

# PAIN RELIEF FOUNDATION



*Clinical Sciences Centre  
University Hospital Aintree  
Lower Lane  
Liverpool  
L9 7AL*

*Established as a Charitable Incorporated Organisation  
on 17<sup>th</sup> March 2014*

*Originally Established under a Deed of Trust  
Dated 30<sup>th</sup> March 1979*

## **Annual Report and Accounts**

**For year ended 5<sup>th</sup> April 2021**

**Registered Charity No.1156227**

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## TRUSTEES' REPORT 2021

I am once again delighted as Chairman of the Pain Relief Foundation and on behalf of the Trustee Committee to present our Annual Report for the year ended 5th April 2021. We continue to have a strong focus on the Strategic aims of the Foundation and to promote active research in the field of chronic pain which impacts on so many patients and families. We have been busy working with our Clinicians and Research teams over a wide range of activities that are covered in this detailed report. The year has been challenging and we have worked alongside partner organisations to help cope with the COVID pandemic, indeed some staff have been redeployed and support provided where we can. We have maintained our focus on our key aims and objectives, supported grant applications and promoted the Foundation at Conferences and Courses.

I would wish to thank our two lead Clinicians Dr Andreas Goebel and Dr Andy Marshall for their sterling work throughout the year and Julie Williams our Charity Manager and her team for the promotion our Charity particularly around our use of social media. I do hope that you enjoy reading our report and if you wish to help in our work and promote research in chronic pain, please do get in touch with us.

Turning our attention to the past year, I think we can all agree it has been like no other with restrictions to social contact meaning that many charities, ourselves included have had to cancel their foreseeable fundraising events with a huge loss of revenue as a consequence. The integral role of medical research charities in UK research and development remains under threat from the financial impact of the COVID-19 pandemic. Such a threat exists because of the contribution medical research charities make to UK life sciences. Medical research charities are a vital part of the UK's research ecosystem. Every £1 of public research expenditure is associated with between £0.83 and £1.07 of private sector UK investment in research and development. It is estimated that medical research charities lost 38% of their fundraising income between March and May 2020. Like others we had to adapt to digital fundraising for the first time but with so much competition this has brought limited success. It would be thoughtless to underestimate the scale of the challenge's charities are facing today, the grim reality is that the pandemic is continuing to bite, and charities are under pressure like never before, but this has not dampened our spirits as we strive to continue to do our best to endorse our charity aims to promote advancements and education in the treatment of chronic pain.

### **Simple Facts We Know About Chronic Pain.**

- The Departments of Health for England and Scotland recognises chronic pain as a long-term condition in its own right and as a component of other long-term conditions.
- Approximately 8 million adults report chronic pain that is moderate to severely disabling. It is estimated that 43% of adults (just under 28 million people) currently live with a degree of chronic pain in the United Kingdom. The prevalence in older age groups is even higher, with up to 62% of those aged 75 and over reporting chronic pain symptoms.
- A person living with pain will have a very poor quality of life - much worse than other conditions, and as bad as significant neurological diseases such as Parkinson's.
- Low back pain is ranked highest out of 291 conditions studied by the Global Burden of Disease study, ranking number one for years lost to disability worldwide. In fact, four of the top 12 disabling conditions globally are persistent pain conditions (low-back and neck pain, migraine, arthritis, other musculoskeletal conditions).
- 41% of people who attended pain clinics report that their pain has prevented them from working, and 13% have had to reduce their hours. Chronic pain may affect up to 30% of young adults of working age (18–39-year-olds)
- 66% of people attending A&E seeking help with pain had more than three visits to a healthcare professional in the preceding six months.

- The Chief Medical Officer report states that 25% of pain sufferers lose their jobs; 16% of sufferers feel their chronic pain is so bad that they sometimes want to die.
- Men and women in the lowest income households are more likely to report chronic pain (42%), compared to those in the highest quintile (27%).
- Severe chronic pain is associated with increased risk of mortality, independent of socio-demographic factors.
- Attending specialist pain services improves quality of life (in total, 56% of providers reported post-treatment improvement and 76% reported improvement specifically in pain-related quality of life).
- The annual indirect (productivity) cost of back pain in the UK was estimated to be between £5 billion and £10.7 billion

Most of us have experience of everyday pain including headaches, pain from minor injuries and muscular pain, for example following exercise. These pains are self-limiting and often do not need treatment. Chronic pain sometimes begins with an acute injury, but the pain does not resolve as expected; often it is not clear how a chronic pain has started. Common types of chronic pain include low back pain, pain related to arthritis and pain related to injury to a nerve or other part of the nervous system (neuropathic pain). Both types of pain can range from mild or severe with the difference being the duration of symptoms. Chronic pain is usually not a sign of on-going tissue damage but may relate to changes in the peripheral and central nervous system that occur over time so that the pain signalling becomes self-sustaining over a prolonged period. Chronic pain is often difficult to treat, and it is not a well-defined disease entity with a predictable prognosis and response to treatment. People often expect a clear diagnosis and effective treatment, but these are rarely available with most types of treatment helping less than a third of patients.

Chronic pain drastically affects individual's way of life, their families, and their carer, pain is not just a physical sensation – it can have emotional effects too, your mood can in turn make the pain seem worse or better. It also affects, sleep, mobility, role within the family and ability to work as well as other aspects of life. Anxiety about pain, and previous experience of pain, along with unpleasant life events not associated with pain can influence how pain is perceived. Almost half of people with chronic pain have a diagnosis of depression and two-thirds of people are unable to work outside the home. New guidelines emphasise the need for shared decision making, putting patients at the centre of their care, and fostering a collaborative, supportive relationship between patients and healthcare professionals. It highlights the importance of healthcare professionals gaining an understanding of how a person's life affects their pain and how pain affects their life.

We at the Pain Relief Foundation and Pain Research Institute remain compelled to do our best to enhance this as we persist in filling the gap between discovering new scientific advances and how these can translate into the best prevention and treatment options for people affected by pain, we want to share this knowledge the best way we know how through research and education. We believe with the strength of our researchers we can achieve this goal. Being one of the last great challenges facing medical science, it needs every support to make sure it is a fight we at Pain Relief Foundation can win and the efforts to make further headway will continue unabated. Our continued commitment to tackling pain, finding new treatments and hopefully one day a cure will not only change lives now but have a huge bearing in the future.

Going forward, it is our job to ensure that we keep doing the right things in the right way from responsible fundraising to responsible spending and investing. Our work relies almost entirely on voluntary donations, so we do have to ask for money, when we do, we ask responsibly and respectfully. The Pain Relief Foundation continues to make every effort to be open, transparent and remain responsible for the decisions that we make. We welcome tighter regulation of fundraising practices and further scrutiny of the charity sector and remain committed to respond any regulatory changes by continually reviewing our approach to fundraising to make sure we keep pace with the requirements of the law. We aim to maintain best practice in how we communicate with our donors and manage their data effectively as our supporters

are at the heart of everything we do. Providing excellent customer service is a priority as we strive to make every interaction with our charity a positive one where our supporters can see how we raise money and how we spend it. We continue to implement and uphold regulatory rules and compliance, and we work hard to develop the relationships supporters have with us. That way, Pain Relief Foundation can continue to flourish, long term.

The Charity's achievements are heavily reliant on the support of our donors and volunteers. They continue to give their time, energy, and vital funds. They volunteer and support us in so many different and varying ways we couldn't make our ambitious goals a reality without them, many of whom have loyally supported our work over numerous years. Although support comes from all sectors of the community, a major contribution to the work of the Foundation comes from the Walton Centre NHS Foundation Trust for Neurology and Neurosurgery and its associated Pain Clinic. The Walton Centre supports the educational activities of the Foundation, which could not take place without the dedication of all the Pain Clinic staff, who provide education to all areas of health care staff nationally and internationally on behalf of the Foundation. Walton Pain Clinicians are also active researchers, adding to the portfolio of research supported by the Foundation. The Walton Centre Pain Clinic is one of the largest pain centres in Europe and provides a large potential source of patients for research. We are indebted to those who volunteer for the various research projects, here and in other units where research is ongoing supported by the Foundation.

***So, thank you for everything you do, we are extremely grateful***

The continuing work of the Pain Relief Foundation would not be possible without the skillful and capable Board of Trustees. Your board ensures that we get the greatest impact from your donations, whether through developing our clinical excellence network or focusing considerable investment in finding a cure. Every pound that is raised for us deserves to be put to the best possible use and we take that responsibility very seriously. Our Trustees meet regularly to supervise and direct the Foundation and for this we are forever grateful for giving up their time. The Committee comprises of persons from many fields, each with in-depth and valuable skills from medicine as well as from administrative, legal, business, and commercial interests, each contributing to the effective management of the Charity. In carrying out these tasks, the Trustees are very ably supported by committees of specialists who have expertise and specialist interest in chronic pain.

The Trustees maintain the system of repeated review in all areas of importance in the scientific and administrative conduct of the affairs of the Foundation. In these difficult times, our reserves can be measured as crucial and therefore, the *Reserves Policy* is regularly monitored so that we are able to use our resources to the maximum effect. The *Investment Policy* dealing with the *Reserves* is also regularly reviewed by the Trustees and the Investment Management team at Rathbones, to maximise the generation of both income and capital growth. The *Risk Assessment* policy has also been frequently reviewed and is under constant consideration to ensure that risks to which the charity may be exposed are understood, and steps taken to mitigate them have been identified. This is an area of prime importance and procedural changes will be implemented from time to time as appropriate.

We need every support to make sure that the Pain Relief Foundation continue with the efforts to make further progress in enabling the unraveling of the many and varied complications associated with human chronic pain. and we are therefore thankful for the support from donors and volunteers who come from all sectors of the community who very often suffer chronic pain themselves; without your donations we couldn't make our ambitious goals become a reality ; many of you have loyally supported our work over numerous years and continue to do so in times of financial hardship and fierce competition especially over the past 12 months of the pandemic as we faced the most difficult times, you continued to support us in so many different and varying ways. We are therefore thankful for the support from donors and volunteers.

After this very testing year, it is time to reflect on the value which Pain Relief Foundation has brought to the treatment of chronic pain, and to take the opportunity to remind our readers that although the Pain Relief Foundation and its own Pain Research Institute is based in Liverpool, it is not just a local charity. Its

work and influence stretch nationally and internationally in the treatment of chronic pain, through every Pain Clinic, and the Pain Research Institute is recognised as a Centre of Excellence with world-wide significance in new and developing treatments. We aim to continue to support the extensive training and education of health practitioners at all levels, to ensure that patients receive the best care. We also remain committed not only to the need for the research into the causes, treatment, and searches for cures for chronic pain conditions of equal importance is our programme concerned with the dissemination of information and of the education of practitioners, to improve the cause of pain relief. A major involvement of this work comes from the Walton Centre NHS Foundation Trust for Neurology and Neurosurgery and its associated Pain Clinic who passionately supports the educational activities of the Foundation, which could not take place without their commitment, again we thank you. The Pain Clinicians are also active researchers, adding to the portfolio of research supported by the Foundation. This brings me to add we are indebted to those who volunteer for the various research projects, here and in other units where research is ongoing supported by the Foundation without them, we could not make the advancements we already have.

During the year, the Trustees decide on how much money is available for research budgets in the fourth coming year; we then advertise in specialist journals, on our website, on the specialist internet site ResearchResearch.com and in the University and NHS press, for applications.

