OPERATION SMILE UNITED KINGDOM

England & Wales · Charity number 1091316

Details

Status	Registered
Legal form	Charitable company
Company number	04317039
Registered	2002-03-22
Register	View on the Charity Commission register

Contact

Address	Operation Smile Uk Unit A Genoa House Juniper Drive London SW18 1FY
Phone	02034755126
Email	info.uk@operationsmile.org
Website	www.operationsmile.org.uk

Activities

Objects: The objects of the charity are, for the public benefit: To preserve and protect the physical, mental and emotional health in particular but not exclusively of people with facial and functional conditions throughout the world; By providing support to strengthen healthcare systems for the delivery of safe and effective surgery and comprehensive care through initiatives including, but not limited to, education and training of the public, medical personnel and support staff, investment in and advancement of infrastructure for healthcare systems, and campaigning to improve healthcare policy to the extent permitted by law; and To implement research to advance the understanding of conditions including but not limited to facial and functional conditions, the barriers to care, and the best methods of providing care for patients with such conditions.

Activities: Operation Smile is an international volunteer based medical services charity providing free reconstructive surgery and aftercare to children and young adults around the world, primarily for cleft lips and/or palates. In the UK, we raise funds to treat facial deformities, recruit and supply medical volunteers, help train local medical teams/build infrastructure & public raise awareness.

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Classification

- **How:** Provides Other Finance, Provides Human Resources, Provides Buildings/facilities/open Space, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body, Other Charitable Activities
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty, Overseas Aid/famine Relief
- **Who:** Children/young People, Elderly/old People, People With Disabilities

Geography

- **Area of benefit:** WORLDWIDE
- Bolivia
- Congo (Democratic Republic)
- Ethiopia
- Ghana
- India
- Kenya
- Madagascar
- Malawi
- Morocco
- Mozambique
- Peru
- Philippines
- Throughout England

Finances

Period end	Income	Expenditure	Assets	Employees
2025-06-30	£7,495,196	£7,229,194	£3,005,431	27
2024-06-30	£7,148,759	£7,807,674	£2,739,482	31
2023-06-30	£7,493,794	£7,816,116	£3,407,295	24
2022-06-30	£6,719,504	£5,901,165	£3,755,116	21
2021-06-30	£6,172,662	£5,296,734	£2,936,069	18

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Trustees

Name	Role	Appointed
Saqib Alam	Chair	2024-01-02
Diana Elizabeth Dalton		2024-01-02
Dr William Preston Magee		2014-07-03
Ingrid Natalie Cope		2025-03-26
Judy Kathambi Nyaga		2024-01-02
MR PHIL MCDONALD		2001-11-05
Michelle Futter		2025-03-26
Patrick Anthony R Aylmer		2025-03-26

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OPERATION SMILE UNITED KINGDOM

England & Wales - Charity number 1091316

Accounts



Adolphe and his parents, Rwanda

Operation Smile United Kingdom Trustees' annual report and accounts: Financial year 2024-2025

Operation Smile



Ethan, Madagascar

Trustees' annual report and accounts

Financial year 2024-2025

Operation Smile UK, Genoa House, Battersea Reach, Juniper Dr, London SW18 1FY

Charity Registration Number: 1091316 **www.operationsmile.org.uk**



‘I cannot thank our doctor enough because what they did is a gift. Our child is now going to be able to eat, drink and laugh without a problem.’

Nikuze
Adolphe’s mum

Mum Nikuze with baby Adolphe in the recovery room

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Welcome and thanks from the Chair of the Board

Dear Supporters and Friends,

It is with immense pride and gratitude that I write to you as the new Chair of the Board at Operation Smile UK. I want to thank those who have come before me in this role, who have charted the course of this wonderful organisation, most recently Karen Jaques.

It has been a year of inspiration and ambition for Operation Smile UK. Since joining the Board in January 2024, I have been inspired by the unwavering commitment, compassion, and innovation that define this organisation. Now, as I step into the role of Chair, I look forward to continuing this journey, working alongside my fellow trustees, our committed leadership team, dedicated staff and volunteers, and our valued supporters.

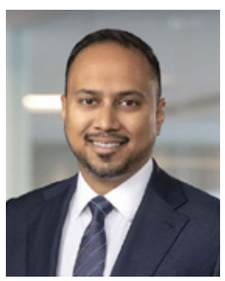
In my time with Operation Smile, I have been touched by the life-changing impact of our work. Whether it's through our partnerships, our global surgical and education programmes, or bold initiatives like Operation 100, we are not only delivering high-quality cleft care but helping to build sustainable health systems that will serve children and communities for generations to come.

This year marks an exciting new chapter for Operation Smile UK. Guided by a clear vision and ambitious strategy, we are focused on bringing safe surgery closer to those who need it most, and doing so with integrity, purpose, and compassion.

To all of you who have supported us, whether by donating, volunteering, or advocating, thank you. Your generosity makes this life-changing work possible.

I am honoured to serve as Chair and to champion this extraordinary organisation as we continue our work to create a world where no child is left behind because of an untreated cleft condition.

With heartfelt thanks,





Saqib Alam

Chair of the Board, Operation Smile UK



Valentine with plastic surgeon Dr Francoise Mukagaju, Rwanda

Patient Coordinator Clement Ofosuhemeng, Ghana

A message from our Executive Director, Mairéad O'Callaghan

Dear Supporters and Friends,

As we reflect on the past financial year, I am filled with pride and optimism about what we've achieved together, as well as our bold plans for the future.

This has been a year of ambition, innovation, and deepened impact. I was privileged to witness this impact firsthand at the Women in Medicine programme in Casablanca, Morocco. Watching the incredible skill and compassion of our all-female clinical teams. Seeing the hope, joy and new smiles on the faces of our patients and their families. It was a reminder of the invaluable support of our partners and supporters, whose generosity makes these life-changing programmes possible.

Bringing life-saving care closer to our patients is at the heart of Operation 100, a bold initiative we launched earlier this year. With the aim to train 100 local surgical teams, across 100 district hospitals globally, Operation 100 will leverage Operation Smile's impressive volunteer network to use education as a force multiplier, building local expertise, and equipping hospitals with the facilities they need to provide sustainable, year-round care for their communities. Ultimately this will allow us to reach even more patients.

As we enter this next chapter in our journey, we are buoyed by the shared belief that every child deserves to live without limits. And we are ever mindful of the fact that no child should grow up carrying the heavy burden of an untreated cleft condition.

I am deeply grateful for the continued support of our trustees, supporters, volunteers, and partners. Everything you read on these pages is possible thanks to you. Together, we are making surgery safe, accessible – and closer than ever – for millions of children around the world.

Thank you from all of us at Operation Smile UK.



Mairéad O'Callaghan
Executive Director, Operation Smile UK



Working together, worldwide

Operation Smile is a global effort, with local impact. Since 1982, we've been driven by the belief that access to safe surgery is not a privilege, but a human right. And for more than 40 years, we've brought essential care closer to the communities we serve.

About Operation Smile

Operation Smile is an international medical charity that provides free surgery and comprehensive care to children and adults with cleft conditions around the world.

Operation Smile Inc (OSI) based in Virginia Beach, US, leads a global alliance of 42 partners and foundations. Together, we collaborate and fundraise to address the issues of cleft conditions and safe surgery worldwide.

Operation Smile volunteers strive for excellent care for all patients. Our alliance manages a global pool of surgeons, anaesthetists, paediatricians, nurses, speech therapists, dentists, nutritionists, and other non-medical volunteers. We're proud that more than 80% of our volunteers come from the countries where we work, organising local programmes for Operation Smile in addition to their daily caseloads.

We currently offer world-class cleft care in 37 countries, with a presence in more than 40 countries. OSI manages this through programme and finance departments, who work directly with in-country partners. The Medical Oversight Committee, based in the US, and its team of Regional Medical Officers in Africa, Latin America and Asia, manage our medical standards.

Operation Smile United Kingdom (OSUK)

OSUK is a charity registered in the UK to raise funds and awareness for global cleft care, safe surgery and education programmes.

With an independent Board and Medical Subcommittee, we work under UK law, following company - and charity-specific laws and regulations. Our Board of Trustees meets quarterly to review our finances, operations, medical programmes and risk register.

OSUK maintains close oversight to ensure that funds entrusted to us by our supporters are spent wisely, carefully selecting programmes to support through OSI. We work with in-country staff and OSI teams to compile impact and programme reports, which are then reviewed at OSUK so we remain accountable to supporters.

As Operation Smile continues to improve access to care, we meet regularly with our international colleagues to support these efforts. Through Operation 100, for example, we're working together to break down barriers to surgical care and advancing health equity, so no one is left behind (read more on page 14).

With guidance from the OSUK Medical Subcommittee, we recruit UK volunteers from a wide range of medical professions, supporting them on surgical programmes around the world. At the end of FY2024, we have more than 95 active medical volunteers within the UK.

How we measure our impact

Operation Smile's impact reaches far beyond surgery. Quality cleft care can transform the social and emotional wellbeing of patients – and their loved ones. By using a variety of measures, we can see both the direct surgical impacts and wider social benefits for our patients.

We use quantitative reporting on surgical programme outcomes for patient numbers, screening and surgery, the number of surgical procedures performed by case, age and gender, the number of volunteers attending, and the number of health workers trained.

Stories (qualitative reports) from patients bring this data to life. We follow up with people who have received surgical and comprehensive care, to hear how their lives have changed and futures brightened.

On each surgical programme, we also report on challenges and successes, our local partners' participation and how the programme has positively contributed to the country strategy.

Our Medical Oversight Committee reviews all surgical outcomes and evaluates the quality of the surgery, working with our global partners to ensure they can meet this level. This is a key evaluation – we pride ourselves on following and improving our Medical Global Standards. We will never compromise on the high-quality care that every adult and child deserves.

Understanding cleft conditions

Untreated cleft conditions affect children for the rest of their lives – not just their physical health, but their social and emotional wellbeing. Operation Smile goes beyond single surgeries to transform lives, health systems and communities.

What is a cleft condition?

A cleft is a gap in the mouth that didn't close during the early stages of pregnancy. Cleft lip and palate are believed to be one of the most common craniofacial differences worldwide. Without surgery and comprehensive care, children face a lifetime of difficulties with eating, breathing, speaking, as well as their mental health.

The difference cleft care makes

Comprehensive cleft care supports every child to achieve their fullest potential, fostering physical healing and emotional and social flourishing. Through 40+ years' experience, we've witnessed how safe surgery – with wraparound support for feeding and nutrition, dentistry, speech and psychosocial wellbeing – can transform lives.

Why are cleft conditions left untreated?

In the UK, cleft lip and palate are operated on within the first 3 to 6 months of a child's life. But in low- and middle-income countries, these conditions often go untreated due to cost, lack of access to qualified medical staff and social stigma around medical intervention. Where care is available, it can be hours away from home and surgeons face a long backlog of cases.

Our commitment: life-changing care, close to home

At Operation Smile, we're committed to understanding and erasing these barriers. Our global network of more than 6,000 active medical volunteers shares our belief that anyone with a cleft condition deserves safe surgery and comprehensive cleft care, regardless of where they live. We're reaching further than ever to bridge that gap, by bringing care closer to the communities we serve, expanding local healthcare infrastructure and training local medical professionals in surgical techniques.

5 million
people live with cleft conditions in countries where we work

1 in 700
children born with cleft conditions

Every 3 minutes
a child is born with a cleft condition



Carla and her son Ihan, Colombia

'We tried every way to get breast milk into him, but he kept losing weight....Thanks to God and the Operation Smile team, who were always there to check on him and support me with advice.'

Carla
Ihan's mum



‘For too long, patients have been forced to travel for days, exhausting their resources just to reach surgical care – only to be turned away. Operation 100 is about building hope.’

Kathy Magee
Co-Founder, President and CEO of Operation Smile

Baby Perez with Operation Smile co-founder Kathy Magee in Manilla, Philippines

Operation 100: Building hope

Five billion people don’t have access to essential surgical care. Using Operation Smile’s 40+ years of expertise in expanding surgical access, Operation 100 will help change that.

Care closer to home for half a billion people

Operation 100 will equip 100 cleft surgical teams with advanced skills, essential equipment and enhanced healthcare infrastructure in 100 hospitals. These teams will be able to independently deliver life-changing surgeries at district hospitals, making essential cleft surgery accessible within two hours of home for nearly 500 million people.

Understanding the care gap

We believe safe, essential surgery is a human right. Unfortunately, 5 billion people – more than two-thirds of the world’s population – lack access to safe, affordable surgery. Access is most challenging in low- and lower-middle-income countries, where 9 out of 10 people can’t get basic surgical care.

An estimated 143 million more surgeries are needed annually, requiring 2.2 million more surgeons, anaesthetists and obstetricians.

How we can remove barriers to care

Every day, we see the obstacles our patients face in accessing care. As a data-driven organisation, we know where our patients are and the distances they travel to access the care they need. For example, 80% of our patients in Guatemala have to travel more than two hours to access care. We hear stories of patients walking for hours to reach our surgical programmes.

We are bridging the gap by bringing care closer to the communities we serve, ensuring everyone gets access to the high-quality care they deserve. By addressing barriers like distance, limited health care infrastructure and lack of trained professionals, we’re ensuring that more people have access to life-changing surgery close to home.

No patient or family left behind

100 is just the start. We’re breaking down barriers to surgical care and advancing health equity, so no-one is left behind. Operation 100 is a transformational strategy, driven by our commitment to lasting impact. It will change lives – not only for patients, but for families, communities and healthcare providers for years to come.



Women in Medicine: changing lives around the world

In May, Operation Smile's Women in Medicine programme took centre stage in Casablanca, Morocco. The programme brought together 70 female medical volunteers from across the globe, united by a shared mission: to transform the lives of children born with cleft conditions. Over the course of a week, 111 young patients received free, life-changing surgery and comprehensive care, delivered entirely by this all-female team of surgeons, anaesthetists, nurses, dentists and speech therapists.

Why do we need more women in medicine?

Globally, women remain underrepresented in senior surgical and medical leadership roles. Our Women in Medicine programmes directly address this imbalance by empowering female clinicians, providing training and mentorship opportunities, and demonstrating the powerful role women play in transforming health systems. These programmes not only change the lives of patients but also strengthen healthcare networks by fostering female leadership and collaboration across borders.

By amplifying the visibility of women in surgery and related disciplines, Operation Smile is contributing to a more equitable future in medicine. A future where young women worldwide can see themselves reflected in the leaders who inspire them.

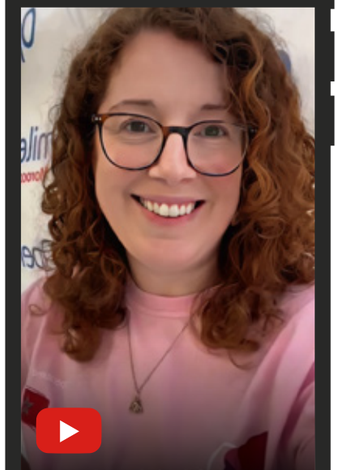
Women unite to bring new smiles in Morocco

In May 2025, our Executive Director, Mairéad O'Callaghan, was on the ground in Casablanca, capturing the programme as it unfolded. Reflecting on her experience, she said:

"I was blown away by the sheer skill and dedication of the all-female team in Morocco. Seeing firsthand how they worked together to transform the lives and futures of so many young patients was truly inspiring."

Mairéad O'Callaghan, Executive Director

Scan to watch the film



Impact through partnership

This programme was made possible through the generosity of philanthropist and former Dragon's Den star Duncan Bannatyne, who personally funded the programme and galvanised additional support from his network of UK health clubs. His continued advocacy since 2013 has been instrumental in helping us expand access to safe surgery worldwide.

Stories of dedication

Among the volunteers in Morocco was nurse Naggie Tsang, taking part in her 13th surgical programme with Operation Smile. For Naggie, the uniqueness of being part of an all-women team really stood out and she described her colleagues as 'sisters in surgery'. During screening, she was delighted to be reunited with a mother and daughter she'd met on a previous programme.

'They rushed to hug me straight away. I was so excited to see them again. The young girl needed further surgery which we were delighted to provide.'

Naggie Tsang, Medical Volunteer

This programme in Morocco is just one example of how Operation Smile's Women in Medicine initiatives are:

Delivering life-changing surgery and care to children worldwide



Empowering women to lead in medicine



Building international networks of skilled female health professionals



Inspiring future generations of girls to pursue medical careers

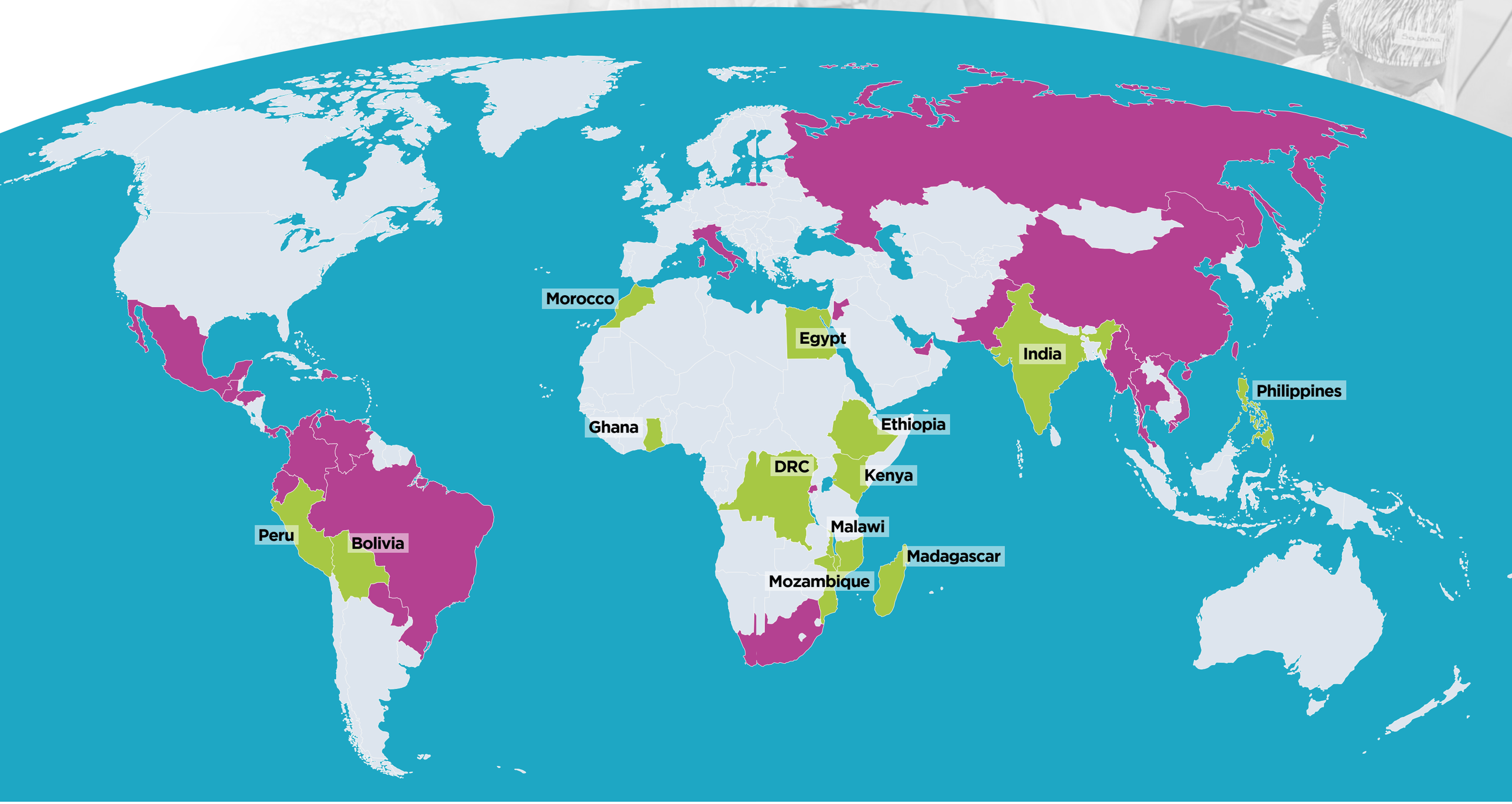


By amplifying the visibility of women in surgery and related disciplines, Operation Smile is contributing to a more equitable future in medicine. A future where young women worldwide can see themselves reflected in the leaders who inspire them. When we invest in women we're not just changing individual lives but also strengthening healthcare systems for generations to come.

Read more about our work in Morocco on page 26.

