

Company number: 2610559

Charity number: 1011056

# SignHealth

Report and financial statements  
For the year ended 31 March 2022

**THE DEAF HEALTH  
CHARITY  
SIGNHEALTH**

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## Contents

Reference and administrative information.....	3
Message from the Chair of Trustees, Jackie Driver .....	4
Trustees' Annual Report .....	6
Achievements and performance.....	7
Financial Review.....	16
Principal risks and uncertainties .....	17
Plans for the future .....	21
Structure, governance and management .....	22
Auditor .....	26
Independent auditor's report .....	27
Statement of financial activities .....	31
Balance sheet .....	32
Statement of cash flows.....	33
Notes to the financial statements .....	34

## Reference and administrative information

<b>Company number</b>	2610559	
<b>Charity number</b>	1011056	
<b>Registered office and operational address</b>	CAN Mezzanine, 7-14 Great Dover Street, London SE1 4YR	
<b>Country of registration</b>	England and Wales	
<b>Country of incorporation</b>	United Kingdom	
<b>Trustees</b>	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:	
	Jackie Driver, Chair	
	Sara Clare Mitchell	
	Andrew Sims	
	Christine McPherson	
	Mark Perry	
	Trudi Collier	Resigned 22 May 2022
	Tania Hudson	
	Vanessa Longley	
	Jaz Mann	Appointed 22 July 2021
	Amanprit Arnold	Appointed 22 July 2021
<b>Executive Leadership Team</b>	James Watson-O'Neill	Chief Executive
	Joyce Materego	Director of Finance and Resources
	Christopher Reid	Director of Operations
	Stacey Witter	Director of Communications and Fundraising
<b>Bankers</b>	Metro Bank 120 Cheapside London EC2V 7JB	
<b>Solicitors</b>	Trowers and Hamlins 3 Bunhill Road London EC1Y 8YZ	
<b>Auditor</b>	Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House 108-114 Golden Lane London EC1Y 0TL	

## Message from the Chair of Trustees, Jackie Driver

Wow. What a year. SignHealth achieved a phenomenal amount in 2021/22 to improve Deaf people's health and wellbeing.

We saw the power of stories as the Deaf community came together to share their experiences of accessing health services, information and support. The review of the Accessible Information Standard (AIS) revealed that the healthcare system is still failing our community - only 7% of Deaf people can access health services equitably. This is simply not good enough, especially after the evidence the pandemic has brought to light. Deaf people are being treated as second class citizens - and this needs to change - we pay our taxes the same as everyone else. Thanks to your stories we can work with the NHS and others to improve access through simple changes that will make a big difference.

We worked with others to call for a video relay service to enable Deaf people to call 999 in an emergency. We asked you to share your experience of accessing 999 in an emergency and presented it to Ofcom as evidence. In June 2021 they agreed there should be a service and 999 BSL has just launched.

Deaf survivors of domestic abuse shared their experiences of domestic abuse and how they were empowered to lead safe lives with MPs at a Home Affairs Committee. The MPs understood the importance of our domestic abuse service and the Home Office continues to fund its delivery. Quite simply, these successes would not have been possible without our community speaking up. Our stories made change happen.

More power came from us working in partnership with our community, other Deaf organisations, and partners. The BDA led an impressive campaign to deliver the BSL Act and we were incredibly proud to be a part of it. The review of the AIS in partnership with RNIB and many other organisations was an enormous team effort. NHS England awarded its first contract to a specialist service to deliver therapy in BSL. The contract removed a significant funding barrier and record numbers of Deaf people are now being referred for support. This is a momentous step forward for the Deaf community who can now access therapy in the same way as their hearing peers.

And we continue to deliver high quality, Deaf-led services, support more Deaf people to lead independent lives through our care services and empower young people, women and men to lead safe, healthy lives.

I also seem to have started a trend as our chief executive, James was awarded an OBE for his services to our community. Huge congratulations to James, this award is very well deserved indeed.

The year also saw us continue to adjust to living with Covid-19 as part of our everyday life. For those of us who work from home we've seen the boundaries between work and home life blur whilst our staff in services worked tirelessly to keep everyone safe throughout the pandemic. It has been exhausting and isolating.

This was clear in our staff survey so a big focus for us is on making sure our people stay well and feel valued. We've introduced Wellbeing days for everyone, joined the Real Living Wage foundation and are doing everything we can to make Sign Health a great place to work.

We know that to challenge structural discrimination, racism and audism it's not just about what we do, it's also about who we are. We're working hard to develop more diverse decision making. We're making good progress; welcoming two new trustees this year, Amanprit Arnold and Jaz Mann, reporting on our gender and ethnicity pay gap and supporting Deaf and underrepresented staff to progress within SignHealth. The results so far are encouraging but we know we need to do more.

Everyone is talking about the Deaf community; from Rose Ayling-Ellis winning Strictly Come Dancing to the BSL Act. We must seize the opportunity to drive real social change and demand better.

As we look to the future and the development of our new three-year plan, our purpose has never felt more important as we continue to see the growing health inequalities our community faces. There is a lot to do - and we are 'sleeves rolled up' ready to do it.

But for now, let's take a moment to celebrate our successes. I'd like to say a BIG thank you to everyone who made it happen, each and every one of you. Thank you.

**Jackie Driver, Chair**

## Trustees' Annual Report

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

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

### Objectives and Activities

#### Vision

A world where there are no barriers to good health and wellbeing for Deaf people.

#### Purpose

To improve the health and wellbeing of Deaf<sup>1</sup> people.

#### Values

Person-centred, involving, enabling, expert, respectful, and influential.

#### Our focus

SignHealth's work focuses on Deaf people who use British Sign Language (BSL): this is where our expertise lies and where we feel we are best able to help. The charity will ensure our work is fully costed and planned.

### Objectives

- **Mental health:** SignHealth will consolidate its position and look to grow its existing services to meet the needs of more Deaf people.
- **Social change:** SignHealth will campaign and lobby for change to remove the barriers and obstacles Deaf people face in relation to health issues and access to services.
- **Children and young people:** SignHealth will extend its existing work with Deaf children and young people and look at developing new services for them and with them that prevent health problems from starting or address them before they become more serious.
- **Partnership:** SignHealth will work with established experts in the field of heart disease and continue to work effectively with a diverse range of other Deaf charities.

The trustees review the objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to support. The review also helps the trustees ensure the charity's objectives and activities remained focused on its stated purpose.

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<sup>1</sup> "Deaf" with an uppercase "D" is used to indicate that SignHealth's focus will continue to be to work with Deaf people who use British Sign Language, and it signals our respect for Deaf people and Deaf culture

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's objectives and activities, and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the objectives and activities that have been set.

## **Achievements and performance**

This was an exceptional year as SignHealth spent much of the year continuing to respond to the ongoing COVID-19 pandemic alongside delivering the final year of our three-year plan.

### **Our three-year plan**

This year, 2021/22 was the third year of our Three-year plan. We have made good progress with the milestones and targets across all three of our priority areas despite the continuing disruptive effects of the Covid-19 pandemic. We continued to deliver our services, however, the focus remained on ensuring that our colleagues' wellbeing and sense of connectedness was not affected. We also worked hard to minimise the number of infections amongst our staff as well as the people we work with in our services. Due to the ongoing effects of the pandemic, some of the milestones or timings related to the third year were delayed. Our key achievements and successes in 2021/22 are highlighted below.

### **Growing our services**

#### **Social care**

SignHealth residential services offer registered care for 30 Deaf people with enduring mental health concerns and complex needs in five locations around the country. We also have supported housing provision in London, which provides daily support for five Deaf people. Staff receive ongoing training and support, and continuous risk assessments are undertaken to support the people who live in our services. All our flats were full at the end of 2021/22, with two vacancies being held between May and August during the year, which was in line with our target of having no more than one vacancy, overall, in a year.

Residents in SignHealth care homes are supported by highly trained staff who are Deaf themselves or hearing colleagues who are fluent BSL users. Our staff liaise closely with community mental health professionals. We have a person-centred approach to our work - all residents are encouraged to achieve their individual potential and the support we offer is tailored to the requirements of every person.

During the year we continued to work with Leeds CCG and NHSE to develop a new residential service in Leeds. Brudenell Road will provide supported living for four Deaf people who have previously lived in secure mental health hospitals. Three tenants have been identified, the service has received its CQC registration, and the service will now open in 2022/23. The delay is mainly due to the ongoing impact of the COVID-19 pandemic resulting in staff shortages and protracted negotiations with professionals.

We continue to use our Quality Assurance Framework for our care homes and outreach services and incorporate improvements into specific action plans which are monitored on an ongoing basis. We

also continued to renegotiate our fees with local authorities to ensure that we are being properly paid for the services we provide.

Our Outreach schemes in London, Manchester and Birmingham support Deaf people in the community with their day-to-day activities. Outreach workers enable Deaf people to lead independent lives by giving support with tasks at home and elsewhere. We develop a personalised plan with each client, after carefully looking at their needs. We delivered an average of over 1,000 hours per month in 2021/22 (12,659 hours in total compared to 11,511 in 2020/21). The Outreach teams also work with our residential services when a resident is ready to move into community accommodation so that each person is well supported throughout their move.

Our Advocacy service works with Deaf people in health and social care settings to make sure they are treated fairly and can access healthcare services. Advocates work to help people understand complicated situations, explain their rights and make sure their views and opinions are properly heard. The team delivered advocacy sessions to 108 people in 2021/22.

