are other areas of the UK that also lack face-to-face support opportunities, as well as having fewer local health care options. We are working to improve the health care options available in Wales with the team at the Morriston Hospital, Swansea.

Spotlight on the Northern Ireland Support Group

In Northern Ireland, specialist NHS health care does not currently exist for people with facial palsy. Residents of Northern Ireland must travel to the mainland to access treatment at Facial Palsy Specialist Clinics. Our Northern Ireland support group led by volunteer Janet Robb, has been campaigning for local access to specialist healthcare for facial palsy for over four years. A group of 25 including patients, clinicians and government representatives met on 16 February 2019 to share stories and explain why this service is needed. Issues raised included:

- The expense of having to fly to England for treatment, staying in hotels, loss of earnings, other travel costs.
- The distress of having to take public transport and then fly after surgery.
- Having to fly with young children who need surgery for facial palsy while arranging child cover for other children left at home, making everything more traumatic than it needs to be.
• The lack of pathway for patients with facial palsy in Northern Ireland, one member has been waiting years for an MRI scan to review an atypical facial palsy.
• Lack of local aftercare should things go wrong once discharged.
• Lack of NHS pathway meaning patients are often given incorrect information, referred to the wrong health professional, etc.
• The difficulty in gaining a referral via Northern Irish Health Care Trusts to any facial palsy service in the UK and how funding can be pulled without warning.

On 14 June 2019, another meeting led by Janet was held with the Head of Commissioning. It was agreed that there is a need for a Facial Palsy Specialist Service in Northern Ireland and Janet will be involved in a Medical/Patient working group to help design the pathway - including all relevant departments and expertise to build this service to ensure it meets the needs of those affected by facial palsy.

It is activities led by Janet and others in our support group that demonstrates a local support group can generate momentum and become a real catalyst for change, immeasurably improving people with facial palsy's experiences in Northern Ireland.

Comment from our Glasgow Support Group Facilitator

"In clinical settings, the allocated time for consultation doesn't permit enough time to meet patient's emotional needs. Feeling-felt is psychological and emotional needs, providing this kind of support is meaningful.

Being involved with these patients empowered my ability to understand what it means to live with facial difference, beyond theory. Facial palsy affects facial function, things we take for granted like drinking a glass of orange juice could be a challenge for some patients, especially in public places due to possible embarrassment. Many patients resort to different coping mechanisms to avoid abusive comments from members of the public. Some patients avoid public transportation and public events altogether which makes them feel isolated. Others limit their social life to attending events with limited human interactions. Attending performances held in venues with low-light conditions and leaving the venue before the show has ended is common.

I have seen members join the group for different reasons, mainly because they would like to see other fellow patients who underwent certain treatments that have been proposed for them, such initiative cannot be adopted by the healthcare team due to patient confidentiality. They come seeking answers about what to expect. Has the treatment of other patients been successful? What complications did they have and so on? Once sceptical, some patients were motivated to accept the surgical option. Some members have undergone surgical treatment, being part of that journey was inspiring for me and other members alike. Some members want to enhance their social life as well as play an active role in supporting others."

Mahmoud Amir Alagha, clinical PhD student in clinical dentistry, Glasgow Support Group volunteer facilitator.
Virtual support networks

We launched two new Facebook groups to bring together people in areas where we are unable to offer face-to-face support. Our virtual networks that run with no face-to-face meetups include:

- Wales Network launched July 2018 (Facebook group).
- Humberside, Lincs & Yorkshire network launched October 2018 (Facebook group).
- Parents & Carers Facebook Group (247 members).
- Facial palsy in pregnancy Facebook group (98 members).

Answering support emails & telephone calls

Our target

To improve the support we offer year on year and to empower those affected by facial palsy.

Our achievements

We directly supported 504 people this year by telephone or email – this is a 1% increase on 2017/18.

- 48% of those who contacted us now have more information about healthcare options available to them that they weren’t aware of before.
- 19% of those who contacted us were signposted to local support groups.

Many people we speak to have been diagnosed, provided some initial treatment but have had no further clinical input. Months or years later they are still having significant physical and psychological problems. Many have not met anyone else with facial palsy.

Typical support calls are around 20–30 minutes long. Clients are often distressed and anxious about their altered appearance and the many functional problems that accompany it. A third of callers require a follow-up call, email or letter. Emails often take the form of an ongoing dialogue throughout a day. As a trusting relationship is built up, a client often asks increasingly complex questions and begins to seek advice in other areas outside their initial query. We pride ourselves on the supportive environment we create with our clients.

Half (48%) of those who contacted us were seeking general support due to feelings of isolation and a further half (48%) wanted to know more about their health care options. More than a third (35%) sought guidance how to ask for help they need from their GP.

The key areas of support offered by phone or email are:

- Listening - encouraging the client to talk about their feelings, increasing understanding of their situation and enabling the client to see things more clearly.
- Information giving - helping individuals to understand their diagnosis, treatment and future options, and signposting to local specialists and support groups.
As there are over 50 different causes of facial palsy, our support team in the office and those delivering our support groups, must have a broad knowledge of associated conditions. This year we supported people with 22 different confirmed diagnoses/causes.

The majority (89%) of our support enquiries were dealt with by our dedicated Support and Information Coordinator this year and 11% by our Deputy CEO. Part of the Deputy CEO’s input involved Skyping a parent and child who had reached out to the charity so that the child could see another person with facial palsy.

The conditions we’ve supported this year

Figure 1. Causes of facial palsy supported this year.

Figure 1 above demonstrates the variety of different causes of facial palsy we received enquiries about. Of these: 81% of enquiries were from adults with facial palsy, 8% were from parents/carers of children with facial palsy and 3% of enquiries came from health professionals seeking advice about the management of facial palsy. As well as people living with facial palsy and their friends and families, we also received enquiries from teachers and employers seeking to understand facial palsy more.

2 Based on support enquiries between 1 July 2018 – 30 June 2019
"I developed Bell’s palsy four months ago and turned to the internet for help. Facial Palsy UK was the first website I found, and it immediately settled my nerves. It was initially settling to see I wasn’t the only person who had ever had this problem and I took my time to read through the information on the site. It helped me understand what to expect, being realistic yet encouraging. After a month or so of having my facial paralysis, I reached out to the support team via email with some questions I had that were worrying me. They promptly replied and made me feel supported through a tough time. About three weeks ago I saw the best recovery signs yet in my face. I was able to smile for the first time in three months and, after sending some emails back and forth over the past three months, I was excited to update the team at Facial Palsy UK. I am seeing slow, daily improvements now and keep in contact with the support team as I still turn to their great knowledge base for encouragement and motivation. The support provided during my paralysis was extremely important to my recovery, physically, mentally and socially, as it settled lingering worries or nerves and made me feel like I had somewhere I could always go to if I needed to."

Toby Edwards, 4 June 2019.

The key areas of concern raised by enquirers were:

- GPs being unaware that further specialist help is available for patients.
- A lack of information and support when initially diagnosed.
- Lack of follow-up care and feeling they have to research specialists themselves.
- Specialist teams being absent in Mid-Wales, North Wales, Northern Ireland and some areas of England.
- The psychological impact of facial palsy being misunderstood by health professionals and the condition frequently considered a cosmetic problem. This leads to problems getting funding for surgeries, treatments and therapies that can help.
- Employers misunderstanding the impact of facial palsy, for example, some don’t understand why screen work or driving can be difficult when the eye(s) won’t blink or close.

Supporting families

Our target

To reduce isolation for children and young people with facial palsy and normalise the condition. To bring parents and carers together for mutual support.

Our achievements

- Eight families attended our National Space Centre Family Day in Leicester in June 2019.
- Additionally, an experienced physiotherapist and four adults with facial palsy volunteered at the family day answering questions and providing vital support.
- 100% of parents said they would attend another Facial Palsy UK family day in the future.
- There were 247 members of our Parents & Carers Facebook Group at 30 June 2019 (36% increase from 2018).
- We sold 34 copies of our children’s book during the year.

Some children with facial palsy may feel isolated because it’s unlikely they will have met another child affected by the condition. Meeting another child who also has the condition can really improve self-esteem. When you are the person with facial palsy, the only image you have of yourself is your
mirror image or what you see in photographs or video. You don’t see what other people see, your animated face with your whole personality shining through. People will often say to someone with facial palsy that they don’t really notice it but it’s only when you meet another person with facial palsy that you begin to understand why this is actually true. Meeting others with the condition really helps to build confidence. This is what our family days are all about.

Parents too can feel isolated and welcome the opportunity to discuss common worries with other parents in a similar situation. Having a health professional also attend gives parents the opportunity to ask questions in an informal setting. It also allows children to meet health professionals in a fun setting, so it makes them seem less scary.

“Had some really good advice/information from other parents and Facial Palsy UK team. Having others that understand or you can relate to is so important.”

Parent feedback, National Space Centre Family Day, June 2019.

What have we learnt?

Most families who attended our family day travelled 51-100 miles to attend, two families travelled further. A second family day had been planned but was unfortunately cancelled due to a lack of take-up. It is increasingly difficult to plan a family day that will suit all ages of children and suit enough people in terms of location.

We have discussed with families to learn what would work best for them in future. We learnt: those travelling long distances (e.g. from Scotland) would like to see just one day or weekend planned per year, well in advance; others commented that they would like more time as a group through more workshop type activities which encourage the children to communicate with each other more. Although it is difficult in some venues to keep families together, we will attempt to ensure that we have dedicated space and time for meet and greets, lunch and goodbyes.