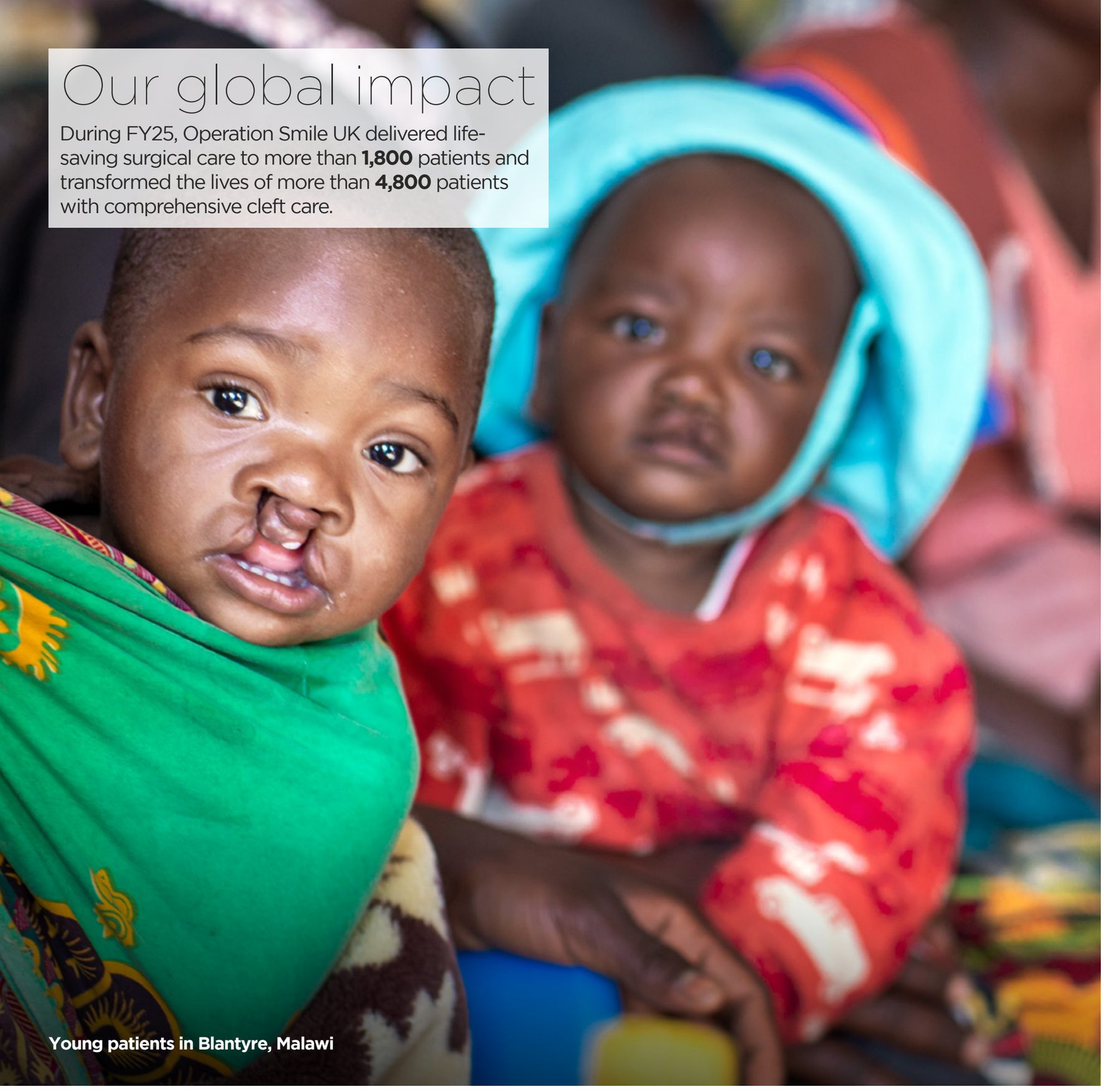
Where we work

Operation Smile currently works in 37 countries, supported by a network of more than 6000 medical volunteers from 60 countries.



Our global impact

During FY25, Operation Smile UK delivered life-saving surgical care to more than **1,800** patients and transformed the lives of more than **4,800** patients with comprehensive cleft care.



Young patients in Blantyre, Malawi

We have continued our focus on strengthening local health systems, investing in volunteer development, monitoring and evaluation, and data analysis to support sustainable, country-led care.

While short-term international programmes still play a vital role in surgery and clinical training, we are moving towards delivering care solely through ongoing hospital-based partnerships in countries like Ghana, Malawi and Kenya.

We have also invested in expanding reach and capacity. In Morocco, renovations at Bouafi Hospital will enable hundreds of additional cleft and essential surgeries annually. Programmes such as the Surgical Training Rotation Programme in Ethiopia are building local surgical expertise, while long-term initiatives like Cleft Free Malawi have helped eradicate treatment backlogs and improved care.

1,840
patients received cleft surgery

270+
patients received other types of reconstructive surgery

2,490
patients received nutritional support

2,010+
patients received psychosocial support

200+
patients received oral health care

180+
patients received speech therapy

1,340+
healthcare providers and community healthcare workers participated in surgical and comprehensive care training programmes

Ghana

Awareness campaigns and our hub and spoke model have transformed access to cleft care in Ghana, helping hundreds of patients receive surgery and follow-up support. Alongside this, training programmes are strengthening local healthcare capacity to deliver sustainable care for the future.

Awareness and patient outreach

Awareness campaigns have been critical in reaching remote communities where Operation Smile previously had little presence. This outreach is coordinated by our network of patient coordinators and volunteer patient advocates. They distribute information, work with healthcare providers and village leaders, and support nutritional programmes to prepare patients for surgery.



Patient Coordinator Clement Ofosuhemeng and his team

Strengthening care through the hub and spoke model

At the centre of our Ghana programme is the hub and spoke model, which enables specialised hospitals to act as hubs for wider district-level care. Korle Bu Teaching Hospital in Accra plays a leading role, providing care to 53 patients this year and serving as a model for expanding access to surgery across the country.

580 patients with unrepaired cleft conditions were added to our patient register

562 patients were screened during surgical programmes as a result

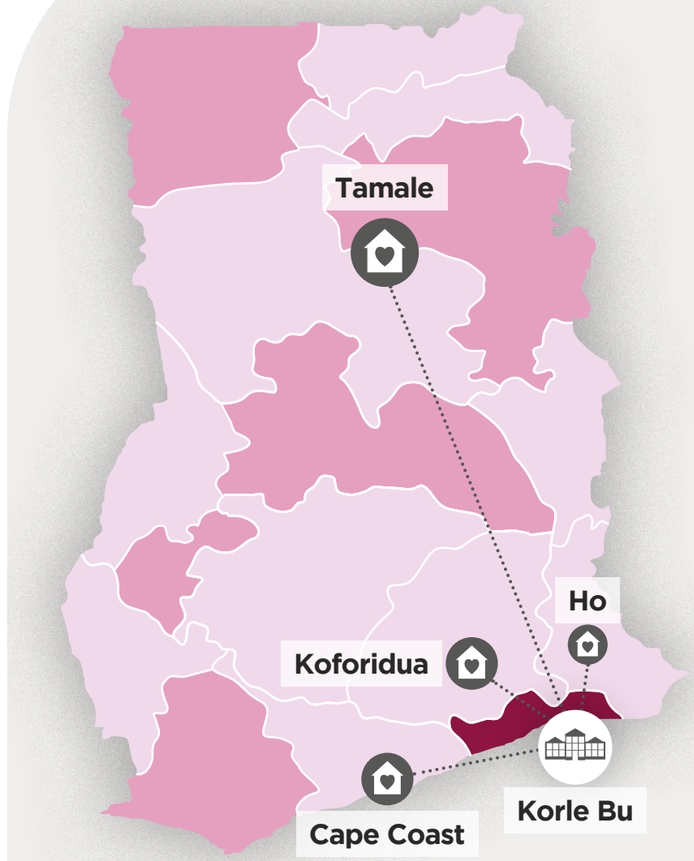
Building local surgical capacity

Operation Smile Ghana has also invested in training and surgical delivery through surgical training rotations.

Two local short term surgical programmes (STSPs), staffed entirely by Ghanaian volunteers, treated **130 patients,** while two international STSPs provided **140 surgeries**. A specialised speech surgery programme also delivered secondary procedures to **37 patients** to help improve their speech.

Training the next generation of health workers

Over the year, **154** Ghanaian healthcare workers received hands-on training, including **19 nutritionists**, **12 biomedical technicians**, and **12 community health workers**. In addition, **101 surgical practitioner trainees** - Including surgeons, anaesthetists, paediatricians, and nurses – gained experience through STSPs. This investment is helping build a stronger, self-sufficient health workforce for the future.





Kenya

Operation Smile Kenya (OS Kenya) is strengthening surgical systems and expanding cleft care through partnerships, training, and community outreach.

Expanding surgical and comprehensive care

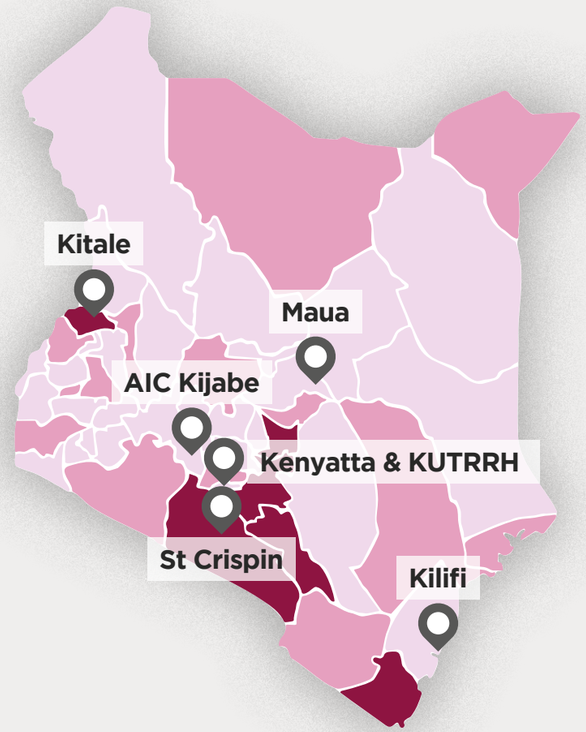
The hub and spoke model ensures patients across the country can access safe surgery and follow-up care. A partnership with AIC Kijabe Hospital, a leading teaching facility, provided surgery to 143 patients with cleft conditions and two non-cleft patients this year. Through ongoing sequencing and STSPs, a total of 143 cleft surgeries and 88 additional procedures were delivered.

Comprehensive care was offered at seven hospitals nationwide – including Kenyatta National Hospital (KNH), KUTRRH, AIC Kijabe, Kitale, Maua Methodist, St Crispin – reaching hundreds of patients through services in nutrition (445), speech therapy (116), and psychosocial support (235). Patients also benefited from workshops covering WASH, dental health, menstrual hygiene, and infection control, delivered in partnership with local specialists and community organisations.

Strengthening the health workforce

Education and training remain central to OS Kenya's approach. This year, 413 healthcare workers were trained across key areas of surgical and emergency care.

This training ensures that Kenyan healthcare professionals are strategically placed on development pathways, enabling cleft teams to become increasingly independent and self-sustaining.



Highlights included:

- **15** participants in MEPA emergency care training (AIC Kijabe)
- **31** participants in WFSA safe anaesthesia training (Moi University)
- **57** volunteers credentialed in safe cleft care (AIC Kijabe)
- **6** specialists in anaesthesia and paediatrics trained across three major hospitals

Advocacy and policy leadership

OS Kenya contributed to the drafting of the National Surgical Services Strategic Plan, demonstrating leadership in shaping national health policy. This milestone ensures cleft and essential surgical care remain integral to Kenya's wider healthcare strategy.

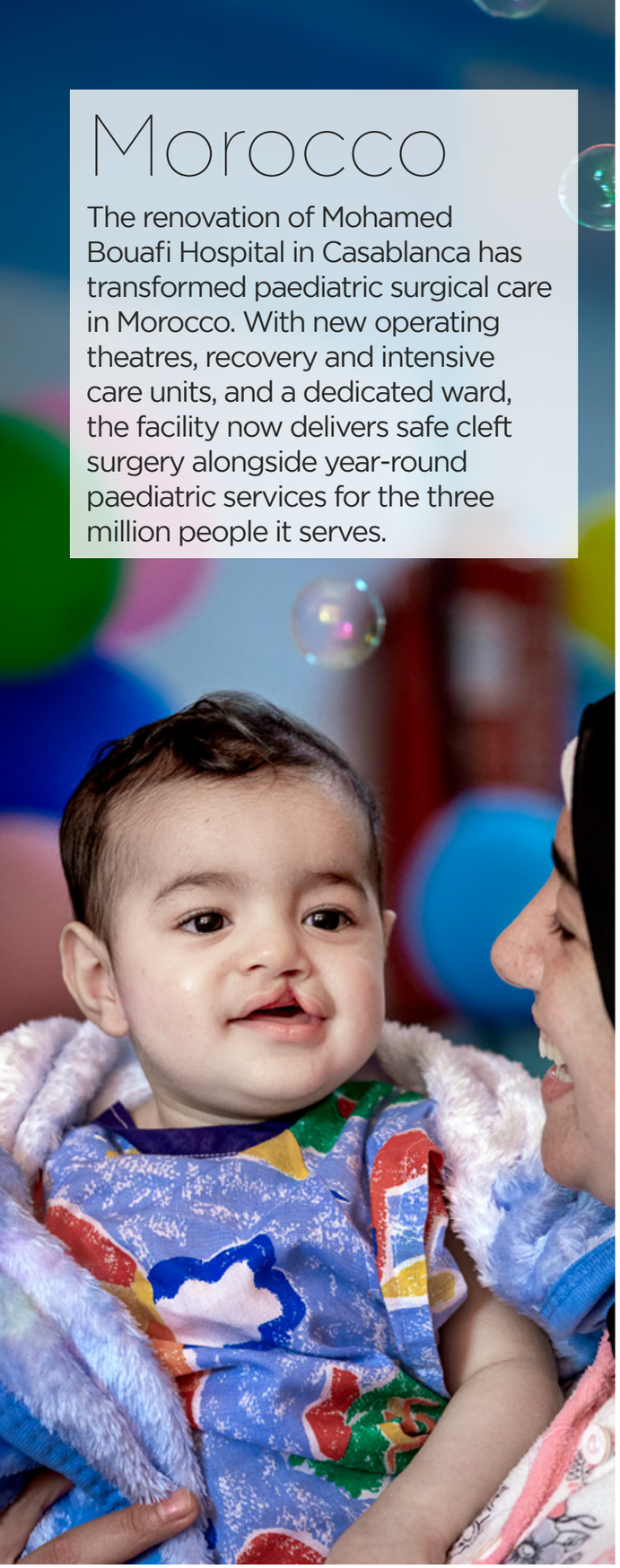
Community engagement and awareness

Raising awareness of cleft conditions remains a priority. This year, 218 community health volunteers (CHVs) were trained to identify and refer patients in Central, Coast, and Western regions, in partnership with county community strategy departments. These efforts ensure that families in remote and underserved areas are connected to the care they need.

- **143** cleft surgeries + **2** non-cleft surgeries
- **445** nutrition, **116** speech, **235** psychosocial patients supported
- **413** healthcare workers trained
- **218** CHVs trained in cleft awareness and referrals
- **7** hospitals delivering comprehensive care
- **1** National Surgical Services Strategic Plan drafted



Surgeons in Nairobi, Kenya



Morocco

The renovation of Mohamed Bouafi Hospital in Casablanca has transformed paediatric surgical care in Morocco. With new operating theatres, recovery and intensive care units, and a dedicated ward, the facility now delivers safe cleft surgery alongside year-round paediatric services for the three million people it serves.

Expanding access to surgery

Operation Smile Morocco (OSM) currently provides 90% of cleft surgeries in the country. Over the next five years, OSM aims to deliver surgery to 2,700+ patients and comprehensive cleft care to 13,300+ patients, ensuring sustainable and equitable access to services.

A landmark partnership with the Moroccan Government, Ministry of Health and UK NGO Article 25 led to the renovation of a wing at Bouafi Hospital in Casablanca. The new unit includes two operating theatres, recovery and sterilisation areas, intensive care units, and a patient ward. Serving over 3 million people, the unit now provides both cleft surgeries and paediatric surgical care year-round.

Women in Medicine Programme 2025

In May 2025, the new Bouafi facility hosted Operation Smile's flagship Women in Medicine (WIM) programme, led entirely by female medical and non-medical volunteers. In just one week, the team:

- Screened **150** patients
- Performed **110** surgeries and **126** procedures
- Treated **117** patients (including 4 adults)
- Involved **104** volunteers from **11** countries
- Supported **93** post-op patients

A notable innovation was the introduction of ENT procedures. 15 ear tubes were fitted to improve cleft-related hearing issues for our patients.

Casablanca

26,048 oral health consultations,
1,485 nutrition consultations,
925 psychosocial consultations,
445 ENT patients

El Jadida

15,458 oral health consultations (400 patients/month), plus oral health training for local health workers

Oujda

21,000 oral health consultations,
592 nutrition consultations,
542 speech consultations,
48 ENT patients



Year-round comprehensive care

Beyond surgical programmes, OSM operates three Cleft Care Centres in Casablanca, Oujda, and El Jadida, delivering thousands of consultations annually in oral health, nutrition, psychosocial support, speech therapy, and ENT services.

These centres are the backbone of Operation Smile's commitment to sustainable, year-round care across Morocco.



Malawi

Operation Smile Malawi made significant progress in FY25, expanding access to cleft and burn care, strengthening early patient identification, and investing in nutrition, speech, and training programmes to build a stronger, sustainable healthcare system.

Expanding surgical services

In partnership with the Ministry of Health and with support from the Kentown Wizard Foundation, Operation Smile Malawi delivered a total of 638 surgeries this year – including 323 cleft surgeries and 315 burn surgeries. Notably, 80% of surgical patients were under the age of five, ensuring children received treatment at the earliest possible stage.

Nutrition, speech and comprehensive care

The nutrition programme exceeded its target, enrolling 341 patients. Of these, 175 children were cleared for surgery and 116 benefited from intensive nutrition bootcamps held at three major hospitals. The speech programme provided support to 211 patients through 874 consultations, while psychosocial, dental, and outreach services all surpassed annual targets

Awareness and outreach

Early identification of patients improved significantly, with recruitment reaching 94% of the annual target. Outreach efforts extended to over 1,150 health facilities, distributing 118,000+ posters and engaging 386 volunteers. These campaigns are ensuring that children born with cleft conditions are connected to timely and safe care.

Training and system strengthening

Training remained a key focus in Malawi, with 575 healthcare trainees reached through surgical training initiatives. Post-operative monitoring also showed strong results, with 97% of patients achieving satisfactory outcomes. These achievements reflect progress toward sustainable, long-term care delivery.



638 surgeries:
323 cleft
315 burn

80% of surgical patients under age 5

341 enrolled in nutrition programme
175 cleared for surgery
116 in bootcamps

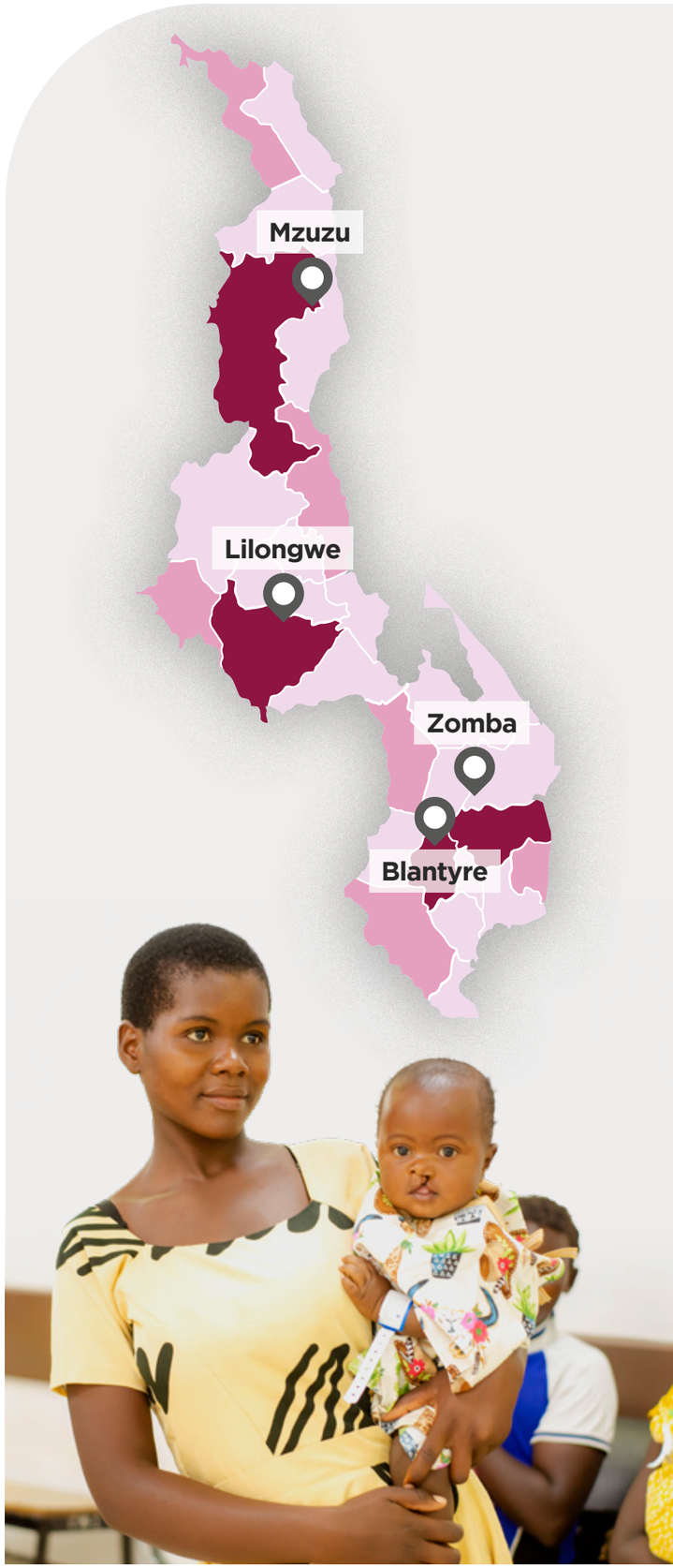
211 speech patients
874 consultations

94% patient recruitment target achieved

Outreach:
1,150+ health facilities
118,000+ posters
386 volunteers

575 trainees through surgical training

97% satisfactory post-op outcomes



Thank you

Our life-changing work is made possible by our partners, supporters and volunteers. We are incredibly grateful that our valued corporate and trust and foundation partners have continued to provide essential support to our patients and their families. Many thanks to all our partners and their employees for their ongoing commitment.