## **Therapies**

SignHealth's therapy service is for Deaf people who are feeling stressed, low in mood, depressed, anxious or worried. Deaf people are referred to a BSL-fluent therapist, often Deaf themselves, who will listen and provide advice and support. Sessions take place face-to-face, either in person or online, and everything is confidential. Deaf clients can have a one-on-one conversation in their own language and culture, without the need for an interpreter. This therapy is highly effective and delivers excellent outcomes through treatment.

The team received 813 referrals across the year (up from 471 in 2020/21) and carried out 5,067 sessions (compared to 4,159 in 2020/21), ensuring that Deaf people received therapy directly in BSL. We have also continued to increase the take up of online therapy throughout 2021/22 with 97.9% of our sessions being online. We continued to develop new modules of CBT courses on Sleep, Wellbeing and Trauma working with creative professionals to enhance the accessibility of our course content that will be delivered online.

A key achievement for us in 2020/21 was winning the NHS England Improving Access to Psychological Therapies (IAPT) contract. This is the first time NHS England has awarded a national contract to a Deaf specialist service and it is a ground-breaking step forward for the Deaf community. The contract started in November 2021 and removes a significant barrier for Deaf people to access therapy. Previously, Deaf people relied on funding being approved by Clinical Commissioning Groups (CCGs) to access IAPT compliant therapy on an individual basis. This regional approach was a complicated and costly process. It often resulted in a postcode lottery, with some CCGs not approving therapy in BSL for their Deaf patients whilst others had long waiting periods before funding would be approved, delaying the start of therapy sessions considerably.

Research suggests that the best treatment for people suffering from mental health conditions such as depression and anxiety is 'talking therapy', which was recently highlighted in proposed updates to NICE guidelines suggesting therapy, rather than antidepressant medications, should be prescribed to patients first. However, therapy relies on 1-1 communication and for Deaf people this is problematic. The moment a sign language interpreter is involved, the conversation becomes less intimate and has been shown to be less effective for the patient. SignHealth's therapists are either Deaf or hearing and fluent in BSL, and some can also support deaf people who do not sign. This NHS contract means



Deaf people can access IAPT talking therapy directly, in their own language, the same way as their hearing peers.

In the first five months of the NHS contract, we achieved all our targets with a recovery rate of 58.3% (against a target of 50%) and a reliable improvement rate of 78% (against a target of 65%).

Despite the focus being on IAPT nationally, we continue to help clients requiring non IAPT interventions such as counselling and clinical psychology. In the first 5 months of the IAPT contract (November 2021 – March 2022) we carried out 1,049 non-IAPT sessions.

### **Domestic abuse**

SignHealth's Domestic Abuse service is the UK's only BSL-based service to help Deaf women, children and people of all genders who experience domestic abuse. Deaf people are more at risk of domestic abuse than hearing people.

We provide practical and emotional support to Deaf people who are experiencing domestic abuse, and to those who have survived it. The team help people to make choices and to stay safe. One of the effects of the Covid-19 pandemic was an increased number of domestic abuse cases. As a result, this year we have seen a continuation of the demand for our domestic violence support and healthy relationship courses, with the service receiving 138 new referrals in 2021/22. The team also continued to ensure that information on staying safe and awareness of domestic abuse was offered to people across all the areas we work in.

Across the year we provided educational workshops about domestic abuse and various topics to 205 students and provided 1-1 support to 9 young Deaf people, as well as providing IDVA (Independent Domestic Violence Advisor) support to 150 Deaf people living in England. Seven Deaf families also received support from our Children and Family Worker. We delivered "Domestic Abuse in the Deaf Community" to 252 professionals and delivered information awareness sessions about what is a healthy relationship to 122 Deaf people.

We worked in partnership with Refuge, who run the National Domestic Abuse Helpline 24/7, to set up a BSL Helpline. This was launched in May 2021 and allows Deaf people to contact the helpline via an online BSL interpreter on Monday – Friday, between the hours of 10am – 6pm. Whilst still limited this is a big breakthrough for the Deaf community and allows them to contact a helpline in their first language, BSL.

Twelve survivors accessed our Freedom Programme course, and we are proud of four survivors who shared their experiences and challenges of accessing the systems to the Home Affairs Committee at the Houses of Parliament. We have also been working with Manchester Metropolitan University to work on a research paper about Deaf survivors' experiences.

The COVID-19 pandemic caused us to move nearly all our support online in 2020/21. This continued in 2021/22 and has proved to be successful, though there have been increased challenges in working with other professionals in this way, including the Courts, Police and housing agencies. We continue to gain valuable learning about providing online support, which had not been attempted on a large scale before.

We are continuing to work with the Ministry of Justice and the Home Office, with support from the Domestic Abuse Commissioner, to ensure that domestic abuse services are accessible to Deaf people across the country. We have not yet succeeded in gaining funding for a national service, but we will continue to lobby for change.

### **SHOUTcrisis text service**

We continue to work in partnership with SHOUT to deliver a crisis text line service to Deaf people who need support in a mental health crisis. By texting the word DEAF to 85258 a Deaf person can be connected with a trained volunteer 24 hours a day who can support them to access emergency services or connect with someone nearby to get the help they need. During this third year of the service being operational we have continued to see the conversations growing every quarter. We are really proud of our partnership with SHOUT and continue to look for ways to promote this service more widely over the year ahead.

### **New services**

We continue to work with partners NDCS, Kooth, Sense, Heathlands School and NHS Deaf CAMHS to improve the mental health and wellbeing offer for Deaf children and young people. We are continuing to engage with NHS England on this gap in provision and are hopeful to influence transformation plans in the year ahead.

We received funding for another year to support Heathlands School in-school counselling facilitated by a Deaf qualified Play Therapist. This has seen huge success with improvement rates evidenced among students who attend therapy. We hope to expand this further to other schools in the future.

We will continue to focus on improving mental health provision for Deaf young people. We will soon complete a mapping exercise with schools and education professionals to understand the current provision. The findings will inform our next steps and feed into the development of our new Three-Year Plan for 2023/26.

### **Developing our profile**

A key achievement in 2021/22 was our review of the NHS Accessible Information Standard, five years on from the standard first being published. Our report highlighted urgent priorities for change, informed by patients' lived experience and NHS professionals. This was a major undertaking by a coalition of charities from across the sector including RNIB, Sense, RNID, HealthWatch to survey disabled people and learn more about their experiences of accessing the NHS. Our survey also included input from NHS professionals who shared valuable insights into the lack of training and guidance around how to provide access to communication support and accessible information. More details on this important piece of work can be found at

<https://signhealth.org.uk/resources/research/review-of-the-nhs-accessible-information-standard/>.

Deaf Awareness Week 2021 saw record levels of engagement on social media as we highlighted Deaf organisations making a difference in the community. This included themes of opposing discrimination, encouraging healthy habits, fighting for access, and supporting with employment.

We celebrated the announcement of the new national IAPT contract mentioned earlier in the report by working with Deaf social media influencers to highlight that anyone can experience mental health challenges and that SignHealth is here to support you, wherever you live. With the barrier to funding removed, NHS therapy for depression and anxiety is now available anywhere in England in BSL from SignHealth.

In early 2022 we were a proud member of the coalition of nine organisations that delivered the BSL Act Now! campaign, supporting the rallies, and engaging in the detail of the parliamentary process and in engaging the Deaf community. We are incredibly proud to have been part of the process which has now led to the creation of a new BSL Act.

We entered into the second year of our three-year Charity of the Year partnership with SignVideo, a communication organisation focussed on giving video relay services access to the d/Deaf community. The partnership continues to raise unrestricted income for SignHealth and raise the profile of both SignHealth and SignVideo within the Deaf community. SignVideo are also encouraging staff to sign up to the 'payroll giving scheme', where staff can make a monthly donation through their wages.

We celebrated the news of our chair, Jackie Driver, being awarded an OBE in 2021 in recognition of her work for Deaf people, equality, diversity and inclusion, as well as our Chief Executive, James Watson O'Neill, being awarded an OBE for services to Deaf people in the 2022 New Year's Honours list.

We also undertook a range of activities across the year including:

- 16 Days of Activism in November/December 2021 - our team partnered with the White Ribbon Campaign and Deaf dancer Chris Fonseca to share the all men can message - <https://signhealth.org.uk/campaign/16-days-of-activism-check-out-signhealths-2021-programme/>. Our Domestic Abuse Team also promoted a number of events during the week including a YPVA Instagram takeover.
- In June 2021 we highlighted the Ofcom announcement that a 999 BSL service would be set up within the next year, with exciting plans in the pipeline for the launch of the service in June 2022.
- In May 2021 we worked with Refuge to announce that the national domestic abuse helpline would now be available through sign language interpreters.

As part of the ongoing COVID-19 pandemic we continued to translate and summarise Coronavirus briefings in BSL as well as share important NHS health information in BSL about the vaccine and government guidance for the general population. We continued to see sustained increases in our KPIs across communications. On Facebook we have reached over half a million people in 2021/22 with over 1,200 new followers on Twitter with over 1.2 million impressions.

We raised awareness about Deaf people's access to health and the impacts of Covid-19 through interviews on ITV News and BBC News, and our activities continue to feature in the well-read deaf blog Limping Chicken. At Christmas we partnered again with the well-respected brand Deaf Identity who donated a percentage of their profits to SignHealth.