Our Parents and Carers Facebook Group is open to people worldwide who have a child with facial palsy. This is a platform where parents and carers can discuss common worries such as a child’s first MRI scan, eye care and how to deal with challenging questions from strangers. Facial Palsy UK staff are the main administrators for the group, people are only added to this group if they are a parent or carer of a child with facial palsy. If they are not a parent or carer, they are directed to a more suitable Facebook group. The difficulty with more general groups is that someone who develops facial palsy in later life may have a very different experience to a child with the condition. Our Parents and Carers Group is a safe place to discuss issues and experiences about children with facial palsy. A team of four adult volunteers born with facial palsy are also members of the group.
and help answer questions. The success of this group illustrates the worldwide need for facial palsy support.

“The Facial Palsy UK Parent Support Group on Facebook has been invaluable to both myself and my son who was born with congenital facial palsy. Without it, the last five years would have been extremely tough and I would still believe I was on my own in my fight to get my son the help and support he deserves. I was able to find out the names and locations of specialists in the field of facial palsy and questions to ask them when our appointments came up. I’ve also spoken to people who don’t live far from me and discussed the possibility of meeting up so our children can meet each other. The group has kept me positive and is also somewhere I can vent on particularly tough days, to people who understand.”

Victoria Magowan, Northern Ireland.

Challenges to supporting families

Going forward we must ensure family days are accessible to as many people as possible. We currently rotate around England. As of yet we have not had enough interest from people in Wales, Scotland or Northern Ireland to justify limited resources organising such events. We must do more to help families in remote areas and as part of our future plans, we are considering the feedback received from previous family days and in the Parents & Carers’ Facebook Group. We are looking at potentially holding weekend long events which would make it more worthwhile for families to travel long distances and attract greater numbers. However, given the need for additional resources for this to come together, it may take longer to achieve.

Website

Information rich and user-friendly

Our target

For the website to be more community focused and increase signups to our community by 15% year on year.

Our achievements

- Membership of our Facial Palsy UK Community grew by 57% to 1,439 members.
- Overall visitors to our website increased by 38% compared to previous year.
- Employer’s Guide to facial palsy and Employee’s Guide to facial palsy added to our website this year as well as Bell’s palsy patient guide download.

We receive new sign-ups to ‘Join our Community’ every day. Our community is free to join, people sign up via the website or by paper form. They can opt-in or out to receive general news, information about fundraising, support groups, volunteering or research. We ask people what caused their facial palsy when they sign up which enables us to make our communications more relevant and helpful. Enquiries about local support groups continue to increase suggesting people are finding information more easily. Out of 1,439 community members, 72% opted-in to receive information about Support Groups.
There were 397,973 users of our website during this financial year, 86.6% were new visitors.

<table>
<thead>
<tr>
<th>Our top three website topics</th>
<th>Page views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell’s palsy</td>
<td>70,829</td>
</tr>
<tr>
<td>What is facial palsy?</td>
<td>58,909</td>
</tr>
<tr>
<td>Ramsay Hunt syndrome</td>
<td>38,932</td>
</tr>
</tbody>
</table>

We added more new content on our website this year, including developing an Employer’s and Employee’s Guide to facial palsy. The Employer’s Guide was published 30 July 2018 and has received 2,353 page views (till 30 June 2019). This information is intended to help employers and managers to understand what it means to have facial palsy and to appreciate some of the difficulties an employee might have as a result. We also published an Employee’s Guide to facial palsy on 30 January 2019 and it has so far received 278 page views (between 30 January and 30 June 2019). The Employee’s Guide is intended to help answer questions about returning to or starting work, when you have a facial palsy.

Both guides were checked for accuracy by a Human Resources expert.

Two new videos were also added to the website: Understanding facial palsy (27k views across social media and website till 30 June 2019) and Management of paresis (4.3k views across social media and website till 30 June 2019).

“Thank you so much for this. I’m six weeks in and have been hiding away and lost so much confidence. This video is more informative than anything else out there.”

Facebook comment about ‘Understanding facial palsy’ video.

We continually monitor enquiries looking for the source of problems to see how we can make changes to our website and improve our support offerings online. Due to lack of resources, this process can be quite slow, however, everything is logged and work is in progress all the time to make improvements.

Information

Our target

To improve the information we provide for clients and health professionals.

Our achievements

This year we have:

- Published a new 20-page Bell’s palsy patient guide.
- Continued development work on a new dedicated Health Professionals’ website.
- Conducted a leaflet campaign to GPs in Northern Ireland.
- Attended the Facial Therapy Specialists UK conference.
Bell’s palsy patient guide published in print and digital format (see example pages below):

The guide includes 20 pages of information about Bell’s palsy, the most common cause of facial palsy.

Work continued on developing a new dedicated Health Professionals’ website. The website will provide a platform for sharing knowledge, education, as well as collaboration opportunity. The website has been built and some of the content loaded. Volunteer health professionals have been working on a ‘Health Professionals’ Guide to Facial Palsy’ book, the content of which will also be used on the new website. The planned launch date for website and book is March 2020.

Facial Palsy UK general information leaflets were distributed to 330 Northern Irish GP surgeries and additional information was distributed to hospitals via volunteers. These leaflets provided general information about facial palsy including: causes, treatment and support options.

We attended and provided information about facial palsy at the Facial Therapy Specialists UK conference to attending international health professionals including surgeons, psychologists, physiotherapists, and speech and language therapists.
Awareness

Facial palsy - not a cosmetic problem

Over 100,000 people are thought to have facial palsy in the UK. Facial palsy is an umbrella term which covers more than 50 different causes. Members of the general public mostly associate facial droop with stroke due to high profile awareness campaigns by stroke charities, yet just 2% of our support enquiries this year came from people who had facial palsy due to stroke. Once stroke is ruled out as a cause, there is little after-care or empathy for those with other causes of facial palsy.

Previous Freedom of Information requests to local health authorities demonstrate that a vast majority consider facial palsy a cosmetic problem, not one that affects basic human function such as the ability to smile or close the eye for sleep. It’s demeaning for people with facial palsy to have to go through lengthy applications for treatment that could greatly improve their quality of life. There are few medical conditions where people are simply left to ‘get on with it’, but this is often the reality for this patient group. More awareness is urgently needed.

Our targets

- To demonstrate the real physical and psychological consequences of living with facial palsy, particularly to health professionals responsible for patient care.
- To empower people with facial palsy and give them a voice.
- To be innovative and creative and find different ways to raise awareness of what it is like to live with facial palsy.

Our achievements

This year we have:

- Worked with the Centre for Health and Disability Assessments (CHDA) operated by Maximus to improve training and guidance documents about Bell’s palsy.
- Had 19 media mentions in magazines, press, radio and television.
- Worked with BBC Wales on a television report highlighting Bell’s palsy, featuring our media volunteers Clare Mount and Marcus Horton.
- Featured on BBC Breakfast. Our media volunteer, Clare Mount and Medical Advisory Board member, Professor Ahmed Sadiq discussed Bell’s palsy on BBC Breakfast reaching audiences around the UK.
- Delivered a successful Facial Palsy Awareness Week 1-7 March 2019.
- Created an animation ‘Chloe’s Day’ to illustrate the day to day experiences of living with facial palsy (www.facialpalsy.org.uk/chloe).

The Centre for Health and Disability Assessments (CHDA) operated by Maximus contacted us for assistance regarding Bell’s palsy. Maximus carry out benefit assessments on claimants in receipt of medically related benefits on behalf of the Department for Work and Pensions (DWP). Members of our Medical Advisory Board provided detailed feedback on training and guidance documents about Bell’s palsy for Maximus, endeavours to ensure that the service is sensitive and appropriate and based on a firm understanding of the issues around Bell’s palsy. We hope that such a collaboration

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ensures that anyone going through the assessment with Bell’s palsy will be treated with understanding and compassion.

Volunteer speakers helped us raise awareness, and often funds, in a variety of different settings.

**In the media**

![Pie chart showing media topics and coverage]

Figures 2 and 3 above show which topics were featured in the media and where the coverage was for the year ending 30 June 2019. Press interest often accompanies a celebrity being diagnosed with facial palsy and media outlets also favour conditions that are more likely to affect a greater number of their listeners or readers. This can cause difficulties in trying to raise awareness about rarer causes or types of facial palsy.

Being the most common cause of facial palsy, Bell’s palsy stories are more frequently requested. Media outlets seek to link real life stories to celebrities who go public with this diagnosis. The lack of good quality information about causes like Bell’s palsy is often highlighted when celebrities speak out about being diagnosed with the condition. Celebrities often inadvertently endorse different treatments purporting them to be ‘cures’ when there is no evidence to back up their claims, despite perhaps working for them. This can be dangerous as knowledge of facial palsy causes and treatments is poor among many general healthcare professionals, leading patients to turn to celebrity ‘advice’ for help.

**Social media**

We use the social media channels Facebook, Twitter and Instagram. With a small team and limited resources, we are mainly active on Facebook using Twitter and Instagram less frequently. During Facial Palsy Awareness Week we post on Twitter and Instagram more regularly.