Charitable trusts and foundations

- B&P Glasser Charitable Trust
- The Biss Davies Family Trust
- The Cobalt Trust
- Diana Edgson Wright Charitable Trust
- Else Kroner Fresenius Stiftung
- Guernsey Overseas Aid Commission
- The Jane Hodge Foundation
- John Andrews Charitable Trust
- J Van Mars Foundation
- The Kentown Wizard Foundation
- The Mackintosh Foundation
- Morrison Foerster LLP
- Nelsons
- The Orr Mackintosh Foundation
- R U B White Charitable Trust
- The Souter Family Trust
- UBS Optimus Foundation
- The Volvox Trust
- The Zochonis Charitable Trust

Corporate partners

- Align Technology
- The Bannatyne Group
- Beacon Search
- Beverly Dental
- The AS Watson Group
- EMEA Recruitment
- European Aligner Society
- Fast Tracking Your Future
- Growing Smiles
- Greening Healthcare Ltd
- IAM TECH
- ICI Paris XL
- Johnson & Johnson Medical Limited
- The Maecenata Foundation
- Mediterranean Shipping Company
- MiSmile Network
- The Modern Dentist
- Molnlycke Healthcare
- N Retail
- Overview Forex
- Putney Hill Dental Practice
- The Perfume Shop
- Ridgway Dental
- Savers
- Secret Aesthetics
- Stryker
- Superdrug
- Windrush Door and Windows



Fundraising Statement

Thanks to the kindness and generosity of our diverse supporters, we have achieved an income of £7.5M. Our expenditure was £3.3M on raising funds and £4M on charitable activities giving us a net position of £266K in financial year 2025.

At Operation Smile, we hold ourselves accountable to the trust our supporters place in our work. We are committed to being the best steward of the gifts we receive, directing funds to programmes that bring the highest standards of care to people living with cleft and other facial and dental conditions, investing in strengthening the health systems of the countries where we work so that future generations of children will be taken care of, and engaging in research that will allow us to work better and more efficiently to achieve our vision of a future where health and dignity are improved through safe surgery.

Most importantly, we pride ourselves on following the highest standards of accountability, effectiveness and efficiency. Our codes of conduct set out a global standard for all Operation Smile offices to comply with and are bolstered by our adherence to local regulations and best practices in the UK.

When connecting with our patients to understand the impact of the care they received, we use their own authentic voices to portray their stories, preserving their dignity. These stories are used for fundraising and marketing purposes, to connect our supporters in the UK with the children they help. With more than 40 years of experience, we have strict guidelines and policies, including a global policy for child protection that is implemented across all our offices. This policy is reviewed annually.

Our supporter base comprises individuals, schools, companies, trusts and foundations. We engage with this supporter base through direct marketing (direct mail, email, press inserts and ads, television advertising, online advertising) or via direct contact with one of the employees in our fundraising team.

OSUK's fundraising approach is primarily through consented and/or legitimate interest or solicitations. OSUK has voluntarily signed up to the Fundraising Regulator and Information Commissioner's Office codes of conduct, which cover fundraising practices and the use of donor data respectively.

As a member of the Fundraising Regulator, we hold ourselves accountable to our donors and have the utmost respect for our donor base. We work to remain compliant to the General Data Protection Regulations (GDPR) and Data Protection Act 2018. The Director of Data and Technology is the first point of contact for any queries or complaints made via the above regulators. Any complaints will be communicated to the Executive Director who will then update the Board of Trustees regarding the current status of the complaint with the complainant and/or regulator. During this financial year, OSUK received one formal complaint, which was dealt with immediately and resolved.

People carrying out fundraising activities on our behalf are provided with a fundraising pack, which stipulates their responsibilities and liabilities. There is an ongoing stewardship and reporting process in place for accountability. Agents working on our behalf are contracted and provided with guidance, through training, for reporting complaints to Operation Smile. Some subscribe to the Institute of Fundraising, DM Associations and Telephone Preference Service Assured.

With regards to PCI compliance, our agents are requested to submit on an annual basis confirmation of their security status/vulnerability reports if any. For the last financial year, Operation Smile has not received any complaints via either the Fundraising Regulator or ICO codes of conduct.



'Leana's life has completely changed. The children who once avoided her now come to play with her. Her surgery has brought us joy and happiness.'

Angeline
Leana's mum

Leana, Madagascar

Leana and her friends in Madagascar

Looking ahead

As a fundraising office for Operation Smile Inc, our overarching goal is to grow our net income for disbursement to our life-changing programmes. Our focus for 2025-2026 therefore remains consistent with last year's goals:

To support
Operation Smile's global cleft and safe surgery programme initiatives.

To maintain and expand
our programme support in Africa, Asia and Central/South America.

To grow
both our unrestricted and restricted income to support the above.

To provide
excellent comprehensive care and service delivery through our medical and non-medical volunteers.

To raise
our national profile via mixed communication channels, focused on donors' needs.

Our people

Operation Smile's leadership team helps to ensure we make the most efficient use of our precious resources. Our Board of Trustees and Medical Subcommittee work tirelessly around the world to ensure our patients receive the highest quality cleft care and that we're able to achieve our ambitious goals.

Our Board of Trustees

FY 24-25 has been a year of change for our Board of Trustees. With the departure of Dr Maria Moore as Chair of the Board in September 2024, we welcomed Karen Jacques as Interim Chair of the Board.

In June 2025 we were delighted to welcome three new trustees to our Board, Ingrid Cope, Michelle Futter and Patrick Aylmer. Their diverse backgrounds bring a wealth of experience, passion and expertise to OSUK.

In September 2025 Saqib Alam, who has been a valued member of the Board of Trustees since January 2024, took over from Karen as Chair of The Board.

Saqib Alam
Chair (Appointed September 2025)



Diana Dalton



Dr Bill Magee



Dr Phil McDonald



Judy Nyaga



Chris Pinnington



Ingrid Cope



Michelle Futter



Patrick Aylmer



Resigned members

Andrew Bruce
Resigned
(October 2024)

Dr Maria Moore
Resigned as Chair
(Sept 2024)

Karen Jaques
Interim Chair
(Sept 2024- Sept 2025)

Dr Phil McDonald
MBChb, FRCA - Chair, Consultant Anaesthetist



Our UK Medical Subcommittee

Our Medical Subcommittee sets the standards for recruiting and credentialing medical volunteers within the UK. They provide oversight and guidance for Operation Smile United Kingdom supported programmes to the Board and senior leadership.

Members

The Medical Subcommittee is comprised of experts in their fields, who attend surgical programmes regularly and are in contact with fellow Operation Smile volunteers.

Jackie Matthews
RN, Specialist Nurse, South Thames Cleft Team



Dr Louise Ferguson
Consultant Cleft Lip & Palate & Paediatric ENT Surgeon BSc (Hons) FRCS ORL-HNS



Dr Bart Stubenitsky
Plastic & Reconstructive Surgeon, M.D, Ph.D



Wg Cdr Ankur Pandya OBE, OSTJ
Plastic, Hand and Reconstructive Surgeon



Resigned members

Dr Clive Duke
Consultant Anaesthetist, BSc (Hons)
MB BS FRCA (Resigned June 2025)

Reference and administration

Registered charity name: Operation Smile United Kingdom

Charity registration number: 1091316

Company registration number: 04317039

Registered address:
Unit A, Genoa House, Juniper Drive, London SW18 1FY
For more information please visit:
www.operationsmile.org.uk

Board of Trustees

Dr Maria Moore, BDS (Hons)
Chair, Board of Trustees, Resigned (Sept 2024)

Karen Jaques
Interim Chair, Board of Trustees (Sept 2024-Sept 2025)

Saqib Alam
(Appointed Jan 2024) Board Member (Appointed Chair of the Board Sept 2025)

Dr William Magee, Jr, DDS, MD
Co Founder and CEO Emeritus of Operation Smile Inc

Andrew John Bruce, BSc, MBA
Chair, Finance & Audit Subcommittee, Board Member, (resigned Oct 2024)

Diana Dalton
(Appointed Jan 2024) Board Member

Dr Philip McDonald, MBChb, FRCA
Chair – Medical Subcommittee and UK Medical Director

Judy Nyaga LL.B, LL.M, MBA
(Appointed Jan 2024) Board Member

Christopher Pinnington, BA
Board Member

Ingrid Cope
(Appointed June 2025) Board Member

Michelle Futter, FCIPD
(Appointed June 2025) Board Member

Patrick Aylmer
(Appointed June 2025) Board Member

Margaret (Mairéad) O'Callaghan AB
Executive Director and Company Secretary



Volunteer Anaesthetist, Jonty, with Child Life Specialist, Memory and a young patient, Tumpale, in Malawi

Subcommittees, ambassadors, bankers and principal advisors

Key management personnel

Margaret (Mairéad) O'Callaghan AB
Executive Director

Carol Clairmont
Director of Finance

Darren Mooten
Director of Operations

Smile ambassadors

Anthony Andrews
Duncan Bannatyne, OBE

Bankers and advisers

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

Barclays Bank Plc
Leicester, LE7 2BB

Virgin Money
Jubilee House,
Gosforth,
Newcastle upon Tyne
NE3 4PL

Auditors

Moore Kingston Smith LLP
Chartered Accountants,
9 Appold Street,
London
EC2A 2AP

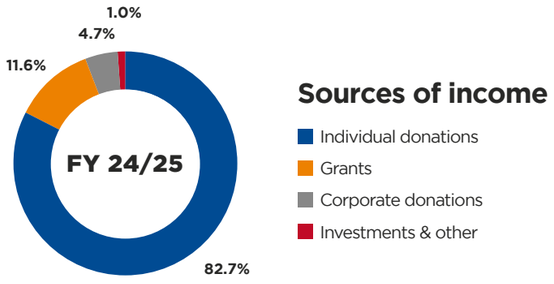
Solicitors

Russell Cooke Solicitors
2 Putney Hill,
London
SW15 6AB

Financial overview

Financial year 2024–2025

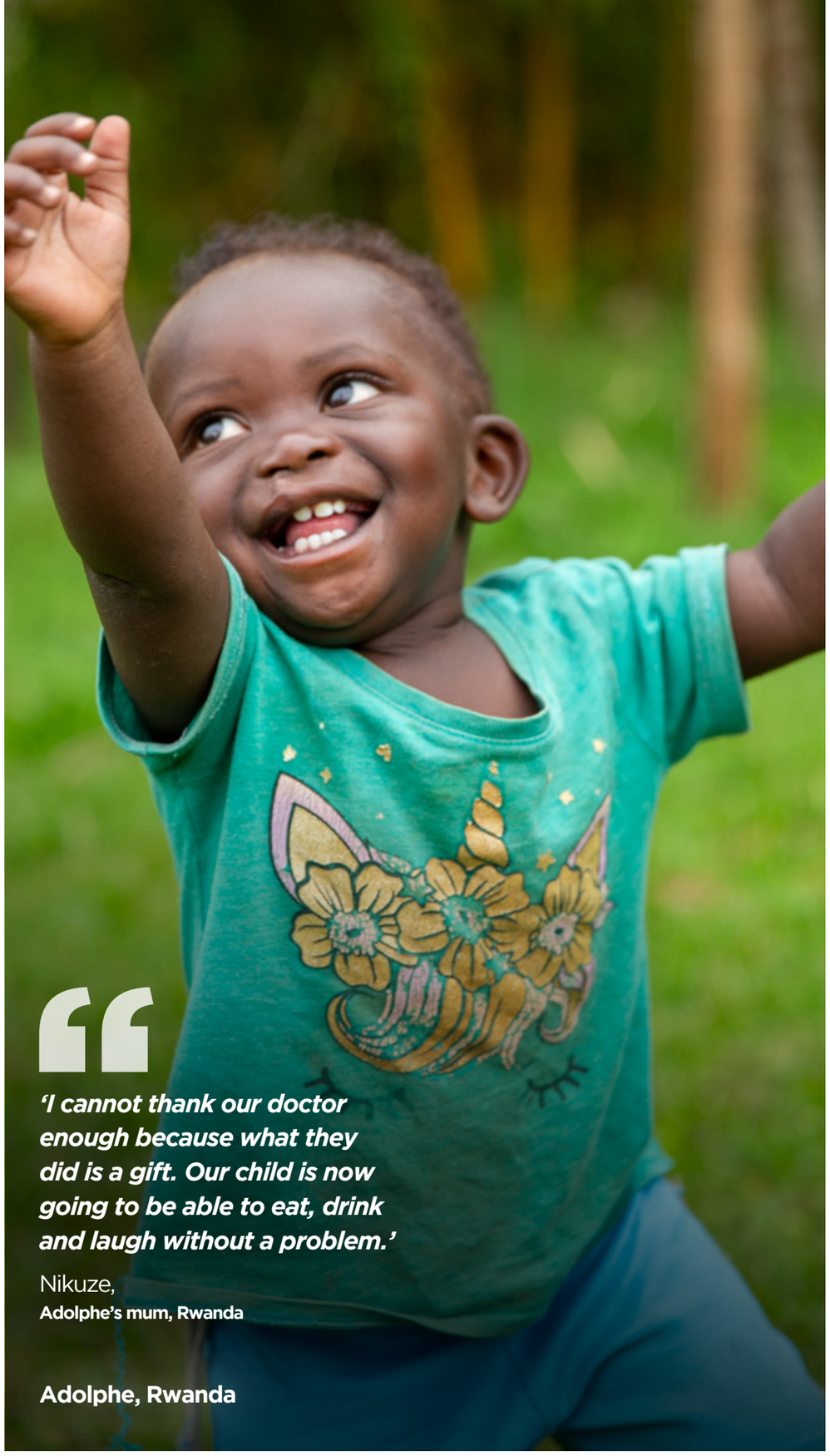
In 2025 Operation Smile United Kingdom generated a total income of £7.5M (2024: £7.1M). Total expenditure for the year was £7.2M (2024: £7.8M), including gifts in kind of £278K (2024: £143K), investment income of £65K (2024: £49K).



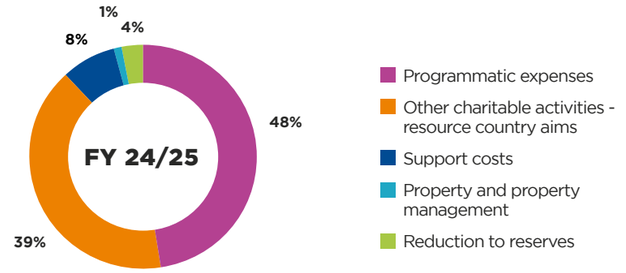
We are deeply grateful to our existing and new donors, as well as the families and executors of our legacy donors, whose generosity enabled us to increase our income and continue making a life-changing impact on children and their communities around the world.

We are also incredibly proud of our medical volunteers, who selflessly gave their time and expertise to deliver comprehensive cleft care. Their dedication remains at the heart of our mission and continues to transform lives across the globe.

In FY24-25 for every £1 raised £0.88 (2024: £0.90) was spent on our charitable aims (£0.08 on support costs (2024: £0.09), £0.01 (2024:£0.01) on property and property management and £0.04 (2024:0.03 reduction to reserves) was added to reserves.



Use of funds



Income

In FY24–25, Operation Smile UK saw a 5% increase in total income compared to the previous year (2024: -5%). This growth was driven primarily by a significant rise in legacy and In Memoriam donations, alongside a 4% uplift in income from Programmes and Partnerships, largely attributed to the generosity of our major donors.

However, direct marketing income declined by 12%, reflecting both the challenging economic climate and a strategic decision to reduce investment in certain fundraising channels. Despite this, we remain deeply grateful to our donors for their continued support.

Looking ahead, we will continue to invest in fundraising, guided by insights from our digital and fundraising teams and Board of Trustees.

Expenditure

Total expenditure for the year was £7.2M (2024: £7.8M). This reduction reflects a strategic decision by management to temporarily scale back investment in certain fundraising channels, in response to both economic pressures and performance insights.

Looking ahead, this adjustment supports our five-year strategy to increase access to care for one million patients. We will reinvest in high-performing fundraising channels that grow unrestricted income, enabling us to expand our impact sustainably and efficiently.

Net income generated

In FY24–25, Operation Smile UK generated a net surplus of £265,000, a significant turnaround from the £668,000 deficit recorded in 2024.

This surplus will provide additional funding to support both our charitable programmes and fundraising activities.

As part of our five-year strategy, we are committed to increasing the ratio of expenditure on charitable activities relative to fundraising. By doing so, we aim to deliver comprehensive medical treatment to many more children, ensuring our resources are directed where they can have the greatest impact.

Balance sheet

As of 30 June 2025, total net assets were £2.7M (2024: £2.7M). Cash held was £3M (2024: £2.4M). Restricted fund balance included was £34K (2024: £33K)

Reserves policy

The trustees have determined an appropriate level of reserves to be six months of projected operating costs and direct marketing costs which in FY24/25 was budgeted to be £1.4M. This liquidity-based approach ensures the charity can continue its work during periods of fundraising uncertainty.

At 30th June 2025, the free reserves of the charity amounted to £3M (2024: £2.7M). Free reserves represent the total assets available for use to the charity less restricted and designated funds, and fixed assets.

The trustees acknowledge the increase in cash liquidity beyond the six-month threshold and continue to monitor this closely. Opportunities to increase spending on charitable activities are continually being explored, with the aim of minimising volatility in cleft service delivery, especially in light of ongoing economic challenges.

Governance and statement of trustees' responsibilities



Volunteer nurse Naggie, with a mother and her child in Morocco.

Governance

Operation Smile United Kingdom (OSUK) is a registered charity with the Charity Commission and Companies House in England and Wales (charity registration no. 1091316; company registration no. 4317039). It is a charitable company limited by guarantee.

Trustees have legal duties and responsibilities under charity law, and act as company directors under company law. OSUK works in partnership with Operation Smile Inc in the US, but the organisations are separately registered with different management teams and Boards of Trustees.

The Board reviewed its organisation in line with the Charity Code of Governance and its Terms of Reference (ToR). Delegated authorities are discharged through subcommittees, the Executive Director, and the Director of Finance. The Code and ToR are reviewed periodically to remain fit for purpose.

Governing document

OSUK is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association restrict the liability of members on winding up to £1. In the case of a winding up, none of the accumulated funds are distributable to the members but shall be given or transferred to Operation Smile Inc for its charitable purposes or charities with similar objects as OSUK.

Under the powers within its Articles of Association, the trustees delegate the day-to-day management responsibilities of the charity to the Executive Director. She is accountable to the trustees and is guided by approved business plans, budgets, policies and supporting procedures.

Appointment and retirement of trustees

Potential OSUK trustee candidates are nominated at a trustee's meeting by a serving member of the Board. If the trustees present agree to pursue the proposed nomination, the candidate is asked to meet with at least two active trustees to discuss the activities and goals of the charity. Following these meetings, the serving trustees report back to the Board.

If the consensus is to move forward with the nomination, the nominee is formally appointed as an active trustee on the Board. Relevant checks are made and supporting documentation to the appointment are requested and filed. Trustees are appointed for a rolling three-year term; re-appointment is possible and should be proposed at the first board meeting of the year in which the term expires.

Trustee induction and training

New trustees undergo an induction where they are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the decision-making process, the business plan and financial performance of the charity, and the charity's programmatic goals and strategy.

Following this, new trustees meet OSUK staff members. The induction concludes with a meeting with the Executive Director to discuss feedback and any other queries. Ongoing development and training is addressed by providing opportunities for external training. Trustees can request to attend these training courses at any time.

Subcommittees

The Medical Subcommittee meets annually with ad hoc communication as required throughout the year, reporting to the Board as needed. Minutes are circulated to the Board.

The Finance and Audit Subcommittee (F&A) meets at least three times a year, primarily before scheduled board meetings, to review finances and related policies, and make recommendations to the Board for approval. Minutes are circulated to the Board.

Remuneration of staff

The governing principle of OSUK's remuneration policy is to ensure delivery of OSUK's objectives by attracting and retaining a motivated workforce with the skills and expertise necessary for organisational effectiveness.

OSUK ensures remuneration is equitable and coherent across the organisation. Salaries must balance charitable purpose with realism. Senior executive remuneration is considered in the context of impact on the wider workforce and includes a package of salary, pension contributions, personal development opportunities, and the fulfilment of contributing to public benefit.