Great care is taken in the distribution of our available funds in the form of grants to ensure that they are distributed to those best able to fulfill the research needs of the Foundation, working in collaborative functions to produce the objectives we are seeking. We are acutely aware of the need to ensure that in promoting and supporting research, we are mindful of where the work can be best carried out, and who the most appropriate and leading researchers are for the type of work embodied in the project content. Utmost importance is placed on the selection process, in that the most appropriate and effective research opportunities are selected for support and in this respect, we are most grateful for the expertise and extensive work of our Scientific Sub-Committee, chaired by Dr Caroline Staunton.

All applications received are initially assessed by the committee to ensure they fit the remit of the Foundation. The committee ensures that each application is then independently Peer Reviewed by external reviewers. With all this taken into consideration the sub-committee will advise the Trustees on which of the many applications for research and academic grants are most deserving, and which projects should be the recipients of the funds which the Foundation has available. We are most grateful for the expertise and extensive work carried out by the Scientific Sub-Committee during this lengthy process.

A selection of research reports from grants awarded by the Pain Relief Foundation can be found on our website [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk).

Each year, the '*Education Sub Committee*' under the able Chairmanship of Dr. John Wiles, develop and deliver several excellent educational courses on the Treatment and Management of chronic pain. The Pain Relief Foundation is noted for the level of excellence which these courses provide, and our courses are always well supported. All members of this committee meet on a regular basis and each year they welcome the opportunity to take on the responsibility of organising and being responsible for the educational courses provided for doctors and other health professionals and actively encourage other pain professionals to follow suit.

Whilst the courses for this year had already been formulated, unfortunately, due to the pandemic, enduring lockdowns and strict adherence to social distancing, all face-to-face courses have been cancelled until 2022. However, being masters of our own destiny and the forced requirement to learn how to use virtual platforms such as zoom we have cultivated a series of online lectures titled '**Virtual Pain Series: Clinical updates in Pain Medicine, Walton Centre and Pain Relief Foundation, Liverpool**' which will be delivered monthly until we are able to resume our normal events. The Foundation is also supporting the **North England Pain Group (NEPG)** to deliver their first virtual meeting in 2021

The responsibility of the Annual Lecture and the Student Essay competition remains with Dr John Wiles. This year's lecture was also cancelled due to the pandemic, and it has been agreed to be held virtually in October 2021 in tribute to Ronald Melzac, the lecture will be given by Claudia



Sommer. Professor of Neurology and President of IASP. The title " 55 years on. Are we any nearer to closing the gate?",

The Student essay competition has been enhanced and has been opened up to Medical, Nursing, Occupational Therapists, Psychology and Physiotherapy students. With the winners of each category presenting their essay at one of our educational meetings. Our sincere thanks go to Dr John Wiles for his active role in coordinating.

One other pleasure that I have in writing this annual message is to express my sincere thanks to the dedicated people who have contributed to the work and success of the Foundation; the volunteers who support us. I would also like to acknowledge Kath Johns and Naomi McKnight of BTMR Ltd, Statutory Auditor, who fastidiously prepare and audit the accounts and Joseph McLoughlin of Rathbones Investments for retaining our investment portfolio.

### **Aims & Objectives**

The aims and objects of the Pain Relief Foundation, as set out in the Constitution, are the advancement and promotion of all forms of medical research and in particular the relief of human pain and all painful conditions of every type whatsoever and howsoever caused and to disseminate the results of any such research throughout the world.

### **Policies to further Aims & Objectives**

In pursuance of these aims and objectives, the continued policy of the Trustees is to:

- Fund and enable research into the causes and optimal treatment of human chronic pain.
- Provide and maintain a Pain Research Institute, headed by a Professor of Pain Science, in which research and education is conducted in pursuance of the charity's objectives.
- Undertake the support of the Pain Research Institute as a priority in the Pain Relief Foundation's funding programme. However, research grants will also be made available and awarded by open competition, for qualitative research projects carried out in other institutions.
- Support partnerships with higher education and the N.H.S directed to the understanding and treatment of human chronic pain. In particular, to provide long-term funds for the support of a Chair in Pain Science at the University of Liverpool.
- Support the dissemination of the results of such research throughout the world.
- Promote and enable education and training for doctors and other health professionals on human chronic pain and its treatments.
- Provide doctors and other health professionals with an information service on chronic pain and its treatments, in order to improve patient care.
- Provide an information service to human chronic pain sufferers and patients on chronic pain conditions.

This policy has remained unchanged since the last annual report

### **Chronic Pain**

Living in isolation is not a new phenomenon for those who live with chronic pain. Living with chronic pain means you often live your life in various forms and degree of isolation every day, this pandemic has bought nothing new to pain sufferers. Pain prevents you from doing the things you love to do, going to the places where you want to go, and meeting with those you love. It prevents you from going to work, going out to shops, restaurants, and entertainment venues, seeing your family and friends. As your pain enforced

isolation continues, you lose your routine, your sense of time, your ability to interact with others, and your ability to participate in the world outside your home. This may sound familiar to us all during this pandemic the difference being we have a light at the end of the tunnel and our isolation is nearly over but for Chronic pain sufferer's isolation will continue with no end in sight.

Pain inhibits you from being the person you want to be, and it takes away your identity. Your identity is replaced with a new identity: the identity of being in pain. The identity of a person who can't do this or that because it causes them too much pain. The identity of a person who becomes dependent – dependent on treatments, aids, assistance, and help. The identity of a person who suffers. And all too often those who do suffer, suffer in silence, and eventually lose sense of self and self-worth, then pain takes away their hope.

Those who have never had chronic pain, pain that may fluctuate in degree and intensity, but which never really goes away – will struggle to understand what it is like, how difficult and draining it is, what obstacles and barriers the world will put in your way, and how hard our society and systems will make your life. However, living with pain, gives those that suffer new experiences, skills, and rewards. You learn you have more resilience and how adaptable you can become; how creative you can be; and you learn the gift of empathy. The ability to empathise with people when they find themselves in difficult circumstances or positions; the ability to understand that someone's position and place in the world may not be of their own doing; At that point, you come to realise that your pain gives you that special insight into the world, which you can share with others in pain and even with those who don't suffer so they can understand and help. And, for everyone who has lived through this pandemic, hopefully, you will now be able to share some compassion with those who are less fortunate or able than themselves

Troublingly pain is under-represented in terms of the public awareness of it. Everyone experiences occasional aches and pains, but chronic pain is different with its own definition and is defined as pain that lasts for at least 12 weeks. The pain may feel sharp or dull, causing a burning or aching sensation in the affected areas. It may be steady or intermittent, coming and going without any apparent reason. Chronic pain can occur in nearly any part of your body. The pain can feel different in the various affected areas. Pain therefore is a frequently presenting complaint across a wide range of health care settings. persistent pain does not go away but develops and accelerates over time through well recognised neurophysiological processes. Upsettingly, severe chronic pain is now associated with an increased risk of mortality.

This situation highlights just how much research and associated work still needs to be carried out if we are to dominate chronic pain and to ease the distress which it causes. The staff at the Pain Research Institute and in the other Laboratories which are funded by the Foundation, acknowledge that much remains to be done, and they are relentless in their efforts to solve the many problems and unexplained factors.

The Pain Relief Foundation's funding has helped the Research Institute secure a firm base for an exciting and robust academic structure which is necessary if the Institute is to continue moving forward with a rigorous programme of research into human chronic pain. It has helped the Foundation to co-ordinate and further develop the extensive teaching of undergraduates, postgraduates, nurses, and other medical professionals that is essential to the further improvement in the treatment and relief of chronic pain.

### **The Pain Research Institute (PRI)**

The Pain Research Institute based within the Clinical Science Centre at University Hospital Aintree houses patient examination laboratories, research laboratories, work and study areas, a specialist pain library with several study areas and general workstations which provide researchers with access to all of the relevant pain databases and research offices, through a fast link computer hub.

We are located directly adjacent to the Walton Centre NHS Foundation Trust, Liverpool. The dominating factor for our location here is because pain-related research projects often need access to a large number of patients. The Pain Clinic has a throughput of over 4500 new patients each year and the access to this patient base is paramount for the Pain Research Institute to continue with their work. The symbiotic work that is carried out in liaison between the two units, and the expertise that has emerged over the years, has led to the '*Walton Pain Clinic*' becoming, and remaining, the largest and most successful in Europe. All patients recruited are fully informed volunteers.

The Pain Research Institute is integrated into the University of Liverpool, which has the benefit of access to additional study facilities and research laboratories, without the additional cost factors. The Institute has become a focal point for pain research, the sharing of information and training in pain relieving techniques, while the wide scope of its projects and its thorough investigative work have brought real relief to patients in this country and overseas.

The Institute welcome collaborations amongst others which can enhance research. Research collaborators may, for example provide serum samples from another population, or conduct investigations of pain-questionnaires in their own patient group or refer patients with rare pain conditions to the Institute for dedicated projects. They also collaborate with other laboratories which employ methods not established here, and with researchers who have a project idea and wish to progress it by working with us here at the Institute.

The Pain Research Institute made up of a multi-disciplinary group researching ways to understand and relieve Pain, the mission of the Institute is to encourage researchers in developing their own research ideas, by helping them to transform their excellent ideas into projects. The research conducted by the Pain Research Institute encompasses a wide range of areas within Pain Medicine. It includes:

- assessment and treatment of the immune system
- psychological treatments
- the development of questionnaires to assess chronic pain
- the assessment and treatment of abnormal brain and peripheral nerve activities.

As Countries across the world-imposed lockdown restrictions during the COVID-19 pandemic. It was proposed that lockdown conditions, including social and physical distancing measures, may disproportionately impact those living with chronic pain and require rapid adaptation to treatment and care strategies. Members of the PRI, led by Dr Nick Fallon set up the following project (to our knowledge 1st in the world) Adverse effects of COVID-19-related lockdown on pain, physical activity and psychological well-being in people with chronic pain as until now, no data existed to demonstrate whether people with chronic pain are adversely affected by lockdown conditions. Research was urgently needed so that evidence-based decisions could be made about adapting clinical provision for such patients to tailor and target interventions and minimise suffering.

The findings of the institute indicate that chronic pain patients suffer increased adverse effects of lockdown compared with pain-free individuals. They are more impacted in terms of depressed mood; greater perceived loneliness and they report that their pain feels more severe compared to before lockdown. In the paper, we point to some mechanisms by which these increased adverse effects could occur in people with chronic pain. Specifically, psychological constructs (Pain Catastrophizing) and levels of physical exercise – both of which are known to impact on chronic pain experience - could play an important role in generating the negative outcomes associated with lockdown in this vulnerable group.

The data from the study can be used to justify the need for further remote management of people living with chronic pain. Specifically, we can utilise these findings to consider the type of remote

therapeutic approaches required, or even to target the mechanisms leading to adverse effects in this vulnerable population.

Full publication can be found in the British Journal of Pain

<https://journals.sagepub.com/doi/10.1177/2049463720973703>

There are also current ongoing studies listed below.