### **Strengthening our organisation**

The focus of our anti-racist ambition as a health charity our is to remove race inequalities and barriers that affect the health and wellbeing of Deaf communities of colour. We are particularly interested in solving the challenges of the intersection of racism and audism.

We continued our work on our Equity, Diversity and Inclusion (EDI) ambitions and our journey towards being an anti-racist organisation. We set up an EDI steering group with representation from staff across the organisation and developed an action plan to guide our next steps in this area. The EDI steering group members attended a dedicated Board meeting in November 2021 to discuss progress on EDI directly with the trustees and agree next steps. We have invested in anti-racism training for both the Executive Leadership Team and our Board of Trustees and are now developing bespoke training for the wider leadership team and staff during the next financial year.

We are committed to publishing our gender, ethnicity and disability pay gap statistics. There are details of our gender and ethnicity pay gap statistics in this report and on our website. More work is needed on our disability pay gap report, which we will share from next year.

Following a decision by the Board of Trustees in March 2021 we joined the Real Living Wage Foundation in 2021/22. As part of this work, we reviewed all salaries across the organisation, raising all rates to the Living Wage levels with the rates backdated to 1 April 2021.

We implemented a new CRM (Customer Relationship Management) system in our Domestic Abuse service called OASIS and are continuing to with the work on our Social Care services beginning to use Person Centred Software. Handheld devices have been piloted in our Claridge Road service, with feedback showing that further work is necessary to develop to a better solution. Work on this, together with associated training will continue into 2022/23.

We continued to increase staff usage and familiarity with Office 365, following the successful migration of all shared documents in 2020/21. We continue to make use of Workplace as an internal communication channel which has been instrumental in keeping our staff connected, particularly as it enables us to share BSL video content quickly and easily with one another.

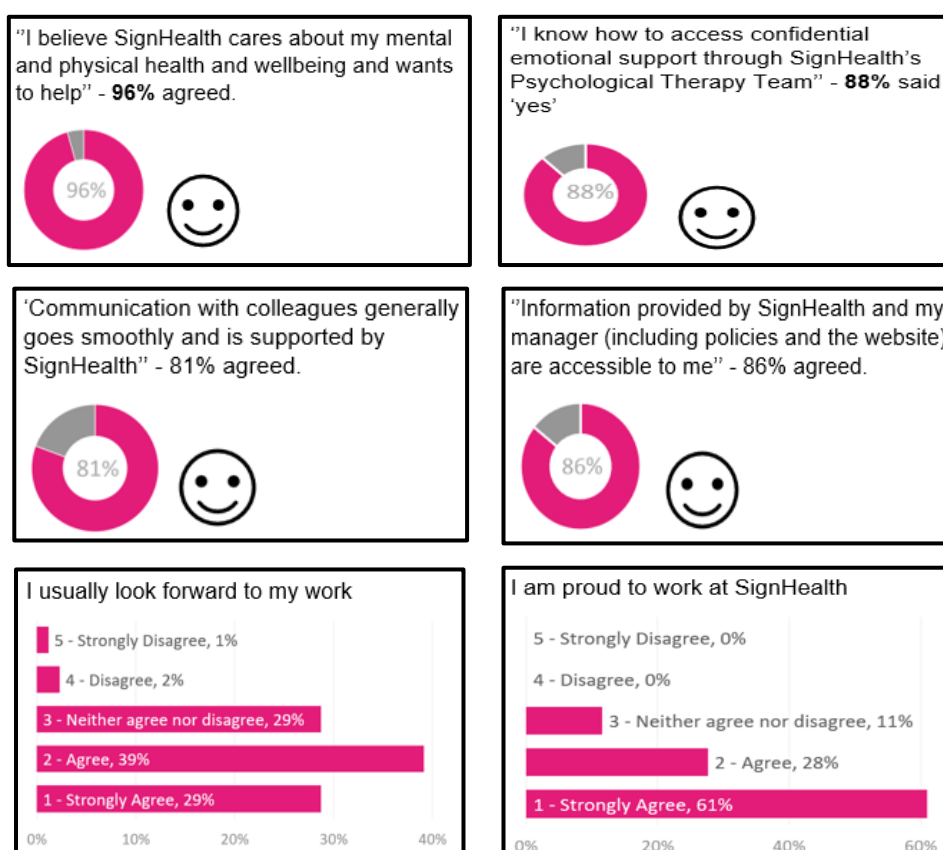
Following the closure of our Head Office at Falcon Mews in March 2021 we have invested in new IT hardware and software to enable all staff who were previously office based to work efficiently from home, as well as carrying out regular workstation assessments and providing other equipment such as desks and chairs where necessary. This is all part of the wider implementation of cyclical upgrading and renewal of all software, hardware and office equipment across the whole of SignHealth. As last year, the renewal budget is now included in ongoing costs.

In the later part of 2021/22, we started the process to review our organisational values, with sessions being held with the trustees, ELT and the wider leadership team. This work is now being rolled out to all staff across the organisation. Once agreed the revised values will be used to develop

a new behavioural framework, as well as feeding in the development of the new Three-Year Plan for 2023/26.

We continued to invest in our staff with a particular focus on staff wellbeing in the context of the ongoing COVID-19 pandemic and the closure of our Falcon Mews office which have both led to more remote working. We have established a staff social committee in order to establish and help deliver a wellbeing programme for the transition period following the closure of Falcon Mews and beyond. We have also allocated some of the money saved by closing Falcon Mews to a budget that can be used by teams to hire meeting space to allow face to face team meetings and collaborative working, as well as putting on wellbeing activities for all staff such as Deaf yoga.

We are constantly working to make SignHealth the best workplace for all our staff. In order to understand what more can be done to ensure everyone is having the best experience, we ran a Staff Survey in November 2021. This covered five areas including wellbeing, communication and information and satisfaction. The results we received were very encouraging with some key findings including;



Although the results of the survey were overwhelmingly positive, they did highlight some key themes which we are now focussing on, and we have developed specific actions to bring about the necessary change.

In 2021/22 we reviewed the current staff structures in the Finance, HR and Communications teams to ensure that they remain fit for purpose. This has led to amendments to the current structure with

the introduction of new roles to ensure that we have capacity and resilience in these important 'back office' functions

We have also continued work to increase our fees across social care, which provides a clear and confirmed pricing policy, with new fee agreements in place for 28 out of 30 residents in place and regular fee reviews scheduled. This has resulted in an increase in income in this area, with all but two placements having been renegotiated by the end of 2021/22.

Although it will be implemented later in 2022, we have also developed plans for a new SignHealth People and Pay Committee. This is a formally constituted committee of the Board which will consider and make recommendations to the Board on all aspects of People Management and Staff pay, as well as making recommendations to ensure that the Board itself maintains an appropriate structure, size and balance of skills to support the strategic objectives of SignHealth. The committee will be made up of trustees and independent members with a background in HR, employment law and finance and will be co-chaired by a trustee and an independent member.

### **SignHealth's gender and ethnicity pay gap report**

SignHealth is on a journey to become a diverse, inclusive and equitable employer. We know that transparency on pay data and a commitment to closing the gaps is essential to help us achieve this. We're sharing details of our pay gaps for the first time this year. We will share information on the Deaf and disability pay gap from March 2023.

Snapshot data was taken in March 2022 based on 130 staff for the report below.

We used the methodology outlined in [government guidelines](#) to calculate SignHealth's gender and ethnicity pay gap.

The mean is calculated by adding up all of the wages of employees in a company and dividing that figure by the number of employees. This means the final figure can be skewed by a small number of highly paid individuals.

The median is the number that falls in the middle of a range when everyone's wages are lined up from smallest to largest and is more representative when there is a lot of variation in pay.

### **Gender pay gap data**

When looking at mean pay in SignHealth men earn 9% more on average than women. When you look at the median pay in SignHealth women earn 13% more than men.

There is a difference between our mean and median pay gap as the data is skewed by the presence of more women in the higher salary bands. SignHealth has a predominantly female workforce so small changes in our staff profile can have a significant impact.

### **Ethnicity pay gap data**

SignHealth's mean ethnicity pay shows that white British staff earn 10.9% more than other minoritised groups. Our median ethnicity pay gap is 28.2% in favour of white British staff.

Based on the data we have, 22% of SignHealth's people are Black, Asian or from a minoritised ethnic background. People of colour make up 50% of our executive leadership team, which significantly reduces our mean ethnicity pay gap to 10.9%.

### **How do we plan to close the gaps?**

As part of our work to improve equity, diversity and inclusion (EDI) at SignHealth in the next year we will:

- Publish an EDI action plan with key objectives to improve representation of minoritised people at all levels across the organisation, increase the number of men in the top three quartiles and reduce our ethnicity and gender pay gaps
- Offer anti-racism training in BSL and English to our people
- Review our recruitment process to reduce bias and attract a broad spectrum of candidates who are interviewed by diverse panels

We want to create a workplace where everyone belongs. We are just at the start of our journey and know we have a lot to do. We are committed to acting with integrity, being transparent and accountable in all our work.

You can find more information on the gender and ethnicity pay gaps on our website

[www.signhealth.org.uk/paygap](http://www.signhealth.org.uk/paygap)

### **Beneficiaries of our services**

We follow and refer to the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees continue to consider how SignHealth's activities will contribute to the aims and objectives we set out to achieve.