Remuneration for the year ended 30 June 2024 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at OSUK.

Risk management

A record of all risks is maintained in the risk register. The Finance and Audit Subcommittee reviews the register quarterly and takes appropriate action to mitigate risks. The Executive Director brings any new or increased risk to the Board at any time.

The strategy for managing risks, once identified, is to assess their likelihood and impact and assign a rating to each risk. The appropriate mitigation recommendations are then defined.

The risks identified in FY24/25 as having a major impact on the charity's financial sustainability were grouped into the following categories:

- Finance
- People
- Reputation

The Board reviews recommendations quarterly and is satisfied that OSUK's systems and procedures are sufficient to manage the likelihood and impact of risks. Charity and financial regulatory compliance remain a priority, with policies and procedures under regular review. Data protection and cyber security are reviewed with staff regularly.

Code of practice and vulnerable persons policy

OSUK has a code of practice and vulnerable persons policy to oversee public interactions while fundraising and during service delivery. A reporting procedure is in place, and OSUK also notes the Charity Commission whistleblowing hotline.

Trustees' responsibility in relation to the financial statements

The trustees who are also directors of OSUK 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 (UK Generally Accepted Accounting Practice/UK GAAP).

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

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice on Accounting and Reporting (SORP).
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards, including FRS102, have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper 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 Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence take reasonable steps for the prevention and detection of fraud and other irregularities. None of the trustees have any beneficial interest in any contract to which the charity was party during the year.

Trustees' indemnity insurance

As permitted by the Memorandum and Articles of Association, the Trustees have the benefit at a cost of £859 (2024: £981) of trustees' liability insurance which is a qualifying third party indemnity provision as defined by Section 234 of the Companies Act 2006.The indemnity was in force throughout the last financial year and continues into the current financial year. All of the trustees shown on page 36-37 of the Trustees Annual Report, even those who have retired, are covered by this policy.

Statement as to disclosure to auditors

Insofar as the trustees are aware at the time of approving the Trustees' Annual Report there is no relevant audit information of which the charitable company's auditor is unaware.

The trustees have taken all steps that ought to have been taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of any such information.

The maintenance and integrity of OSUK's website is the responsibility of the trustees. The work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Public benefit

The trustees have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Resources expended seek to promote health in the countries in which they are spent by transforming the lives of children with cleft conditions and other facial deformities. Cleft and facial deformities can inhibit food intake and cause malnutrition; each successful treatment increases the advancement of health for these children and increases their chances of being flourishing members of society.

We are also required to describe how significant activities undertaken by the organisation further our charitable purpose for the public benefit. In response, the trustees hereby clarify that the benefits that we have provided and will continue to provide directly relate to our aims and objectives of improving healthcare in developing countries.

Furthermore, we can confirm that:

- Feedback from beneficiaries and partner countries affirms that we are reaching our intended beneficiaries with life-changing results.
- Feedback from our partners and our country offices indicates safe surgical practises and up-skilling of healthcare workers and their care of cleft patients.
- Our volunteers from across the UK and the world feedback to us that they benefit from the exposure to different operating environments and cross practice contact.
- Any private benefit gained from the work of the charity (in particular salaries of its employees, and fees paid to consultants) is a necessary part of its cost of operations.

Auditors

Moore Kingston Smith LLP were reappointed auditors on an ongoing basis and service delivery is reviewed annually. They have indicated their willingness to continue in office as such. They are deemed to be re-appointed in accordance with Section 487(2) of the Companies Act 2006.

Approved by the Board of Trustees

Signed on their behalf by:

Saqib Alam
Chair of the Board of Trustees

Date: 10/12/25



Ramata, Ghana



A mother comforts her child in the recovery room, Morocco

Independent auditor's report to the members of Operation Smile United Kingdom

Opinion

We have audited the financial statements of Operation Smile United Kingdom ('the company') for the year ended 30 June 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and 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 30 June 2025 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the 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 the provisions available for audits of small entities, in the circumstances set out in note 5 to the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

Our responsibilities and the responsibilities of the directors 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 annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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 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 where 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 trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report and from preparing a Strategic Report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page xx , 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud Irregularities, including fraud, are instances of non-compliance with laws and regulations.

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non- compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of noncompliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Samir Chandoo

(Senior Statutory Auditor)

For and on behalf of Moore Kingston Smith LLP,

Statutory Auditor

9 Appold Street, London, EC2A 2AP

Date: 15/12/2025



Statement of financial activities for the year ended 30 June 2025

	Note	Unrestricted funds (£)	Designated funds (£)	Restricted funds (£)	2025 (£)	Unrestricted funds (£)	Designated funds (£)	Restricted funds (£)	2024 (£)
Income and endowments:									
Donations & legacies	2	6,099,760	-	1,198,058	7,297,818	5,894,175	-	1,045,634	6,939,809
Charitable activities	2a	132,060	-	375	132,435	159,525	-	-	159,525
Interest		64,943	-	-	64,943	49,425	-	-	49,425
Exchange gain or loss		-	-	-	-	-	-	-	-
Total income and endowments		**6,296,763**	**-**	**1,198,433**	**7,495,196**	**6,103,125**	**-**	**1,045,634**	**7,148,759**
Expenditure:									
Raising funds	3	3,285,802	-	-	3,285,802	3,734,017	-	-	3,734,017
Charitable activities	3a	2,745,759	-	1,197,633	3,943,392	3,029,223	-	1,044,433	4,073,656
Total expenditure		**6,031,561**	**-**	**1,197,633**	**7,229,194**	**6,763,240**	**-**	**1,044,433**	**7,807,674**
Net unrealised (losses) on investments		(52)	-	-	(52)	(8,898)	-	-	(8,898)
Net realised gains on investments		-	-	-	-	-	-	-	-
Prior year adjustment									
Net income for the year		265,150	-	800	265,950	(669,013)	-	1,201	(667,812)
Transfer between funds	11	-	-	-	-	-	-	-	-
Net movement in funds		**265,150**	**-**	**800**	**265,950**	**(669,013)**	**-**	**1,201**	**(667,812)**
Reconciliation of funds									
Prior year adjustment			-	-	-		-	-	-
Total funds brought forward		2,706,442	-	33,041	2,739,483	3,375,455	-	31,841	3,407,296
Total funds carried forward		2,971,591	-	33,841	3,005,431	2,706,442	-	33,042	2,739,483

There are no recognised gains or losses other than those disclosed above. All results derive from continuing operations.
The notes form part of these financial statements.



Sebastian with mum Maria, before surgery

Balance sheet for the year ended 30 June 2025

		2025		2024
	Note	(£)	(£)	(£)
Fixed assets	6		18,996	22,229
Current assets				
Debtors	8	773,615	633,549	
Cash at bank and in hand		3,027,786	2,432,606	
Total current assets		3,801,401	3,066,155	
Current liabilities				
Creditors:				
Amounts falling due within one year	9	(814,966)	(348,902)	
Net current assets			2,986,435	2,717,253
Long term liabilities				
Amounts falling due after one year	10		-	-
Net assets			3,005,431	2,739,482
Represented by:				
Restricted funds			33,841	33,042
Designated funds			-	-
General (unrestricted) funds	11		2,971,590	2,706,441
			3,005,431	2,739,482

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime within Part 15 of the Companies Act 2006 and with the FRS 102 Charity SORP. The notes on pages 54-60 form an integral part of these financial statements.

Approved by the Board of Trustees on 10th Dec 2025 and authorised on their behalf by:



Saqib Alam
Chair of the Board of Trustees, Operation Smile UK

Cash flow statement for the year ended 30 June 2025

		2025 (£)	2024 (£)
Net cash provided by operating activities	Note A	611,797	(750,025)
Cashflows from investing in activities:			
Cost of purchasing tangible fixed assets		(16,617)	(22,708)
Change in cash and cash equivalents at 30 June		595,180	(772,733)
Cash and cash equivalents at the beginning 01 July		£2,432,606	£3,205,339
Total cash held at 30 June		**£3,027,786**	**£2,432,606**

Note A

Reconciliation of net expenditure to net cash provided by operating activities	2025 (£)	2024 (£)
Net income/(expenditure) for the year	265,950	(667,812)
Depreciation of tangible assets	19,850	18,348
Increase/(decrease) in investment	-	-
Increase/(decrease) in debtors	(140,066)	(29,523)
Increase/(decrease) in creditors	466,064	(71,038)
Net cash inflow from operating activities	£611,797	-£750,025



Shine, Ghana

Notes to the accounts

Accounting policies

Basis of preparation

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared and with Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) including update bulletin 2, the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice (UK GAAP).

Going concern

The trustees have assessed whether the use of going concern is appropriate and have considered events or conditions that may cast significant doubt on the ability of OSUK to continue as a going concern.

The Trustees have given due consideration for the effects of the prevailing economic climate.

The trustees have made this assessment in respect of a period of at least a year from the date of approval of the financial statements. The trustees have considered the charitable company's forecasts and projections and are cautiously optimistic following the results of this financial year.

The charity is largely sheltered from fluctuations in the economic climate due to its loyal donor base and a significant legacy pipeline. The charity continues to hold significant reserves to meet downturns in income and has liquid assets in the form of cash held in short term deposits.

The Trustees have concluded that with the reserves policy and cash liquidity requirements of the charity, there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

The principal accounting policies adopted in the preparation of the financial statements are set out as follows:

a) Income and expenditure

All incoming resources are included in the Statement of Financial Activities when the charity is entitled to (or has physically received) the income and the amount can be quantified with reasonable accuracy.

Gift Aid income is accrued when there is a valid declaration from the donor or HMRC small donations rule is applicable.

Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and OSUK has been notified of the executor's intent to make a distribution. Where legacies have been notified to the charity, or where OSUK 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.

For event income, entitlement is counted at the date of the event. Where income is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued. Expenditure is accounted for on an accrual basis.

Raising funds relating to direct marketing has been allocated between charitable activities and fundraising costs based on an allocation process which analyses the cost between direct fundraising, raising awareness of the need and educating on cleft conditions. Currently this analysis allocates 29% (2024: 24%) of costs towards charitable activities as content relating to education and raising awareness of cleft and 71% (2024: 76%) towards cost of raising funds. We have continued to sustain the investment in fundraising and PR communications and digital as we seek to raise awareness and funds. PR and communications expenses are accounted for within raising funds though they may add value in the provision of other services.

Charitable activities

All costs relating to surgical programmes are recognised in the year in which they are agreed upon and a commitment made. The total cost of charitable activities also includes a proportion of direct marketing costs relating to charitable activities as above.

b) Critical accounting estimates and areas of judgement

In view of the trustees applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

c) Tax status

Operation Smile United Kingdom is a registered charity in England and Wales with the Charity Commission and Companies House. It is a charitable company limited by guarantee. It is not registered for value added tax (VAT) and this position is reviewed on an annual basis for any possible change in status.

It is therefore not liable for income tax or corporation tax on income or gains derived from its charitable activities as it falls within the various exemptions available to registered charities; costs are recorded gross of VAT.

d) Fund accounting

The general unrestricted reserve comprises net accumulated unrestricted surpluses. Restricted funds are subject to restrictions imposed by the donor stipulating the way donations should be used. Interest earned on such donations is not subject to the same restrictions. Designated funds represent amounts which the trustees have allocated to specific 'projects' from general unrestricted reserves. Designated funds may at the discretion of the trustees be brought back into general reserves.

e) Fixed assets

Tangible assets are stated at cost which includes their purchase price and the cost attributable to bringing it to its working condition for its intended use. Depreciation is calculated using a straight-line method for both office equipment and fixture and fittings.

The cost of an asset, less its estimated residual value if appropriate, will be written off over the estimated economic life of that asset:

- Office equipment – over 3 years.

- Furniture, fixtures and fittings (including IT hardware) – over 3 years.



Young patients in Vietnam

The charity currently adopts a minimum capitalisation limit of £1,000. However, where complements of furniture and equipment are acquired with individual unit costs below the stated capitalisation threshold but collectively cost £1,000, then complements are capitalised at the time of purchase. Costs related to maintenance and repairs are treated as expenses as incurred.

f) Investments

OSUK has a policy of selling donated shares upon receipt of donation. However, where for any reason donated shares are not sold at balance sheet date these are listed as investments, at their market value at date. Realised and unrealised gains or losses for the period are accounted for through the Statement of Financial Activities as net of investment value.

g) Gifts in kind

Gifts in kind may include donated equipment, goods, or services.

The charity measures and records these in the financial statements on the basis of the value of the gift to the charity. The value is the amount the charity would pay on the open market for an alternative item that would provide a benefit to the charity equivalent to the donated item.

h) Pensions

The charity operates a contributory group personal pension scheme and therefore has no pension liability. The amount charged to the Statement of Financial Activities in respect of pension costs is the total of contributions payable in the year.

i) Leases

Rentals under operating leases are charged as per agreement; any benefit received/receivable as an incentive to sign an operating lease is spread over the lease term on a straight-line basis. However, where the period to review date on which the rent is first expected to be adjusted to the prevailing market rate is shorter than the full lease term then the shorter period is used.

j) Foreign currencies

Assets and liabilities in foreign currencies are translated into the appropriate sterling equivalent as at the balance sheet date. Exchange gains/losses are reviewed periodically and accounted for if deemed material.

k) Other financial instruments - Cash and cash equivalents

Cash and cash equivalents include cash at banks and in hand and short- term deposits with a maturity date of 95 days or less. Deposits are made into reputable financial institutions and risk exposure is kept to a minimum.



Andrews with his mum in Peru

2. Donations and legacy income

	Unrestricted funds (£)	Restricted funds (£)	2025 (£)	Unrestricted funds (£)	Restricted funds (£)	2024 (£)
Donations	4,429,388	344,077	4,773,465	4,909,088	301,219	5,210,307
Legacies	1,567,687	6,300	1,573,987	823,666	14,416	838,082
Grants	102,685	569,874	672,559	161,421	587,330	748,751
Sub-total	6,099,760	920,151	7,020,011	5,894,175	902,965	6,797,140
Gifts in kind	-	277,807	277,807	-	142,669	142,669
	6,099,760	1,198,058	7,297,818	5,894,175	1,045,634	6,939,809

2(a). Charitable activities

	Unrestricted Funds (£)	Restricted Funds (£)	Total 2025 (£)	Unrestricted Funds (£)	Restricted Funds (£)	Total 2024 (£)
Community events	132,060	375	132,435	159,525	-	159,525
Sub-total	132,060	375	132,435	159,525	-	159,525
	132,060	375	132,435	159,525	-	159,525

3. Raising funds

	Unrestricted funds (£)	Designated funds (£)	Restricted funds (£)	Total Unrestricted Funds 2025 (£)	Unrestricted funds (£)	Designated funds (£)	Restricted funds (£)	Total Unrestricted funds 2024 (£)
Direct expenses	2,780,544	-	-	2,780,544	3,070,509	-	-	3,070,509
Staff recruitment costs	2,712	-	-	2,712	23,546	-	-	23,546
Property and management costs	46,900	-	-	46,900	48,825	-	-	48,825
Administration costs	455,647	-	-	455,647	591,138	-	-	591,138
	3,285,802	-	-	3,285, 802	3,734,017	-	-	3,734,017

3(a). Charitable activities

	Unrestricted funds (£)	Designated funds (£)	Restricted funds (£)	Total 2025 (£)	Unrestricted funds (£)	Designated funds (£)	Restricted funds (£)	Total 2024 (£)
Programme expenses	2,394,129	-	919,826	3,313,955	2,656,638	-	901,764	3,558,402
Programme expenses - Gifts in kind	-	-	277,807	277,807	-	-	142,669	142,669
Support costs:								
Property and management	36,224	-	-	36,224	37,920	-	-	37,920
Office administration	45,623	-	-	45,623	33,621	-	-	33,621
Other support costs	135,734	-	-	135,734	161,315	-	-	161,315
Governance costs:								
Audit and accounting	53,955	-	-	53,955	27,741	-	-	27,741
Legal/filing and consulting fees	41,234	-	-	41,234	70,515	-	-	70,515
Trustees' liability insurance	2,727	-	-	2,727	981	-	-	981
Allocated support costs	36,133	-	-	36,133	40,492	-	-	40,492
	2,745,759	-	1,197,633	3,943,392	3,029,223	-	1,044,433	4,073,656

Cost allocation / recovery

Support costs including governance costs which are not directly attributable to raising funds or charitable activities are allocated to the programmes/services benefiting from them based on staff time and department headcount.

Currently there is no cost recovery on restricted funds by OSUK; costs are monitored and covered by general unrestricted funds.

4. Staff number and costs

	2025 (£)	2024 (£)
Staff salaries	1,161,726	1,194,838
Employer's NIC	129,337	126,101
Employer's pension contribution	67,814	67,358
Other staff costs - volunteers	-	-
	1,358,877	**1,388,297**
Staff recruitment	4,761	41,833
Training and development	4,784	6,126
Total	9,455	47,959

Three employees received payment above £80K. During the year, the posts of six employees were made redundant. Redundancy costs were £19.9K (2024: £0).

Trustees and key management personnel

During the year trustees' expenses were £859 (2024: £349). £1,957 (2024: £212) was paid in respect of trustees' liability insurance, as permitted by the Charity's Memorandum & Association. Key management personnel (senior management team) as listed on page 39 received a total remuneration of £260K (2024: £255K).

The total average number of staff employed on a full-time basis in the year was:

	2025	2024
Total number of full-time staff	**27**	**31**
Employees earning:		
£60K - £70K	1	1
£70K - £80K	1	-
£80K - £90K	1	1
£90K - £100K	-	1
£100k - £110k	-	-
£110k - £120k		

The employers' pension contribution in respect of the above amounted £14.1K (2024:£13.3K).

5. Net income for the year is stated after charging:

	2025 (£)	2024 (£)
Auditor's remuneration In respect of current year	23,220	18,450
Auditor's remuneration in respect of previous year	12,111	-
Other non-audit services	15,456	16,381
Depreciation of tangible assets	19,850	18,348

6. Tangible fixed assets (Office equipment, furniture and fixtures)

	Office equipment (£)	Furniture and fittings (£)	Total 2025 (£)	Office equipment (£)	Furniture and fittings (£)	Total 2024 (£)
Cost at 01 July 2024	78,412	14,208	92,620	78,351	14,752	93,103
Additions	13,579	3,038	16,617	22,708	-	22,708
Disposals	-	-	-	(22,647)	(544)	(23,191)
Cost at 30 June 2025	**91,991**	**17,246**	**109,237**	**78,412**	**14,208**	**92,620**
Depreciation at 01 July 2024	56,182	14,208	70,389	60,482	14,752	75,234
Depreciation charge for the year	18,565	1,285	19,850	18,348	-	18,348
Depreciation on disposals	-	-	-	(22,649)	(544)	(20,450)
Depreciation at 30 June 2025	**74,746**	**15,493**	**90,239**	**56,182**	**14,208**	**73,132**
Net book values:						
30-Jun-24	22,230	-	22,231	17,869	-	17,869
30-Jun-25	17,244	1,753	18,998	22,230	-	19,488

7. Debtors

	2025 (£)	2024 (£)
HMRC - Gift Aid reclaims	89,132	46,657
Prepayments	48,886	127,008
Receivables	151,002	73,870
Lease deposit	21,250	25,000
Due from Operation Smile Inc/partners	48,186	155,762
Other debtors (incl. accrued income)	415,158	205,252
	773,615	633,549

All debtors are financial instruments measured at present value.

8. Creditors

	2025 (£)	2024 (£)
Trade creditors	190,369	258,900
Due to Operation Smile Inc	423,259	-
HMRC - Tax and NIC due	34,192	36,970
Deferred income	110,370	1,500
Accrued expenses	56,775	51,532
	814,966	348,902

All creditors, excluding accruals, are financial instruments measured at present value.

Deferred income

Deferred income comprises donations received in advance of community events taking place in FY25/26.

	2025 (£)	2024 (£)
Balance as of 01 July	1,500	10,000
Amount released to income earned from charitable activities	-	(10,000)
Amount received and deferred after one year	-	-
Amount received and deferred in the year	110,370	1,500
Balance as of 30 June	111,870	1,500

9. Statement of funds

	Balance at 01 Jul 24 (£)	Income (£)	Expenditure (£)	Transfers between funds (£)	Balance at 30 Jun 25 (£)	Balance at 01 Jul 23 (£)	Income (£)	Expenditure (£)	Transfers between funds (£)	Balance at 30 Jun 24 (£)
General funds	2,706,441	6,296,712	(6,031,562)	-	2,971,590	3,375,454	6,094,228	(6,763,241)	-	2,706,442
Restricted funds	33,041	1,198,433	(1,197,633)	-	33,841	31,841	1,045,634	(1,044,433)	-	33,041
	2,739,482	7,495,145	(7,229,195)	-	3,005,431	3,407,294	7,139,862	(7,807,674)	-	2,739,483

10. Analysis of net assets between funds

	General unrestricted funds (£)	Restricted funds (£)	Total 2025 (£)	General unrestricted funds (£)	Restricted funds (£)	Total 2024 (£)
Fixed assets and investments	18,996	-	**18,996**	22,229	-	22,229
Current assets	3.767,560	33,841	**3,801,401**	3,033,113	33,041	3,066,155
Current liabilities	(814,966)	-	**(814,966)**	(348,902)	-	348,902
Deferred income	-	-	**-**	-	-	
Other/long term liabilities	-	-	**-**	-	-	
At 30 June 2025	2,971,590	33,841	3,005,431	2,706,441	33,041	2,739,482

The OSUK policy is such that notice accounts of 95 days or less are considered cash and cash equivalents.