- EN-PENS-trial - Patients with chronic neuropathic pain following peripheral nerve injury.
- EMPHENE -A double blind, placebo-controlled, randomised dose ranging trial to determine the safety and efficiency of three dose levels of EMA401, a new angiotensin receptor 2 antagonist in patients with post herpetic neuralgia,
- Investigating Diabetic Neuropathy During Initiation of Intensive Glycaemic Control
- The Utility of Non-Invasive Ocular Imaging in Diabetic Foot Disease.
- A Multicentre, double-blind, centre-stratified multi-period crossover trial to evaluate the efficacy of the Optimal Pathway for Treating neuropathic pain in Diabetes Mellitus (OPTION-DM) Dr Uazman Alam
- Serum IgG autoantibodies in patients with Fibromyalgia- 100 patients of the Walton Centre with a diagnosis of FMS (>1year), collecting blood to be used in laboratory experiments. Principal Investigator Dr Andreas Goebel
- Doctorate Clinical Psychology trainee project- Participants who are post PMP who may not have shown significant change will be studied to see if they respond better to therapy such as PIT. Principal Investigator Dr Hannah Twiddy

To date, there have been numerous publications in medical and scientific journals together with books written by Consultants from the Pain Research Institute. The teams of doctors and scientists have ambitious plans for future research which, if funding can be obtained, bid fair to make substantial advances in the understanding, and the relief, of chronic pain which presents many psychological problems and physical conditions for the sufferer.

### **Research Accommodation**

The Trustees of the Pain Relief Foundation have continued with the agreed policy that whilst continuing to retain the leasehold and ownership of the Pain Research Building in the Clinical Sciences Centre, together with the fixtures, fittings and equipment therein, they will provide the facility of the Institute, together with the fixtures and fittings, to the Department of Neurological Science, University of Liverpool, and to other such parties who are researching chronic pain, or who wish to enter into collaborative research on human chronic pain.

This arrangement will ensure that research personnel supported by the Pain Relief Foundation, the University of Liverpool, the Liverpool John Moores University and those others who are employed

by another party but are working on chronic pain research under the auspices of the 'Pain Relief Foundation' Professor of Pain Science, shall be contained in the same premises and work collaboratively. This arrangement offers a more structured and controlled working area and is conducive to good working practices. The use of the premises does not create a lease but shall be treated as a Licence at Will.

All of the overhead and operating costs of the Pain Research Institute premises are borne by the Pain Relief Foundation and are allocated as part of the research grants. The following '*modus operandi*' was pursued during the year as in previous years:

- The Pain Relief Foundation provided administration and research accommodation for the research personnel, within the Pain Research Institute.
- The Pain Relief Foundation provided research secretariat, and clinical research support facilities for the researcher posts from its own staff resources.
- The Pain Relief Foundation provided secretariat assistance to the associated research personnel, from its own employed staff.
- The Pain Relief Foundation discharged all costs connected with the accommodation of the Pain Research Institute and its operational facilities, including overheads, heat, light, repairs, and purchase of new equipment etc.
- The Pain Relief Foundation discharged all costs connected with the provision of all consumables and computer hardware for the Professor of Pain Science and all other grant aided Researchers working in the Pain Research Institute.
- The Pain Relief Foundation discharged all costs connected with the provision of lecture theatre and associated facilities.
- Under the present structure, the Head of the Pain Research Institute is charged with reporting to the Scientific Advisory Sub-Committee in respect of all research work carried out under the Pain Relief Foundation grant arrangements, and also on the additional research that has been made possible through the Foundation's funding and provision of accommodation. The Chair of the committee is then able to submit a concise report to the Committee of Trustees.

This established procedure is an essential method to evaluate and measure the success and effectiveness of the research work being conducted and to ensure that it is achieving its aims. Additionally, the head of the Pain Research Institute is invited to attend meetings of the Trustees at six monthly intervals, to answer questions on matters raised regarding current and on-going research projects and future planned developments. He also maintains a liaison with the Education Sub-Committee, attending their meetings in an Ex-Officio capacity.

## **RESEARCH CO-ORDINATION & EDUCATION**

The research co-ordination accommodation is located in the administrative area and fulfills a range of functions in its operational role. It supports the Pain Research Institute in a number of fields, providing accurate sources of scientific and medical information to assist the researchers in many projects.

Under the direction of the Education Sub-Committee, the Education Section also undertakes the operational factors in the conduct of all postgraduate courses that are organised throughout the year, arranging the teaching seminars, overseeing the Pain Relief Foundation Annual Lecture, collating and ensuring the correct and timely marking of Student essays and organising external conferences.

## **STRUCTURE GOVERNANCE AND MANAGEMENT**

**Governing Document** On 6<sup>th</sup> April 2014, the Pain Relief Foundation was incorporated as a Charitable Incorporated Organisation under charity number 1156227.

### **Structure, Governance & Management**

The Pain Relief Foundation is controlled by its Constitution as a Charitable Incorporated Organisation managed by a Committee of Trustees and at their meetings the Committee regularly conducts an assessment and review of their number, taking into account the skill requirements of the members in conducting the affairs of the Trust, and any potential retirements in the forthcoming 12 months. From this review, consideration is given to the need, if any, to recruit further Trustees. In the event that further recruitment is deemed necessary, the Committee of Trustees will seek suitable candidates through a process of personal contact across the Universities, the Health Service and other appropriate professional bodies associated with the charity. Details of the Trustees are shown on page two of this report.

The power to appoint a new Trustee or additional Trustees of the charity is vested in the Committee of Trustees and new appointments may be made by a resolution of a meeting of that Committee. A Trustee may retire upon giving two months' notice in writing of intention to do so, to each of the other Trustees. The Trust Constitution require that the number of Trustees shall not be less than three at any time, but there is no limit on the maximum number and Trustees are not required to retire and stand for re-election.

No expenses of any type will be paid to any trustee, nor will any trustee be paid any remuneration or payment of any kind from the Foundation in their capacity as a trustee. All of the trustees will give freely of their time and act in an honorary capacity. This is confirmed in each year's Annual report & Accounts.

In the period 6<sup>th</sup> April 2019 to 5<sup>th</sup> April 2020, there were no expenses of any type paid to any Trustee nor was any Trustee in receipt of any remuneration or payment of any kind from the Foundation in their capacity as a Trustee. All of the Trustees gave freely of their time and acted in an honorary capacity.

The Committee of Trustees conducts at least four quarterly meetings each year at which they receive reports on the activities, and achievements that have occurred since the previous meeting. The meeting agendas encompass reports on the full range of activities and situations including the day-to-day administration, investments and reserves, cash flow and risk management.

The Committee of Trustees continues to review several areas of importance in the effective management of the Foundation. The prepared '*Risk Assessment*' policy is subject to regular review to ensure that potential risks to which the charity may be exposed, are adequately identified, assessed and mitigating steps taken. This operational area is considered to be of the greatest importance and procedural changes will be implemented if deemed appropriate

### **Related Parties**

For the purposes of preparing accounts in accordance with the Statement of Recommended Practice for charities, in the opinion of the Trustees, the following are related parties to the Pain Relief Foundation:

- The Trustees and their immediate family
- The National Health Service

### **Risk Management**

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

### **Risk Assessment**

The Trustees have prepared a risk assessment register in which they have recorded the details and results of an extensive study, regarding the potential risks to which the charity may be exposed in the conduct of its affairs. The Trustees have satisfied themselves that through the actions they have taken, the identified risks have been reduced or eliminated, and that appropriate procedures and controls to deal with the risks are in place, so that any resulting or potential impact that the charity may experience is minimised.

The risk assessment register is subject to at least an annual review and in general it is an ongoing review. Such reviews ensure that all of the procedures in place continue to be appropriate to the conduct of the charity and that it is adequate in the light of experience. Where appropriate, systems or procedures have been established and put into place so as to mitigate any risks which may arise or develop

### **Trustee Indemnity Insurance**

The Trustees do not contract a Trustee Group Indemnity Insurance policy.

### **Recruitment, Appointment, and Induction of New Trustees**

In selecting persons to be appointed as trustees, nominations are submitted to a meeting of the Committee of Trustees, so that they each have the opportunity of evaluating the strengths of the candidate(s). In considering each nominee, the trustees take into account that person's professional qualifications or personal qualities, their commitment to promoting and furthering the aims of the Foundation, and their ability to make a contribution to the effective management of the Foundation. If the nominee is deemed acceptable, then the appointment is conducted in accordance with the established procedure of induction and training.

The Chair of the committee will extend an invitation to the candidate(s) to attend an early meeting to discuss the appointment in more detail. This is followed by a further meeting with the committee of trustees at which the new trustee is introduced, and a formal appointment confirmed. On appointment, the new trustee is required to sign a declaration stating that they comply with the formal conditions required of a Trustee and are therefore able to legally serve as a trustee. It is a requirement that a declaration of interest be made that any conflicting interest is noted and registered accordingly. Should any interest be registered, then at any meeting where there is such a conflict, the trustee will be required to withdraw and not vote on the matter. It is also declared that none of the trustees have an interest in the pharmaceutical industry. However, any such interest would be registered.

An induction meeting is then held with the Administrator who will inform the new trustee of their powers and responsibilities, the operational policy, the management arrangements for the charity's investment funds and the procedure of receiving applications for research grants and how the applications are processed through to selection. Other meetings are then held with the Sub-Committees at which their operational roles and powers are discussed.

An induction welcome pack is provided to the new Trustee, which contains as a minimum, a copy of the Constitution, a synopsis of the Foundation since its inception showing its achievements and further research targets in human chronic pain. Copies of the Trustee Committee's meeting minutes and the meeting minutes of the Advisory Sub-Committees, each covering the past 24 months, cash flow reports for the same periods, and copies of the previous two years' Annual Report and Accounts. A presentation folder is prepared containing copies of the Reserves Policy and Annual Review, Risk Assessment, Management Flow Chart, Mission Statement and Equal Opportunities Policy. In addition, a copy of the Charity Commission's publications '*The Essential Trustee: What you need to know*' and '*Charities and Public Benefit*' are provided.

### **Education Advisory Sub-Committee**

The Committee of Trustees is advised on all aspects of education and information by an appointed '***Education Advisory Sub-Committee***', chaired Dr John Wiles, a Senior Pain Consultant, working in the N.H.S., and also a Trustee of the Foundation. During the year under report, the committee consisted of Neurosurgeons, Senior Pain Clinicians, and a Clinical Lecturer with Special Interest in Pain. This committee, whose members have a wide-ranging knowledge of the treatment of chronic pain and medical education strategies, were delegated and directed to advise the Trustees on educational issues and to further develop the Pain Relief Foundation's educational role through publications, courses, lectures, literature and conferences and in this respect, it fulfilled the role of maintaining a well-balanced delivery of up to date educational programmes to health professionals, many of whom traveled from all parts of the country to attend.

This committee is also charged with identifying the most appropriate methods of disseminating in printed format, details of successful research results, information on new and improved treatment methods that have been devised for pain patients, and information leaflets to aid pain sufferers in finding the best treatment resources centers. This information is distributed through the medical press and, both the Foundation's website and the Institute's website. All of the members act in an honorary capacity.

### **Scientific Advisory Sub-Committee**

To assist the Trustees in making balanced policy decisions regarding the funding of selected research projects and additional applications for funding, they are advised and directed by an appointed '***Scientific Advisory Sub-Committee***', which is chaired by Dr Caroline Staunton, a well-respected and formidable research associate. The other members of this committee are recruited for their in-depth knowledge and understanding of chronic pain conditions and are drawn from both local and external treatment centres covering the many disciplines involved in the study and treatment of human pain. All of the members act in an honorary capacity and the committee is supported by the Foundation's Charity Manager.