SignHealth carries out a wide range of activities to deliver our charitable aims. The trustees believe these activities provide direct benefit to the Deaf people who use our services, to Deaf people in the wider community, and to the health professionals who provide healthcare to Deaf people and their families.

The trustees have concluded that there is no detriment or harm arising from its aims and objectives.

We would like to extend our sincere appreciation to everyone who has supported SignHealth during the year. The kind and generous contributions have significantly helped to improve the health and wellbeing of Deaf people and we are grateful to have your support.

We would especially like to thank all the organisations who have supported us, including the following:

Home Office

NHS England

London Councils

Kent Police County Council

City Bridge Trust

DD McPhail Foundation

City of London – London Relief Community Fund

Solace Women's Aid

Surrey Community Fund

The Pilgrim Trust

Ovingdean Hall Foundation

Sutton Coldfield Municipal Charities

Friends at Work

The Charles Hayward Foundation

We would also like to say a huge thank you to all who supported SignHealth by taking part in our fundraising events. You raised over £14,000 for our work with Deaf adults and children. We would also like to say thank you to SignVideo, a communication organisation focussed on giving video relay services access to the d/Deaf community, for our ongoing Charity of the Year partnership and to all the Deaf social media influencers we have worked with over the past year.

As in previous years, much of the support we have received over the year has been towards our award-winning Domestic Abuse Service, run by Deaf people for Deaf people affected by domestic abuse. Our service helps to improve awareness, resilience and independence and consistently achieves great results; 100% of survivors declared they were more aware of their rights, had better access to services, were better able to make safe choices, and felt more confident. The service relies entirely upon voluntary contributions and grants to operate and the Trustees extend their thanks and appreciation to these donors for the support they have given throughout the year. The service particularly benefited in the year from a grant of £148,444 from the London Councils Grant Committee to support our work in London and £154,822 from the Home Office.

As always, we are grateful to each and every one of you, our work was made possible through and with your generous help.

## **Financial Review**

SignHealth made an overall surplus of £519,640 (2021: £210,391 deficit) in the year to 31 March 2022, against a budgeted break-even budget (2020: £13,391 surplus).

The ongoing Covid-19 pandemic has continued to put a spotlight on the instability of the charity sector with many charities witnessing a decrease in cash and income, and an increase in expenditure. A January 2021 article published by DEMOS and NPC reported that only a third of the charities had six months or more in reserves going into 2021. SignHealth continues to be one of these charities. SignHealth's income and expenditure profile changed in comparison with the prior



year. Income increased by £92,232, in comparison with the year ended 31 March 2021. Expenditure fell by £764,753. These differences were mainly due to the expenditure on the BSL Health Access initiative in 2021/21 to which £1,206,927 of cost was attributed, as well as £420,000 of income.

SignHealth has set a deficit budget for 2022-23. Following a period of stabilisation and consolidation we are now entering a time when we are looking to invest in and grow the organisation. This includes the introduction of a high-level budget for a new campaign and investment in newly restructured Communications, People and Finance teams to introduce new roles to make a significant difference to our capability to deliver on our ambitious plans for the future. We are also investing in increased staff training including the recruitment of a trainer and investing in our online Learning Management System by developing new course content, accessible in BSL, on a variety of topics. We have also budgeted an increased amount for staff welfare costs, continuing to address the ongoing challenges presented by the impact of the COVID-19 pandemic, the increased number of home-based staff we have and the closure of our Falcon Mews office.

In April 2020, following the Board of Trustees approval of the new investment policy for the charity and appointed investment managers; the charity invested £1,462,690 over four months with Rathbones as the charity's investment managers. In 2021/22 the charity reported £77,477 net gains and £31,357 income.

## Principal risks and uncertainties

SignHealth's approach to Risk Management centres on identifying, measuring, monitoring and controlling the key risks relating to all its services and operations. Our approach has always been strongly informed by guidance provided by the Charity Commission, including its overarching definition of Risk:

*"the uncertainty surrounding events and their outcomes that may have a significant impact, either enhancing or inhibiting any area of a charity's operations".*

Overall Risk Profiles are calculated using the Commission's "xy+y" formula (x = likelihood and y = impact) giving additional weighting to the impact of risks being realised.

Overall responsibility and accountability for risk lies with the Board of Trustees. Since April 2018 this has been supported by a formally constituted sub-committee of the Board of Trustees, the Audit and Risk Committee.

The Audit and Risk Committee is responsible for ensuring a robust assurance framework is in place, along with appropriate and functioning processes and systems and processes to support it. The Committee Chair reports to the Board of Trustees on a regular basis through verbal reports at each Board Meeting and an Annual Report in the third quarter of each financial year. It should be noted that the Audit and Risk Committee does not have delegated responsibility to review the financial performance of the organisation.

Responsibility for identifying risk lies with the Executive Leadership Team (ELT), who consider existing risks and identify new ones. The ELT formally updates the organisational Risk Register and its associated Action log quarterly, in advance of Audit and Risk Committee and Board of Trustee Meetings.

Members of the Executive Leadership Team take specific responsibility for risk within each area of risk that has been identified. They play an important role in identifying and understanding risks that arise and are responsible for ensuring that appropriate controls are in place to ensure these risks are being managed and mitigated.

The Audit and Risk Committee held four meetings during the year to review our risk management framework, agreeing that our current process continues to be sound and fit for purpose. As part of this work the committee also developed and implemented a new approach to both Risk Appetite/Tolerance and Risk Assurance Mapping during 2021/22. All of our current risk areas now have an assessment of risk appetite and tolerance, which have been reviewed and accepted by the Board. Each of our risk areas now also has a dedicated risk assurance map in place which sets out the controls for the risk area, linked to an action plan which addresses any gaps and areas for improvement. This action plan is linked to an annual Organisational Resilience Review (based on the Charity Governance Code) undertaken by the Audit and Risk Committee every autumn.

Our current risk register incorporating the risks associated with our Three-Year Plan was developed in 2019/20 and approved by the Board of Trustees in March 2020. As mentioned earlier this is updated on a quarterly basis by ELT, prior to going to the Audit and Risk Committee and Board meetings. It focuses on the following Risk Areas:

- Safeguarding
- Quality/Regulatory Breach
- Staff
- Financial Management
- Business Continuity
- The Deaf Community
- Policy

Of these risk areas, we have identified our top three risks (based on risk profile scores), which remain the same as in the last financial year:

### **Safeguarding**

This risk covers both potential poor practice leading to a safeguarding incident which could result in the death of a client or significant harm to a client, reputational loss or financial loss to the organisation and/or individual clients and also an increased risk if we grow our services to include providing more services to children and/or young people. We actively manage this risk in a variety of ways including having a comprehensive Safeguarding policy and procedure which is reviewed and approved by the Board each year. We have a separate Child Protection policy and procedure which is similarly reviewed and approved every year. We maintain an incident log which is regularly reviewed by the Executive Leadership Team, with all significant issues reported directly to the CEO and on to the Chair of the Board of Trustees. We undertake training for staff, including in relation to the handling/management of clients' finances and undertake a full investigation of all incidents, with learning from every incident being captured and disseminated. Learning from any investigations relating to alleged safeguarding incidents continue to be incorporated in to updated policies, procedures and practice, particularly in terms of the safety of clients and staff when interacting with third parties. We also undertake Quality Assurance Audits. In 2021/22 we also worked with the Ann Craft Trust to deliver refresher Safeguarding training to all trustees and shadow trustees

## **Staff**

As a Deaf-led organisation, it is vital that SignHealth recruits a large proportion of staff that have lived experience of being Deaf People. We are therefore recruiting from a small pool of potential candidates. Our best candidates will also have different prior experiences and skills to those in a non Deaf-led organisation. This can also lead to risks around Hearing and Deaf staff not understanding each other, leading to poor teamwork, low staff morale and increased incidents. Deaf staff may also not understand and follow organisational policies and procedures that are delivered via 'hearing' methods, leading to lack of career progression and increased incidents. We may not be able to find enough appropriately trained and experienced Deaf staff to meet our needs, in the right locations or at all, leading to understaffing and loss of quality. This risk is managed in a number of ways. We ensure that all policies, procedures and training are as clear and accessible as possible to everyone, regardless of background or experience. We have also invested time in assessing the accessibility of our training and policies for our diverse workforce, including the development of a number of BSL videos for our policies and procedures. In 2021/22 we recruited a Learning and Development Trainer who is Deaf, and we have plans to recruit a BSL Communications Officer and a new Policy and Performance Manager in 2022/23, who will be responsible for redrafting all of our key policies in BSL and cascading these across the organisation.

This risk area has also led SignHealth to adopt a different approach to learning and development than peer organisations. We have also used different methods and approaches to communication and training, that are shown to be more effective for a diverse staff group and particularly for Deaf staff. We have also started to investigate the impact of 'language deprivation' on the lived experience of Deaf staff. We are continually reviewing and improving the staff 'offer', particularly for Deaf staff, so that people value working at SignHealth because of its culture, its terms and conditions, and the opportunities for personal and professional development it provides.

## **Financial Management**

For SignHealth, although the risk is low, the impact can be high if we do not mitigate this risk around financial management and understanding which can lead to diminished quality of service, inefficiencies, fraud, unnecessary reduction in cash reduction and/or free reserves and/or under investment in future development, investment and sustainability. There is a small risk to our reputation with funders, as they will have less faith in our future bids/tenders if we have needed to give grant money back in the past due to poor management.