Restricted funds by region

	Balance at 01 July 2024 (£)	Income (£)	Expenditure (£)	Transfers in/(out) (£)	Balance at 30 June 2025 (£)	Balance at 01 July 2023 (£)	Income (£)	Expenditure (£)	Transfers in/(out) (£)	Balance at 30 June 2024 (£)
Africa	31,841	698,085	(697,285)	-	32,641	31,841	617,766	(617,766)	-	31,841
South/Central America	1,200	-	-	-	1,200	-	1,200	-	-	1,200
Asia	-	23,701	(23,701)	-	-	-	-	-	-	-
Europe	-	-	-	-	-	-	-	-	-	-
OSI Global Surgery	-	277,807	(277,807)	-	-	-	142,669	- 142,669	-	-
Other	-	198,840	(198,840)	-	-	-	283,998	- 283,998	-	-
	33,041	1,198,433	(1,197,633)	-	33,841	31,841	1,045,634	- 1,044,433	-	33,041

11. Operating leases

OSUK renewed its lease for office premises from 21 August 2025, for a lease term of 2 years.

Amounts payable to end of lease:	2025 (£)	2024 (£)
Within 1 year	49,968	51,000
Between 2 - 5 Years	57,958	7,126
	107,926	58,126

12. Post balance sheet event

The lease agreement for office premises was signed on 20 August 2025.

13. Related parties

As explained on page 11 of our report, OSUK raises funds to assist OSI in their efforts to raise awareness for global cleft care, safe surgery and education programmes. During the year, £2.4M was granted to OSI and £199K was received from OSI. At balance sheet date OSUK had a liability of £423k (2024: £9k) to OSI in respect of funding for programmes. OSI and other partners owed OSUK£48k) (2024: £155k) for miscellaneous receipts.

14. Capital commitments

OSUK had no capital commitments at the end of 30 June 2025 (2024: Nil).

15. Company limited by guarantee

OSUK is a company limited by guarantee and has no share capital. By virtue of Section 30 of Companies Act 1958 (revised 2006) under which the company is incorporated, the company is not required to use the word 'Limited' in its name.

In the event of winding up, the members are liable to contribute towards any deficiency up to a maximum value of £1 each. At 30 June 2025 there were 8 (2024: 5) registered members.

Photo credits

We are blessed to work with an incredible group of visual artists.

They help connect our global audiences to the heart of our cause, portraying the beauty and dignity of patients, the passion of our volunteers and supporters, and the life-changing work of our medical programmes.

Toky Andriamisaina
Marc Ascher
Henry Cuicas
Manuela Emmer
Jörgen Hildebrandt
Zute Lightfoot
Erin Lubin Rohanna Mertens
Margherita Mirabella
Will Moffit
Lorenzo Monacelli
Mariam Moummade
Henitsoa Rafalia
Carlos Rueda
Jasmin Shah
Peter Stuckings
Camilo Zapata

Leana, Madagascar

OPERATION SMILE UNITED KINGDOM

England & Wales - Charity number 1091316

Accounts



Hannah, Ghana



Bipul, India

WE ARE FOREVER COMMITTED TO CHANGING THE WORLD, ONE SMILE AT A TIME

Operation Smile United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**

TRUSTEES' ANNUAL REPORT & ACCOUNTS 2024

Operation Smile United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**

‘Every three minutes a child is born with a cleft lip or a cleft palate. Hundreds of thousands of children around the world don’t have access to safe surgery and medical care. It is our responsibility to help them.’

Kathy Magee, President, CEO and Co-Founder Operation Smile

GIVING SMILES, SAVING LIVES

Operation Smile is a global charity specialising in expert cleft surgery and care.

Supported by our generous donors, our dedicated staff, medical and student volunteers, we provide medical expertise, research and care, working alongside local governments and ministries of health all around the world.

While one cleft surgery can transform a child’s life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts. We offer patients additional surgeries, dentistry, psychological services, speech therapy and other essential cleft treatments.

Our training and education programmes improve local surgical standards and health systems, enabling our global network to bring safe surgery to more people, earlier in their lives.



Jack, Bolivia



Claricia, Madagascar

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CHAIR'S WELCOME

Dear Supporters and Friends,

It is truly an honour to step into the role of Chair of Operation Smile UK. Having formerly been the CEO, I am thrilled to return to an organisation, which is ever close to my heart, in this new capacity. I want to acknowledge the significant contribution of my predecessor Dr. Maria Moore who leaves big shoes to fill having grown and strengthened the organisation over the past nine years. As I reflect upon the past year, and the work that we have been doing around the world. I am always incredibly humbled by the passion and commitment of our medical volunteers, giving up so much of their time for free to change the lives of people with cleft conditions. None of our life-changing work would be possible without the dedication of these wonderful people, and of course the generosity of our supporters, donors and partners. I have witnessed at first hand, the difference having a cleft repair makes, not just to the child but to the whole family. It is such a relatively simple surgery that removes a devastating facial condition and replaces it with a beautiful smiling face.

Behind these volunteers is the Operation Smile family, who work tirelessly to make our work possible. We all have one goal, to give every child a chance to live their life on a level playing field with their peers.

Cleft surgery undoubtedly changes lives, and we are ever mindful of the full spectrum of specialists who help guide our patients on their journey to a new life. Our expert local teams are there to provide additional vital services such as speech therapy, nutritional support, dentistry and psychosocial care. These are the services that make the difference between a child getting a new smile, and that child really being able to go out into the world and thrive.

As well as carrying out cleft surgery, as we have done for over 40 years, we have continued to strive towards our goal to improve healthcare outcomes for all types of surgery in the hospitals in which we work so that safe, affordable healthcare is available to everyone. We have collaborated with and invested in local health services, such as district hospitals, improving facilities, and providing life-saving equipment. We have strengthened our bond with local partners and government organisations and, we have empowered local teams with the tools and training they need to provide safe, sustainable care for their own communities.

We call it 'Health for all,' and our focus is clear, we are building a global infrastructure, so that all children with cleft conditions can get the care they need, where they live, when they need it, as a right, not a privilege.

Once again, this year, our community outreach teams, often the unsung heroes, have been out there, travelling by any means possible, to get to those remote areas to educate communities and fight the stigma around cleft conditions. They have given new hope to families living in fear and we are incredibly grateful for their efforts.

Thank you sincerely for taking the time to read this report. I hope it shows just how much we have been able to achieve, and will continue to achieve in the future, with your support. Without you, our donors, none of this work would be possible.

On behalf of the Board of Trustees and all those whose futures are now brighter, thank you.



Karen Jaques

Karen Jaques
Interim Chair, OSUK Board of Trustees

Shyam after his life-changing surgery

"It's extraordinary to witness the impact of Operation Smile. Not just on the children themselves, but their family members and all those around them. It's amazing.

Dr Maria Moore,
Former Chair, OSUK Board of Trustees

THE LIVES WE TOUCH, THE PEOPLE WE HEAL

Millions of children living with untreated cleft conditions have difficulties eating, breathing, speaking and being accepted by many of their peers and communities.

In the UK, cleft conditions are operated on within the first three to six months of a child being born. However, in many countries medical resources are scarce and, even when available, the cost of surgery and after-care is out of reach for many families. That's where Operation Smile comes in, bringing new smiles and new lives to children and their families.

Children suffer around the world

It's estimated that every three minutes a child is born with a cleft lip or cleft palate. They may be unable to eat, speak, or socialise. In many cases, the medical care they need is either not available or too far away.

Health that lasts

While one cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts. We offer additional surgeries, nutritional support, dentistry, psychological services, speech therapy and other essential cleft care.

Our global family

With more than 6,800 active medical volunteers from all around the world, Operation Smile is one of the world's largest volunteer-based non-profit organisations. Our global movement is made up of people from all walks of life. They share our belief that anyone born with a cleft condition deserves safe surgery and comprehensive care, regardless of where they live.

A vision for sustainable health services

We believe that safe, effective, well-timed surgery is a fundamental human right that should be accessible to all families. In many countries where we work, there aren't enough trained medical professionals to meet the growing need and backlog of cleft cases. That's why we prioritise training doctors, providing medical equipment and educating local medical professionals on the best surgical practices.



Meriem and her mother at a surgical programme in Oujda, Morocco

'Here people are afraid of surgery and they are afraid of hospital. So what's the solution? Getting back to awareness, explaining to them that the rumours they heard are not right. Working with the head of the village, who's respected by everyone, to build trust. Education is also a big part to avoid those rumours, to avoid the fear. Patient advocates are also important. They can advocate. They can tell them 'We've been there, there is no problem. They helped us.'

Jose Augustin, Patient Coordinator, OS Madagascar

ABOUT OPERATION SMILE

Operation Smile is an international medical charity, founded in 1982. For more than four decades, we have provided free surgery and comprehensive care to children and adults with cleft conditions across the world.

Patients waiting during a surgical programme in Tegucigalpa, Honduras

A global alliance

Operation Smile United Kingdom (OSUK) is part of the worldwide alliance of Operation Smile Inc (OSI) based in Virginia Beach, US. With 40 partners and foundations, we collaborate and fundraise so we can implement global strategies to address the issues of cleft and safe surgery throughout the world.

Our volunteer network is managed through this alliance with a robust process of credentialing our global pool of surgeons, anaesthetists, paediatricians, nurses, speech therapists, dentists, nutritionists, and other non-medical volunteers.

We are proud that 86% of our credentialed volunteers are within the countries where we work. They organise local programmes for Operation Smile in addition to their everyday caseloads.

OSI oversees our cleft care programmes globally through the programme and finance departments who work directly with our country partners. Our medical standards are managed by the Medical Oversight Committee, based in the US, and its team of Regional Medical Officers based in Africa, Latin America and Asia.

Operation Smile United Kingdom

OSUK is a registered UK charity with objectives which include fundraising within the UK for our global cleft care, safe surgery and education programmes.

With an independent Board and Medical Subcommittee, we adhere to the UK legal framework which includes company and charity-specific laws and regulations.

Our Board of Trustees meets quarterly to review our finances, operations, medical programmes and risk register.

With the utmost respect for our donor interests, we select programmes to support and disburse funds for their execution through OSI. Our impact and programme reports are compiled with in-country staff and OSI programme and finance teams.

These are then reviewed by OSUK as part of our accountability process. We contribute to the global organisational direction by meeting with global colleagues on a regular basis.

With guidance from the OSUK Medical Subcommittee, we support the recruitment of medical volunteers by attracting a wide range of UK medical professionals, placing them on surgical programmes around the world.

At the end of FY2024, we have 94 active medical volunteers within the UK.

Measuring our impact

Our reporting incorporates both quantitative and qualitative impact measurements to allow us to measure direct surgical and social impact.

We always report on direct surgical programme outcomes for patient numbers, screening and surgical outputs, number of surgical procedures performed by case, age and gender and the number of volunteers attending the surgical programme.

As results go beyond surgery, these outputs are also supported by qualitative reports around patients' lives. We don't have the resources to track every patient, but we follow selected individuals who have received surgical and comprehensive care during our programmes.

We also report on other components such as our local partners' participation, how the medical programme has positively contributed to the country strategy and note challenges and successes of each surgical programme.

OSI's Medical Oversight Comittee reviews all surgical outcomes and evaluates the quality of the surgeries performed. This is a key evaluation for us as we pride ourselves on following and improving our comprehensive Medical Global Standards. We will not compromise on this aspect of our work. Our Medical Oversight Committee continuously work with our global partners to bring them to this level.

SAVING LIVES THROUGH STRATEGIC PARTNERSHIPS

Training & education

We're proud that 86% of our medical volunteers are healthcare professionals from the low-and middle-income countries we serve. A majority have received education and training from Operation Smile.

We're investing in strengthening healthcare systems and partnering with universities, NGOs and governments with one mission in mind: delivering safe surgery to more people, in more places.

We have a long-standing partnership with the American Heart Association (AHA) through which we have provided training to thousands of healthcare providers globally. This includes: Basic Life Support, Paediatric Advanced Life Support, Advanced Cardiac Life Support and Paediatric Emergency Assessment, Recognition and Stabilisation.

A combination of these training programmes is carried out in all the countries we work in to refresh or teach life-saving techniques and practises to our colleagues all over the world. AHA training is part of a safe surgery package of training interventions. Last year, 3,397 AHA certifications were awarded to Operation Smile volunteers and partner hospitals' employees. In a research conducted by Operation Smile, 81% of respondents from Sub-Saharan Africa stated that they had used their AHA training to save a life.

Year-round cleft care

Our patients' need for care doesn't stop when a surgical programme ends. That's why we've partnered with local medical institutions, ministries of health and local organisations to provide year-round solutions for those who require more complex treatment than a single surgical programme can provide. At these centres, patients receive free services including dentistry, orthodontics, speech therapy, nutritional counselling, psychosocial care, and cleft and orthognathic surgeries from our dedicated staff and volunteers.

Our long-term goal is to establish year-round partnerships in every country we work in. The multidisciplinary care we provide at our centres in Colombia and Morocco represents the standard of services we are working to make available to every patient.

Cleft research

We're currently conducting medical research to determine the causes of and find cures for cleft conditions. This project, known as the International Family Study, is led by our academic partners at the University of Southern California and Children's Hospital Los Angeles. The research uses genetic analysis, maternal and paternal questionnaires on environmental exposures and lifestyle habits. More than 15,000 individual saliva samples from a vast array of ethnicities and more than 7,000 families have been collected.

We believe this study grants us the opportunity to promote scientific research in heavily understudied populations to ultimately promote scientific discovery and methods for global health improvement.

G4 Global Alliance

Operation Smile is a member of The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (The G4 Alliance). The alliance exists to increase global political priority for surgical and anaesthesia care and to mobilise resources to help provide access to safe surgical care for patients in need. It is composed of more than 60 organisations united in advocating for the neglected surgical patients.

Operation Smile signature initiatives

In 2022, to celebrate Operation Smile's 40th anniversary, we made a pledge to increase access to care for 1 million patients, bringing safe, affordable cleft care and other essential surgeries to more children and adults, in some of the world's most hard-to-reach places.

To reach this ambitious objective, we have set up three signature initiatives.

SIGNATURE INITIATIVES

Women in Medicine

Women make up 70% of the healthcare work force but hold just 25% of leadership roles in health institutions. The Women in Medicine initiative will increase medical training, academic and leadership opportunities for female healthcare professionals through structured mentorship programmes across four regions of the world. In FY24, we held two all-women programmes, one in Malawi and one in Egypt. We also supported three Global Surgery Advocacy WIM fellows.

We provided scholarships for two members of the Women in Surgery and Anesthesiology (WiSA) executive leadership team to attend executive leadership in Global Surgery from the University of Cape Town and for 16 members of WiSA to complete the global health e-learning course offered by the University of Washington.

We attended the global event Women Deliver in Kigali, Rwanda, and hosted a panel discussion on 'The Power of Peer Mentorship to Transform Global Health'.

We also attended the 68th UN Commission on the Status of Women, organising a leading panel on 'Investing in Women Healthcare Providers: Paving the way to UHC'.

The Champion Programme

The Operation Smile Champion Programme brings together medical experts from across the organisation to provide sustained training programmes in select countries where we work, developing the next generation of leaders. In FY24, we organised 30 Champion programmes across 10 countries, including Madagascar, Ethiopia, and Guatemala. During these programmes, 995 patients received surgery. 259 Champions joined these programmes (60% international and 40% local), and 383 trainees received mentorship (of which 97% were local).

Transcending borders

In 2022, more than 100 million people were displaced worldwide due to violence, conflict or human rights violations. These families can often face barriers to obtaining healthcare due to discrimination, restricted services and cultural differences. Operation Smile is committed to promoting the health and well-being of people in search of better lives.

As part of the Transcending Borders initiative, we are committed to providing cleft surgery and comprehensive care programmes to children and families from all backgrounds and countries of origin; we create more resilient and inclusive health systems to serve the needs of all people; and we coordinate efforts on the ground with community leaders and lean on expertise of partner organisations to decrease barriers to care.



'The child with a cleft condition took us back to the community, to show us the need and get us to pay attention to the health system.'

Dr Bill Magee,
Operation Smile Co-Founder and CEO Emeritus

Dr Bruce Ngoato Lelala from South Africa, performing a surgery in Antsirabe, Madagascar



REACHING MORE PEOPLE IN MORE PLACES

The ‘hub and spoke’ model of care explained...

Where you live – shouldn’t determine *if* you live

Imagine you needed urgent medical treatment but your nearest doctor or hospital was hours or even days away. And, even if you could find the means to tackle the journey, imagine the costs of your treatment were more than you could ever hope to afford. Then you discover there isn’t a trained specialist to help you, or the equipment needed to treat you safely. This is the situation for thousands of people around the world and the reason behind Operation Smile’s ‘hub and spoke’ model of care.

Expanding the reach of healthcare

In Ghana, the ‘hub and spoke’ model is already proving vital in meeting the shortfall of trained surgeons and specialists in the country. The model focuses staff, training and resources at central ‘hub’ hospitals, and expands the reach of care into more remote areas via partnerships and investment in smaller ‘spoke’ hospitals.

Hub hospitals are usually located in areas where there is a concentration of medical expertise and resources. In Ghana’s capital Accra, the Korle Bu Teaching Hospital serves as the hub, and actively trains surgeons, and specialists including anaesthetists, nurses and speech therapists. Hub hospitals serve as the primary site for surgery, diagnostics and post-operative care.

Spoke hospitals are usually located in more remote or underserved areas. In Ghana, the spokes are based in the regions that surround the country’s capital - where there is the greatest need – and in the far north of the country. The spokes call on the hub hospital for additional resources, training and expertise when needed. Strengthening resources in the spoke hospitals means more patients can access specialised care closer to home.