The Committee continues to be the source of invaluable information, advice and opinion when reporting on, and prioritising, the numerous funding applications for scientific research which were considered to be worthy of support. It also continued with the vital task of overseeing the results from the many facets of research work, assisting the Trustees in interpreting, and analysing the large volume of scientific information submitted by Research Fellows, Grant Holders.

The purpose in receiving and analysing these reports is to satisfy the Trustees that:

- the research being funded is achieving the projected results to satisfactory and accepted scientific, medical and research standards.
- the research is likely to reach its stated aims.
- ethical approvals remain in place and are being followed scrupulously.
- research Governance is being observed at all times.
- quality standards are being maintained.



- the costs of the research are maintained within the grant limits.
- the research is being managed and monitored effectively.

The head of the Pain Research Institute is called to attend each of the Trustee meetings to provide the Trustees with an insight into the advances and the strategic development of the research opportunities being pursued. Reports are also received from the appointed Education Advisory Sub-Committee, which is principally involved in directing the Educational Meetings, Lectures, Student Essays and Patient Information issues and the Scientific Advisory Sub-Committees which undertakes the task of advising the Trustees on all aspects of Research and Research Grant applications.

### **Grant Making Policy**

In October each year, the Pain Relief Foundation advertises in the national medical press, to invite well established researchers and scientists to submit applications for Pain Relief Foundation grants, to carry out research projects on human chronic pain or to purchase special laboratory equipment to conduct clinical trials. The notice to apply for grants is advertised in the selected medical journals, on the Pain Relief Foundation Website, on the NHS grant website and through other appropriate media; there is a closing date for the receipt of such applications. The advertisement states the upper (monetary) limit of grants, which may vary from year to year.

On receipt of applications, the Foundation's Charity Manager ensures that all appropriate sections of the application forms which have been received are correctly completed and then arranges a meeting of the Scientific Sub-Committee to present the Abstracts of the applications to the members. At this meeting, the members jointly select and nominate independent and best qualified, learned medical persons who will be asked to peer review each application and to give their expert opinions.

After the meeting the Charity Manager writes to the selected peer reviewers, submitting a copy of the application asking if they will provide an assessment of the proposed research, the likelihood of the work succeeding and the cost effectiveness of the requested budget. In addition, references are sought regarding the applicants and the outcome of previous research projects for which they have received funding from all sources. When all applications are complete with the peer reviews and references received, a full set of each application is submitted to each member of the Scientific Advisory Sub-Committee, for consideration and prioritisation in preparation for a selection meeting of the members. At the grant meeting, the Chairman calls the attention of the members to the received Peer Reviews and References which are referred to throughout the process of considering the most appropriate and worthy applications deserving of a grant. Each committee member delivers an opinion on the applications received and scores each application between 1 and 3 with (1) being the lowest score and (3) being the highest score. These scores are then brought together with the Peer Review scores and the applications listed in order of achievement, at which point the Chairman and the committee draw recommendations to place before the next meeting of the Trustee Committee. When the Trustee Committee receives the advice of the Scientific Advisory Sub-Committee, they decide which applications, if any, will be funded in accordance with advice received, and in the light of funds available.

The Trustees may recommend that an application not be funded, be funded in full, or be funded at a reduced level. In the event that the Trustees are considering a number of competing recommended applications for which the Foundation's funds are inadequate to fund them all, the Trustees may invite the Chairman of the Scientific Advisory Sub-Committee, together with those members of the Sub-Committee who are also Trustees, to help them prioritise the applications. Each grant is specific to the holder and ceases should the grant holder terminate their post.

### **New grants approved since the last report**

Professor in Pain Science (Approved for the next 12 months)	<b>£70,000</b>
<i>Costs for 50% of the Chair in Pain Science, University of Liverpool.</i>	

<b>Dr Catherine Preston</b> <b>York</b>	<i>'Visual body illusion for treatment of chronic osteoarthritis pain (over 3 years)</i>	<b>£59,997</b>
<b>Dr Andy Marshall</b> <b>Liverpool</b>	<i>'Defining nociresponsive BA3a as a target to treat chronic pain (Over 12 months)</i>	<b>£28,269</b>
<b>Dr Helen Poole</b> <b>Liverpool</b> <b>John Moores</b>	<i>'A feasibility study of a Behavioural Intervention for Opioid Reduction (BIOR) in primary care.'</i> (Over 12 Months)	<b>£29,430</b>
<b>Dr Steven Zhao</b> <b>Liverpool</b>	<i>'Identifying causal risk factors and health consequences of chronic widespread pain using genetic epidemiology.'</i> (Over 12 months)	<b>£24,200</b>
<b>Dr Vsevolod Telezhkin</b> <b>Newcastle</b>	<i>'Development of novel in vitro human induced pluripotent stem cell (hiPSC)-derived sensory-like neuronal model of orofacial neuropathic pain.'</i>	<b>£7,585</b>
<b>Dr Nick Fallon</b>	<i>Adverse effects of COVID-19-related lockdown on pain, physical activity and psychological well-being in people with chronic pain (over 6 months)</i>	<b>£3,000</b>
<b>Dr Andy Marshall</b>	<i>Employment of an Post Doc to the Pain Research Institute for 3 years- cost for per year as position reviewed each year</i>	<b>£51,000</b>
<b>Dr Andreas Goebel</b>	<i>Employment of Research assistant to the Pain Institute for 3 years</i>	<b>£55,800</b>

### **Public Benefit**

In the foregoing section, the aims and objectives of the Foundation are plainly stated, and the policies adopted to deliver these aims and objectives are clearly stated. The objectives are supported by clear explanations regarding the policy of the Foundation to support the preparation and development of good quality research projects which are peer reviewed and expertly selected to develop the provision of improved treatment for the benefit of patients, easing and reducing their pain. In addition to the research conducted, the Foundation provides educational activities and the training of health professionals to achieve the stated aims. All of these activities are a continual matter of ongoing review by the Committee of Trustees and the Members of the Advisory Sub-Committees, so that in the light of experience, adjustments which are considered appropriate are implemented quickly, to ensure that the highest quality results continue to be delivered.

The development of improved patient services and treatment, as previously stated, is considered to be a priority issue by the Foundation, and it works symbiotically and in co-operation with the NHS and Universities to provide post-graduate scientific education in chronic pain relief. A number of postgraduate training courses have been conducted each year, for the continuing education of nurses, GPs, and for clinical pain specialists.

The information service provided by the Foundation serves to inform General Practitioners and all Pain Clinicians and Consultants with up-to-date information regarding available treatments for various pain conditions. In addition, the Foundation provides an information service for patients, their support carers and family members through the provision of leaflets on most chronic pain conditions. The Foundation's

website also provides a vast range of guidance and support for patients and Health Professionals, and much of the advice section contents can be downloaded for further ease of access. This enables patients and carers to be empowered about their individual problem.

Pain sufferers who make telephone contact with the Foundation are connected to experienced, friendly staff who are trained to sympathetically and professionally direct enquirers through to available services and advice centres. They are also able to guide sufferers into how they can avail themselves of these services and what action they can take to be referred to clinical services for pain treatment.

Patients also receive direct benefit through research results which lead to the development of new and improved treatments for chronic pain conditions. These results are delivered to pain treatment clinics nationally, and indeed internationally, through the dissemination of research information by the Foundation either electronically, from our website, in medical publications and by way of educational meetings for health professionals.

With living with chronic pain affecting 40% of the British population, it can be seen that the work of the Foundation provides a benefit for a huge number of people. Reports on the research work supported by the Foundation are included in later pages and give a vast amount of information on the progress that is being made with human chronic pain and you are encouraged to read this section.

### **Volunteers**

The Pain Relief Foundation does not receive any funding from central or local government, the health service or other official body. Instead, the Foundation depends entirely on donations, gift aid, legacies, appeals and contributions from supportive members of the public, from generous companies and from several small trusts. There is a small level of direct fundraising activity organised and conducted by the Foundation's own staff, supported by one or two volunteers an area in which we would like to grow our support. Additionally, it seeks to secure grants from trusts and the commercial sector to fund specific research projects.

The Foundation is not in receipt of benefits in kind, either by way of services, facilities, or donations-in-kind. It does, however, receive some limited benefit from the very small number of volunteers who support the fundraising section in the organisation and conduct of small events. The Trustees recognize the intangible value of the contribution of volunteers to the charity and the Trustees are of the opinion that such income cannot be reliably ascertained. However, it is considered that such intangible income is unlikely to be material.

### **Powers of Investment**

The Constitution provides the Committee of Trustees with the following powers:

1. To administer a bank account in the name of the Foundation at such bank as the Trustees shall decide.
2. To invest in the name of the Trustees, any monies not required for the immediate purpose of the Foundation, in such securities as they may from time to time decide as if they were beneficially entitled and whether such securities shall be trustee investments or not and shall have power from time to time to transpose such investments.
3. That any property purchased by the Foundation shall be vested in the Trustees appointed for that purpose and the Trustees shall enter into a Deed of Trust setting forth the purposes and conditions under which they hold the said property in trust for the Foundation and shall with such consent as is by law required deal with the property so vested in them by way of sale, mortgage, charge, lease or otherwise howsoever directed by the Foundation.

### **Investment Policy**

The Trustees have developed an investment policy which it believes will respond to the needs of the on-going activities of the Foundation. Sufficient funds are retained in investment that will ensure we can respond to all contingencies as they may arise. Equally important is the strategy of investing in low to medium risk funds that will also provide an operational income. The objective is that this investment policy will produce improved values and income, whilst at the same time safeguarding the short-term and long-term financial needs of the Foundation. The Trustees seek the advice of its Investment Advisors, Rathbone Investment Management Limited and at regular meetings with the Advisors, in-depth reviews are held into the investment portfolio that makes up the reserve fund.

The investment decisions taken by the Trustees throughout this financial year have proved to serve the portfolio well. Supported by the Advisors and making several minor adjustments, the fund has this year seen a slight increase compared with the end of the last financial year. Fortuitously, at a joint meeting with their Advisors, the Trustees set an investment policy of 60% of the funds invested into 'Equity Investments' with a view of maximising the Securities and to invest 40% of the funds into 'Fixed Interest Securities'. The decision to ease the approach with fixed interest investments was a very positive decision at the commencement of the year, thus maintaining forward growth.

Mindful of the continuing uncertainty in the markets, during the year under review the trustees gave instructions to the Portfolio Manager that the portfolio investment should be organized at 65% of its value being in Equities and 35% of the value being in Fixed Interest stock and the investments were so arranged at the beginning of the year.

### **Reserves Policy**

The strategy developed by the Trustees is to hold a level of reserves that is deemed to be appropriate from time to time, to ensure that:

- The committed and planned research projects undertaken in the short, medium, and long term are sustainable.
- The annual costs of the new 'Pain Relief Foundation Senior Lecturer of Pain Science promoting to Professor' appointment at the Pain Research Institute, is now into its first year, may be supportable from the income generated by the investments, so as not to detract from the distribution of the annual general income if this is required by the Trustees to balance its annual income
- The Trustees can address any problems that arise, including the loss of any significant source of income, which might restrict the ability of the charity in carrying out its objectives.
- Sufficient funds are available to respond to new and important projects that are identified.
- The Trustees can respond to a shortfall of income in any financial year, that may occur for whatever reason, and which shall enable the research that is already authorised, to continue without a break.
- The cost of funding the Chair at the University of Liverpool for the 'Pain Relief Foundation Professor of Pain Science' shall be protected for a minimum forward period of 10 years from any date, by ensuring that such sums as shall be required to continue the funding for such period are kept on reserve.