As of the 30 June 2019, we had:

- 1,475 Twitter followers (8% increase on last year)
- 3,455 Facebook Likes (35% increase on last year)
- 689 Instagram Followers (64% increase on last year)
Facial Palsy Awareness Week 1 – 7 March 2019

In 2015 we designated the first week of March as Facial Palsy Awareness Week. For our fifth awareness week, the theme was ‘Face My Day’. The key messages we shared were:

- The difficulties people have accessing health care
- The psychological impact of facial palsy
- What it is like living with facial palsy

Awareness Week activities included:

- We worked with Mumsnet and developed a campaign about Bell’s palsy in pregnancy.
- We published 13 new personal stories on our website and posted them to social media.
- A huge range of fundraising activities were held by volunteers.
- We launched our new Bell’s palsy patient guide.
- We published the results of our survey exploring: Accessing health care for facial palsy via the NHS and the impact of living with the condition.
- Created a template with statistics from the survey for people to use for informing their MP about the difficulties in accessing health care.
- Published infographics summarising the survey statistics.
- Launched Petition ‘Encourage greater awareness among all members of Parliament about the impact of facial palsy in the UK.’
- People shared our new animation ‘Chloe’s Day’ on social media.
- People shared stories about how facial palsy affects them.
- People shared pictures and messages on social media to raise awareness.

Our first animation Chloe’s Day (www.facialpalsy.org.uk/chloe) – this ‘day in the life’ animation launched during Facial Palsy Awareness Week 2019 gives a general overview of the different ways people’s lives can be impacted by facial palsy. With so many different causes we could not fit every aspect of facial palsy in to the short film. It was very well received, with 37,483 views across YouTube and social media channels during the year.

Many people supported Facial Palsy Awareness Week by fundraising and speaking to local press about their activities. Many volunteers use awareness week as a dedicated time when support groups often come together to raise awareness in their communities. People raise awareness in nurseries, schools and workplaces.

Pictured: Felicity holding a Bake Sale during Facial Palsy Awareness Week at school raising £220.
Research & Education

Very few research projects are investigating the causes and treatments of facial palsy. A key reason for setting up Facial Palsy UK was to raise funds for medical research into the condition.

Our target

- Identify areas for medical research which will be beneficial to people with facial palsy.
- Raise funds to support or sponsor research and training for health professionals involved in the care of patients with facial palsy, which is not normally provided by the statutory authorities.
- Standardise assessment procedures.

Our achievements

This year we have:

- Partnered with a range of organisations on the FRAME research project supported by the National Institute of Health Research to better enhance patients’ outcomes. The software being developed can also be used to standardise assessment procedures.
- Published the comprehensive results of our 2019 survey – Accessing health care for facial palsy via the NHS and the impact of living with the condition.
- Co-authored an academic journal article: ‘PP26 Facial Palsy Therapy: Can Novel ‘Smart Spectacles’ Help People Smile?’ Published in the International Journal of Technology Assessment in Health Care Jan 2019 - https://doi.org/10.1017/S0266462318001964

Amanda Taylor (a poem written for Facial Palsy Awareness Week 2019)

Spontaneous laughter, eating out, a hand over mouth always no doubt
A palsy dry eye will always hurt, a dysfunctional smile, no pics please, I don’t mean to be curt!
Loss of hearing, avoiding places, staying at home now replaces
A wonky smile, the emotional impact, it never stops hurting that’s a fact
“You look fine, I can hardly tell!” I’m not the person you thought you knew well
Everyday is a battle, it really hurts, I lost my smile, now introvert
The outward world, you think I’m fine, do you really know what’s going on in my mind?
Learning to cope now that’s the key, family and good friends will help to a degree
Keep spreading the word, the impact of Facial Palsy needs to be heard!

Amanda Taylor (a poem written for Facial Palsy Awareness Week 2019)
Our FRAME (Facial Remote Activity Monitoring Eyewear) aims to develop a device in the form of a pair of glasses which will allow people living with facial palsy to carry out their facial therapy exercises more easily. Large-scale studies have shown that up to a third of patients who develop Bell’s palsy will be left with ongoing facial weakness or asymmetry. Many will have a condition called synkinesis which means that the facial muscles move in an uncoordinated fashion. Treating facial synkinesis is difficult and the majority of patients do not have access to treatment.

Some patients are treated with injections of botulinum toxin into the face every 3 to 5 months, which costs approximately £300-£400 per session. Early stage intervention, such as FRAME, could reduce this cost to the NHS. Software developed as part of the FRAME project also has the potential to serve as a measuring tool, enabling standardisation of assessment of facial function and movement, and allowing uniform data collection for larger scale randomised control trials. Facial Palsy UK’s role has been to coordinate involvement of people with facial palsy who have been helping with pilot tests to fine tune the technology and hosting focus groups to ascertain usability.

This project has been completed by a consortium led by Nottingham Trent University in collaboration with Queen Victoria Hospital in West Sussex, Brighton-based technology company Emteq, Coventry University, and Facial Palsy UK. Facial Palsy UK Trustee and founder Charles Nduka is Chief Science Officer (CSO) and Co-Founder of Emteq. Vanessa Venables Trustee and co-founder is a Principal Speech & Language therapist who has been employed by Queen Victoria Hospital as part of her role in this project. All potential conflicts of interest have been declared and managed. The research is funded by the National Institute for Health Research, Ref: II-LA-0814-20008.

We published ‘Accessing health care for facial palsy via the NHS and the impact of living with the condition’ survey results. A total of 421 respondents completed our comprehensive online survey, all were adults (18+) who have or have had facial palsy, all live in the UK and are eligible for NHS health care.
When asked what could improve their quality of life, 84.1% said routine access to health care for people with facial palsy, 83.8% said more psychological support and 81% said more awareness of facial palsy among the general public to improve attitudes and understanding.

One in five respondents (19%) were initially misdiagnosed with the most commonly misdiagnosed cause of facial palsy being Ramsay Hunt syndrome, which was frequently misdiagnosed as Bell’s palsy.

There are 21 different physical issues associated with facial palsy and 14 of these issues had affected over half the respondents. The main three psychological issues that affected more than 70% of those surveyed were self-consciousness, low self-esteem and grief. Low self-esteem was the psychological issue most likely to improve over time with just over half still reporting ongoing issues in this area compared to three quarters affected initially. More than half (52%) of respondents suffer with anxiety and/or depression. This supports the need for patients being sent to specialist facial palsy multidisciplinary teams with psychological support.

Feelings about being in photographs changed dramatically, 71.5% said they liked being in photos before having facial palsy compared to 6.3% now. Approximately half of those surveyed no longer enjoy social events such as weddings.

Of 211 respondents who needed to request follow-up care from their GP, more than a third said their GP did not take their concerns seriously. 41.7% of those who requested a referral found that their GP couldn’t do so because they didn’t know who or where to refer to. This was the top reason for non-referral. Over half (58%) of respondents referred to a specialist waited a year or more for the appointment. For those not destined to fully recover from an acquired facial palsy, many of the treatment options available to restore facial function in the patient’s native facial muscles start to become less effective/ineffective at this time (depending on patient age, etc.) This means that, not only is the patient’s long-term outcome impacted upon, the cost of any subsequent treatments (e.g. facial reanimation surgery) becomes significantly more expensive. Delays in seeing a facial palsy specialist cost the NHS money.

Out of 354 respondents who accessed follow-up health care, 54.5% said they’d attended at least one appointment with either a consultant, surgeon or therapist that was of no benefit to them because the health professional was not an expert in facial palsy. There was an average of 2.5 wasted appointments for all respondents. 40.1% of all 421 respondents had also sought help privately outside the NHS.

Peer support via Facial Palsy UK support groups, and psychotherapies as part of a Facial Palsy Specialist Multidisciplinary team were most beneficial to those surveyed, most likely because those involved in giving support are more familiar with the impact of facial palsy.

**“It is eight years since the impact of Ramsay Hunt syndrome. The mental scars of the resulting depression, the loss of my career and my outgoing personality, will never totally recover. Only now am I receiving the specialist physiotherapy. It is a very lonely road.”**  
Survey respondent

**“When I saw my GP and handed her the contact details of a specialist NHS facial palsy team, it was dismissed, and the information was given back to me. I then emailed the facial palsy clinic at my chosen hospital to try to refer myself, however I was advised I could not self-refer and to go back and request referral from my GP, who will not help with referral. I have therefore still not seen a specialist and have instead had to self-treat by reviewing the information on the Facial Palsy UK website and working with a private physiotherapist.”**  
Survey respondent
Volunteering

We would not be where we are now without our volunteers – thank you!

The charity has come a long way since it started seven years ago. The support we offer would not be possible without our volunteers. Over this year, 70 people gave up their time, skills and energy to help others affected by facial palsy. Thank you for the incredible support you give the charity.

Our target

- Value our people, support them and listen to them.