We have a performance management framework that aligns financial and non-financial data, which produces regular understandable and accurate reports for Managers and Trustees. We also have new procedures documented and ensuring all relevant people are aware of their responsibilities and ensuring a properly structured and competent Finance Team, together with a clear segregation of duties. During the year, we reviewed the role of the finance team and are now implementing a new structure which will give us more capacity and resilience moving forward.

## **Reserves policy**

The charity's reserves policy articulates the links between the policy and the charity's key risks and strategic objectives.

In doing so, SignHealth differentiates between short, medium and long-term risks as follows:

1. **Short term:** meeting working capital requirements and mitigating unbudgeted, in-year financial risks. In SignHealth's case, examples might be to manage the cash flow implications of seasonal variations in activity, managing the impact of an empty flat in a residential property, or paying for interim cover for key personnel.

Reserves held to mitigate these short-term risks must be held as cash or short-term deposits to allow immediate access as needed.

2. **Medium term:** mitigating the financial impact of changes foreseen over the next 1-3 year planning cycle, allowing sufficient time for the charity to develop to meet these challenges whilst minimising the impact of any required changes. Examples would include managing the foreseeable impact of changes in public sector funding or benefits policy.

Reserves held to mitigate these medium-term risks can be held as long-term cash deposits, or in investment funds, as their drawdown can be planned over a longer period of time.

3. **Long term:** ensuring the charity can invest in planned renewal of infrastructure and intellectual property, so that its assets do not become outdated over time. This would include investment in property, IT and digital assets, and in professional development of staff.

Reserves held to mitigate these long-term risks would be designated by the board of trustees, against an agreed investment plan. Trustees will expect the charity to build these reserves back up over time, in order to support ongoing investment.

4. **Supporting innovation:** having funds available to identify and act on opportunities to branch out into new activities that will achieve its charitable objectives, whilst minimising risk and impact on the charity's existing activities. This would include research and development of new services and policy areas.

Reserves held to support innovation will be designated by the Board of Trustees against a clear investment plan. These funds would be held to support explicitly high-risk activity, and as such there is less requirement of a financial return.

The Board of Trustees will review the level of reserves set against each risk category, regularly as part of the annual budgeting cycle, and immediately in the event of a significant change in the charity's activities, size or risk profile.

Based on SignHealth's current size and scope of activities, the Trustees consider that one month's operating expenditure is sufficient to cover short-term risks (2022-23: £568,520), and a further five months' operating expenditure is sufficient to mitigate medium term risks (2022-23: £2,842,600). SignHealth therefore aims to hold a minimum of six months' operating expenditure (2022-23: £3,411,140).

At 31 March 2022, SignHealth's total unrestricted funds were £3,250,499 which equates to seven months' operating expenditure. SignHealth's general funds, excluding designated funds, were £3,133,511. We therefore are holding £551,351 more than our 6 months' operating expenditure. In

the year 2022/23, we will invest in our new campaign work, the development of our new Three Year Plan and in our 'back office' functions to enable us to grow the organisation in a sustainable way to increase capacity and resilience.

### **Investments**

Our investment managers Rathbones have not invested during the financial year to 31 March 2022. The income received during the year (£31,357) based on the initial investment from FY2021-21.

The equity holdings are held as share unit holdings. The trustees have adopted the ethical policy of the Rathbone Core Investment Fund for Charities (into which the Charity will invest) which is:

- no direct investments in companies manufacturing tobacco or tobacco products, or companies that derive more than 10% of their revenues from the manufacture of alcoholic beverages, armaments, gambling, high interest rate lending or pornography.

There is no difference between fair value and market value as the investments are either fixed interest, equities or cash deposits. Market valuation shows the fair value for these assets.

### **Going Concern**

The Trustees have approved a deficit budget for 2022 -23 (for the reasons outlined in our financial review on page 15) and have reviewed the projected cash flow to December 2023. Our reserves cover just over seven months' worth of expenditure. We also have budgeted £1,128,258 of fundraised income for FY2023, of which 59% is secured. Overall, our secured earned income constitutes 82% of our total income.

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. They are confident that, with appropriate budgetary controls and even in the current difficult economic climate, SignHealth will continue in operation and that it is appropriate to prepare these financial statements on a going concern basis.

### **Plans for the future**

As mentioned in the achievements and performance section, 2021/22 was the third and final year of our Three-Year Plan, which was primarily focussed on the delivery of proposals and launching of new services, partnerships or areas of work.

Ordinarily this would mean that we would have developed a new Three Year Plan in the last year and started to deliver this in 2022/23. However, as reported in our last Trustees Report, following discussions in 2021/22 the Board agreed that they want to be more ambitious than just developing a new Three Year Plan and recognise that, without working with others, we are unlikely to achieve our charitable purpose. In the last year we have therefore started developing a new high-level campaign with a number of other organisations, based on the Marmot Wider Determinants of Health, with this work also feeding into the development of our new Three Year Plan. Due to the complexity of this the timescales for development of this campaign have now been extended, with the Board now due to agree a new High-Level Campaign later in 2022, with a new Three Year Plan for SignHealth (covering the period 2023/2026) being approved in March 2023.

This has meant extending the existing Three Year Plan for an additional, fourth year into 2022/23. This has not presented a problem as there are still things to do on a number of the new services that have started in Year Three (2021/22), such as Brudenell Road and the new national IAPT contract. Stretching milestones have been developed across all of our existing objectives including further work on making SignHealth a BSL Proud and user-led organisation.

Therefore in 2022/23 our work will continue to focus on the three key objectives in our existing Three-Year Plan (copied below) in order to make progress towards achieving our purpose of improving Deaf people's health and wellbeing. In addition, we have added two other, very specific objectives for 2022/23 with one covering the development of our new high-level campaign and the other planning for the future (which includes milestones around developing a new Three Year Plan and reviewing Board effectiveness, as well as growing our policy work and shadow trustee scheme).

**Growth – we will grow SignHealth's services to reach more Deaf people**

- There will be more care home places in SignHealth services, supporting more Deaf people to get support in BSL for their mental health
- More Deaf people, including young people, will have access to psychological therapy in BSL
- Deaf people across the UK will be able to access domestic abuse services in BSL

**Profile – we will increase SignHealth's profile with key audiences**

- We will have developed our profile with three key groups: Sources of income and referrals; People with power or influence; and Deaf people.
- The views of Deaf people who have used health services, including our own, will drive the future of SignHealth.
- More research into Deaf people's health will be underway, and its results used to inform SignHealth's future.

**Strength – we will continue to strengthen our organisation**

- SignHealth will be a BSL Proud organisation.
- Staff will be employed within a clear salary structure.
- SignHealth staff will be supported to become even better leaders.
- IT and buildings at SignHealth will be regularly invested in and updated.

**Structure, governance and management**

The organisation is a private company limited by guarantee, incorporated on 14 May 1991 and registered as a charity on 13 May 1992.

**Charitable objects**

The relief of Deaf and hearing-impaired persons in particular by, but without limitation, the provision of residential services and of other such services, activities and facilities as the charity shall from time to time deem fit.

## **Governance**

SignHealth is a company limited by guarantee, with registration number 02610559, and a registered charity with number 1011056. The company was established under a Memorandum of Association, which created the objects and powers of the charitable company and is governed by its Articles of Association. All Trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 8 to the accounts.

The Memorandum and Articles of Association were reviewed and updated in November 2017.

At the time of writing our Board now consists of nine Trustees, one below the maximum permitted by SignHealth's Memorandum and Articles of Association (10). In line with SignHealth's ambitions to be a Deaf-led organisation, the current Board of Trustees is made up of six Deaf and three hearing Trustees.

None of the Directors has any beneficial interest in the Company. All Directors agree to contribute £1 in the event of a winding up. Related party transactions are detailed in note 9 of the accounts.

The charity is governed by the Board of Trustees who meet with management regularly. Day to day management is delegated to the Chief Executive and the Executive Leadership Team. The Board of Trustees meet regularly and receive reports from the Chief Executive and Executive Leadership Team. The Chair, as representative of the Board, maintains regular contact with the Chief Executive. The Executive Leadership Team are invited to Board Meetings to provide reports on their areas of work. The Trustees provide advice and support to the Executive Leadership Team and other areas of the charity where their expertise is appropriate.

## **Leadership and management**

In 2021/22, 50% of the SignHealth Executive Leadership Team (ELT) were Deaf.

We continued to further invest in Management and Leadership training with managers across SignHealth and this will continue across the new Three-Year Plan.

The Chief Executive continues to meet with all staff teams regularly throughout the year and has regular bi-monthly Leadership Team meetings with all senior managers across SignHealth.

We continue to take part in a cross-charity mentoring scheme, run in partnership with Sense, RNID, NDCS, Scope, Diabetes UK, Thomas Pocklington Trust and RNIB.

As part of our new annual Organisational Resilience Review, we have reviewed the newly updated Charity Governance Code. This self-assessment highlighted broad compliance and good practice against the principles whilst also identifying some areas where further work is necessary. Actions under these areas will be monitored throughout the year, with progress made against them reported as part of the next Organisational Resilience Review in Autumn 2022.