In setting the level of reserves, a conservative management style has been adopted that is consistent with the Trustee's responsibilities who have agreed a broad spread sector exposure to increase diversity and to regulate risk. The Trustees have established a position that the level of

unrestricted reserves and investments should be adequately sufficient to respond to the above operational policy and needs. Therefore, the Trustees have agreed the following:

- Funding for the post of Senior Lecturer/Professor of Pain Science continues to be identified as a long-term commitment and therefore, a minimum of 10 years costs supported by projected increases of a minimum say 2% per annum to cover inflation should be set aside for this purpose. It has been estimated that £826,000 of the investments should ensure that the income will be adequate to cover this requirement for that forthcoming period.
- To provide reserves to cover the estimated costs of funding existing research, research coming on-line, overheads, research administration support, charity administration and fundraising over three years. Based on an average annual expenditure, this need is £950,000.
- To retain in investments, an amount that will enable the Trustees to respond to new and important projects that may arise. In arriving at a level of retention, consideration has been given to the fact that such projects may require funding for at least two years and possibly three years.

It is considered that in view of the ongoing investment market volatility and the continuing and uncertain slow rate of recovery, together with the unsteady present uncertainties worldwide, the present level of reserves is adequate to meet these criteria.

### **Trading**

Changes in the 2000 Finance Act, Chapter 17, allowed exemption to tax on charitable income from trading activities up to predetermined levels. The charity continues to carry out a very small level of incidental trading within the prescribed limits.

## **FUNDRAISING REGULATOR**

The Pain Relief Foundation is a Member of the Fundraising Regulator (FR) and has been since its inception in 2016, The FR is the independent regulator of charitable fundraising and was set up following the Etherington review of fundraising self-regulation (2015) to strengthen the system of regulation and restore public trust in fundraising.

The FR is open to all fundraising organisations, suppliers and associates. Members agree to adhere to the highest standards of good practice with their fundraising, and their stated Fundraising Promise. As a Member of the FR we demonstrate Membership of the scheme by using the scheme logo on all fundraising materials. By participating in the scheme charities are advertising commitment to best fundraising practices and to giving the public the comfort of a 'safety net' provided by a robust complaints system.

It is a requirement that a charity submits an annual report to the FR, number of complaints received by the Charity, in relation to its Fundraising report requires the charity to notify the Board of action taken to resolve complaints and what the outcome results are.



Pain Relief Foundation is pleased to report that in the year ended 5<sup>th</sup> April 2019, no complaints had been received by the charity in the preceding 12-month period. A report to this effect was submitted to the Board of the FR as required.

### **The Pain Relief Foundation Fundraising Promise**

**We are always** committed to working to the highest standards of practice.

**We promise donors** that we will comply with the FR Codes of Fundraising Practice and do all that we can to ensure that fundraisers and volunteers will at all times comply with the Codes and with this Promise.

**We comply with the law**, health and safety and the environment. We will not put unfair pressure on anyone to donate. If you do not want to donate, we will respect your decision. We require anyone fundraising on our behalf to clearly identify themselves as one of our representatives.

**We are honest and open** and do not make false or exaggerated claims. We do what we say we are going to do and do not pretend to do things that we cannot. We will answer any reasonable questions you have about our fundraising activities and costs. Please contact us for information, visit our website or see our Annual Report.

**We are clear** and give clear details about how you can make a gift. If you make a regular gift and you want to cancel it, we will carry out your cancellation instructions as soon as possible. We are clear about what we do and how your gift is used for the effective support of our beneficiaries.

**We are fair** and respect the rights, privacy, and dignity of each of our supporters and beneficiaries and conform to the Data Protection Act. We will only use your personal information for the purposes stated and for which you have given your consent. If you tell us that you do not want us to contact you in a particular way (e.g. by telephone) we will not do it.

**We are reasonable and responsible** and will be careful not to use any images or words that cause distress or offence. We make sure that our events are well run and meet health and safety and environmental requirements, and we avoid causing any nuisance, damage, or disruption. We will not use excessive emotional arguments to make you feel guilty about not giving to us.

**We are accountable** and should you be unhappy about anything we have done while fundraising, you can write to us and complain. We have a complaints procedure, and we will acknowledge your complaint within 7 days and commit to dealing with the matter within 30 days. A copy of our procedure is available on request and if we are unable to resolve your complaint, we accept the authority of the FR to make a final adjudication.

## **FUNDRAISING COMMITTEE**

Effective fundraising committees are vital to the life and financial well-being of organisations, and this is no different at the Pain Relief Foundation so this year we decided to put together our first fundraising committee to help raise awareness and funds. The functions of the group vary but centres around information, building relationships and raising money to meet the specific organisation's special or ongoing needs.

The Committee is made up from Board members with special skills and contacts to serve the role and non- members made up from nurses, ex patients and people with an interest in the Foundation whom without we could not fulfil this role. The Chair of the '**Fundraising Committee**' Judith Daley who is also a trustee will in future advise the Board of Trustees in all facets of fundraising

## **DONATION POLICY**

This policy has been set out by the Trustees of the Pain Relief Foundation. It is a public guide to how the Pain Relief Foundation makes decisions on accepting donations and the procedures they

follow. The policy is aligned with the codes of Fundraising Practice published by the Institute of Fundraising.

This document makes clear the Trustees' legal obligations with the regards to the acceptance and refusal of donations. It outlines the day-to-day procedures that need to be adhered to and ensures decisions are not taken on an ad-hoc basis but are in support of Pain Relief Foundations strategies and objectives.

### **Trustees' legal obligations**

The Trustees take overall legal responsibility for decisions relating to whether a donation can be accepted or refused.

The Trustees must be able to demonstrate that they have acted in the best interest of the Charity.

The Trustees have a duty to carefully, based on evidence made available to them, whether the Charities interests will be better served by accepting or refusing the donation and to act accordingly.

These judgements must not promote any Trustee or employee's personal moral agenda, or interest and the Trustees must not allow individual or collective personal, political or ethical issues, which are not directly related to interests of the Charity, to affect their judgment.

Trustees must not derive any personal benefit (individually or collectively) from donations, offered to the Charity.

### **Policy**

On a day-to-day basis, the Charity's board of Trustees delegates the responsibility to accept or refuse donations as follows, providing the Charity Manager is sure that any potential individual or corporate donor are supporting the charity in accordance with this policy.

- A donation must be clearly evaluated to establish whether it would be in the best interest of the Pain Relief Foundation to accept or refuse it.
- The donation should contribute towards the Charity's overall strategy and plans.
- The Charity will not accept donations from individuals or companies whose wealth are known to result from illegal activities or were there are indications of corruption and related crime.
- The donor's objectives or activities must not appear to be incompatible with the with the Charity's vision, mission, and values, particularly if this risk causing significant damage to the Charity's integrity, public image, or professional reputation.

#### **The Pain Relief Foundation will refuse donations in the following circumstances:**

- Where the activities of a donor are directly contrary to the objectives or agreed policies of the Charity or the Charity suspects the gift has been donated to facilitate money laundering or other criminal activity.
- Where it can be clearly shown that the cost to the Charity of accepting the donation will be greater than the donation itself, and that the acceptance of the donation will directly lead to a net decline in assets of the Charity.

- Where the offer of support is dependent on the fulfilment of certain conditions placed upon the Charity and any condition,
  - A) Is in itself contrary to the objectives of the Charity
  - B) Is regarded as needing an unreasonable level of support from the Charity especially in relation to the size or impact the donation will have on the Charity's charitable activities.
  - C) Will divert the Charity from pursuing its current objectives, policies, or work priorities as a necessary fulfilment of the conditions alone.

**The Trustees will take great care and consideration in deciding whether to accept or refuse a donation.**

### **Donation Recognition**

#### **Gift Acknowledgment & Accountability**

- All donors will receive a personal thank you letter and receipt, regardless of gift amount.
- All gifts will be formally acknowledged as quickly as possible, and in any event within 5 working days.
- The reporting requirements of all Grant Makers will be fulfilled thoroughly, accurately and within their required timeframe.
- Major donors for specific projects will receive where required and appropriate regular updates on the progress of the project.
- Where appropriate and required the families of legacy donors will receive a report on the use of the bequeathed funds.

#### **Recognition**

- Any donors expressed desire for anonymity will be strictly adhered to
- Any public recognition will only be undertaken with the Donors express permission and in compliance with data protection legislation and best practice.
- Recognition may be tangible by way of a physical acknowledgment such as a plaque and would be placed within the Pain Relief Foundation. This type of recognition would be decided by the Trustees.
- In general costs of recognition shall not exceed 5% of the gift amount.
- In all cases the cost of recognition shall be both reasonable and proportional.

***The Charity reserves the right to refuse, discontinue or remove public recognition whether tangible or intangible, at any time if for any reason it considers the association to be damaging to its reputation. This course of action will be decided by the Trustees.***

***The final authority for resolution of any issues related to donor recognition policies rests with the Trustees; they may also amend or modify these policies as appropriate***

### **STATEMENT OF TRUSTEES RESPONSIBILITIES**

The trustees are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).



The law applicable to charities in England and Wales, the Charities Act 2011, Charity (Accounts and Reports) Regulations 2008 and the provision of the Constitution requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period. In preparing those financial statements, the trustees are required to

- select suitable accounting policies and then apply them consistently.
- observe the methods and principles in the Charity SORP.
- make judgments and estimates that are reasonable and prudent.
- 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 which 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 Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees present their report with the financial statements of the charity for the year ended 5 April 2021. The trustees have adopted the provisions of 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).

Approved by order of the Committee of Trustees on .....<sup>21<sup>st</sup></sup> September 2021 and signed on its behalf by:

  
.....  
D Cain - Chairman

Date September 2021

## CLINICAL SECTION

### Patient & Public Information

The Pain Relief Foundation provides an online help and advice service through their website [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk) and also provides a wide range of information leaflets, each of which deals with a specific chronic pain condition. The leaflets have proved to be a source of help to many thousands of chronic pain sufferers in understanding their pain problem and they give advice on the available treatments and additional sources of valuable information. Packs of leaflets are also made available to General Practitioners where they have been shown to be a useful way of guiding the patient into self-help opportunities in support of their treatment. All leaflets are now downloadable from our website.

The full range of leaflets is concise and gives fairly in-depth information about a range of chronic pain conditions and are continually re-written as information and advice is updated, using the guidelines

issued by the Centre for Health Information Quality, which seeks to make the use of the leaflets more 'patient friendly' and easier to read and understand. Each of the medical staff working at the Institute, contribute their skills in making the leaflets a prime source of useful information.

Letters and advice columns, written or supported by our doctors, are often seen as features in local and national newspapers, working with feature writers from magazines and newspapers they provide accurate and up-to-date information for the readers. Information disseminated in this way brings many benefits to chronic pain sufferers in particular, and the population in general.