Our achievements

<table>
<thead>
<tr>
<th>Volunteers help in the following ways:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support</strong></td>
</tr>
<tr>
<td>Our support groups simply would not run without the help of our volunteers. 296 attendances at support groups were made possible by 22 volunteers. Not only do they offer support but many fundraise too. Befriending – people offer to reach out to those newly diagnosed, often encouraging them to attend their first support group.</td>
</tr>
<tr>
<td><strong>Events</strong></td>
</tr>
<tr>
<td>With just two members of staff we rely heavily on volunteers to help with events such as our Family Days and Great North Run. Roles can include welcoming people, taking photographs and video, updating social media, serving food and refreshments, manning merchandise stalls and more.</td>
</tr>
<tr>
<td><strong>Research</strong></td>
</tr>
<tr>
<td>Volunteers offer valuable feedback to ensure that we remain focused on activities most important to people with facial palsy.</td>
</tr>
<tr>
<td><strong>Medical Advisory Board</strong></td>
</tr>
<tr>
<td>All of our website content relating to health care is checked for accuracy by volunteers from our Medical Advisory Board. They also assist in answering complex support enquiries.</td>
</tr>
<tr>
<td><strong>Speakers &amp; Media volunteers</strong></td>
</tr>
<tr>
<td>Volunteer speakers and media volunteers do an important job in raising awareness.</td>
</tr>
<tr>
<td><strong>Operations</strong></td>
</tr>
<tr>
<td>Volunteers also help with social media, graphic design, fundraising and distributing literature.</td>
</tr>
<tr>
<td><strong>Governance</strong></td>
</tr>
<tr>
<td>Our Trustee Board oversee strategic direction, efficiency and legal responsibilities of the charity.</td>
</tr>
<tr>
<td><strong>Campaigning</strong></td>
</tr>
<tr>
<td>Many volunteers helped encourage people to sign the petition this year.</td>
</tr>
</tbody>
</table>

Our volunteers were surveyed during the year, all of those who responded (100%) stated they enjoyed volunteering for Facial Palsy UK.

“I hadn’t expected to learn so much, as my motivation was to help others, but I have, and have met some really lovely people. Thank you!”

Volunteer feedback.
What did we learn from the survey and how could we improve?

- The main reasons people volunteer for Facial Palsy UK are because they want to use their skills to help other people (79%) and they want to use their experience of facial palsy to help others (71%).
- A minority of volunteers are unsure how they can help more, this is an area we need to address.
- Support Groups would welcome an occasional visit from trustees and or office staff.
- All volunteers who completed the survey felt appreciated by the charity.

Challenges

We need to do more to make use of the volunteer resources available to us.
How we are funded

97% voluntary funded

Our target

- To develop a diverse range of funding streams to ensure our activities are sustainable.
- To spend funds wisely and effectively.
- To work within the guidelines of the Fundraising Regulator and keep updated with changing legislation in relation to fundraising, charity accounting/reporting and data protection.

Our achievements

This year:

- 97% of our voluntary income came from the people, companies and trusts who supported us and 3% came from the National Institute for Health Research for a short-term project of two years* - this is the only government funding we have ever received.
- Facebook income grew by 205% to £6,768 (£2,218 in 2017/18).
- Individuals supported us through online shopping schemes such as ’Give as you Live’, ‘Amazon Smile’ and ’Easy Fundraising’ raising a total of £423.
- We also launched a lottery in conjunction with The Weather Lottery raising £451 in our first year.

Thank you for the many generous donations we received during the year from individuals and companies. We are also grateful to those who make regular donations via payroll giving, standing order or direct debit.

We are grateful for the following grants:

- *National Institute for Health Research, Ref: II-LA-0814-20008 £2,818 – FRAME research project
- The Foyle Foundation £3,500
- The Albert Hunt Trust £1,000
- The Leach Fourteenth Trust £1,000
- The Broyst Foundation £1,000
- The Syder Foundation £2,000
- Allergan International Foundation £5,693
- The VTCT Foundation £25,000

Thank you.

We were also kindly supported with pro bono support by:

- JGR Business Bureau who donated payroll processing hours to us.
- Orchard House Media who provided us with Google Adwords support.
Facial Palsy UK has also received many other gifts of time and advice from individuals and organisations throughout the year. We wish to thank every single person and organisation who has supported Facial Palsy UK. We are sorry we cannot mention you all. Every gift is used carefully to improve the lives of people affected by facial palsy.

Fundraising highlights

We couldn’t do what we do without the dedication of our wonderful fundraisers. Here are just a few highlights from our year (2018/19). Thank you for making what we achieve possible.

**Treehouse 10k**

Annabel Thurlow took part in this 10k event on Mothering Sunday 2019 for her mum who was diagnosed with facial palsy in 2017. Annabel smashed her personal best coming in 14th woman in her age rank and raised £769!

**Bingo Fundraiser & Family Disco**

Darcy and family organised a Family Disco in September 2018 as well as a Christmas Family Bingo fundraiser.

The total raised by both events was £2,433!

**Charity Fest**

The Charity Fest team raised £7,304 for us in July 2018 with another fantastic festival in Walton-on-the-Naze, Essex.

**Blenheim Lodge RAOB 7509 (The Buffs)**

The Reid family nominated Facial Palsy UK to be the focus of The Buffs charity fundraising for the year and presented us with a cheque for £4,032.82.

**British 10k**

Dean, Lizi, Gillian, Rob, Jamie and Phil took part in the British 10k at the start of the year in July 2018 and raised £4,091 between them!

**Family Day and Easter Party**

Terlita Ige, family and friends organised a Family Fun Day in August 2018 and an Easter Party in April 2019 raising £2,235 with both events!

**Awareness & Fundraising**

The Norwich Support Group nominated us for the John Lewis ‘Community Matters’ token scheme. An amazing £1,439 was raised which will be used for GP Education in the Norwich area. This success spurred other members of our community to nominate us in other areas of the UK. Pictured left is our Norwich Support Group Facilitator Margaret Youatt collecting the cheque from John Lewis.
**Where our income comes from**

This year you helped us to raise £97,517. Figure 4 below shows where our income was generated:

![Income Breakdown Chart](image)

**Where we spend our income**

Total resources expended this year were £81,690. Figure 5 below shows how we spent our income:

![Expenditure Breakdown Chart](image)

Charitable activities include: providing support and information, raising awareness and research projects. Costs of running the charity include: office rent, insurance, IT, telephone and internet costs and a proportion of salaries spent on operational requirements. Spend on fundraising was £6,364 - £3,683 of this spend was from a £25,000 restricted grant from the VTCT Foundation specifically given to help us improve our Trust Fundraising function. This grant has so far helped us invest in training, consultancy and tools to find grants. We spent £2,681 earlier in the year prior to receipt of this funding applying for grants and supporting our fundraisers with fundraising materials.
How do we raise our funds?

Since Facial Palsy UK launched in 2012, we have never employed high pressure fundraising tactics. With our ‘Join our Community’ form we ask whether people want to be contacted about fundraising. The ability for people to opt-in or opt-out means that we will only contact those who are specifically interested in hearing about fundraising.

We do not use fundraising agencies and we do not sell or exchange lists of data with any other charities or companies for marketing or fundraising purposes.

We are members of the Fundraising Regulator and our Fundraising Promise is clearly detailed on our website. We also have a Complaints procedure should anyone be unhappy with us or any person acting on our behalf. We have not received any complaints about our fundraising practices in our 7-year history.

We promise to adhere to industry guidelines and regulations. We have invested time in ensuring we meet the requirements of the new General Data Protection Regulation (GDPR). We promise to ensure that all staff and volunteers are kept updated about data security and correct use and retention of data.

We promise to be open and honest about how the funds you raise are spent.

For every £1 we spent this year:

- 79p went on delivering and improving care for people with facial palsy
- 8p went on generating future income
- 13p went on the running costs of the charity including governance

![How we spend a £1 donation](image)

Figure 6. How we spent a £1 donation for year ending 30 June 2019.

Due to receiving a £25,000 grant specifically for the purpose of improving our Trust Fundraising function this year, our fundraising spend is higher than normal. This is broken down into restricted and unrestricted in Figure 6 above. Of the 7.8% of funds spent on fundraising, 4.5% were restricted by the grant giver for the specific purpose of trust fundraising and could not be used for other purposes.
Financial review

In the first year of the charity's life (2012/13) there were start-up costs for advertising and marketing. Our first-year deficit was facilitated by a loan of £17,000 from the charity's founder, Charles Nduka. An additional £3,000 was loaned to the charity by Mr Nduka in September 2013. In 2014/15, £15,000 was donated to the charity to clear part of this loan with another £5,000 to be repaid in future. No date has been set for this repayment.

This year our total annual income increased by 45.6% to £97,517 (previously £66,974). However, unrestricted income fell by 5.5% to £52,723 (previously £55,818). This increase was primarily due to the Trust Fundraising grant awarded but yet to be fully spent in 2018/19.

Unrestricted expenditure increased by 6.9% to £54,979 (previously £51,417). We employed one full-time and one part-time member of staff during this period.

Total expenditure decreased by 2% to £81,690 (previously £83,318) which included: one family day, restricted support services project costs, Health Professionals’ website maintenance, creation of Bell's palsy patient guide, Chloe's Day animation, Northern Ireland GP Awareness Campaign, Trust Fundraiser work and one research project.

Charitable activities

Expenditure on charitable activities decreased by 6.5% to £75,326.

Reserves

As we do not receive any regular government funding, our level of income depends on the generosity of donors, the enthusiasm of fundraisers and how the wider economy is performing. We must consider what would happen to our services should this income significantly reduce. We also need to mitigate the risk of having a small office team. If one of our staff members became ill and was unable to work, we would need to recruit temporary cover.