### **Fundraising Regulations**

During the year, SignHealth engaged in public fundraising, but did not use professional fundraisers or commercial participators. The charity continued to observe and comply with the relevant fundraising regulations and codes and is a member of the Fundraising Regulator. The charity received no complaints (2021: no complaints) relating to its fundraising practice.

### **Appointment of Trustees**

Vetting and checks of new Trustees was carried out in line with Charity Commission guidance and all new Trustees had induction meetings with the Chief Executive and each of the Directors on the Executive Leadership Team.

SignHealth launched a Shadow Trustee Scheme in early 2020, with the intention that the scheme members would then be able to make an informed decision to apply to become Trustees, either at SignHealth or at other organisations. As reported last year, unfortunately the 2020 scheme was a victim of COVID-19 and was not able to continue in the way that we originally envisaged. The scheme has now been refreshed and relaunched for the calendar year of 2022, with five participants. The scheme includes the opportunity to attend all Board and subcommittee meetings, have regular conversations with a Trustee mentor, receive training and attend other events with their peers. It is hoped that the scheme will run every year, building on the learning received from this first cohort.

### **Related parties and relationships with other organisations**

Both Trustees and key management personnel complete annual declarations of interest. Trustees declare any conflicts of interest at the beginning of each meeting and discuss how the conflict should be managed with regards to agenda items.

Details of related party transactions can be found in note 9 of the financial statements.

### **Remuneration policy for key management personnel**

The Chief Executive's salary is determined by the Board of Trustees, and their review will take account of the past year's achievements, environmental and market conditions, and of sector comparisons.

The pay of senior staff is reviewed annually and can be increased in accordance with average earnings and the level of responsibility required. In view of the charitable nature of the company, the remuneration benchmark is determined through comparative research into charities of a similar size and scope. As mentioned earlier in this report a new People and Pay committee has recently been established with the remit to advise and make recommendations to the Board on these and other matters.



### **Statement of responsibilities of the trustees**

The trustees (who are also directors of SignHealth for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interests in the charity.

The charity has taken out indemnity insurance on behalf of the Trustees.

## **Auditor**

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees 21 July 2022 signed on their behalf by

Jackie Driver  
Chair of Trustees

## Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 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
- 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 Auditor's 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 SignHealth'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 other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other

information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### **Opinions on other matters prescribed by the Companies Act 2006**

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

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

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

### **Responsibilities of trustees**

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the 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.

### Auditor's responsibilities for the audit of the financial statements

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

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

### Capability of the audit in detecting irregularities

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

- We enquired of management and the board of trustees, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
  - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
  - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

## Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2022

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

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

### **Use of our report**

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Jonathan Orchard (Senior statutory auditor)

17 August 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

## Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
<b>Income from:</b>							
Donations and legacies	2	103,794	–	<b>103,794</b>	149,612	–	149,612
Charitable activities							
Social care	3a	3,348,156	24,994	<b>3,373,150</b>	3,187,968	35,812	3,223,780
Therapies	3b	1,215,529	53,966	<b>1,269,495</b>	727,876	75,500	803,376
Domestic abuse	3c	1,278	473,792	<b>475,070</b>	2,238	465,720	467,958
Other charitable activities	3e	45,914	47,819	<b>93,733</b>	73,277	101,181	174,458
BSL Health Access (BSLHA)	3e	–	–	<b>–</b>	–	420,000	420,000
Fundraising events		12,142	–	<b>12,142</b>	9,604	–	9,604
Investments	4	60,264	–	<b>60,264</b>	42,597	–	42,597
Other income		–	–	<b>–</b>	4,031	–	4,031
<b>Total income</b>		<b>4,787,077</b>	<b>600,571</b>	<b>5,387,648</b>	<b>4,197,203</b>	<b>1,098,213</b>	<b>5,295,416</b>
<b>Expenditure on:</b>							
Raising funds		172,203	–	<b>172,203</b>	290,461	–	290,461
Charitable activities							
Social care		3,319,696	96,850	<b>3,416,546</b>	2,947,908	117,469	3,065,377
Therapies		640,712	58,173	<b>698,885</b>	524,483	85,500	609,983
Domestic abuse		116,920	479,272	<b>596,192</b>	15,685	460,846	476,531
Other charitable activities		61,659	–	<b>61,659</b>	55,841	5,118	60,959
BSL Health Access (BSLHA)		–	–	<b>–</b>	786,927	420,000	1,206,927
<b>Total expenditure</b>	5	<b>4,311,190</b>	<b>634,295</b>	<b>4,945,485</b>	<b>4,621,305</b>	<b>1,088,933</b>	<b>5,710,238</b>
<b>Net income/(expenditure) before gains/(losses)</b>		<b>475,887</b>	<b>(33,724)</b>	<b>442,163</b>	<b>(424,102)</b>	<b>9,280</b>	<b>(414,822)</b>
Gain on revaluation of investments	12	77,477	–	<b>77,477</b>	223,082	–	223,082
Net losses on disposal of assets		–	–	<b>–</b>	(18,651)	–	(18,651)
<b>Net income/(expenditure) for the year</b>	6	<b>553,364</b>	<b>(33,724)</b>	<b>519,640</b>	<b>(219,671)</b>	<b>9,280</b>	<b>(210,391)</b>
<b>Net movement in funds</b>		<b>553,364</b>	<b>(33,724)</b>	<b>519,640</b>	<b>(219,671)</b>	<b>9,280</b>	<b>(210,391)</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		3,250,497	46,881	<b>3,297,378</b>	3,470,168	37,601	3,507,769
<b>Total funds carried forward</b>		<b>3,803,861</b>	<b>13,157</b>	<b>3,817,018</b>	<b>3,250,497</b>	<b>46,881</b>	<b>3,297,378</b>

All other activities are continuing. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 17 to the financial statements.

## Balance sheet

Company no. 02610559

As at 31 March 2022

	Note	2022 £	2021 £
<b>Fixed assets:</b>			
Tangible assets	11	64,387	69,658
Investments	12	1,514,009	1,672,034
		<u>1,578,396</u>	<u>1,741,692</u>
<b>Current assets:</b>			
Debtors	13	1,219,299	673,079
Cash at bank and in hand		1,450,266	1,292,682
		<u>2,669,565</u>	<u>1,965,761</u>
<b>Liabilities:</b>			
Creditors: amounts falling due within one year	14	(430,943)	(410,075)
<b>Net current assets</b>		<u>2,238,622</u>	<u>1,555,686</u>
<b>Total net assets</b>	16	<u>3,817,018</u>	<u>3,297,378</u>
<b>Funds:</b>			
Restricted income funds		13,157	46,881
Unrestricted income funds:			
Designated funds		111,719	116,990
General funds		3,692,142	3,133,507
Total unrestricted funds		<u>3,803,861</u>	<u>3,250,497</u>
<b>Total funds</b>	17	<u>3,817,018</u>	<u>3,297,378</u>

Approved by the trustees on 21 July 2022 and signed on their behalf by

J Driver  
TrusteeT Hudson  
Trustee



## Statement of cash flows

For the year ended 31 March 2022

	Note	2022 £	£	2021 £	£
<b>Cash flows from operating activities</b>					
<b>Net income/(expenditure) for the reporting period (as per the statement of financial activities)</b>		<b>519,640</b>		<b>(210,391)</b>	
Depreciation charges		47,056		109,164	
Losses disposal of fixed assets		–		18,651	
Dividends, interest and rent from investments		(60,264)		(42,597)	
(Increase) in debtors		(546,220)		(323,039)	
Increase in creditors		20,868		130,446	
<b>Net cash used in operating activities</b>			<b>(18,920)</b>		<b>(317,766)</b>
<b>Cash flows from investing activities:</b>					
Dividends, interest and income from investments		60,264		42,597	
Purchase of fixed assets		(41,785)		(48,043)	
Proceeds from sale of investments		234,912		6,136	
Purchase of investments		–		(1,462,690)	
Net gains on revaluation of investments		(77,477)		(223,082)	
Movement in cash held by investment managers pending reinvestment		590		7,802	
<b>Net cash provided by/(used in) investing activities</b>			<b>176,504</b>		<b>(1,677,280)</b>
<b>Change in cash and cash equivalents in the year</b>			<b>157,584</b>		<b>(1,995,046)</b>
Cash and cash equivalents at the beginning of the year			<b>1,292,682</b>		<b>3,287,728</b>
<b>Cash and cash equivalents at the end of the year</b>			<b>1,450,266</b>		<b>1,292,682</b>

**1 Accounting policies**

**a) Statutory information**

SignHealth is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is: CAN Mezzanine, 7 – 14 Great Dover Street, Borough, London SE1 4YR

**b) Basis of preparation**

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

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

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

**c) Public benefit entity**

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

**d) Going concern**

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. In respect of the aftermath of COVID-19 pandemic ongoing during 2021, the charity expects its fundraising activities to continue to be negatively impacted but has sufficient reserves to meet liabilities as they fall due.