### CD's

The ***Coping with Pain*** CD was one of the early self-help aids for chronic pain sufferers. With an introduction by Magnus Magnusson, it soon became part of the pain patient's medicine cupboard. Each section of the CD has been specifically designed to focus the minds of pain sufferers on ways of easing their pain through relaxation and gentle exercise. As many as 2 out of 3 people who have used it report that they have been able to improve their quality of life and find that their chronic pain problem is eased.

Over 65,000 copies of the ***Coping with Pain*** CD have now been distributed through a range of outlets covering the medical field and the retail sector. Additional CD's dealing with specific pain conditions are also available and they include: ***Coping with Headaches & Migraine, Feeling Good, Coping with Back Pain*** and ***Relaxation*** and ***Coping with Anxiety***. Each of the CDs contains relaxation programmes that help so many sufferers to find relief.

## PAIN RELIEF FOUNDATION INFORMATION SCIENCES, RESEARCH CO-ORDINATION & EDUCATION

### Introduction

The work of this department draws on the expertise of Pain Clinicians and is closely aligned with the work of the Foundation Education Sub-committee. The work of the Committee encompasses all educational courses, conferences and meetings for health care professionals and the department provides the administrative support for those developed courses and conferences plus the provision of information about chronic pain to both patients and the general public, including an online resource about chronic pain. This fulfills the remit of the Foundation to provide such education.

## EDUCATION

### Meetings and Courses

Meetings and courses which are developed and structured are aimed at all health care professionals with the sole purpose being to educate participants about all aspects of chronic pain management the courses are initially aimed at a national level but such as the interest has grown in the treatment of chronic pain, we now attract participants from all over the globe.

### Foundation courses & lectures

Each July we normally hold our annual ***Clinical Management of Chronic Pain*** course but unfortunately due to the pandemic we have been unable to proceed this year, however we fully intend on resuming this as soon as it is safe to do so. The course is a participative clinical, hands-on course with its finger on the pulse with the most up to date information and techniques of treating chronic pain available. It is a 3-day course aimed at Consultants, Specialist Registrars, Anaesthetists, Advanced Specialist Nurses, GP's, and Physiotherapists with some experience of pain management. The course consists of a mixture of lectures, seminars, clinics, theatre sessions and the grand round. The participants also spend a day in the Pain Management Programme at Walton Centre where they see firsthand the multidisciplinary assessments and treatments that patients receive.

This year we have replaced the course with a series of free online lectures given by the faculty who would normally take part in the July Course. These are held the 3<sup>rd</sup> Thursday of each month and are made up 1 hour lecture including case studies and 30 minutes for and discussions.

Usually over the year further one day courses have also been organised through the Pain Relief Foundation Education Committee however again due to the pandemic this has been impossible to achieve but we do have courses being developed in the pipeline to set up as soon as possible; when we are able to run the courses face to face as many of the courses tend to be interactive with the delegates for optimum learning opportunity.

All courses run at the Foundation are accredited in the form of Continuing Medical Education points awarded from the Royal College of Anaesthetists of Great Britain or such relevant body and are eligible for CPD points.

We also hold biannually the **European Pain Federation EFIC Liverpool Winter Cancer Pain School**, with the next one due in October 2022 which will be organised by Dr Manohar Sharma, Consultant in Pain Medicine and Trustee of the Foundation.

The 21<sup>st</sup> Pain **Relief Foundation Annual Lecture** will take place in November 2021, and will be delivered by Professor Claudia Summer, Professor of Neurology at the University of Würzburg, Germany, the title of the lecture is *"55 years on. Are we any nearer to closing the gate?"*,

The evening's proceedings are to honour the life and work of Professor Ronald Melmac a Canadian psychologist and professor of psychology.

### **The Foundation Essay Competition**

The competition is run annually the aim of this competition is to raise awareness nationally among medical undergraduates about chronic pain and the Pain Research Institute.

It was agreed to run the Essay Competition this year with multiple discipline entries Medicine and all health profession Undergraduates including occupational therapists, physiotherapist, nurses and psychologists as a trial.

This year with the change we saw 75 essays being submitted. All of the essays were of a very high standard from various medical schools around the country, both long established and newer schools. There were 3 winners.

This year's winners are: -

Akiko Fukui, St George's, University of London Medical School  
'Chronic Pain in Older Adults; Do we know when they are in pain?'

Sofia Miettinen, Barts and The London School of Medicine and Dentistry Medical School  
'Pharmacological management of chronic pain in pregnancy – difficulties women suffer'

Darica Au, University College London Medical School  
'Chronic Intensive-Care Related Pain: A call for action'

Each winner received the winning prize of £400.00 their essays can be viewed on our website.

### **Pain Relief Foundation Website**

The Pain Relief Foundation website [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk) is a premier online resource for the general public where they can find information about chronic pain and importantly be directed to other

specialist websites which offer good, current, medically correct and easily understood information about specific chronic pain conditions.

All recommended sites have been assessed before being included on the site by the Walton Centre pain team. All the leaflets in the "Dealing with Pain Series" on chronic pain conditions and drugs for pain are available to download from the website. Topical and informative articles written by staff of the Foundation and Institute and Walton Centre Pain team are regularly featured on the website. The website also features any current news, fundraising events and gives online access to Health Professionals to register and attend any events or course that we may be running.

## **WORK & STUDY AREAS**

The Institute continued to provide accommodation for research personnel to study their research developments and prepare research reports and applications. The accommodation is furnished and serviced, fully set out with computers workstations, and associated equipment.

## **RESEARCH**

Below is a snapshot selection and brief description of research that is currently being undertaken with the support of the Pain Relief Foundation. An in-depth progress report of the research can be found on our website. [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk) under the tab marked research.

**Grant title: "One and the same?": An in-depth investigation into the complexities of pain experiences of children and young people with inflammatory and non-inflammatory conditions**

**Award holders:** *Dr Lis Cordingley, Dr Rebecca Lee, Professor Wendy Thomson, University of Manchester*

### **Background and aims of project:**

Musculoskeletal pain affects approximately 40% of children and young people, although causes vary. There is some evidence suggesting that pain is managed differently depending upon whether children and young people are categorised as either having inflammatory or non-inflammatory conditions. For example, those with inflammatory conditions may be more likely to receive pharmacologically focused treatment and those with non-inflammatory pain are predominantly provided with psychological management techniques. Currently, however, rationale for the different approaches is unclear. We know very little about the similarities and differences of pain experiences between these groups and whether the apparent differences in approaches to pain management is warranted or not.

This PhD will explore and characterise chronic pain experiences in children and young people with musculoskeletal conditions with different underlying pathologies/diagnoses and will begin to identify the management pathways for these groups.

We recruited a very high calibre PhD candidate with excellent qualifications including a first-class degree from the University of Liverpool, and a distinction level MSc in Neuroscience from the University of Manchester. She has a longstanding interest in pain and pain research and chose these topics for both her undergraduate and postgraduate degrees.

**Grant Title: Sub-Optimal Learning Of Tactile-Spatial Predictions In Patients With Complex Regional Pain Syndrome**

**Award Holders:** *Dr Christopher Brown, Dr Michael Lee, Dr Nicholas Shenker  
University Division of Anaesthesia, Addenbrookes' Hospital Cambridge*

This project is now completed- Published paper: Brown CA, Scholtes I, Shenker N, Lee MC. PAIN 2020, 161 (2), 369-378.

### ***SUB-OPTIMAL LEARNING OF TACTILE-SPATIAL PREDICTIONS IN PATIENTS WITH COMPLEX REGIONAL PAIN SYNDROME***

Christopher A. Brown<sup>1\*</sup>, Ingrid Scholtes<sup>2</sup>, Nicholas Shenker<sup>3</sup>, Michael C. Lee<sup>2</sup>

1. Department of Psychological Sciences, University of Liverpool, Bedford Street South, Liverpool L69 7ZA, UK

2. University Division of Anaesthesia, University of Cambridge, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ, UK

3. Department of Rheumatology, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ, UK

\*Corresponding author

#### **ABSTRACT**

In Complex Regional Pain Syndrome (CRPS), tactile sensory deficits have motivated the therapeutic use of sensory discrimination training. However, the hierarchical organisation of the brain is such that low-level sensory processing can be dynamically influenced by higher-level knowledge, e.g. knowledge learnt from statistical regularities in the environment. It is unknown whether the learning of such statistical regularities is impaired in CRPS. Here, we employed a hierarchical Bayesian model of predictive coding to investigate statistical learning of tactile-spatial predictions in CRPS. Using a sensory change-detection task, we manipulated bottom-up (spatial displacement of a tactile stimulus) and top-down (probabilistic structure of occurrence) factors to estimate hierarchies of prediction and prediction error signals, as well as their respective precisions or reliability. Behavioural responses to spatial changes were influenced by both the magnitude of spatial displacement (bottom-up) and learnt probabilities of change (top-down).

The Bayesian model revealed that patients' predictions (of spatial displacements) were found to be less precise, deviating further from the ideal (statistical optimality) compared to healthy controls. This imprecision was less context-dependent, i.e. more enduring across changes in probabilistic context and less finely-tuned to statistics of the environment. This caused greater precision on prediction errors, resulting in predictions that were driven more by momentary spatial changes and less by the history of spatial changes. These results suggest inefficiencies in higher-order statistical learning in CRPS. This may have implications for therapies based on sensory re-training whose effects may be more short-lived if success depends on higher-order learning.

#### **Grant title: *Keeping on track: Exploring socio-developmental challenges faced by young people with ongoing pain and their families***

**Award holders:** *Dr Abbie Jordan (University of Bath; PI), Dr Line Caes (University of Stirling) & Professor Christopher Eccleston (University of Bath)*

#### **Project aims:**

We know that young people who experience ongoing pain report difficulties with engaging in everyday teenage activities, such as visiting friends and becoming more independent from parents. We also know that young people report a sense of being developmentally 'behind' their friends, yet we know nothing about what this sense of being 'behind' looks like. This PhD studentship will involve conducting a series of studies to provide a detailed account of the challenges young people and their families face when young people with pain engage in everyday teenage activities. Specifically, the studies will provide a comprehensive review of existing evidence; momentary recordings over one year on young people's thoughts and experiences of engaging with social activities despite having pain; interviews with family members to gain a familial perspective and will also include obtaining the perspective of both young people with and without pain on having to cancel or alter plans with friends due to pain.

#### **Grant Title: *Novel long-acting analgesic for chronic pain***

**Award Holders:** *Prof Bazbek Davletov, University of Sheffield*

## **Project Aims:**

Botulinum neurotoxin type A (BoNT/A) can induce analgesia in several chronic pain conditions in addition to its more well-known paralytic action at the neuromuscular junction. The long-lasting nerve blocking effect can last up to 6 months in humans (4) and therefore BoNT/A represents an attractive candidate to develop a new approach to treatment of chronic pain.

Our lab is currently investigating new technologies in order to re-engineer BoNT so that the long-lasting nerve-blocking actions remain, but the molecule is re-targeted away from the neuromuscular junction toward sensory and nociceptive neuronal populations. In collaboration with colleagues at Leeds University, we engineered a novel molecule combining the enzymatic part of the native BoNT/A with a neurone-targeting Cholera toxin subunit B termed **ChoBot**. The cholera toxin B subunit binds to cellular surfaces via its receptor monosialoanglioside (GM1), where it is internalised and transported into neurons. In normal conditions, the GM1 ganglioside is present in a subpopulation of myelinated sensory neurones. However, following nerve injury it has been reported that a phenotypic switch can result in more nociceptive afferents taking up the cholera toxin (5,6). Therefore, by utilising our unique technologies and targeting nerve blocking botulinum molecules towards more specifically pain-sensing neurones rather than motor neurones, we hope to retain the long-lasting effects of native BoNT catalytic action but reduce their associated highly paralytic effects and therefore produce a more desirable and safer novel analgesic.