To cover employee sickness for 6 months (statutory sick pay and temporary staff member) we would need at least £17,847. To cover redundancy, we would need £4,725. These two scenarios are very unlikely to happen in unison. Our full-time member of staff is multi-skilled and has a high workload. We would possibly need a second additional member of staff in the short term while any replacement is learning our systems. Our unrestricted funds balance at the end of June 2019 was £35,244 of which we consider £25,000 to be free reserves. We plan to review this level in 2019/20 to consider whether it would be more effective to reduce the level of free reserves to £18,000 and invest £7,000 in increasing resources.
Risks and uncertainties

Our Risk Register is reviewed at every Trustee meeting either by discussion or correspondence. Risks are assessed top down and bottom up. An overview of key risks and our mitigation management are detailed in the table below:

<table>
<thead>
<tr>
<th>RISK</th>
<th>MANAGEMENT</th>
</tr>
</thead>
</table>
| **Financial:** The charity is reliant on fluctuating voluntary income to provide our services and has a lack of regular income streams. We have limited resources to dedicate to fundraising so careful planning is needed. | • Diversify income streams.  
• Regular financial planning & review.  
• Sustain unrestricted reserves to ensure we can continue to operate.  
• Fundraising strategy review and investment in trust fundraising. |
| **Operational:** The loss of our Deputy CEO (sole full-time employee) although unlikely to happen, would have a major impact. We also must ensure all volunteers feel valued and supported and are fully informed about policies and procedures. Data security should be continually reviewed in our ever-changing world to ensure it covers technological advancements that could make old policies & procedures obsolete. | • Keep under review volunteer requirements and necessary policies and training, etc.  
• All policies and procedures relating to data protection to be reviewed annually with reference to latest legislation.  
• All communications are centralised into a charity database to allow for any required handover.  
• Document systems, plans and projects to ensure any required handover. |
| **External:** Incidents or events may negatively affect the charity’s reputation or operations, e.g. non-compliance, fraud, security. Public perception of our work could be incorrect or misleading. | • Preventative mechanisms, policies & procedures are in place.  
• Monitoring of preventative measures are in place to ensure appropriate external activity.  
• Improve our impact reporting to ensure all impact is recorded. |
| **Governance:** Poor knowledge of regulatory requirements and legal responsibilities. | • Trustee Board increased to attain more skills, knowledge and experience.  
• Policies and procedures are regularly reviewed and communicated throughout whole organisation.  
• Training is provided where required and requested. |
Employees

Our two employees (one full-time and one part-time) generally work from one location. They communicate with the Trustee Board via email, telephone or face to face meetings. Information is mainly disseminated to volunteers by email or telephone as nearly all of our volunteers are not based locally to the office.

We are committed to being a diverse and inclusive charity. We have equal opportunities monitoring in place and value each individual’s contribution. Our office is fully accessible. We set up a staff pension scheme in July 2017 in line with government requirements.

Remuneration policy

As a young charity we are not currently paying salaries at the median market rate; we do pay above the living wage. Our pay policy sets out that we are committed to ensuring our salaries are competitive in the labour market. However, we do not have sufficient surplus funds to enable us to do this currently. We do consult with employees about the ongoing situation to ensure they still feel valued.

No individual performance bonuses are paid. Where additional work is taken on for specific projects that involve working additional hours to those contracted, employees can apply for overtime to be paid at the normal hourly rate. Additional hours are not always charged to the charity though and are frequently donated as volunteer hours for which we are grateful.

Our employees are currently over-stretched with the volume of work and we need to reach a position where we can take on additional staff and offer salaries at a competitive rate. We are fortunate that we have a committed team but we need to ensure we retain them.
Structure and Governance

Facial Palsy UK is a company limited by guarantee (incorporated on 15 June 2012, registered number 08107184) and a registered charity in England & Wales (charity number 1148115) and Scotland (charity number SC045086).

The charity purpose is set out in its Articles of Association (updated 7 July 2014).

The need for a charity specifically for facial palsy was recognised following the development of the Facial Palsy Clinic at the Queen Victoria Hospital in East Grinstead. In 2009, Consultant Plastic and Reconstructive Surgeon Charles Nduka who set up the clinic, conducted a survey and in conjunction with patient feedback noted that:

- The average duration between the onset of paralysis and referral to a specialist for treatment was 5.6 years which means that there is a huge unmet need for help.
- Patients were travelling from across the UK (including Northern Ireland and Scotland) in order to be seen.
- The information that patients had been given by some health professionals was incorrect and might impact negatively on their outcome.

It was from this that Facial Palsy UK’s mission grew: for every person in the UK affected by facial palsy to be given access to the best information, treatment and support available.

The objects for which the charity is established for the public benefit are:

- to improve the level of care and treatment of persons living with facial palsy by increasing awareness and understanding of facial palsy and its physical and psychological consequences;
- to assist the treatment and care of persons living with facial palsy by the provision of information, support, education and practical advice;
- to improve access to care by raising the profile of facial palsy and its consequences, through education and training of healthcare professionals, where such education and training is not normally provided by the statutory authorities;
- to raise funds to support and sponsor research and training for healthcare professionals involved in the management and treatment of facial palsy, where such activities are not normally provided by the statutory authorities;
- to be an advocate for the facial palsy community in the development of service provision, education and research.

There has been no change to charity objects during the year.

Board of Trustees

The Board of Trustees is legally responsible for directing the affairs of the charity. Trustees are the directors of the company and serve for renewable terms of three years. Under the requirements of the Memorandum and Articles of Association, one third (or the nearest one third) of the trustees must retire at each AGM each year, those longest in office retiring first. Eligible retiring trustees may be reappointed. The Board comprised nine trustees as at 30 June 2019. Trustees have a wide range of skills and experience including clinical and professional expertise. Rebecca Black was designated chair in January 2019.
The Trustees, who are also the directors for the purpose of company law, and who served during the year were:

- Rebecca Black (Chair) (Retired, Re-elected 27 February 2019)
- Charles Nduka (CEO)
- Vanessa Venables
- Fiona Hawthorne
- Janet Jutsum (Retired, Re-elected 27 February 2019)
- Gareth Price (Retired, Re-elected 27 February 2019)
- Susan Parsons
- Sheila Crowley
- Debbie Byles (Elected 27 February 2019)

The board meets at least four times per year to regularly review and direct Facial Palsy UK’s strategy, budget and performance. All trustees give their time voluntarily and received no benefits from the charity. Any expenses reclaimed from the charity are set out in note 9 to the accounts. None of the trustees has any beneficial interest in the company. All of the Trustees are members of the company and guarantee to contribute £1 in the event of a winding up.

Potential conflicts of interest are disclosed at the start of every meeting and are listed here for complete transparency:

- Charles Nduka, as co-founder and CEO of the charity has noted the following potential conflicts of interest in his role as surgeon, researcher and technology developer in a private company (Emteq). In particular, Charles is lead investigator on the NIHR funded FRAME research and development project which the charity has also been involved in.
- Charles Nduka has committed to donate any personal profits from facial palsy products to Facial Palsy UK.

Transparency has been maintained at Trustee meetings and with all parties.

Day-to-day management of the charity is delegated by the CEO to the Deputy CEO. All financial movements through the bank are signed off at board level.

**Appointments and training**

The Board of Trustees appoint all new trustees who are recruited through a process of advertisement, application and interviews based on selection criteria. We aim to ensure a broad range of relevant skills and experience to benefit the charity.

All new trustees are sent all relevant documents which set out the operational framework for the charity including the Memorandum and Articles and details of the current financial position as set out in the published accounts. They are also given copies of Strategic and Business plans. They have introductory discussions with the Chair and CEO and other members of the Trustee Board. They also meet the Deputy CEO, and staff and volunteers as relevant. They are signposted to relevant information on the Charity Commission website about ‘the Essential Trustee’. They are given the opportunity to attend inexpensive training courses offered through the Small Charities Coalition and the Foundation for Social Improvement. All trustees are asked to provide a list of their skills and update it regularly.

**Personnel**

- Deputy CEO: Karen Johnson (full-time)
- Support and Information Coordinator: Lorraine Thurston (part-time)
Policies and Procedures

We have comprehensive policies and procedures in place (e.g. data protection & security, confidentiality, health & safety, equal opportunities, diversity, anti-fraud, conflict of interest, ethical fundraising, volunteers, bullying and harassment, risk assessment & management, child protection, photography, whistleblowing, safeguarding vulnerable adults, recruitment, privacy, complaints, pay policy and more). We regularly review and update our Privacy Policy and have put systems in place in line with GDPR requirements. All policies and procedures are periodically reviewed to ensure they continue to meet the needs of the charity, comply with relevant legislation and new ones added where appropriate.

Public benefit

The trustees have given due consideration to the Charity Commission’s published guidance on the Public Benefit requirement under the Charities Act 2011 when reviewing our aims and objectives and in planning our future activities.

Medical Advisory Board

The Medical Advisory Board is made up of practitioners from a range of medical professions of relevance to facial palsy, two having personal experience of the condition. There is also a patient representative with personal experience of facial palsy. Members help with Facial Palsy UK website content ensuring it is checked for medical accuracy. They also provide guidance to our support team and are media volunteers.

Patrons

Our patrons receive feedback about our work but do not have decision-making powers. They are:

Nick and Susie Cave       John Sudworth       Sir Paul McCartney, MBE

Co-operation with other organisations

We are members of the Appearance Collective, a group of charities working together to support those with appearance related conditions. Meetings are funded by the VTCT Foundation.