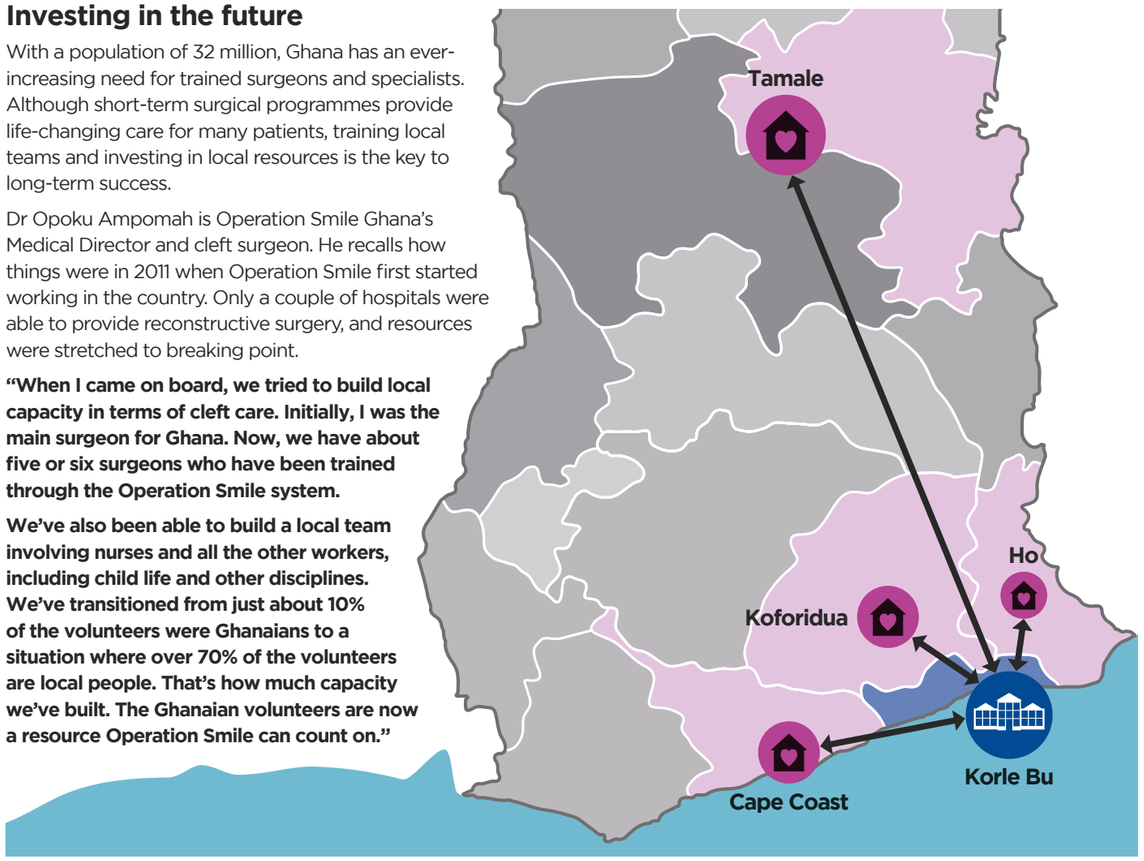
Investing in the future

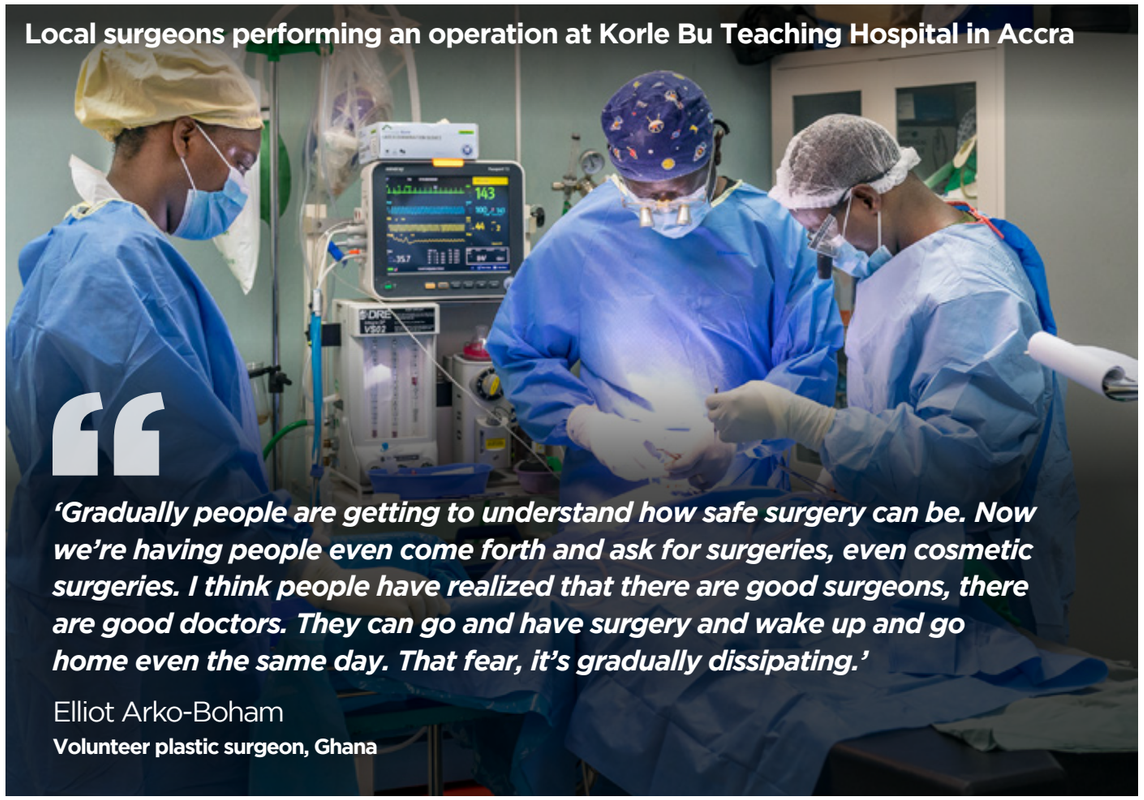
With a population of 32 million, Ghana has an ever-increasing need for trained surgeons and specialists. Although short-term surgical programmes provide life-changing care for many patients, training local teams and investing in local resources is the key to long-term success.

Dr Opoku Ampomah is Operation Smile Ghana’s Medical Director and cleft surgeon. He recalls how things were in 2011 when Operation Smile first started working in the country. Only a couple of hospitals were able to provide reconstructive surgery, and resources were stretched to breaking point.

“When I came on board, we tried to build local capacity in terms of cleft care. Initially, I was the main surgeon for Ghana. Now, we have about five or six surgeons who have been trained through the Operation Smile system.

We’ve also been able to build a local team involving nurses and all the other workers, including child life and other disciplines. We’ve transitioned from just about 10% of the volunteers were Ghanaians to a situation where over 70% of the volunteers are local people. That’s how much capacity we’ve built. The Ghanaian volunteers are now a resource Operation Smile can count on.”





Local surgeons performing an operation at Korle Bu Teaching Hospital in Accra

‘Gradually people are getting to understand how safe surgery can be. Now we’re having people even come forth and ask for surgeries, even cosmetic surgeries. I think people have realized that there are good surgeons, there are good doctors. They can go and have surgery and wake up and go home even the same day. That fear, it’s gradually dissipating.’

Elliot Arko-Boham
Volunteer plastic surgeon, Ghana

BEHIND A SMILE...

The journey to a brand new life

Every child's cleft care journey is different – but with the support of our medical volunteers and specialists, each path leads them to a happy, healthier future.

Cleft surgery transforms lives, but for many children with cleft conditions, there's a complex package of care needed to make sure they're strong enough for surgery and recovery.

Here we meet some of the experts who support our patients – and their families - on the path to their life-changing surgery.

1. Raising awareness – reducing stigma

Many patients live in remote areas – some have never seen a cleft before and often aren't aware that treatment is possible. So patient coordinators and community volunteers travel all over the country to challenge misconceptions and register new patients for future surgical programmes.

"The beauty of it is when you find a patient, you see them very sad, looking so rejected, isolated. Then when you stay with them, you encourage them, and when surgery is done and you see a patient, a caregiver who was once sad, now they're dancing, singing songs!"

Clement Ofosuhemeng, Patient Coordinator, Operation Smile Ghana.



2. Nutritional support

The moment a child is born with a cleft, proper nutrition is critical to their survival. Children with cleft conditions often struggle to feed, so our nutritionists support parents with feeding, educate families about nutrition and provide emergency therapeutic foods to tackle malnutrition.

"Everything we do with nutrition, everything is for our patients to be able to qualify for their surgery, and this definitely changes their lives in all aspects. I chose nutrition because it's a very important issue. I wanted to contribute to Guatemala, my country, to the children and achieve a better nutritional state for them."

Monica Arredondo, Nutritionist, Guatemala



3. Cleft lip surgery

Surgery to repair a cleft lip can take as little as 45 minutes. It's the long-awaited moment when a child gets their new smile. Although some patients will need further surgery and follow up care in the future, the joy of seeing a new smile for the first time is a memorable moment for everyone involved.

Luciana's mother Nury cried when she saw her daughter for the first time – they were tears of relief and happiness.

"She looks perfect, just as I had dreamed of. If it hadn't been for Operation Smile offering a solution for Luciana, it would have been just terrible. For me, as a mother, I would have fallen into a depression because people's prejudice also affects the parents of children born like this."

Nury, Luciana's mother, Colombia



4. Cleft palate surgery

Unlike a cleft lip, you can't tell if someone has a cleft palate just by looking at them – but this gap in the roof of the mouth can cause issues with eating, speaking and in some cases, breathing. It takes around two hours for a surgeon to repair a cleft palate, but the results last a lifetime, a vital step on a patient's journey towards a happier, healthier life.

"As a child grows, they start to form in their mind how to make the sounds they need to speak. Because a cleft palate means a child is unable to pronounce certain sounds, if the palate isn't repaired early enough, they start to readjust how they try to make those sounds and it becomes very difficult for them to unlearn those habits after surgery."

Dr Elliot Arko-Boham, Plastic Surgeon, Ghana



5. Speech therapy - giving children a voice

We often take for granted our ability to communicate and be understood by those around us. Children with cleft conditions - particularly those with a cleft palate - often struggle to form the sounds needed for speech. Palate surgery significantly reduces the need for speech therapy, but some children will need ongoing support with their speech even after their palate is repaired, so our volunteer speech and language therapists are on hand to help.

"Communication really is what makes us human. I know so often parents focus on physical abilities and being able to be physically independent, but that misses out the whole humanity of someone, because who we are is who we communicate ourselves to be. Our wishes and our desires, our preferences and our thoughts. If we can't communicate those, it takes away our humanity."

Erika Bostock, Speech Therapist, South Africa



6. Dentistry

Children with cleft conditions face a number of significant oral heath challenges, including missing teeth, extra teeth or malformed teeth. They also suffer from dental abnormalities such as poor bone support, a smaller-than-normal mouth, and deformations of the roots that hold the teeth in place. Dental cavities and gum disease are also issues faced by many Operation Smile patients, which is why dentists play such an important role in the comprehensive care we provide.

"For our patients with cleft conditions, dental cavities are very common. There's a lot of gum disease and different stages of periodontitis. There isn't enough early intervention, so often cavities can develop into abscesses which causes a lot of discomfort and infections."

Dr Paa-Kwesi Blankson, Dentist, Ghana



7. Orthodontics

Orthodontic treatment helps improve the alignment and appearance of the teeth and can include braces or other dental appliances. If the cleft has affected the gum and part of the jawbone where the teeth sit, then a child may also need bone graft surgery to bridge the gap in the gum before their adult teeth come through.

"Orthodontic treatment is one of the most important treatments for patients after the first surgery. It's very important for these patients because they have a lot of dental discrepancies."

Dr Lachen Oussehal, Orthodontist, Morocco



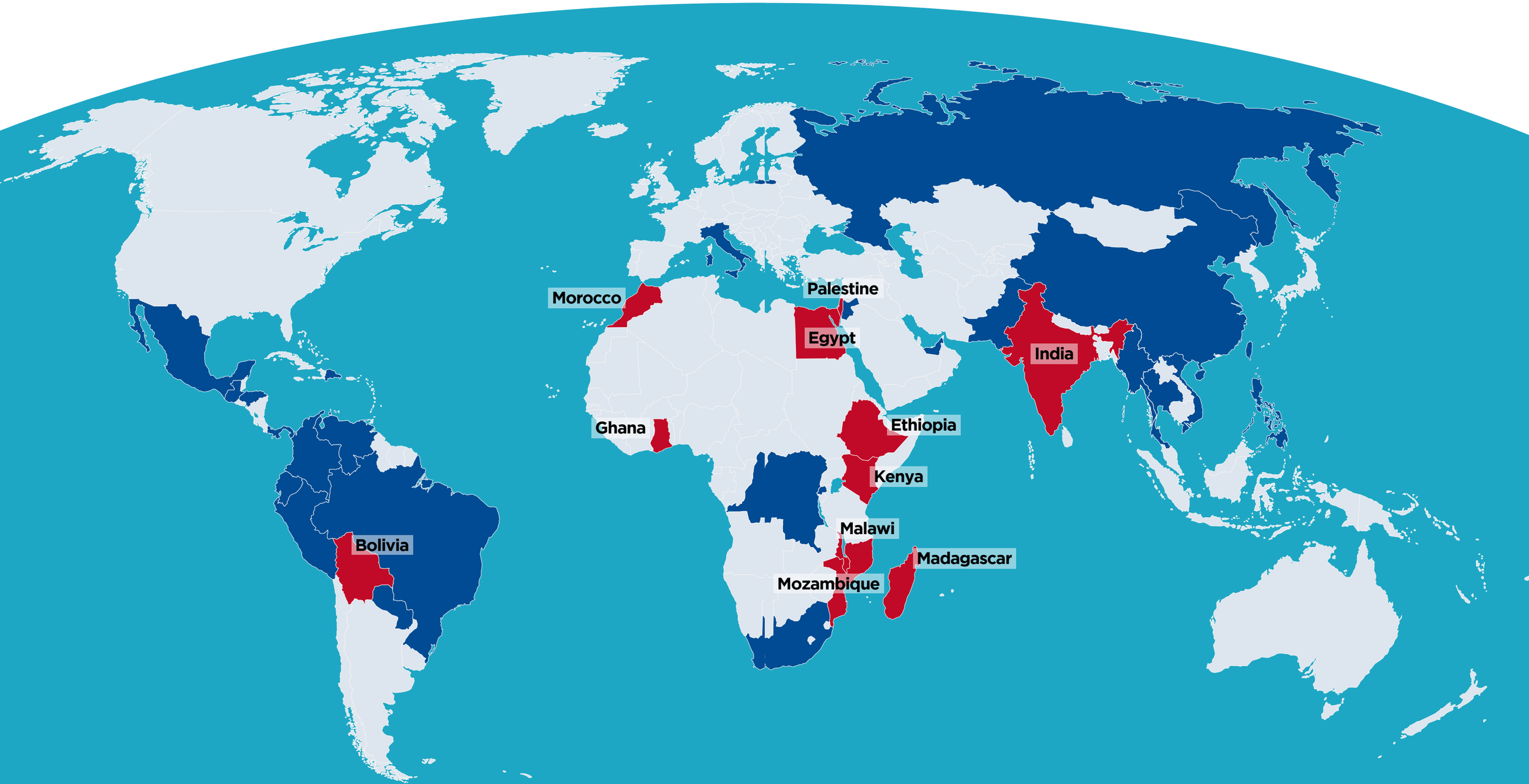
WHERE WE WORK

Our mission to deliver safe surgery to people, wherever it's needed most, drives us to expand our global reach and make a difference in the lives of more children and their families.

Where we work

UK Focus countries

Operation Smile programmes are currently active in 34 countries. We have been a global leader in the delivery of high-quality surgical services in these low and middle-income countries for more than 40 years.





Farida, Ghana

OUR PROGRAMME FOCUS

During FY24, Operation Smile UK delivered surgical care to approximately 1,300 patients and comprehensive care to more than 3,000 patients. This work spanned 11 countries, across a footprint of more than 20 hospitals.

In line with OSI's new programmatic strategies, OSUK focus has been to reinforce the efficiency of its volunteer management processes, strengthening foundation teams' capacities and skills in monitoring and evaluation and data analysis and promoting sustainable measures to ensure the countries we operate in are working towards self-efficiency.

This has meant rolling over the transition from relying on international short-term surgical programmes to strengthening partnerships with local health facilities for ongoing surgical delivery and comprehensive care provision. While 60% of surgical procedures are still performed in our traditional short-term programmes, we are proud to report that in countries such as Kenya and Ghana, the service is now being provided fully via hospital partnerships.

Traditional short-term programmes remain very important and will continue to serve as the basis for hands-on, clinical training and mentoring.

The majority of countries where OSUK operates being in Sub-Saharan Africa (SSA), OSUK continues playing a key role in the delivery of the programmatic activities in Kenya, with the funding of the Else Kroner Fresenius Stiftung, and to countries like Malawi, Ghana and Madagascar thanks to the continuous partnership with foundations such as the Kentown Wizard Fundation, the Zochonis Trust and the UBS Optimus Foundation.

Clinical activity via Operation Smile's 'hub and spoke' model, which aims to expand the reach of quality health care services from the bigger cities to under-resourced areas has been particularly successful in Ethiopia and Morocco. In Morocco, OSUK provided a strong investment in equipment and infrastructure to renovate five care units (including two operating rooms) at Bouafi Hospital, Casablanca. Thanks to this support, in FY25 the hospital will unlock new capacity for additional 360 cleft surgeries per year and 840 essential surgeries per year.

Another focus of OSUK programmatic investments has been to support the Global Medical Education activities, in particular via the Surgical Training Rotation Programme (STSP), launched this year across different countries. Of particular success the STSP in Ethiopia in March 2024 at the new Hub St Paul's Hospital, in Addis Ababa. A team of 91 medical practitioners, including 9 international volunteers, participated in the weeklong training programme, where 56 patients were screened and 28 patients received surgery. The STSP provides a cost-effective and capacity building alternative to short term international programmes, enhancing local capacity and training opportunities.

Of particular note is the successful completion of the Cleft Free Malawi multiyear programme funded by the Kentown Wizard Foundation, which aimed at eradicating the backlog of patients with untreated cleft conditions and reaching all local health facilities to identify and treat all newborns and patients under 12 months of age.



Community volunteer Alic with some of the patients he brought to the surgical programme in Mzuzu, Malawi

MALAWI

Operation Smile seeks to create a 'Cleft Free Malawi' by providing surgical care to all children and adults living with untreated cleft conditions in the country. Through this work, Operation Smile Malawi has increased Malawi's overall surgical capacity to benefit all future children born with a cleft condition in the country and strengthened the provision of year-round comprehensive cleft care services. Together with the Kentown Wizard Foundation, the Malawi Ministry of Health (MOH), Operation Smile staff and volunteer medical professionals, Operation Smile has been a catalyst of change for the children of Malawi living with cleft conditions.

Direct patient recruitment

The patient coordination team along with community health volunteers conducted outreach activities and met with community-level stakeholders throughout the year. In FY24, 291 patients were recruited.

The second half of the year saw a boost in recruitment due to the initiation of a new outreach and recruitment strategy which included increased mega awareness activities across all three regions, engagement of birth units and utilising patient advocates to undertake outreach visits and patient follow-ups. These activities were further supported by radio advertisements, social media and the distribution of flyers and posters.

Speech therapy programme

In FY24, the team conducted 1,009 speech consultations and served a total of 236 children. Out of the 236 patients, 56 graduated from the programme, leaving 180 patients still receiving services.

Speech therapists received ongoing professional development through mentorship programmes, supported by international speech therapist volunteers, ensuring quality care.

Family workshops held during surgical programmes and monthly speech assessments, empowered parents to support their children at home. The 56 children who graduated from the programme demonstrated significant speech improvement, gaining confidence and clearer communication skills.

Nutrition programme

Operation Smile Malawi continues to provide nutrition care at 13 care sites countrywide. The programme maintained a high coverage rate assessing a total of 392 unique patients.

Training and education

A total of 66 health personnel including, COSECSA fellows, biomedical engineers, nurses, speech therapists, nutritionists and community health workers, benefited from training and education opportunities.

Hospital-based partnerships continued to focus on strengthening surgical capacity, with three COSECSA surgery fellows currently undertaking training. Four medical doctors are receiving anaesthesia training under CANECSA.

During the year, 21 medical professionals participated in Basic Life Support (BLS) training and 26 did Paediatric Advanced Life Support. 18 Students also did First Aid and BLS training.

KENYA

This year the Operation Smile Kenya team has made significant progress in developing a long-term plan to strengthen hospital-based partnerships and local resources in the country.

Training and education

Under the guidance of the new Country Manager, Dr Kinyanjui, the team have also credentialed one new maxillofacial surgeon and one new plastic surgeon.

Operation Smile Kenya conducted a review of their volunteer portfolio to ensure there are qualified and adequate professionals to provide safe surgeries and to facilitate education programmes.

The team also carried out specific trainingt for different medical specialities, in particular these programmes involved: 97 anaesthesia trainees, 38 nutritionists, 57 nurses and 26 hospital based volunteers.

Surgical delivery

Dr Kinyanjui has also engaged Kenyatta National Hospital, our key partner hospital in the country for both surgery and training. This critical partnership has resulted in a significant increase of patients receiving care, from two, to eight per month.

During two surgical programmes and regular programmes at Kenyatta National Hospital, 142 surgeries were performed.

Almost 300 patients are now in the register awaiting surgery during FY25.

Nutrition programme

The team have also worked to strengthen our nutritional capacity by sourcing of nutrition supplements and equipment and distributing them to partner hospitals. 297 unique patients enrolled in the nutrition programme.

Operation Smile has prioritised Nutrition during FY24 at Kenyatta National Hospital, where 38 nutritionists from regions with high prevalence of cleft patients were trained in nutrition assessment tools, nutrition assessment follow up, and breast feeding.

Patient awareness

So far OS Kenya has recruited and trained 242 Community stakeholders, including 9 patient advocates, who helped recruit 196 new patients through a targeted awareness campaign.


A scene from a surgical programme in Nairobi, Kenya



13 year old Ramata receiving dental care at Korle Bu Teaching Hospital, Ghana

GHANA

Operation Smile has been working in Ghana since 2011, to provide safe and high-quality care for children born with cleft conditions. Since then, more than 2,100 surgical procedures and around 4,000 health evaluations have been conducted, changing the lives of many people living with cleft conditions.

Operation Smile Ghana delivers comprehensive cleft care through hospital-based programmes and short-term surgical programmes across the country. Operation Smile's comprehensive care covers psychosocial care, nutritional assessments and food supplements, dental care, reconstructive surgery, as well as speech

and language therapy. Committed to promoting self-sustainability, Operation Smile Ghana collaborates with five hospitals (Korle-Bu Teaching Hospital, Cape Coast Teaching Hospital, Ho Teaching Hospital, Tamale Teaching Hospital and the Eastern Regional Hospital) to build the capacity of local healthcare workers in cleft and surgical care.

Training and education

Operation Smile Ghana has the largest volunteer pool in Sub-Saharan Africa with 104 credentialed volunteers (73 internationally credentialed, 30 locally credentialed) and 48 trainees. This year, a total of 31 volunteers were deployed

internationally in surgical programmes, American Heart Association training programmes and international conferences. 12 trainees were credentialed over the fiscal year.

Policy and advocacy

To improve surgical indicators within the country, Operation Smile is supporting the Ministry of Health and its stakeholders to develop a National Surgical, Anaesthesia and Obstetrics Plan (NSOAP) as part of the Universal Health Coverage agenda.

The plan is to address challenges such as low number of surgically trained personnel, catastrophic surgical expenditure despite National Health Insurance and insufficient surgical infrastructure and supplies at Primary Health Care level.

From April to June 2024, Operation Smile supported the Ministry of Health in meeting 14 institutions including the World Health Organization (WHO) office in Ghana and the The UK Foreign Commonwealth and Development office (FCDO) in Ghana. The visits were focused on sharing progress on the NSOAP development in the country, and as well to garner support for Global Surgery advocacy in Ghana.