**Grant Title: Cerebrospinal fluid- a window into how our central nervous system processes pain?**

**Award Holder:** *Dr Franziska Denk, King's College London*

## **Project Aims**

This study aims to find out whether we can use cerebrospinal fluid (which bathes our brain and spinal cord) to better understand chronic pain.

Research suggests that immune cells in the spinal cord play an important role in maintaining painful conditions, especially when they are caused by direct damage to nerves. Yet, for obvious reasons, studying these cells directly is impossible in people.

Our team want to investigate whether we can instead assess the state of these cells by looking at the cerebrospinal fluid (CSF). It is known that substances released in spinal cord can leak into the fluid. Also, there are immune cells swimming about in the CSF – just across from spinal cord immune cells, and it is possible that these cell types are talking to each other.

To test whether this is the case, we are analysing CSF generously donated by individuals who are undergoing neuromodulation surgery to treat their pain. We look at the substances in the fluid, as well as the immune cells, with a technique called RNA sequencing.

BTMR Limited  
Statutory Auditor  
Century Buildings  
14 St Mary's Parsonage  
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M3 2DF

### **Opinion**

We have audited the financial statements of The Pain Relief Foundation (the 'charitable company') for the year ended 5 April 2021 which comprise the Statement of Financial Activities, the Balance Sheet, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 5 April 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

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

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

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

### **Other information**

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the Report of the Trustees is inconsistent in any material respect with the financial statements; or
- the charitable company has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

### **Responsibilities of trustees**

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

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



**Our responsibilities for the audit of the financial statements**

We have been appointed as auditors under Section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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

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

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- we identified the significant laws and regulations applicable to the charitable company which we considered could have a direct material effect on the financial statements or the operations of the charitable company. Said laws and regulations include but are not limited to, the Companies Act 2006, taxation legislation and data protection, anti-bribery and employment legislation;
- the identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur. We also addressed the risk of fraud through management bias and override of controls by;

- updating and reviewing our knowledge of the charitable company, its officers and internal financial function, together with their systems and internal controls. This included making enquiries of management as to their knowledge of actual, suspected, and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations. We concluded that whilst the charitable company had controls in place that were appropriate to its size and the nature of its activities, we could not rely on those systems and internal controls exclusively for the purposes of our audit work. We therefore adopted a substantive and transactional approach to our audit, seeking to verify figures in the balance sheet to third party evidence and transactions within the Income Statement to external independent documentation.
- We did not review every transaction. However, we adopted an approach based on testing a sample of transactions. In choosing our sample, we tested transactions that were material in nature and in addition a random sample of other transaction. By choosing transactions of a material nature, our audit work is designed to detect material misstatements. The use of random testing on other transactions is designed to detect other irregularities and the operation of the charitable company's internal control systems generally. If exceptions were noted, our audit work was expanded to test more transactions with a view to determining whether the exception was of an isolated nature;
- We performed analytical procedures to identify any unusual or unexpected relationships;
- We tested journal entries to identify unusual transactions and investigated the rationale behind significant or unusual transactions.

There are inherent limitations in our audit procedures described above. The more removed those laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Report of the Independent Auditors.

**Report of the Independent Auditors to the Trustees of  
The Pain Relief Foundation**

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**Use of our report**

This report is made solely to the charitable company's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charitable company's trustees those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

*BTMR Limited*

BTMR Limited  
Statutory Auditor  
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006  
Century Buildings  
14 St Mary's Parsonage  
Manchester  
M3 2DF

Date: *21* *September 2021*

THE PAIN RELIEF FOUNDATION

Statement of Financial Activities  
for the Year Ended 5 April 2021

	Notes	Unrestricted funds £	Restricted fund £	5.4.21 Total funds £	5.4.20 Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>					
Donations and legacies	3	113,694	-	113,694	445,186
Other trading activities	4	5,673	-	5,673	50,306
Investment income	5	<u>78,888</u>	<u>-</u>	<u>78,888</u>	<u>92,171</u>
<b>Total</b>		<b>198,255</b>	<b>-</b>	<b>198,255</b>	<b>587,663</b>
<b>EXPENDITURE ON</b>					
<b>Raising funds</b>					
Other trading activities	6	14,398	-	14,398	14,574
Investment management costs	7	<u>11,476</u>	<u>-</u>	<u>11,476</u>	<u>12,063</u>
		<b>25,874</b>	<b>-</b>	<b>25,874</b>	<b>26,637</b>
<b>Charitable activities</b>					
Research	8	360,297	534	360,831	429,989
Education		8,397	-	8,397	6,298
<b>Total</b>		<b>394,568</b>	<b>534</b>	<b>395,102</b>	<b>462,924</b>
Net gains/(losses) on investments		<u>415,190</u>	<u>-</u>	<u>415,190</u>	<u>(207,304)</u>
<b>NET INCOME/(EXPENDITURE)</b>		<b>218,877</b>	<b>(534)</b>	<b>218,343</b>	<b>(82,565)</b>
<b>RECONCILIATION OF FUNDS</b>					
<b>Total funds brought forward</b>		<u>2,720,433</u>	<u>1,578</u>	<u>2,722,011</u>	<u>2,804,576</u>
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u><b>2,939,310</b></u>	<u><b>1,044</b></u>	<u><b>2,940,354</b></u>	<u><b>2,722,011</b></u>

The notes form part of these financial statements

THE PAIN RELIEF FOUNDATION

Balance Sheet  
5 April 2021

	Notes	Unrestricted funds £	Restricted fund £	5.4.21 Total funds £	5.4.20 Total funds £
<b>FIXED ASSETS</b>					
Tangible assets	11	84,894	1,602	86,496	59,408
Investments	12	<u>2,805,265</u>	-	<u>2,805,265</u>	<u>2,371,459</u>
		2,890,159	1,602	2,891,761	2,430,867
<b>CURRENT ASSETS</b>					
Stocks	13	776	-	776	486
Debtors	14	11,433	-	11,433	9,872
Cash at bank and in hand		<u>83,428</u>	-	<u>83,428</u>	<u>314,711</u>
		95,637	-	95,637	325,069
<b>CREDITORS</b>					
Amounts falling due within one year	15	<u>(46,486)</u>	<u>(558)</u>	<u>(47,044)</u>	<u>(33,925)</u>
<b>NET CURRENT ASSETS</b>		<u>49,151</u>	<u>(558)</u>	<u>48,593</u>	<u>291,144</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>2,939,310</u>	<u>1,044</u>	<u>2,940,354</u>	<u>2,722,011</u>
<b>NET ASSETS</b>		<u>2,939,310</u>	<u>1,044</u>	<u>2,940,354</u>	<u>2,722,011</u>
<b>FUNDS</b>					
17					
Unrestricted funds:					
General fund				73,854	314,579
Designated unrestricted				<u>2,865,456</u>	<u>2,405,854</u>
				<u>2,939,310</u>	<u>2,720,433</u>
Restricted funds:					
Restricted fund				<u>1,044</u>	<u>1,578</u>
<b>TOTAL FUNDS</b>				<u>2,940,354</u>	<u>2,722,011</u>

The notes form part of these financial statements

THE PAIN RELIEF FOUNDATION

Balance Sheet - continued  
5 April 2021

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The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 5 April 2021.

The members have not deposited notice, pursuant to Section 476 of the Companies Act 2006 requiring an audit of these financial statements.

The trustees acknowledge their responsibilities for

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

These financial statements have been audited under the requirements of Section 145 of the Charities Act 2011.

The financial statements were approved by the Board of Trustees and authorised for issue on 21st September 2021 and were signed on its behalf by:



.....  
D Cain - Chairman - Trustee

The notes form part of these financial statements

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**1. DESIGNATED FUND**

The designated fund represents sums set aside, out of unrestricted funds, to meet the ongoing costs of the chair of Professor of Pain.

	2021	2020
Investment income:	£	£
Interest received	2,849	3,150
Dividends	76,039	89,019
Realised gains on investments sold	2,683	40,372
Unrealised gain on revaluing investments to market value	-	-
Total designated income	81,571	132,541
Less:		
Realised loss on sale of investments	-	-
Unrealised profit/(loss) on revaluing investments to market value	412,507	(247,676)
Investment manager's fees	(11,476)	(12,063)
Expenditure out of designated funds	-	-
Transfer of net expenditure to General Fund	<u>(23,000)</u>	<u>(231,500)</u>
<b>Net designated (expenditure)/income</b>	<b>459,602</b>	<b>(358,698)</b>

**2. ACCOUNTING POLICIES****Basis of preparing the financial statements**

The financial statements of the charity, which is a public benefit entity under FRS102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', and the Charities Act 2011. The financial statements have been prepared under the historical cost convention with the exception of investments which are included at market value.

**Income**

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds and it is probable that the income will be received, and the amount can be measured reliably.

**Expenditure**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

Grants offered subject to conditions, such as duration of the grant, which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

**Allocation and apportionment of costs**

Certain expenditure is directly attributable to specific activities and has been included in those cost categories. Certain other costs, which are attributable to more than one activity, are apportioned across categories on the basis of an estimate of the proportion of time spent by staff on those activities.

**Tangible fixed assets**

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Long leasehold	-	Over the period of the lease
Plant and machinery	-	25% on reducing balance and 15% on cost
Fixtures and fittings	-	25% on cost

Expenditure on individual assets which is less than £500 is not capitalised.

**Stocks**

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

**2. ACCOUNTING POLICIES - continued**

**Taxation**

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

**Fund accounting**

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

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

**Designated fund**

The Designated fund represents the investment and related income which the trustees have designated to be used specifically for funding the chair of the Professor of Pain.

**Restricted fund**

The Restricted fund represents the income which was made available for the purposes of acquiring a Transcranial Magnetic Scanner and sponsorships received. The related expenditure represent money spent in relation to restricted income.

**Hire purchase and leasing commitments**

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

**Pension costs and other post-retirement benefits**

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

**Financial instruments**

Financial instruments are classified and accounted for according to the substance of the contractual arrangement, as either financial assets, financial liabilities, or equity instruments. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

**Investments**

Investments are made by the trustees acting through and on advice of professional investment managers. The investment strategy focuses on low to medium risk investments.

**Investment gains and losses**

Gains and losses which arise on the sale of investments during the year are termed "Realised gains and losses". Those gains and losses that arise from the disclosure of investments at market value as at 5th April each year are termed "Unrealised gains and losses".

**Governance costs**

Governance costs relate to the general running of the charity, as opposed to fundraising or charitable activities expenditure. They include audit and legal fees, accountancy, and related support costs.

**Costs of generating funds**

The costs of fundraising events include the costs incurred by the Charity in arranging golf days, appeals and sponsorships and are included in the SOFA on an accruals basis.

**Charitable activities - Grants payable**

Expenditure on charitable activities includes grants payable to individuals to conduct research into pain, its causes and relief, and to disseminate research information together with related direct costs and support costs, all of which are accounted for on an accruals basis.