Independent Examiners

A resolution proposing Baldwins (previously known as Rawlinsons) Accountants be re-appointed as Independent Examiners of the charity will be put to the Annual General Meeting.

Reference and administrative details

Charity number: 1148115 (England & Wales), SC045086 (Scotland)
Company number: 8107184
Registered office: Facial Palsy UK, Eventus, Sunderland Road, Market Deeping, Peterborough, PE6 8FD.
Accountants: Baldwins Holdings Limited T/A Baldwins, Ruthlyn House, 90 Lincoln Road, Peterborough, PE1 2SP.
Bankers: HSBC, 125 Church Road, Hove, East Sussex, BN3 2AN.
## How did we do?

In our annual report for the previous year (ending 30 June 2018) we highlighted the following future plans in line with our 3-year Strategic plan for 2016-2019:

### TARGET

<table>
<thead>
<tr>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seek case studies to raise awareness of the difficulties accessing specialist treatment and lack of support.</strong></td>
</tr>
<tr>
<td>Successful, resulted in relevant media coverage on BBC Wales and BBC Breakfast as well as in national press and on radio.</td>
</tr>
<tr>
<td><strong>Highlight the impact of living with facial palsy and difficulties accessing treatment. Publish results of a comprehensive survey.</strong></td>
</tr>
<tr>
<td>This work was completed, and results published and disseminated in March 2019 during Facial Palsy Awareness Week.</td>
</tr>
<tr>
<td><strong>Send Freedom of Information requests to all Clinical Commissioning Groups/Health funders in UK about availability of specialist facial therapy.</strong></td>
</tr>
<tr>
<td>This work was completed but the answers differ greatly with no clear NHS pathways of care and some organisations unable to answer the questions.</td>
</tr>
<tr>
<td><strong>Create animation to raise awareness with GPs and the general public about the impact of living with facial palsy.</strong></td>
</tr>
<tr>
<td>Chloe’s Day animation was completed and first publicised during Facial Palsy Awareness Week 2019.</td>
</tr>
<tr>
<td><strong>Campaign encouraging more people with facial palsy to become speakers raising awareness about the condition.</strong></td>
</tr>
<tr>
<td>Deferred to 2019/20.</td>
</tr>
<tr>
<td><strong>Encourage the facial palsy community to share their stories on our website which often results in mutual support via comments on social media.</strong></td>
</tr>
<tr>
<td>This year 13 new personal stories were shared on our website.</td>
</tr>
<tr>
<td><strong>Seek funds to distribute our children’s book into libraries.</strong></td>
</tr>
<tr>
<td>Part-funding received. Liaising with the school libraries service about improvements needed to the book, i.e. harder cover, removal of stickers. Work ongoing.</td>
</tr>
<tr>
<td><strong>Focus on GP Awareness using planned Health Professionals’ website as springboard.</strong></td>
</tr>
<tr>
<td>Work on the new website continues.</td>
</tr>
<tr>
<td><strong>Finalise two of six patient leaflets so they are available in download form.</strong></td>
</tr>
<tr>
<td>Bell’s palsy patient guide published. Others are ongoing.</td>
</tr>
<tr>
<td><strong>Seek funding for Facial Palsy Patient Conference – a national weekend conference to support those who don’t have regular access to a local support group.</strong></td>
</tr>
<tr>
<td>Initial costings carried out, potential funders identified, and survey completed to find out community preferences. Not succeeded in acquiring funding yet, this will be the focus of 2020/21.</td>
</tr>
<tr>
<td><strong>Build a database of treatment providers.</strong></td>
</tr>
<tr>
<td>Planning to add a list of specialist multidisciplinary teams to new Health Professionals’ website so GPs know where to refer patients.</td>
</tr>
<tr>
<td><strong>Improve support to volunteers.</strong></td>
</tr>
<tr>
<td>All procedures &amp; policies updated during the year but we still need to do more to engage with volunteers.</td>
</tr>
<tr>
<td><strong>Deliver two Family Days per year for children affected by facial palsy.</strong></td>
</tr>
<tr>
<td>Two events planned, in Sussex May 2019 and Leicester June 2019. Sussex event cancelled due to lack of interest. Families requested one event per year, perhaps over a weekend with plenty of notice of date.</td>
</tr>
<tr>
<td><strong>Deliver two new support groups/networks.</strong></td>
</tr>
<tr>
<td>Webpage added detailing situation in Wales about access to specialists and new Wales Facebook Group launched. Facebook Support Group launched for Humberside, Lincolnshire and Yorkshire.</td>
</tr>
<tr>
<td><strong>Create guides about employment and facial palsy.</strong></td>
</tr>
<tr>
<td>Completed, information added to website.</td>
</tr>
<tr>
<td><strong>Add more video content to the website.</strong></td>
</tr>
<tr>
<td>Understanding facial palsy and Management of Paresis videos added to website.</td>
</tr>
<tr>
<td><strong>Work with the Northern Ireland network to improve services in the region.</strong></td>
</tr>
<tr>
<td>Work ongoing with campaign. Leafleted Northern Ireland GP surgeries about the work of the charity and the support/campaign group in Northern Ireland.</td>
</tr>
<tr>
<td><strong>Work with the Wales network to highlight lack of facial therapy in the region.</strong></td>
</tr>
<tr>
<td>Ongoing. Succeeded in BBC Wales television campaign about Bell’s palsy and local surgery services. Knowledge of surgery service is growing but a business case needed to include facial therapy.</td>
</tr>
<tr>
<td><strong>Make progress writing the second children’s book which has a bullying theme and is aimed at older children.</strong></td>
</tr>
<tr>
<td>Idea for second book has been drafted and approved but still needs to be written. We need to find a new author.</td>
</tr>
</tbody>
</table>

### KEY

- **Completed**
- **In progress**
- **Not started**
## Future Plans

It’s crucial that we tie our plans into our strategy, monitor and evaluate our work, and report on our work openly and transparently. Working with limited resources is challenging, but it’s important that we always plan ahead and ensure we continue to deliver what our community ‘says’ they need and not what we ‘assume’ they need. Here are the activities we intend to focus on in 2019/20:

### Operations

As we grow we must stay focused on specific plans and not try to take on too much during one year to ensure continued success. We held a Strategy Workshop which provided an analysis of all our activities exploring the long-term vision and producing a hierarchy of shorter-term priorities that linked in to our aims. This provided the initial building blocks for our 2019-2022 strategic plan which will be completed later in the year. We also plan to increase our office space and personnel numbers to improve sustainability, reduce risk and further develop our services.

### Awareness

- Create a campaign to encourage more people with facial palsy to become speakers raising awareness about the condition.
- Develop a communications plan and calendar to promote Facial Palsy UK and increase knowledge of facial palsy in the community year-round.
- Seek additional funds to distribute our children’s book into libraries.
- Engage more health professionals in promoting Facial Palsy Awareness Week via organisations such as the British Association of Aesthetic Plastic Surgeons (BAAPS), the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS), and Facial Therapy Specialists UK (FTS UK).

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION &amp; TRAINING</td>
<td>Plan how to deliver a guest speaker option to universities educating trainee speech and language therapists and physiotherapists.</td>
</tr>
<tr>
<td></td>
<td>Launch new facial palsy information website for health professionals, to improve knowledge, encourage collaboration and research.</td>
</tr>
<tr>
<td>RESEARCH</td>
<td>Use new Health Professionals’ website to improve communications and collaboration.</td>
</tr>
<tr>
<td></td>
<td>Set goals for research in line with ‘Top 10’ priorities decided by patients, carers and health professionals.</td>
</tr>
<tr>
<td></td>
<td>Formalise Facial Palsy UK’s Research Advisory Committee.</td>
</tr>
<tr>
<td></td>
<td>Research trials to be completed for initial phase of FRAME project in 2019.</td>
</tr>
<tr>
<td>FUNDRAISING</td>
<td>Recruit our first dedicated Trust fundraiser.</td>
</tr>
<tr>
<td></td>
<td>Launch a lottery to bring in more regular income.</td>
</tr>
</tbody>
</table>
Support

- Increase the information available via our main website along with printed literature aimed at patients. The focus will be on frequently asked questions.
- Trial a pilot counselling service via Skype and/or telephone for those in need.
- Seek to develop contacts and sponsors for the Patient Conference/social event with a view to holding this in 2021.
- Deliver at least one Family Day per year in a central location (subject to funding).
- Continue to improve our support to volunteers.
- Explore how we can better advocate for patients who are struggling to access specialist healthcare. Including; working with the Northern Ireland network to improve services in the region and the Welsh network to highlight lack of facial therapy in the region.
- Research the optimal business case for a facial palsy service to influence care and best outcomes for patients.
- Continue to improve our communications via our newsletters so subscribers are aware of all activities in a timely manner.

Education

- Launch our dedicated Health Professionals’ website, a resource exemplifying best practice for facial palsy care.
- Create and maintain a database of facial palsy specialist multidisciplinary services on the Health Professionals’ website.
- Create a book about facial palsy aimed at health professionals to inform best practice and care.
- Distribute our general facial palsy leaflets and patient guides to relevant GPs, hospitals and other emergency care centres.
- Continue to encourage and support written articles for medical publications to increase awareness and knowledge.

Research

- Use new Health Professionals’ website to improve communications and encourage collaboration.
- Promote the need and fundraise for research in line with ‘Top 10’ priorities decided by patients, carers and health professionals.
- Improve coordination and project management of Medical Advisory Board activities.