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

**e) Income**

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

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any conditions attached to the grants are expected to be met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

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

**f) Interest receivable**

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

**g) Fund accounting**

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

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

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

## Notes to the financial statements

For the year ended 31 March 2022

**1 Accounting policies (continued)****h) Expenditure and irrecoverable VAT**

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

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

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

**i) Allocation of support costs**

Resources expended are allocated to the particular activity where the cost relates directly to that activity. The indirect costs of overall direction and administration, comprising the salary and overhead costs of the central function, is apportioned to activities as a proportion of headcount in each service area;

- |                               |                |
|-------------------------------|----------------|
| ● Raising funds               | 4% (2021:4%)   |
| ● Social care                 | 77% (2021:77%) |
| ● Therapies                   | 8% (2021:8%)   |
| ● Domestic abuse              | 10% (2021:10%) |
| ● Other charitable activities | 1% (2021: 1%)  |

Governance costs are allocated to each of the activities on the following basis which is an estimate, based on staff headcount, of the amount attributable to each activity:

- |                               |                |
|-------------------------------|----------------|
| ● Raising funds               | 4% (2021:4%)   |
| ● Social care                 | 77% (2021:77%) |
| ● Therapies                   | 8% (2021:8%)   |
| ● Domestic abuse              | 10% (2021:10%) |
| ● Other charitable activities | 1% (2021: 1%)  |

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

**j) Operating leases**

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

**k) Tangible fixed assets**

Items of equipment are capitalised where the purchase price exceeds £2,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

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

- |                                    |                              |
|------------------------------------|------------------------------|
| ● Freehold Land and Buildings      | 50 years                     |
| ● Leasehold Land and Buildings     | Over the period of the lease |
| ● Fixtures, Fittings and Equipment | 4 years                      |
| ● IT Equipment                     | 3 years                      |

**l) Listed investments**

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

## Notes to the financial statements

For the year ended 31 March 2022

## 1 Accounting policies (continued)

## m) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

## n) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

## o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

## p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

## q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

## r) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

## 2 Income from donations and legacies

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Gifts	74,713	–	74,713	122,030	–	122,030
Legacies	23,059	–	23,059	–	–	–
CoronaVirus Retention Job Scheme	6,022	–	6,022	27,582	–	27,582
	<u>103,794</u>	<u>–</u>	<u>103,794</u>	<u>149,612</u>	<u>–</u>	<u>149,612</u>

## Notes to the financial statements

For the year ended 31 March 2022

## 3 Income from charitable activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
<b>3a Social care</b>						
Access to work	–	6,210	<b>6,210</b>	–	5,118	5,118
Fees	3,260,859	–	<b>3,260,859</b>	3,112,635	–	3,112,635
Client income	87,297	–	<b>87,297</b>	75,333	–	75,333
Grants receivable	–	18,784	<b>18,784</b>	–	30,694	30,694
Sub-total for Social Care	3,348,156	24,994	<b>3,373,150</b>	3,187,968	35,812	3,223,780
<b>3b Therapies</b>						
Fees	1,215,529	–	<b>1,215,529</b>	727,876	–	727,876
Grants receivable	–	53,966	<b>53,966</b>	–	75,500	75,500
Sub-total for Therapies	1,215,529	53,966	<b>1,269,495</b>	727,876	75,500	803,376
<b>3c Domestic abuse</b>						
Fees	1,278	–	<b>1,278</b>	2,238	–	2,238
Grants receivable	–	473,792	<b>473,792</b>	–	465,720	465,720
Sub-total for Domestic abuse	1,278	473,792	<b>475,070</b>	2,238	465,720	467,958
<b>3d Grant income</b>						
BSL Health Access (BSLHA) grant	–	–	–	–	420,000	420,000
	–	–	–	–	420,000	420,000
<b>3e Other charitable activities</b>						
Fees	45,914	47,819	<b>93,733</b>	73,277	–	73,277
Grants receivable	–	–	–	–	101,181	101,181
Sub-total for other charitable activities	45,914	47,819	<b>93,733</b>	73,277	101,181	174,458
Total income from charitable activities	4,610,877	600,571	<b>5,211,448</b>	3,991,359	1,098,213	5,089,572

## 4 Income from investments

	2022 Total £	2021 Total £
Interest receivable	471	16,362
Other rental income	28,436	14,670
Income from investments	<b>31,357</b>	11,565
	<b>60,264</b>	42,597

All income from investments is unrestricted.

## Notes to the financial statements

For the year ended 31 March 2022

## 5a Analysis of expenditure (current year)

	Charitable activities									
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2022 Total £	2021 Total £
Staff costs (Note 7)	75,023	1,725,693	406,467	330,205	37,997	-	73,510	906,407	3,555,302	3,199,280
Other staff costs	14,130	53,724	80,586	41,615	4,664	-	-	163,473	358,192	304,299
Travel and subsistence	185	25,595	13,180	6,506	2,615	-	-	12,126	60,207	31,629
Building costs	-	347,778	5,413	2,048	-	-	-	6,401	361,640	318,278
Running costs	9,594	46,902	64,362	27,942	1,262	-	18,363	171,466	339,891	1,558,367
Fundraising and marketing	12,788	98	2,552	28,152	-	-	-	40,041	83,631	56,902
Covid-19 costs	-	317	137	654	-	-	-	21,702	22,810	38,021
Beneficiary costs	-	38,504	18	2,344	-	-	-	391	41,257	39,963
Other trading costs	-	184	-	-	-	-	-	24,314	24,498	25,360
Accountancy and audit	-	5,898	-	-	-	-	9,017	-	14,915	12,300
Legal and professional	-	4,322	1,920	-	-	-	1,236	28,608	36,086	16,675
Depreciation and impairment	-	3,229	3,284	5,518	-	-	-	35,025	47,056	109,164
	111,720	2,252,244	577,919	444,984	46,538	-	102,126	1,409,954	4,945,485	5,710,238
Support costs	56,398	1,085,665	112,796	140,995	14,100	-	-	(1,409,954)	-	-
Governance costs	4,085	78,637	8,170	10,213	1,021	-	(102,126)	-	-	-
<b>Total expenditure 2022</b>	<b>172,203</b>	<b>3,416,546</b>	<b>698,885</b>	<b>596,192</b>	<b>61,659</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,945,485</b>	
Total expenditure 2021	290,461	3,065,377	609,983	476,531	60,959	1,206,927	-	-		5,710,238

## 5b Analysis of expenditure (prior year)

	Charitable activities								
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2021 Total £
Staff costs (Note 7)	194,840	1,629,937	344,306	271,986	41,344	–	53,776	663,091	3,199,280
Other staff costs	11,206	60,825	61,092	24,439	4,664	–	–	142,073	304,299
Travel and subsistence	145	16,668	10,104	697	365	–	–	3,650	31,629
Building costs	–	261,156	7,685	8,516	1,386	–	–	39,535	318,278
Running costs	7,957	42,632	67,147	31,331	116	1,206,927	18,363	183,894	1,558,367
Fundraising and marketing	17,472	144	2,000	5,656	–	–	–	31,630	56,902
Covid-19 costs	2,687	655	–	–	–	–	–	34,679	38,021
Beneficiary costs	–	38,816	–	1,147	–	–	–	–	39,963
Other trading costs	5	4,030	385	–	–	–	–	20,940	25,360
Accountancy and audit	–	–	–	–	–	–	12,300	–	12,300
Legal and professional	3,816	2,451	–	–	–	–	3,312	7,096	16,675
Depreciation and impairment	–	647	12,598	1,926	–	–	–	93,993	109,164
	238,128	2,057,961	505,317	345,698	47,875	1,206,927	87,751	1,220,581	5,710,238
Support costs	48,823	939,848	97,646	122,058	12,206	–	–	(1,220,581)	–
Governance costs	3,510	67,568	7,020	8,775	878	–	(87,751)	–	–
<b>Total expenditure 2021</b>	<b>290,461</b>	<b>3,065,377</b>	<b>609,983</b>	<b>476,531</b>	<b>60,959</b>	<b>1,206,927</b>	<b>–</b>	<b>–</b>	<b>5,710,238</b>

## Notes to the financial statements

## For the year ended 31 March 2022

**6 Net income / (expenditure) for the year**

This is stated after charging / (crediting):

	2022 £	2021 £
Depreciation	47,056	109,164
Loss/(gain) on revaluation/disposal of fixed assets	–	18,650
Auditor's remuneration (excluding VAT):		
Audit	11,400	10,400
(Over)/under-accrual for prior year audit	–	150
Other services	1,000	–
	<u>1,000</u>	<u>–</u>

**7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel**

Staff costs were as follows:

	2022 £	2021 £
Salaries and wages	3,045,834	2,802,924
Redundancy and termination costs	56,602	1,778
Social security costs	290,426	252,366
Employer's contribution to defined contribution pension schemes	162,440	142,212
	<u>3,555,302</u>	<u>3,199,280</u>

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

	2022 No.	2021 No.
£70,000 – £79,999	3	2
£100,000 – £109,999	1	1
	<u>1</u>	<u>1</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £392,376 (2021: £379,817). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Leadership Team (Director of Operations, Director of Finance, People and Facilities and Director of Communications and Fundraising).

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

£422 trustee expenses (2021: £nil), for attendance at trustee meetings, was incurred or paid on behalf of 3 trustees (2021: nil) in the year.



**8 Staff numbers**

The average number of employees (head count based on number of staff employed) during the year was 150 (2021: 142).