THE PAIN RELIEF FOUNDATION

Notes to the Financial Statements - continued  
for the Year Ended 5 April 2021

3. DONATIONS AND LEGACIES	5.4.21	5.4.20
	£	£
Gifts	43,172	77,165
Gift aided donations	4,446	5,839
Tax recovered on gift aided donations	1,099	1,465
Legacies	64,977	358,888
Grants	-	1,700
Sundry income	-	129
	<u>113,694</u>	<u>445,186</u>

Grants received, included in the above, are as follows:

	5.4.21	5.4.20
	£	£
Travel	-	<u>1,700</u>

4. OTHER TRADING ACTIVITIES	5.4.21	5.4.20
	£	£
Books leaflets tapes	-	52
Sponsorships	59	30,455
Meeting fees	5,614	19,799
	<u>5,673</u>	<u>50,306</u>

5. INVESTMENT INCOME	5.4.21	5.4.20
	£	£
Listed investments	78,888	92,170
Deposit account interest	-	1
	<u>78,888</u>	<u>92,171</u>

6. OTHER TRADING ACTIVITIES	5.4.21	5.4.20
	£	£
Purchases	-	363
Staff costs	14,398	14,211
	<u>14,398</u>	<u>14,574</u>



7. INVESTMENT MANAGEMENT COSTS

	5.4.21	5.4.20
	£	£
Portfolio management	<u>11,476</u>	<u>12,063</u>

8. CHARITABLE ACTIVITIES COSTS

	Direct Costs £	Grant funding of activities £	Support costs £	Totals £
Research	73,416	228,920	58,495	360,831
Education	<u>518</u>	<u>-</u>	<u>7,879</u>	<u>8,397</u>
	<u>73,934</u>	<u>228,920</u>	<u>66,374</u>	<u>369,228</u>

9. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	5.4.21	5.4.20
	£	£
Auditors' remuneration	5,000	5,000
Auditors' remuneration for non-audit work	3,840	3,340
Depreciation - owned assets	16,749	6,630
Other operating leases	<u>6,475</u>	<u>10,000</u>

10. TRUSTEES' REMUNERATION AND BENEFITS

No trustees' remuneration or other benefits were paid for the year ended 5 April 2021 nor for the year ended 5 April 2020.

Trustees' expenses

There were no trustees' expenses paid for the year ended 5 April 2021 nor for the year ended 5 April 2020.

11. TANGIBLE FIXED ASSETS

	Long leasehold £	Plant and machinery £	Fixtures and fittings £	Totals £
<b>COST</b>				
At 6 April 2020	114,302	160,566	324,487	599,355
Additions	<u>-</u>	<u>43,837</u>	<u>-</u>	<u>43,837</u>
At 5 April 2021	<u>114,302</u>	<u>204,403</u>	<u>324,487</u>	<u>643,192</u>
<b>DEPRECIATION</b>				
At 6 April 2020	64,990	154,681	320,276	539,947
Charge for year	<u>3,266</u>	<u>12,430</u>	<u>1,053</u>	<u>16,749</u>
At 5 April 2021	<u>68,256</u>	<u>167,111</u>	<u>321,329</u>	<u>556,696</u>
<b>NET BOOK VALUE</b>				
At 5 April 2021	<u>46,046</u>	<u>37,292</u>	<u>3,158</u>	<u>86,496</u>
At 5 April 2020	<u>49,312</u>	<u>5,885</u>	<u>4,211</u>	<u>59,408</u>

12. FIXED ASSET INVESTMENTS

	Listed investments £
<b>MARKET VALUE</b>	
At 6 April 2020	2,371,459
Additions at cost	78,502
Disposals at book cost	(57,203)
Change in Market Value	<u>412,507</u>
At 5 April 2021	<u>2,805,265</u>
<b>NET BOOK VALUE</b>	
At 5 April 2021	<u>2,805,265</u>
At 5 April 2020	<u>2,371,459</u>

Overseas investment assets amounted to £1,188,671 (2020: £880,907).

13. STOCKS

	5.4.21 £	5.4.20 £
Finished goods	<u>776</u>	<u>486</u>

14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	5.4.21 £	5.4.20 £
Tax	1,099	1,465
Prepayments and accrued income	<u>10,334</u>	<u>8,407</u>
	<u>11,433</u>	<u>9,872</u>

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	5.4.21 £	5.4.20 £
Bank loans and overdrafts (see note 16)	508	508
Social security and other taxes	159	159
Accruals and deferred income	<u>46,377</u>	<u>33,258</u>
	<u>47,044</u>	<u>33,925</u>

16. MOVEMENT IN FUNDS

	At 6.4.20 £	Net movement in funds £	Transfers between funds £	At 5.4.21 £
<b>Unrestricted funds</b>				
General fund	314,579	(263,725)	23,000	73,854
Designated unrestricted	<u>2,405,854</u>	<u>482,602</u>	<u>(23,000)</u>	<u>2,865,456</u>
	2,720,433	218,877	-	2,939,310
<b>Restricted funds</b>				
Restricted fund	1,578	(534)	-	1,044
	<u>2,722,011</u>	<u>218,343</u>	<u>-</u>	<u>2,940,354</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
<b>Unrestricted funds</b>				
General fund	119,367	(383,092)	-	(263,725)
Designated unrestricted	<u>78,888</u>	<u>(11,476)</u>	<u>415,190</u>	<u>482,602</u>
	198,255	(394,568)	415,190	218,877
<b>Restricted funds</b>				
Restricted fund	-	(534)	-	(534)
	<u>198,255</u>	<u>(395,102)</u>	<u>415,190</u>	<u>218,343</u>

## 16. MOVEMENT IN FUNDS - continued

## Comparatives for movement in funds

	At 6.4.19 £	Net movement in funds £	Transfers between funds £	At 5.4.20 £
<b>Unrestricted funds</b>				
General fund	40,409	42,670	231,500	314,579
Designated unrestricted	<u>2,764,551</u>	<u>(127,197)</u>	<u>(231,500)</u>	<u>2,405,854</u>
	2,804,960	(84,527)	-	2,720,433
<b>Restricted funds</b>				
Restricted fund	(384)	1,962	-	1,578
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>TOTAL FUNDS</b>	<u>2,804,576</u>	<u>(82,565)</u>	<u>-</u>	<u>2,722,011</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
<b>Unrestricted funds</b>				
General fund	492,793	(450,123)	-	42,670
Designated unrestricted	<u>92,170</u>	<u>(12,063)</u>	<u>(207,304)</u>	<u>(127,197)</u>
	584,963	(462,186)	(207,304)	(84,527)
<b>Restricted funds</b>				
Restricted fund	2,700	(738)	-	1,962
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>TOTAL FUNDS</b>	<u>587,663</u>	<u>(462,924)</u>	<u>(207,304)</u>	<u>(82,565)</u>

A current year 12 months and prior year 12 months combined position is as follows:

	At 6.4.19 £	Net movement in funds £	Transfers between funds £	At 5.4.21 £
<b>Unrestricted funds</b>				
General fund	40,409	(221,055)	254,500	73,854
Designated unrestricted	<u>2,764,551</u>	<u>355,405</u>	<u>(254,500)</u>	<u>2,865,456</u>
	2,804,960	134,350	-	2,939,310
<b>Restricted funds</b>				
Restricted fund	(384)	1,428	-	1,044
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>TOTAL FUNDS</b>	<u>2,804,576</u>	<u>135,778</u>	<u>-</u>	<u>2,940,354</u>

16. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
<b>Unrestricted funds</b>				
General fund	612,160	(833,215)	-	(221,055)
Designated unrestricted	<u>171,058</u>	<u>(23,539)</u>	<u>207,886</u>	<u>355,405</u>
	783,218	(856,754)	207,886	134,350
<b>Restricted funds</b>				
Restricted fund	2,700	(1,272)	-	1,428
	<u>785,918</u>	<u>(858,026)</u>	<u>207,886</u>	<u>135,778</u>
<b>TOTAL FUNDS</b>	<u>785,918</u>	<u>(858,026)</u>	<u>207,886</u>	<u>135,778</u>

17. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 5 April 2021.

18. FINANCIAL COMMITMENTS

During the year grants payable to researchers were approved in the total amount of £667,789 of which £451,818 remains payable in respect of future periods.

THE PAIN RELIEF FOUNDATION

Detailed Statement of Financial Activities  
for the Year Ended 5 April 2021

	5.4.21 £	5.4.20 £
<b>INCOME AND ENDOWMENTS</b>		
<b>Donations and legacies</b>		
Gifts	43,172	77,165
Gift aided donations	4,446	5,839
Tax recovered on gift aided donations	1,099	1,465
Legacies	64,977	358,888
Grants	-	1,700
Sundry income	-	129
	<u>113,694</u>	<u>445,186</u>
<b>Other trading activities</b>		
Books leaflets tapes	-	52
Sponsorships	59	30,455
Meeting fees	5,614	19,799
	<u>5,673</u>	<u>50,306</u>
<b>Investment income</b>		
Listed investments	78,888	92,170
Deposit account interest	-	1
	<u>78,888</u>	<u>92,171</u>
<b>Total incoming resources</b>	<b>198,255</b>	<b>587,663</b>
<b>EXPENDITURE</b>		
<b>Other trading activities</b>		
Purchases	-	363
Wages	13,900	13,700
Social security	350	372
Pensions	148	139
	<u>14,398</u>	<u>14,574</u>
<b>Investment management costs</b>		
Portfolio management	11,476	12,063
<b>Charitable activities</b>		
Wages	48,980	47,474
Social security	1,631	1,803
Pensions	1,484	1,390
Student essay costs	75	1,157
Venue & meeting costs	4,353	15,993
Food costs	-	9,358
Sundry	661	4,762
Depreciation of tangible fixed assets	16,750	6,632
Grants to individuals	228,920	277,154
	<u>302,854</u>	<u>365,723</u>

This page does not form part of the statutory financial statements

**THE PAIN RELIEF FOUNDATION**

**Detailed Statement of Financial Activities  
for the Year Ended 5 April 2021**

	5.4.21 £	5.4.20 £
<b>Support costs</b>		
<b>Management</b>		
Other operating leases	6,475	10,000
Rates and water	17,505	17,505
Insurance	2,422	2,334
Telephone	959	209
Postage and stationery	1,559	3,118
Advertising	4,094	3,549
Sundries	577	577
Travel	-	2,139
Computer software	955	705
Credit card charges	<u>309</u>	<u>315</u>
	<b>34,855</b>	<b>40,451</b>
<b>Finance</b>		
Bank charges	188	54
<b>Information technology</b>		
Repairs and renewals	6,134	4,655
<b>Governance costs</b>		
Wages	15,000	14,200
Social security	412	464
Pensions	594	556
Auditors' remuneration	5,000	5,000
Auditors' remuneration for non audit work	3,840	3,340
Postage and stationery	196	360
Legal fees	<u>155</u>	<u>1,484</u>
	<b><u>25,197</u></b>	<b><u>25,404</u></b>
Total resources expended	<b><u>395,102</u></b>	<b><u>462,924</u></b>
<b>Net (expenditure)/income before gains and losses</b>	<b>(196,847)</b>	<b>124,739</b>
<b>Realised recognised gains and losses</b>		
Net investment gains/ (losses)	<u>2,683</u>	<u>40,372</u>
<b>Net (expenditure)/income</b>	<b><u>(194,164)</u></b>	<b><u>165,111</u></b>









## **Pain Relief Foundation**