Fundraising

- Further develop our Trust Fundraising function.
- Update our website donation platform to make it easier for people to give and to encourage regular giving.
- Work with volunteers to organise a fundraising event to kick off Facial Palsy Awareness Week 2020.
- Grow funding through engagement with existing and new donors and supporters in order to develop new services and continue provision of existing ones.
Statement of responsibilities of the Trustees

The charity trustees (who are also the directors of Facial Palsy 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 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 of the incoming resources and application of resources, including the income and expenditure, for the financial year. 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 SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards 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 charity will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended). They are also responsible for safeguarding the assets of the charitable company 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 independent examiners

In so far as the trustees are aware at the time of approving our trustees’ annual report:

- so far as we are aware, there is no relevant information of which the company’s independent examiners are unaware, and
- as the directors of the charitable company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit/independent examination information and to establish that the charity’s independent examiners are aware of that information.

Approved by the Board of Trustees and signed on its behalf by:

Rebecca Black (Chair)
22 January 2020
Independent Examiner’s Report

I report to the Trustees on my examination of the financial statements of Facial Palsy UK (the charity) for the year ended 30 June 2019.

Responsibilities and basis of report
As the Trustees of the charity (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 (the 2005 Act), the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Companies Act 2006 (the 2006 Act). You are satisfied that the financial statements of the charity are not required by charity or company law to be audited and have chosen instead to have an independent examination.

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the charity's financial statements carried out under section 44(1)(c) of the 2005 Act and section 145 of the Charities Act 2011 (the 2011 Act). In carrying out my examination I have followed the requirements of Regulation 11 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner’s statement
Since the charity is required by company law to prepare its accounts on an accruals basis and is registered as a charity in Scotland your examiner must be a member of a body listed in Regulation 11(2) of the Charities Accounts (Scotland) Regulations 2006 (as amended). I confirm that I am qualified to undertake the examination because I am a member of the ICAEW, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 386 of the 2006 Act and Regulation 4 of the 2006 Accounts Regulations; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the accounting requirements of Regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the financial statements to be reached.

Tracey Richardson BSc (Hons) FCA

Ruthlyn House
90 Lincoln Road
Peterborough
Cambridgeshire
PE1 2SP

Dated: 30 January 2020
Statement of financial activities including income and expenditure account for the year ended 30 June 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted funds 2019 £</th>
<th>Restricted funds 2019 £</th>
<th>Total 2019 £</th>
<th>Total 2018 £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies</td>
<td>3</td>
<td>51,715</td>
<td>44,794</td>
<td>96,509</td>
</tr>
<tr>
<td>Other trading activities</td>
<td>4</td>
<td>868</td>
<td>-</td>
<td>868</td>
</tr>
<tr>
<td>Investments</td>
<td>5</td>
<td>140</td>
<td>-</td>
<td>140</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>52,723</td>
<td>44,794</td>
<td>97,517</td>
<td>66,974</td>
</tr>
<tr>
<td><strong>Expenditure on:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raising funds</td>
<td>6</td>
<td>2,681</td>
<td>3,683</td>
<td>6,364</td>
</tr>
<tr>
<td>Charitable activities</td>
<td>7</td>
<td>52,298</td>
<td>23,028</td>
<td>75,326</td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>54,979</td>
<td>26,711</td>
<td>81,690</td>
<td>83,318</td>
</tr>
</tbody>
</table>

**Net (outgoing)/incoming resources before transfers**

(2,256) 18,083 15,827 (16,344)

**Gross transfers between funds**

(1,553) 1,553 - -

**Net (expenditure)/income for the year/Net movement in funds**

(3,809) 19,636 15,827 (16,344)

**Fund balances at 1 July 2018**

39,053 33,652 72,705 89,049

**Fund balances at 30 June 2019**

35,244 53,288 88,532 72,705

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.
### Balance sheet as at 30 June 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets 11</td>
<td>276</td>
<td>553</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors 13</td>
<td>1,698</td>
<td>3,094</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>94,387</td>
<td>76,155</td>
</tr>
<tr>
<td></td>
<td>96,085</td>
<td>79,249</td>
</tr>
<tr>
<td><strong>Creditors: amounts falling due within one year</strong> 14</td>
<td>(7,829)</td>
<td>(7,097)</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>88,256</td>
<td>72,152</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>88,532</td>
<td>72,705</td>
</tr>
<tr>
<td><strong>Income funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted funds 15</td>
<td>53,288</td>
<td>33,652</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>35,244</td>
<td>39,053</td>
</tr>
<tr>
<td></td>
<td>88,532</td>
<td>72,705</td>
</tr>
</tbody>
</table>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 30 June 2019.

The Trustees acknowledge their responsibilities for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the 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 company.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees on 22 January 2020.

Rebecca Black (Chair)
Trustee

Company Registration No. 08107184
Notes to the financial statements for the year ended 30 June 2019

1 Accounting policies

Charity information
Facial Palsy UK is a private company limited by guarantee incorporated in England and Wales. The registered office is Eventus, Sunderland Road, Market Deeping, Peterborough, PE6 8FD.

1.1 Accounting convention
The accounts have been prepared in accordance with the charity’s governing document, the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and ”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)” (as amended for accounting periods commencing from 1 January 2016). The charity is a Public Benefit Entity as defined by FRS 102.

The charity has taken advantage of the provisions in the SORP for charities applying FRS 102 Update Bulletin 1 not to prepare a Statement of Cash Flows.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern
At the time of approving the financial statements, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds
Unrestricted funds are available for use at the discretion of the Trustees in furtherance of their charitable objectives unless the funds have been designated for other purposes.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

1.4 Incoming resources
Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

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. Income received in advance for the provision of specified service is deferred until the criteria for income recognition are met.
1 Accounting policies

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

1.5 Resources expended

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

- costs of raising funds comprise of trading costs and 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, exhibitions and other educational activities undertaken to further the purposes of the charity and their associated support costs.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

- Computers                      33% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset and is recognised in net income/(expenditure) for the year.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

Intangible assets with indefinite useful lives and intangible assets not yet available for use are tested for impairment annually, and whenever there is an indication that the asset may be impaired.

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 ‘Basic Financial Instruments’ and Section 12 ‘Other Financial Instruments Issues’ of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.
1 Accounting policies

**Basic financial assets**
Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

**Basic financial liabilities**
Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

**Derecognition of financial liabilities**
Financial liabilities are derecognised when the charity’s contractual obligations expire or are discharged or cancelled.

1.10 Employee benefits
The cost of any unused holiday entitlement is recognised in the period in which the employee’s services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

2 Critical accounting estimates and judgements

In the application of the charity’s accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.
## Notes to the financial statements (continued)
for the year ended 30 June 2019

### 3 Donations and legacies

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds</th>
<th>Restricted funds</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and gifts</td>
<td>51,715</td>
<td>2,783</td>
<td>54,498</td>
<td>52,415</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td>42,011</td>
<td>42,011</td>
<td>13,234</td>
</tr>
</tbody>
</table>

For the year ended 30 June 2019

For the year ended 30 June 2018

### 4 Other trading activities

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising events</td>
<td>-</td>
<td>371</td>
</tr>
<tr>
<td>Trading income</td>
<td>868</td>
<td>916</td>
</tr>
</tbody>
</table>

For the year ended 30 June 2019

For the year ended 30 June 2018

### 5 Investments

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds</th>
<th>Total 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
<td>2018</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>140</td>
<td>38</td>
</tr>
</tbody>
</table>

### 6 Raising funds

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds</th>
<th>Restricted funds</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
<td>2018</td>
<td>2019</td>
<td>2018</td>
</tr>
<tr>
<td>Fundraising and publicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other fundraising costs</td>
<td>-</td>
<td>3,683</td>
<td>3,683</td>
<td>-</td>
</tr>
<tr>
<td>Staff costs</td>
<td>2,681</td>
<td>-</td>
<td>2,681</td>
<td>2,780</td>
</tr>
</tbody>
</table>

Fundraising and publicity

Fundraising and publicity

|                      | 2,681  | 3,683  | 6,364  | 2,780    |

2,681 3,683 6,364 2,780
Notes to the financial statements (continued) for the year ended 30 June 2019

7 Charitable activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Staff costs</td>
<td>38,641</td>
<td>37,584</td>
</tr>
<tr>
<td>Depreciation and impairment</td>
<td>277</td>
<td>277</td>
</tr>
<tr>
<td>Advertising and marketing</td>
<td>9,319</td>
<td>9,024</td>
</tr>
<tr>
<td>Professional expenses</td>
<td>65</td>
<td>79</td>
</tr>
<tr>
<td>Online donation charges</td>
<td>1,065</td>
<td>892</td>
</tr>
<tr>
<td>Postage, freight and courier</td>
<td>153</td>
<td>202</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>2,780</td>
<td>2,867</td>
</tr>
<tr>
<td>Travel - national</td>
<td>1,684</td>
<td>3,366</td>
</tr>
<tr>
<td>Website improvements</td>
<td>10,137</td>
<td>13,865</td>
</tr>
<tr>
<td>Sundry</td>
<td>661</td>
<td>2,425</td>
</tr>
<tr>
<td></td>
<td>64,782</td>
<td>70,581</td>
</tr>
</tbody>
</table>

Share of support costs (see note 8)       | 9,104  | 8,517  |
Share of governance costs (see note 8)     | 1,440  | 1,440  |