The FTE number of employees for the year was 99 (2021: 97)

Staff are split across the activities of the charitable company as follows (head count basis):

	2022 No.	2021 No.
Raising funds	4	5
Social care	97	95
Therapies	14	10
Domestic abuse	14	13
Other charitable activities	1	1
Administration	19	17
Governance	1	1
	<b>150</b>	<b>142</b>

**9 Related party transactions**

In the year to 31 March 2022, SignHealth paid the Voluntary Organisations Disability Group (VODG) and the UK Council on Deafness (UKCOD) combined membership and other fees of £5,181 (2020-21: £5,240). The CEO of SignHealth is also a board member of both VODG and UKCOD.

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

The charity has taken out indemnity insurance on behalf of the Trustees.

**10 Taxation**

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. Its charge to corporation tax in the year was:

	2022 £	2021 £
UK corporation tax at 19%	–	–

**11 Tangible fixed assets****The charity**

	Fixtures and fittings £	Computer equipment £	Total £
<b>Cost</b>			
At the start of the year	91,296	205,966	297,262
Additions in year	–	41,785	41,785
Disposals	–	–	–
At the end of the year	91,296	247,751	339,047
<b>Depreciation</b>			
At the start of the year	71,482	156,122	227,604
Charge for the year	–	47,056	47,056
Disposals	–	–	–
At the end of the year	71,482	203,178	274,660
<b>Net book value</b>			
<b>At the end of the year</b>	19,814	44,573	64,387
At the start of the year	19,814	49,844	69,658

All of the above assets are used for charitable purposes.

**12 Listed investments**

	2022 £	2021 £
Fair value at the start of the year	1,679,736	100
Additions at cost	–	1,462,690
Proceeds from sale of investments	(234,912)	(6,136)
Net gain/(loss) on change in fair value	77,477	223,082
	1,522,301	1,679,736
Cash held by investment broker pending reinvestment	(8,292)	(7,702)
Fair value at the end of the year	1,514,009	1,672,034
Investments comprise		
	2022 £	2021 £
Shares listed on the London Stock Exchange	1,522,301	1,679,736
Cash	(8,292)	(7,702)
Fair value at the end of the year	1,514,009	1,672,034

Financial investments are measured at fair value through income and expenditure.

## Notes to the financial statements

## For the year ended 31 March 2022

## 13 Debtors

	2022 £	2021 £
Trade debtors	997,955	474,652
Other debtors	133	133
Prepayments and accrued income	221,211	198,294
	<u>1,219,299</u>	<u>673,079</u>

All of the group's financial instruments, both assets and liabilities, are measured at amortised cost. The carrying values of these are shown above and also in note 14 below.

## 14 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	101,787	155,266
Taxation and social security	88,773	68,139
Other creditors	35,198	28,510
Accruals	178,524	132,757
Deferred income (note 15)	26,661	25,403
	<u>430,943</u>	<u>410,075</u>

## 15 Deferred income

Deferred income comprises income that has been billed in advance.

	2022 £	2021 £
Balance at the beginning of the year	25,403	8,693
Released to income in the year	(348,786)	(374,774)
Deferred in the year	350,044	391,484
Balance at the end of the year	<u>26,661</u>	<u>25,403</u>

## 16a Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,514,009	64,387	–	1,578,396
Net current assets	2,178,133	47,332	13,157	2,238,622
Net assets at 31 March 2022	<u>3,692,142</u>	<u>111,719</u>	<u>13,157</u>	<u>3,817,018</u>

## 16b Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,672,034	69,658	–	1,741,692
Net current assets	1,461,473	47,332	46,881	1,555,686
<b>Net assets at 31 March 2021</b>	<b>3,133,507</b>	<b>116,990</b>	<b>46,881</b>	<b>3,297,378</b>

## 17a Movements in funds (current year)

	At 1 April 2021 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2022 £
<b>Restricted funds:</b>					
Domestic Abuse	16,859	473,792	(479,272)	–	11,379
Residential	8,289	18,784	(27,073)	–	–
Therapy	4,207	53,966	(58,173)	–	–
Brudenell Road	15,748	–	(15,748)	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	47,819	(47,819)	–	–
Access to Work	–	6,210	(6,210)	–	–
<b>Total restricted funds</b>	<b>46,881</b>	<b>600,571</b>	<b>(634,295)</b>	<b>–</b>	<b>13,157</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Fixed asset fund	69,659	41,785	(47,056)	–	64,388
Innovation fund	13,073	–	–	–	13,073
Two Deaf Foot fund	34,258	–	–	–	34,258
<b>Total designated funds</b>	<b>116,990</b>	<b>41,785</b>	<b>(47,056)</b>	<b>–</b>	<b>111,719</b>
<b>General funds</b>	<b>3,133,507</b>	<b>4,745,292</b>	<b>(4,186,657)</b>	<b>–</b>	<b>3,692,142</b>
<b>Total unrestricted funds</b>	<b>3,250,497</b>	<b>4,787,077</b>	<b>(4,233,713)</b>	<b>–</b>	<b>3,803,861</b>
<b>Total funds</b>	<b>3,297,378</b>	<b>5,387,648</b>	<b>(4,868,008)</b>	<b>–</b>	<b>3,817,018</b>

The narrative to explain the purpose of each fund is given in note 17c.

## Notes to the financial statements

For the year ended 31 March 2022

## 17b Movements in funds (prior year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2021 £
<b>Restricted funds:</b>					
Domestic Abuse	11,836	465,720	(460,697)	–	16,859
Residential	4,032	30,694	(26,437)	–	8,289
Therapy	4,207	75,500	(75,500)	–	4,207
Brudenell Road	15,748	–	–	–	15,748
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	91,181	(91,181)	–	–
Peter Sowerby	–	10,000	(10,000)	–	–
BSLHA	–	420,000	(420,000)	–	–
Access to Work	–	5,118	(5,118)	–	–
<b>Total restricted funds</b>	<b>37,601</b>	<b>1,098,213</b>	<b>(1,088,933)</b>	<b>–</b>	<b>46,881</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Fixed asset fund	149,430	48,043	(127,814)	–	69,659
Innovation fund	800,000	–	(786,927)	–	13,073
Two Deaf Foot fund	30,227	–	–	4,031	34,258
<b>Total designated funds</b>	<b>979,657</b>	<b>48,043</b>	<b>(914,741)</b>	<b>4,031</b>	<b>116,990</b>
General funds	2,490,511	4,149,160	(3,502,133)	(4,031)	3,133,507
<b>Total unrestricted funds</b>	<b>3,470,168</b>	<b>4,197,203</b>	<b>(4,416,874)</b>	<b>–</b>	<b>3,250,497</b>
<b>Total funds</b>	<b>3,507,769</b>	<b>5,295,416</b>	<b>(5,505,807)</b>	<b>–</b>	<b>3,297,378</b>

## 17c Purposes of restricted funds

**Domestic Abuse (previously DeafHope)**

SignHealth's domestic abuse service, previously called DeafHope, works with the Deaf survivors of domestic abuse and includes our work with Deaf children and young people. It is funded by our fantastic supporters, who in 2021–22 include London Councils, the Home Office, The Police and Crime Commissioners for Kent and Sussex, Charles Hayward Foundation, Solace Women's Aid, Children in Need, Ovingdean Hall Foundation and the City Bridge Foundation.

The Home Office had provided a grant over 2 years to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £145,840 was awarded during the financial year 2021–2022, and was expended for the purpose for which it was awarded. Of the grant, £20,309 was spent on direct project and beneficiary costs, £32,127 on project overheads and £93,404 on staff costs.

£148,444 was awarded from the London Councils Grant Committee during the financial year 2021–2022 for SignHealth's domestic abuse service, in addition SignHealth brought forward £7,160 from 2020–2021. As a result, £155,375 was expended for the purpose for which it was awarded: for abused Deaf women and children in London. Of the grant, £33,022 was spent on direct project costs, £6,137 on project overheads and £116,445 on staff costs.

**Residential**

Support has kindly been received for specific work in our residential schemes, including support for training costs, and small refurbishment work at some of the homes and breaks with carers for those service users with the most complex mental health needs.

**17c Purposes of restricted funds (continued)**

**Therapy/Online Therapy**

With support from the Rayne Foundation, we have been able to continue the development of an online resource for Deaf people needing cognitive behavioural therapy (CBT).

**Brudenell Road**

Funding received for 'Brudenell Road' refers to a new housing scheme we are developing in Leeds which is now set to open during year ending 31 March 2022.

**Deaf with Cancer**

Funding provides therapy for deaf people diagnosed with or recovering from cancer. This fund remains unutilised which means we will carry it forward into financial year ending 31 March 2022.

**Access to Work**

SignHealth receives funds from the Department of Work and Pensions, to reimburse the cost of additional communications support workers employed on the SignHealth payroll, providing support to SignHealth staff in receipt of an Access to Work grant.

**Purposes of Designated Funds and General Funds**

The fixed asset fund represents the net book value of all assets held by the charity, excluding the Restricted funds.

The Two Deaf Foot designated fund represents funds raised for SignHealth by the Two Deaf Foot fundraising walk from John O'Groats to Land's End in summer 2020. Expenditure of these funds is overseen by a committee comprising the Two Deaf Foot walkers and members of the SignHealth Board of Trustees.

The innovation designated fund represents funds set aside by the Board of Trustees, to put towards initiatives that will further SignHealth's charitable objects but that represent a high financial risk. During the year, we received a further £4,030 to the fund. In the year 2020–21, the Board did not need use these funds to support BSL Health Access, since we were able to secure top-up funding from NHSE.

**18 Legal status of the charity**

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