Celvinah and her father at a surgical programme in Antsirabe, Madagascar

MADAGASCAR

At Operation Smile we are incredibly proud to partner with the UBS Optimus Foundation to deliver 'Global Essential Surgery' in countries such as Madagascar. The project aims to address the root causes of why people have a lack of access to surgery and has advanced our understanding of how to bring about impactful change in health systems. The ultimate goal is to create conditions where children born with cleft conditions will receive surgery as a matter of course. As a right, not a privilege.

Thanks to the partnership with the UBS Optimus Foundation, the Centre Hospitalier Régional de Référence de Vakinankaratra (CHRR) underwent significant renovations in the pre-operative, post-operative, maternity, and operating spaces to improve surgical care. The ward and theatres were re-roofed to stop leaks that were a safety hazard for patients during surgery and recovery periods.

The operating rooms were modernised and updates were made to electrics, plumbing, septic, and oxygen systems. We also updated five operating rooms with new tools and added new equipment to patient care areas. These upgrades will give doctors and nurses the latest tools they need to perform safe surgeries.

Due to these improvements, the hospital is now performing more surgeries than ever before. And providing more types of surgery than were previously available. For example, prostate and other urinary system surgeries, treatment for certain injuries, and dental surgery are all now options for patients in need.

Training and education

Ad hoc training for medical staff is also allowing them to provide better care to the people of the Vakinankaratra region. The training included treating life-threatening injuries and emergencies, basic life support and other skill-based training for anaesthesia and surgery. The training programmes were open to workers from different hospitals and primary care facilities across Vakinankaratra, improving skills and knowledge of surgical care throughout the region, so more people can access safe healthcare closer to where they live.

OUR GLOBAL ACHIEVEMENTS


Jupiter before surgery

204
surgical programmes

15,517
patients receiving surgical care

86,000+
patients receiving comprehensive care

34
countries with programmes

140
ongoing facilities of care, including hospital partners and care centres

2,033
programmatic activities

1,285
trainees in surigcal or comprehensive care programmes

3,397
certifications to life-saving American Heart Associations training

8,220
medical volunteers deployed in programmes

6,840
global medical volunteers


Jupiter after surgery

THANK YOU

Our life-changing work is made possible by our partners, supporters and volunteers. Operation Smile is extremely grateful that our valued corporate and trust and foundation partners have continued to provide essential support to our patients and their families. Many thanks to each of our donors and to their employees for their commitment.

Charitable trusts and foundations

- The Biss Davies Family Trust
- Diana Edgson Wright Charitable Trust
- Else Kroner Fresenius Stiftung
- The Jane Hodge Foundation
- J Van Mars Foundation
- The Cobalt Trust
- The Kentown Wizard Foundation
- The Mackintosh Foundation
- Nelsons
- The Orr Mackintosh Foundation
- R U B White Charitable Trust
- The Souter Family Trust
- UBS Optimus Foundation
- The Volvox Trust
- The Zochonis Charitable Trust

Corporate partners

- Acquisition Aesthetics
- Align Technology
- Beacon Search
- Beverly Dental
- The AS Watson Group
- CarTakeBack
- EMEA Recruitment
- Empire Care Ltd
- Envisage Dental
- European Aligner Society
- Growing Smiles
- IAM TECH
- ICI Paris XL
- Johnson & Johnson
- Mediterranean Shipping Company
- MiSmile Network
- Molnlycke Healthcare
- Nike Computing
- N Retail
- Nutrilink
- Overview Forex
- Oxford Life Tech
- Pest UK
- Putney Dental
- The Perfume Shop
- Ridgway Dental
- Savers
- Secret Aesthetics
- Smilo Dental
- Stryker
- Superdrug
- Windrush Windows



‘Saying thank you is not enough. You’ve changed so many lives. Children who would not be here in the first place because they have long been given up on just because they were born with a condition that wasn’t their fault. You are making it possible to reach more patients. You are making it possible to provide care to more patients. You are changing a lot of lives, changing a lot of communities and a lot of families.’

Dede Teiko Iwadjo
Volunteer Nutritionist, Ghana

Victoria, Guatemala

FUNDRAISING STATEMENT

Thanks to the kindness and generosity of our diverse supporters, we have achieved an income of £7.1M. Our expenditure was £3.7M on raising funds and £4M on charitable activities giving us a net position of (£668K) in financial year 2024. The Board of Trustees made a strategic decision to have a deficit in order to spend down on cash accumulated on the balance sheet during the COVID-19 pandemic.

At Operation Smile, we hold ourselves accountable to the trust our supporters place in our work. We are committed to being the best steward of the gifts we receive, directing funds to programmes that bring the highest standards of care to people living with cleft and other facial and dental conditions, investing in strengthening the health systems of the countries where we work so that future generations of children will be taken care of, and engaging in research that will allow us to work better and more efficiently to achieve our vision of a future where health and dignity are improved through safe surgery.

Most importantly, we pride ourselves on following the highest standards of accountability, effectiveness and efficiency. Our codes of conduct set out a global standard for all Operation Smile offices to comply with and are bolstered by our adherence to local regulations and best practices in the UK.

When connecting with our patients to understand the impact of the care they received, we use their authentic voices to portray their stories, preserving their dignity. These stories are used for fundraising and marketing purposes, to connect our supporters in the UK with the children they help. With almost 40 years of experience, we have strict guidelines and policies, including a global policy for child protection, that is implemented across all our offices. This policy is reviewed annually.

Our supporter base comprises individuals, schools, companies, and trusts and foundations. We engage with this supporter base through direct marketing (direct mail, email, press inserts and ads, television advertising, online advertising) or via direct contact with one of the employees on our fundraising team.

OSUK's fundraising approach is primarily through consented and/or legitimate interest or solicitations. OSUK has voluntarily signed up to the Fundraising Regulator and Information Commissioner's Office (ICO) code of conduct which covers fundraising practices and the use of donor data respectively. As a member of the Fundraising Regulator, we hold ourselves accountable to our donors and have the utmost respect for our donor base. We work to remain compliant to the General Data Protection Regulations (GDPR) and Data Protection Act 2018. The Director of Operations is the first point of contact for any queries or complaints made via the above regulators. Any complaints will be communicated to the Executive Director who will then update the Board of Trustees regarding the current status of the complaint with the complainant and/or regulator. During this financial year, OSUK received one formal complaint, which was dealt with immediately and resolved.

People carrying out fundraising activities on our behalf are provided with a fundraising pack, which stipulates their responsibilities and liabilities. There is an ongoing stewardship and reporting process in place for accountability. Agents working on our behalf are contracted and provided with guidance, through training, for reporting complaints to Operation Smile. Some subscribe to the Institute of Fundraising, DM Associations and Telephone Preference Service Assured.

With regards to PCI compliance our agents are requested to submit on an annual basis confirmation of their security status/vulnerability reports if any. For the last financial year, Operation Smile has not received any complaints via either of the above regulators.



Christopher, Dominican Republic

A group of patients waiting for surgery in Antananarivo, Madagascar

LOOKING AHEAD

As a fundraising office for Operation Smile Inc, our overarching goal is to grow our net income for disbursement to our life-changing programmes. Our focus for 2024-2025 therefore remains consistent with last year's goals.

To support
Operation Smile's global cleft and safe surgery programme initiatives.

To maintain and expand
our programme support in Africa, Asia and Central America.

To grow
both our unrestricted and restricted income to support the above.

To provide
excellent comprehensive care and service delivery through our medical and non-medical volunteers.

To raise
our national profile via mixed communication channels, focused on donors' needs.

OUR PEOPLE

Operation Smile's leadership team helps to ensure we make the most efficient use of our precious resources. Our Board of Trustees and Medical Sub Committee work tirelessly around the world to ensure our patients receive the highest quality cleft care and that we're able to achieve our ambitious goal to reach 1 million patients by 2032.

Our Board of Trustees

In January 2024 we appointed three new trustees. The new members Diana, Judy and Saqib bring a wealth of experience from the third sector, public and legal sectors, and will support our vision to provide free, safe surgery and comprehensive care to 1 million people in the next 10 years. After 25 years of being involved with Operation Smile, Dr. Maria Moore sadly resigned from the Board of Trustees in September 2024. Dr. Moore started engaging with Operation Smile as a donor, then as a dental volunteer and for the past nine years she has served as the Chair. She worked tirelessly, through challenging times to ensure that Operation Smile United Kingdom contributed to the global vision of providing safe surgery and comprehensive care.

Our former Chief Executive Officer, Karen Jaques was appointed as interim Chair in September 2024 and will continue until a suitable replacement is found.

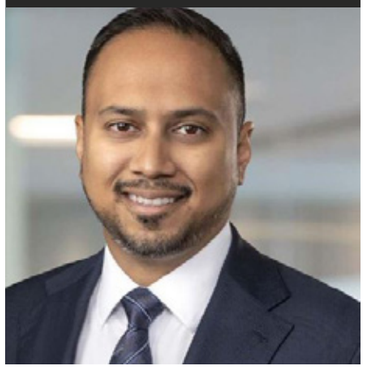
DR MARIA MOORE
Chair (resigned Sept 2024)



KAREN JAQUES
Interim Chair (appointed Sept 2024)



SAQIB ALAM



ANDREW BRUCE
(resigned Oct 2024)



DIANA DALTON



DR BILL MAGEE



DR PHIL MCDONALD



JUDY NYAGA



CHRIS PINNINGTON



DR PHIL MCDONALD
MBChb, FRCA - Chair, Consultant Anaesthetist



OUR UK MEDICAL SUBCOMMITTEE

Our Medical Sub Committee sets the standards for recruiting and credentialing medical volunteers within the UK. They provide oversight and guidance for Operation Smile United Kingdom supported programmes to the Board and senior leadership.

Members

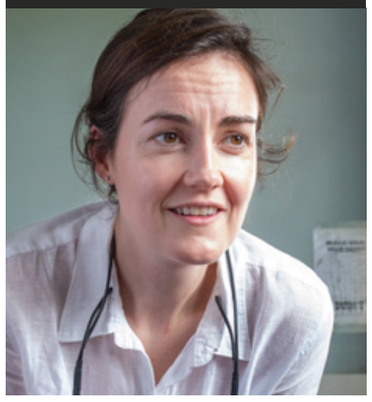
The Medical Sub Committee is comprised of experts in their fields, who attend surgical programmes regularly and are in contact with fellow Operation Smile volunteers.

In January 2024 we appointed three new members of the medical subcommittee, Dr Clive Duke, anaesthetist, Mrs Louisa Ferguson, plastic surgeon, and Dr Bart Stubenitsky, plastic surgeon.

DR CLIVE DUKE
Consultant Anaesthetist, BSc (Hons) MB BS FRCA



DR LOUISA FERGUSON
Consultant Cleft Lip & Palate & Paediatric ENT Surgeon BSc (Hons) FRCS ORL-HNS



JACKIE MATTHEWS
RN - Specialist Nurse, South Thames Cleft Team



WG CDR ANKUR PANDYA
Plastic, Hand and Reconstructive Surgeon



DR BART STUBENITSKY
Plastic & Reconstructive Surgeon, M.D, Ph.D





Dayana before surgery



Dayana after surgery

REFERENCE & ADMINISTRATION

Registered Charity Name:
Operation Smile United Kingdom

Charity Registration Number: 1091316

Company Registration Number: 04317039

Registered Address: Unit A, Genoa House, Juniper Drive, London SW18 1FY

For more information about the charity, please visit: **www.operationsmile.org.uk**

BOARD OF TRUSTEES:

Dr Maria Moore, BDS (Hons)
Chair – Board of Trustees, Resigned (Sept 2024)

Karen Jaques
(Appointed Sept 2024) Interim Chair

Saqib Alam
(Appointed Jan 2024) Board Member

Dr William Magee, Jr, DDS, MD
Co Founder and CEO Emeritus of Operation Smile Inc

Andrew John Bruce, BSc, MBA
Chair – Finance & Audit Subcommitee, Board Member, (resigned Oct 2024)

Diana Dalton
(Appointed Jan 2024) Board Member

Dr Philip McDonald, MBChb, FRCA
Chair – Medical Subcommittee and UK Medical Director

Judy Nyaga LL.B, LL.M, MBA
(Appointed Jan 2024) Board Member

Christopher Pinnington, BA
Board Member

ED & COMPANY SECRETARY

Margaret (Mairéad) O'Callaghan AB

SUB COMMITTEES, AMBASSADORS, BANKERS, & PRINCIPAL ADVISORS

KEY MANAGEMENT PERSONNEL:

Margaret (Mairéad) O'Callaghan AB
Executive Director

Carol Clairmont
Director of Finance

Darren Mooten
Director of Operations

SMILE AMBASSADORS:

Anthony Andrews
Duncan Bannatyne, OBE

BANKERS AND ADVISERS:

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

Barclays Bank Plc
Leicester, LE7 2BB

Virgin Money
Jubilee House, Gosforth,
Newcastle upon Tyne,
NE3 4PL

AUDITORS:

Moore Kingston Smith LLP
Chartered Accountants,
9 Appold Street
London
EC2A 2AP

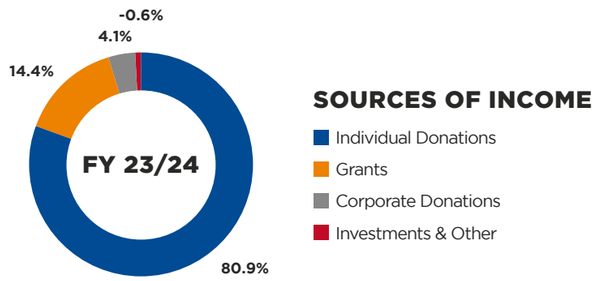
SOLICITORS:

Russell Cooke Solicitors
2 Putney Hill,
London,
SW15 6AB

FINANCIAL OVERVIEW

FINANCIAL YEAR 2023-2024

In 2024 Operation Smile United Kingdom generated a total income of £7.1M (2023: £7.5M) including gifts in kind of £143K (2023: £181K), investment income of £49K and a loss on foreign currency of £9K (2023: £25K). Total expenditure for the year was £7.8M (2023: £7.8M).



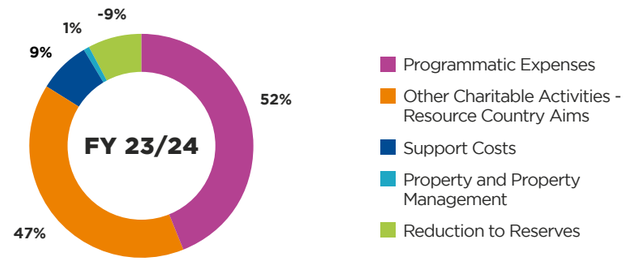
The downturn in our overall income can be attributed to the end of an important funding agreement with a major partner. As result of this we have had to reduce the amount spent on charitable activities. Also, it is with thanks to our dedicated and newly acquired donors, that we were able to mitigate some of this reduction to our income. Our medical volunteers have done us proud as they continued to give so much of their time, and we are grateful to all.

In FY23/24 for every £1 raised £0.90 (2023: £0.93) was spent on our charitable aims (with an additional investment of £0.09 from reserves), £0.09 on support costs (2023: £0.06) and £0.01 (2022: £0.01) on property and property management.



Pediatric Intensivist Shadi Smadi during a surgical programme in Amman, Jordan

USE OF FUNDS



Income

There was a 5% (2023: 11%) decrease in total income when compared to last year's income level. Income from Programmes and Partnerships decreased by 43%. This was a result of a significant grant agreement coming to an end. The loss of income was not fully recovered in the financial year. Direct marketing income grew by 20% in 2024 despite the economic climate. We are very grateful to our donors who have continued to support us particularly in these difficult times. We will continue to invest in fundraising with the aim of increasing our income over the next three years.

Expenditure

Total expenditure for the year was in line with 2023 (£7.8M). The reduction in income impacted our spend on charitable activities, which was reduced by 5% compared with 2023, where spend on charitable activities increased by 62%. In support of the goal to increase access to care for 1 million patients, our strategy for the year was to continue to invest in fundraising channels that would increase our unrestricted income. The increase in investment was partially funded by reducing our reserves.

Net income generated

Net income generated during the year showed a planned deficit of (£668K) (2023: £348K). In light of the reduction in income, the decision was made to incur a planned deficit and increase our spend for this financial year, on fundraising activities, by making use of our reserves. In taking this decision, we remain confident that in challenging times we will still be able to meet our objectives of continuing with cleft care until we recover financially.

Balance sheet

As at 30 June 2024, total net assets were £2.7M (2022: £3.4M). Cash held was £2.4M (2022: £3.2M). Restricted fund balance included was £33K (2023: 32K)

Reserves policy

In FY22/23 the trustees determined an appropriate level of reserves to be six months of projected operating costs and direct marketing costs – which in FY23/24 was budgeted to be £834K. This liquidity-based approach allows the charity to maintain sufficient funds to enable it to continue its work during any adverse fundraising periods. At 30th June 2024, the free reserves of the charity amounted to £2.7M (2023: £3.2M). Free reserves represent the total assets available for use to the charity less restricted and designated funds, and fixed assets. The trustees acknowledge the increase in cash liquidity over and above its six-month liquidity level and continues to monitor this and noting opportunities to increase spend on charitable activities as the challenging economic climate continues. Revision will be made as applicable with the aim of minimizing volatility in cleft service delivery.



Ethan and his mother Seraphine, Madagascar

GOVERNANCE AND STATEMENT OF TRUSTEES' RESPONSIBILITIES

Governance

Operation Smile United Kingdom (OSUK) is a registered charity with the Charity Commission and Companies House in England and Wales; charity registration no: 1091316 and company registration no: 4317039. It is a charitable company limited by guarantee.

Under charity law, trustees have legal duties and responsibilities and under company law the Board act as company directors of the charity.

OSUK works collaboratively and in partnership with Operation Smile Inc in the United States. They are separately registered organisations with different management teams and Boards of Trustees.

The Board reviewed its organisation and workings in the year with regard to the Charity Code of Governance and its Terms of Reference (ToR).

This makes clear the responsibilities of the Board and where there are clearly delegated authorities to act on behalf of the Board. The delegated authorities are discharged through the subcommittees, the Executive Director (ED) and the Director of Finance. The Charity Code of Governance and the ToR are reviewed periodically regarding fit for purpose and changing circumstances.

Governing document

OSUK is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association restrict the liability of members on winding up to £1. In the case of a winding up, none of the accumulated funds are distributable to the members but shall be given or transferred to Operation Smile Inc for its charitable purposes or charities with similar objects as OSUK. Under the powers within its Articles of Association, the trustees delegate the day to day management responsibilities of the charity to the Executive Director. She is accountable to the Trustees and is guided by approved business plans, budgets, policies and supporting procedures.

Appointment and retirement of trustees

Potential OSUK trustee candidates are nominated at a trustee's meeting by a serving member of the Board. If the trustees present agree to pursue the proposed nomination, the candidate is asked to meet with at least two active trustees to discuss the activities and goals of the charity. Following these meetings, the serving trustees report back to the Board. If the consensus is to move forward with the nomination, the nominee is formally appointed as an active trustee on the Board. Relevant checks are made and supporting documentations to the appointment are requested and filed. Trustees are appointed for a rolling three-year term; re-appointment is possible and should be proposed at the first board meeting of the year in which the term expires.

Trustee induction and training

New trustees undergo an induction where they are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the decision-making process, the business plan and financial performance of the charity, and the charity's programmatic goals and strategy. Following this, new trustees get the opportunity to meet OSUK staff members. The new trustee's induction concludes with a meeting with the Executive Director to discuss feedback and any other queries/questions.

Ongoing development and training is addressed through making available opportunities for external training. Trustees can request to attend any of these training courses at any time.

Subcommittees

The Medical Subcommittee meets annually with ad hoc communication as required throughout the year, reporting to the Board as required. Minutes are circulated to the Board.

The Finance and Audit (F&A) Subcommittee meets at least three times a year but primarily before any scheduled board meeting to review the finances and related policies and make recommendations to the Board for approval. Minutes are circulated to the Board.

Remuneration of all staff

The governing principles of OSUK's remuneration policy is to ensure the delivery of OSUK's objectives by attracting and retaining a motivated workforce with the skills and expertise necessary for organisational effectiveness.

OSUK takes every step possible to ensure that remuneration should be equitable and coherent across the organisation. It accepts the need to balance pay levels and pay increases appropriately within the context of our charitable purposes but also believe salaries must be realistic.

In relation to deciding remuneration for OSUK's senior executives, OSUK considers the potential impact of remuneration levels and structures of senior executives on the wider OSUK workforce. The employment offer made to senior employees considers pay as one part of a package that also includes personal development, personal fulfilment and association with the public benefit delivered. It also recognises that it is, on occasion, possible to attract senior executives at a discount to public sector or private sector market rates.

Remuneration for the year ended 30th June 2024 was comprised of salary and pension contributions. There are no other pecuniary benefits for senior or other staff at Operation Smile United Kingdom.

Risk management

A record of all risks is maintained in the risk register.