75,326                                    | 80,538 |

Analysis by fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>52,298</td>
<td>48,637</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>23,028</td>
<td>31,901</td>
</tr>
</tbody>
</table>

75,326                                    | 80,538 |

8 Support costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Support costs</th>
<th>Governance costs</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Staff costs</td>
<td>2,681</td>
<td>-</td>
<td>2,681</td>
<td>2,780</td>
</tr>
<tr>
<td>Office rent</td>
<td>4,862</td>
<td>-</td>
<td>4,862</td>
<td>4,420</td>
</tr>
<tr>
<td>Insurance</td>
<td>532</td>
<td>-</td>
<td>532</td>
<td>497</td>
</tr>
<tr>
<td>IT support</td>
<td>878</td>
<td>-</td>
<td>878</td>
<td>576</td>
</tr>
<tr>
<td>Telephone &amp; internet</td>
<td>151</td>
<td>-</td>
<td>151</td>
<td>244</td>
</tr>
<tr>
<td>Accountancy</td>
<td>-</td>
<td>1,440</td>
<td>1,440</td>
<td>1,440</td>
</tr>
</tbody>
</table>

9,104                                    | 1,440          | 10,544           | 9,957  |

Analysed between

<table>
<thead>
<tr>
<th>Description</th>
<th>Support costs</th>
<th>Governance costs</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charitable activities</td>
<td>9,104</td>
<td>1,440</td>
<td>10,544</td>
<td>9,957</td>
</tr>
</tbody>
</table>

Governance costs includes payments to the independent examiner of £1,440 (2018 - £1,440) for fees.
Notes to the financial statements (continued) for the year ended 30 June 2019

9 Trustees

The Trustees received no remuneration from the charity in the year (2018 - £nil).

During the year two Trustees were reimbursed £244 (2018 - one Trustee was reimbursed £330). The amount related to travelling for the purposes of meetings, research and running support groups. No Trustee received payment for professional or other services supplied to the charity (2018 - £nil).

10 Employees

Number of employees

The average monthly number of employees during the year was:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>2</td>
</tr>
<tr>
<td>2018</td>
<td>2</td>
</tr>
</tbody>
</table>

Employment costs

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>42,819</td>
<td>42,241</td>
</tr>
<tr>
<td>Social security costs</td>
<td>1,184</td>
<td>903</td>
</tr>
<tr>
<td>Total</td>
<td>44,003</td>
<td>43,144</td>
</tr>
</tbody>
</table>

No employees earned more than £60,000 in the year (2018 - none).

11 Tangible fixed assets

<table>
<thead>
<tr>
<th>Year</th>
<th>Computers</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td></td>
</tr>
<tr>
<td>At 1 July 2018</td>
<td>1,540</td>
</tr>
<tr>
<td>At 30 June 2019</td>
<td>1,540</td>
</tr>
</tbody>
</table>

Depreciation and impairment

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 July 2018</td>
<td>987</td>
<td></td>
</tr>
<tr>
<td>Depreciation charged in the year</td>
<td>277</td>
<td></td>
</tr>
<tr>
<td>At 30 June 2019</td>
<td>1,264</td>
<td></td>
</tr>
</tbody>
</table>

Carrying amount

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 30 June 2019</td>
<td>276</td>
<td></td>
</tr>
<tr>
<td>At 30 June 2018</td>
<td>553</td>
<td></td>
</tr>
</tbody>
</table>
Notes to the financial statements (continued) for the year ended 30 June 2019

12 Financial instruments

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carrying amount of financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other debtors</td>
<td>1,345</td>
<td>523</td>
</tr>
<tr>
<td>Bank and cash</td>
<td>94,387</td>
<td>76,155</td>
</tr>
<tr>
<td>Measured at cost</td>
<td>95,732</td>
<td>76,678</td>
</tr>
<tr>
<td><strong>Carrying amount of financial liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade creditors</td>
<td>799</td>
<td>78</td>
</tr>
<tr>
<td>Accruals and deferred income</td>
<td>1,440</td>
<td>1,440</td>
</tr>
<tr>
<td>Other creditors</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Other taxation and social security</td>
<td>590</td>
<td></td>
</tr>
<tr>
<td>Measured at cost</td>
<td>7,829</td>
<td>6,518</td>
</tr>
</tbody>
</table>

13 Debtors

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amounts falling due within one year:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade debtors</td>
<td>-</td>
<td>2,218</td>
</tr>
<tr>
<td>Other debtors</td>
<td>1,345</td>
<td>523</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>353</td>
<td>353</td>
</tr>
<tr>
<td></td>
<td>1,698</td>
<td>3,094</td>
</tr>
</tbody>
</table>

14 Creditors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other taxation and social security</td>
<td>590</td>
<td>579</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>799</td>
<td>78</td>
</tr>
<tr>
<td>Other creditors</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Accruals and deferred income</td>
<td>1,440</td>
<td>1,440</td>
</tr>
<tr>
<td></td>
<td>7,829</td>
<td>7,097</td>
</tr>
</tbody>
</table>
Notes to the financial statements (continued) for the year ended 30 June 2019

15 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Movement in funds</th>
<th>Balance at 30 June 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incoming resources</td>
<td>Balance at 1 July 2018</td>
</tr>
<tr>
<td></td>
<td>Resources</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>expended</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>Transfers</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£</td>
</tr>
<tr>
<td>Family Day</td>
<td></td>
<td>462</td>
</tr>
<tr>
<td>Children's Book Appeal</td>
<td></td>
<td>2,396</td>
</tr>
<tr>
<td>Support Service Project</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Research Appeal</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>HP Website</td>
<td></td>
<td>17,660</td>
</tr>
<tr>
<td>Patient Guides</td>
<td></td>
<td>559</td>
</tr>
<tr>
<td>GP Awareness Fund</td>
<td></td>
<td>2,395</td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Northern Ireland Funds</td>
<td></td>
<td>649</td>
</tr>
<tr>
<td>Cheshire and Mersey Group Funds</td>
<td></td>
<td>460</td>
</tr>
<tr>
<td>Wales Funds</td>
<td></td>
<td>185</td>
</tr>
<tr>
<td>Trust Fundraiser - VTCT Foundation</td>
<td></td>
<td>21,317</td>
</tr>
<tr>
<td>Children's Book into Libraries</td>
<td></td>
<td>5,693</td>
</tr>
<tr>
<td>John Lewis Norwich GP Awareness</td>
<td></td>
<td>1,439</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>44,794</td>
<td>(26,711)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,553</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53,288</td>
</tr>
</tbody>
</table>

Family Day - To provide family days for children with facial palsy, reducing isolation and increasing confidence and self-esteem.

Children's Book Appeal - To fund a children's book to support children affected by facial palsy.

Support Service Project - To provide support and information to people affected by facial palsy, via local support groups, telephone and email.

Research Appeal - To fund future research.

Health Professionals' website – To create a platform for health professionals for the purpose of sharing knowledge, education and collaboration opportunity.

Patient Guides – To create eight patient guides in download format covering various causes of facial palsy.

GP Awareness Fund – To raise awareness of facial palsy with GPs.

Frame - Collaborative project to develop a device in the form of a pair of glasses as a facial therapy aid.

Northern Ireland Funds - To be spent on health professional education in Northern Ireland.

Cheshire & Mersey Group Funds - Funds to be spent specifically on this support group.

Wales Funds - To be spent on health professional education in Wales.
Notes to the financial statements (continued)
for the year ended 30 June 2019

15 Restricted funds

Trust Fundraiser - VTCT Foundation - Funds given specifically for development of Trust Fundraising.

Children’s Book into Libraries - Funds specifically given for distributing our children’s book into libraries in the UK.

John Lewis Norwich GP Awareness - Funds specifically raised for GP Awareness in the Norwich area.

16 Analysis of net assets between funds

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds</th>
<th>Restricted funds</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019 (£)</td>
<td>2019 (£)</td>
<td>2019 (£)</td>
<td>2018 (£)</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>276</td>
<td>-</td>
<td>276</td>
<td>553</td>
</tr>
<tr>
<td>Current assets/(liabilities)</td>
<td>34,968</td>
<td>53,288</td>
<td>88,256</td>
<td>72,152</td>
</tr>
<tr>
<td></td>
<td>35,244</td>
<td>53,288</td>
<td>88,532</td>
<td>72,705</td>
</tr>
</tbody>
</table>

Fund balances at 30 June 2019 are represented by:

17 Operating lease commitments

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

<table>
<thead>
<tr>
<th></th>
<th>2019 (£)</th>
<th>2018 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>4,644</td>
<td>4,644</td>
</tr>
<tr>
<td>Between two and five years</td>
<td>4,644</td>
<td>9,288</td>
</tr>
<tr>
<td></td>
<td>9,288</td>
<td>13,932</td>
</tr>
</tbody>
</table>

18 Related party transactions

Remuneration of key management personnel
The remuneration of key management personnel is as follows.

<table>
<thead>
<tr>
<th></th>
<th>2019 (£)</th>
<th>2018 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate compensation</td>
<td>31,364</td>
<td>31,077</td>
</tr>
</tbody>
</table>

Transactions with related parties
Included in other creditors is a loan of £5,000 (2018 - £5,000) due to Charles Nduka, Trustee and CEO. No interest is charged on this loan.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.