The Finance and Audit Subcommittee (F&A Subcommittee) reviews the risk register at least once a year and takes appropriate action to mitigate or reduce the risk to OSUK. It is not deemed necessary at the present time for more frequent reviews as there are adequate policies and procedures in place to minimise adverse effect of risks envisaged. The ED has the responsibility to bring any new or increased risk to the attention of the Board at any time. Any threats are reported to the chair and/or the responsible Board member based on materiality as defined by the Board from time to time and to the wider Board at Board meetings.

As part of its annual review, the Board discusses recommendations from the F&A Subcommittee and ratifies recommendations as they see fit, noting any major risks to the organisation. The Board is satisfied that OSUK's current systems and procedures are sufficient to manage the likelihood and impact of assessed risks.

Charity & financial regulatory compliance and law remain a priority for the charity with required policies and procedures regularly under review. In line with this, data protection and cyber security are reviewed with staff regularly and staff are reminded of the need for confidentiality and compliance with general data protection regulation and data security.

Risk	Mitigation
Financial – economic uncertainty	Wide portfolio of fundraising channels, budgetary control, cashflow forecasting. Additionally, our free reserves are set at a level to that is enough to deal with short term financial impacts.
Operational – travel security for our volunteers	Risk assessments for travel are carried out by Operation Smile International. All staff and volunteers are covered by travel insurance, maintained at OSUK.
Wellbeing – risk of poor physical and mental health of staff and volunteers.	Employee assistance programme and mental health first aiders.

Code of practice and vulnerable persons policy

OSUK has in place a code of practice and vulnerable persons policy to oversee its interactions with the public whilst fundraising and during service delivery. There is a reporting procedure in place and operationally OSUK has noted the Charity Commission whistle-blowing hotline.

Trustees' responsibility in relation to the financial statements

The trustees who are also directors of OSUK 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 (UK Generally Accepted Accounting Practice/UK GAAP).

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

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice on Accounting and Reporting (SORP).
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper 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 Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence take reasonable steps for the prevention and detection of fraud and other irregularities.

None of the trustees have any beneficial interest in any contract to which the charity was party during the year.

Trustees' Indemnity Insurance

As permitted by the Memorandum and Articles of Association, the Trustees have the benefit at a cost of £981 (2023: £1,125) of trustees' liability insurance which is a qualifying third party indemnity provision as defined by Section 234 of the Companies Act 2006.

The indemnity was in force throughout the last financial year and continues into the current financial year. All of the trustees shown on page 36-37 of the Trustees Annual Report, even those who have retired, are covered by this policy.

Statement as to disclosure to auditors

Insofar as the trustees are aware at the time of approving the Trustees' Annual Report there is no relevant audit information of which the charitable company's auditor is unaware.

The trustees have taken all steps that ought to have been taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of any such information.

The maintenance and integrity of OSUK's website is the responsibility of the trustees. The work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Public benefit

The trustees have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Resources expended seek to prevent poverty in the countries in which they are spent by transforming the lives of children with cleft conditions and other facial conditions. Cleft and facial deformities can inhibit food intake and cause malnutrition; each successful treatment increases the advancement of health for these children and increases their chances of being socially accepted.

We are also required to describe how significant activities undertaken by the organisation further our charitable purpose for the public benefit. In response, the trustees hereby clarify that the benefits that we have provided and will continue to provide directly relate to our aims and objectives of improving healthcare in developing countries.

Furthermore, we can confirm that:

- Feedback from beneficiaries and 'partner countries' affirms that we are reaching our intended beneficiaries with life-changing results.
- Feedback from our partners and our country offices indicates safe surgical practises and up-skilling of healthcare workers and their care of cleft patients.
- Our volunteers from across the UK and the world feedback to us that they benefit from the exposure to different operating environments and cross practice contact.
- Any private benefit gained from the work of the charity (in particular salaries of its employees, and fees paid to consultants) is a necessary part of its cost of operations.

Auditors

Moore Kingston Smith LLP were re-appointed auditors on an ongoing basis and service delivery is reviewed annually. They have indicated their willingness to continue in office as such. They are deemed to be re-appointed in accordance with Section 487(2) of the Companies Act 2006.

Approved by the Board of Trustees

Signed on their behalf by:

Karen Jaques

Karen Jaques
Interim Chair

Date: 10th Dec 2024



Efren, Philippines



Surgeons, nurses and other OR staff performing surgeries in Antsirabe, Madagascar

INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF OPERATION SMILE UNITED KINGDOM

Opinion

We have audited the financial statements of Operation Smile United Kingdom ('the company') for the year ended 30 June 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and 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 30 June 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;

- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and

- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the 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 the provisions available for audits of small entities, in the circumstances set out in note 5 to the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

Our responsibilities and the responsibilities of the directors 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 annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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 have 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 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 where 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 trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report and from preparing a Strategic Report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 43, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.

- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.

- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.

- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit

procedures described above. We are less

likely to become aware of instances of noncompliance

with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Samir Chandoo

(Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street, London, EC2A 2AP

Date: 16 December 2024



Punam, India

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30 JUNE 2024

		Unrestricted Funds £	Restricted Funds £	2024 £	Unrestricted Funds £	Restricted Funds £	2023 £
INCOME AND ENDOWMENTS:	Note						
Donations and Legacies	2	5,894,175	1,045,634	6,939,809	5,328,766	1,964,286	7,293,052
Charitable Activities	2a	159,525	-	159,525	181,894	-	181,894
Interest		49,425	-	49,425	18,848	-	18,848
Total Income and Endowments		6,103,125	1,045,634	7,148,759	5,529,509	1,964,286	7,493,794
EXPENDITURE:							
Raising Funds	3	3,734,017	-	3,734,017	3,265,674	244,437	3,510,111
Charitable Activities	3a	3,029,223	1,044,433	4,073,656	2,508,842	1,797,163	4,306,005
Total Expenditure		6,763,240	1,044,433	7,807,674	5,774,516	2,041,600	7,816,116
Net Unrealised (Losses) on Investments		(8,898)	-	(8,898)	(25,499)	-	(25,499)
Net Realised Gains on Investments		-	-	-	-	-	-
Prior year adjustment		-	-	-	-	-	-
Net Income for the Year		(669,013)	1,201	(667,812)	(270,507)	(77,315)	(347,821)
Transfer between Funds	11	-	-	-	-	-	-
Net movement in funds		(669,013)	1,201	(667,812)	(270,507)	(77,315)	(347,821)
Reconciliation of funds							
Total funds brought forward		3,375,455	31,841	3,407,296	3,645,961	109,155	3,755,115
Total funds carried forward		2,706,442	33,042	2,739,483	3,375,455	31,841	3,407,296

There are no recognised gains or losses other than those disclosed above. All results derive from continuing operations.
The notes form part of these financial statements.



Kenny, Rwanda

BALANCE SHEET FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024 (£)	2024 (£)	2023 (£)	2023 (£)
Investments			-		-
Fixed Assets	6		22,229		17,869
Long term asset					
CURRENT ASSETS					
Debtors	8	633,549		604,026	
Cash at bank and in hand		2,432,606		3,205,339	
Total Current Assets		3,066,155		3,809,366	
CURRENT LIABILITIES					
Creditors:					
Amounts falling due within one year	9	(348,902)		(419,940)	
Net Current Assets			2,717,253		3,389,426
LONG TERM LIABILITIES					
Amounts falling due after one year	10		-		-
NET ASSETS			2,739,482		3,407,295
REPRESENTED BY:					
Restricted Funds			33,041		31,841
Designated funds			-		-
General (Unrestricted)Funds	11		2,706,441		3,375,454
Total			2,739,482		3,407,295

The financial statements have been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 and with Financial Reporting Standard 102. The notes on pages 52-59 form an integral part of these financial statements.

Approved by the Board of Trustees on 10th Dec 2024 and authorised on their behalf by:

Karen Jaques

Karen Jaques
Interim Chair

CASH FLOW STATEMENT FOR THE YEAR TO 30 JUNE 2024

		2024 (£)	2023 (£)
Net cash provided by operating activities	Note A	(750,025)	(450,847)
Cashflows from investing in activities:			
Cost of purchasing tangible fixed assets		(22,708)	(16,689)
Change in cash and cash equivalents at 30 June		(772,733)	(467,534)
Cash and cash equivalents at the beginning 01 July		£3,205,339	£3,672,875
Total Cash held at 30 June		£2,432,606	£3,205,340

Note A

Reconciliation of Net Expenditure to Net Cash Provided by Operating Activities

	2024 (£)	2023 (£)
Net Income/(Expenditure) for the year	(667,813)	(347,821)
Depreciation of Tangible Assets	18,348	12,296
Increase/(Decrease) in investment	-	-
Increase/(Decrease) in debtors	(29,522)	(236,692)
Increase/(Decrease) in creditors	(71,038)	121,371
Net cash inflow from Operating activities	(750,025)	(450,847)



Kenny, Rwanda

NOTES TO THE ACCOUNTS

Accounting Policies

BASIS OF PREPARATION

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared and with Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) including update bulletin 2, the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice (UK GAAP).

GOING CONCERN

The trustees have assessed whether the use of going concern is appropriate and have considered events or conditions that may cast significant doubt on the ability of OSUK to continue as a going concern.

The Trustees have given due consideration for the effects of the prevailing economic climate.

The trustees have made this assessment in respect of a period of at least a year from the date of approval of the financial statements. The trustees have considered the charitable company's forecasts and projections and are cautiously optimistic following the results of this financial year.

The charity is largely sheltered from fluctuations in the economic climate due to its loyal donor base and a significant legacy pipeline. The charity continues to hold significant reserves to meet downturns in income and has liquid assets in the form of cash held in short term deposits.

The Trustees have concluded that with the reserves policy and cash liquidity requirements of the charity, there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

The principal accounting policies adopted in the preparation of the financial statements are set out as follows:

a) Income and expenditure

All incoming resources are included in the Statement of Financial Activities when the charity is entitled to (or has physically received) the income and the amount can be quantified with reasonable accuracy.

Gift Aid income is accrued when there is a valid declaration from the donor or HMRC small donations rule is applicable.

Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and OSUK has been notified of the executor's intent to make a distribution. Where legacies have been notified to the charity, or where OSUK 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.

For event income, entitlement is counted at the date of the event. Where income is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued. Expenditure is accounted for on an accrual basis.

Raising funds relating to direct marketing has been allocated between charitable activities and fundraising costs based on an allocation process which analyses the cost between direct fundraising, raising awareness of the need and educating on cleft conditions. Currently this analysis allocates 24% (2023: 24%) of costs towards charitable activities as content relating to education and raising awareness of cleft and 76% (2023: 76%) towards cost of raising funds. We have continued to sustain the investment in fundraising and PR communications and digital as we seek to raise awareness and funds. PR and communications expenses are accounted for within raising funds though they may add value in the provision of other services.

Charitable activities

All cost relating to medical mission programmes are recognised in the year in which they are agreed upon and a commitment made. Total cost of charitable activities also include a proportion of direct marketing costs relating to charitable activities as above.

b) Critical accounting estimates and areas of judgement

In view of the trustees applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

c) Tax Status

Operation Smile United Kingdom is a registered charity in England and Wales with the Charity Commission and Companies House. It is a charitable company limited by guarantee. It is not registered for value added tax (VAT) and this position is reviewed on an annual basis for any possible change in status.

It is therefore not liable for income tax or corporation tax on income or gains derived from its charitable activities as it falls within the various exemptions available to registered charities; costs are recorded gross of VAT.

d) Fund accounting

The general unrestricted reserve comprises net accumulated unrestricted surpluses. Restricted funds are subject to restrictions imposed by the donor stipulating the way donation should be used. Interest earned on such donations are not subject to the same restrictions. Designated funds represent amounts which the trustees have allocated to specific 'projects' from general unrestricted reserves. Designated funds may at the discretion of the trustees be brought back into general reserves.

e) Fixed assets

Tangible assets are stated at cost which includes its purchase price and the cost attributable to bringing it to its working condition for its intended use. Depreciation is calculated using a straight- line method for both office equipment and fixture and fittings. The cost of an asset, less its estimated residual value if appropriate, will be written off over the estimated economic life of that asset.



Eduardo, Peru

- Office equipment – over 3 years
- Furniture, fixtures and fittings (including IT hardware) – over 3 years

The charity currently adopts a minimum capitalisation limit of £1,000. However, where complements of furniture and equipment are acquired with individual unit costs below the stated capitalisation threshold but collectively costs £1,000, then complements are capitalised at the time of purchase. Costs related to maintenance and repairs are treated as expenses as incurred.

f) Investments

OSUK has a policy of selling donated shares upon receipt of donation. However, where for any reason donated shares are not sold at balance sheet date these are listed as investments, at their market value at date. Realised and unrealised gains or losses for the period are accounted for through the Statement of Financial Activities as net of investment value

g) Gifts in kind

Gifts in kind may include donated equipment, goods, or services.

The charity measures and records these in the financial statements on the basis of the value of the gift to the charity. The value is the amount the charity would pay on the open market for an alternative item that would provide a benefit to the charity equivalent to the donated item.

h) Pensions

The charity operates a contributory group personal pension scheme and therefore has no pension liability. The amount charged to the Statement of Financial Activities in respect of pension costs is the total of contributions payable in the year.

i) Leases

Rentals under operating leases are charged as per agreement; any benefit received/receivable as an incentive to sign an operating lease is spread over the lease term on a straight-line basis. However, where the period to review date on which the rent is first expected to be adjusted to the prevailing market rate is shorter than the full lease term then the shorter period is used.

j) Foreign currencies

Assets and liabilities in foreign currencies are translated into the appropriate sterling equivalent as at the balance sheet date. Exchange gains/(losses) are reviewed periodically and accounted for if deemed material.

k) Other financial instruments

i. Cash and cash equivalents

Cash and cash equivalents include cash at banks and in hand and short- term deposits with a maturity date of 95 days or less. Deposits are made into reputable financial institutions and risk exposure is kept to a minimum.


Rute, Malawi

2. DONATIONS AND LEGACY INCOME

	Unrestricted Funds (£)	Restricted Funds (£)	2024 (£)	Unrestricted Funds (£)	Restricted Funds (£)	2023 (£)
Donations	4,909,088	301,219	5,210,307	4,550,650	257,891	4,808,541
Legacies	823,666	14,416	838,082	683,072	1,412	684,484
Grants	161,421	587,330	748,751	95,044	1,523,276	1,618,320
Sub-total	5,894,175	902,965	6,797,140	5,328,766	1,782,579	7,111,345
Gifts in Kind	-	142,669	142,669	-	181,707	181,707
	5,894,175	1,045,634	6,939,809	5,328,766	1,964,286	7,293,052

2(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Restricted Funds (£)	2024 Total (£)	Unrestricted Funds (£)	Restricted Funds (£)	2023 Total (£)
Community Events	159,525	-	159,525	181,894	-	181,894
Special Events & Merchandise	-	-	-	-	-	-
Sub-total	159,525	-	159,525	181,894	-	181,894

3. RAISING FUNDS

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2023	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2024
Direct expenses	3,070,509	-	-	3,070,509	2,692,141	-	244,437	2,936,578
Staff Recruitment cost	23,546	-	-	23,546	55,243	-	-	55,243
Property and management cost	48,825	-	-	48,825	36,112	-	-	36,112
Administration cost	591,138	-	-	591,138	482,177	-	-	482,177
	3,734,017	-	-	3,734,017	3,265,673	-	244,437	3,510,110

3(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2023 Total (£)	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2024 Total (£)
Programme / Mission Expenses	2,656,638	-	901,764	3,558,402	2,289,688	-	1,797,163	4,086,851
Programme / Mission Expenses - Gifts in Kind	-	-	142,669	142,669	-	-	-	-
Support Costs:								
Property & Management	37,920	-	-	37,920	6,705	-	-	6,705
Office Administration	33,621	-	-	33,621	17,160	-	-	17,160
Other Support Costs	161,315	-	-	161,315	118,623	-	-	118,623
Governance Costs:								
Audit and Accounting	27,741	-	-	27,741	19,822	-	-	19,822
Legal/Filing & Consulting Fees	70,515	-	-	70,515	21,516	-	-	21,516
Trustees Liability Insurance	981	-	-	981	1,125	-	-	1,125
Allocated Support Costs	40,492	-	-	40,492	34,202	-	-	34,202
	3,029,223	-	1,044,433	4,073,656	2,508,842	-	1,797,163	4,306,005

Cost allocation/recovery

Support costs including governance costs which are not directly attributable to raising funds or charitable activities are allocated to the programmes/services benefiting from them based on staff time and department headcount.

Currently there are no cost recovery on restricted funds by OSUK; costs are monitored and covered by general unrestricted funds.

4. STAFF NUMBER AND COSTS

	2024 (£)	2023 (£)
Staff Salaries	1,194,838	1,038,191
Employer's NIC	126,101	113,031
Employer's Pension Contribution	67,358	59,191
	1,388,297	1,210,413
Staff Recruitment	41,833	55,243
Training and Development	6,126	5,711
Total	47,959	60,954

Three employees received payment above £60K.

Trustees and key management personnel

During the year trustees expenses were £349 (2023:£192). £212 (2023: £1,125) was paid respect of trustees liabilty insurance as permitted by the Charity's Memoramdum & Association. Key management personnel (SMT) as listed on page 37, received remuneration £255K (2023: £333K)

Total average number of staff on a full-time basis employed in the year was:

	2024	2023
	31	24
Employees Earning:		
£60K - £70K	1	2
£70K - £80K	-	-
£80K - £90K	1	1
£90K - £100K	1	-
£100K - £110K	-	1
The Employer's pension contribution in respect of the above amounted £13.3K (2023:18.1K).		

5. NET INCOME FOR THE YEAR IS STATED AFTER CHARGING

	2024 (£)	2023 (£)
Auditor's Remuneration in Respect of Current Year	11,350	19,821
Non-audit Services	16,381	14,520
Depreciation of Tangible Assets	18,348	12,296

6. TANGIBLE FIXED ASSETS (Office Equipment and Furniture & Fixtures)

	Office Equipment (£)	Furniture & Fittings (£)	Total 2024 (£)
Cost at 01 July 2023	78,351	14,752	93,103
Additions	22,708	-	22,708
Disposals	(22,647)	(544)	(23,191)
Cost at 30 June 2024	78,412	14,208	92,620
Depreciation at 01 July 2023	60,482	14,752	75,234
Depreciation Charge for the year	18,348	-	18,348
Depreciation on disposals	(20,056)	(394)	(20,450)
Depreciation at 30 June 2024	56,182	14,358	73,132
Net Book Values:			
30-Jun-23	17,869	-	17,869
30-Jun-24	19,638	-150	19,488

7. LISTED INVESTMENTS

	2024 (£)	2023 (£)
Donated Shares / Investment Assets	-	-
Disposal/Sales Proceeds	-	-
Realised Gains	-	-
Unrealised Loss	-	-
Total Investment at 30th June	-	-

8. DEBTORS

	2024 (£)	2023 (£)
HMRC - Gift Aid Reclaims	46,657	42,193
Prepayments	127,008	192,883
Receivables	73,870	59,090
Lease Deposit	25,000	25,000
Due from Operations Smile Inc/Partners	155,762	3,293
Other Debtors	205,252	281,567
	633,549	604,026

All debtors are financial instruments measured at present value.

9. CREDITORS

	2024 (£)	2023 (£)
Trade Creditors	258,900	322,514
Due to Operation Smile Inc	-	10,388
HMRC - Tax and NIC Due	36,970	35,056
Deferred Income	1,500	10,000
Accrued Expenses	51,532	37,875
Other Creditors	-	4,106
	348,902	419,939

All creditors, excluding accruals, are financial instruments measured at present value.

Deferred Income

Deferred income comprises donations received in advance of community events taking place in the financial year FY23/24.

	2024 (£)	2023 (£)
Balance as of 1st July	10,000	26,794
Amount Released to Income Earned from Charitable Activities	(10,000)	(26,794)
Amount Received and Deferred after One Year	-	-
Amount received and deferred in the year	1,500	10,000
Balance as of 30th June	1,500	10,000

10. CREDITORS

	2024 (£)	2023(£)
Amounts Falling Due After One Year	-	-

11. STATEMENT OF FUNDS

	Balance at 1st July 2023 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2024 (£)	Balance at 1st July 2022 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2023 (£)
General Funds	3,375,454	6,094,227	(6,793,242)	2,706,441	3,645,960	5,504,010	(5,774,516)	3,375,454
Restricted Funds	31,841	1,045,634	-1,044,433	33,041	109,155	1,964,286	(2,041,600)	31,841
	3,407,295	7,139,862	(7,807,675)	2,739,482	3,755,115	7,468,295	(7,816,116)	3,407,295

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General / Unrestricted Funds (£)	Restricted Funds (£)	2024 Total (£)	General / Unrestricted Funds (£)	Restricted Funds (£)	2023 Total (£)
Fixed Asset & Investment	22,229	-	22,229	17,869	-	17,869
Current Assets	3,033,113	33,041	3,066,155	3,777,525	31,841	3,809,366
Current Liabilities	(348,902)	-	(348,902)	(409,940)	-	(409,940)
Deferred Income	-	-	-	(10,000)	-	(10,000)
At 30th June	2,706,441	33,041	2,739,482	3,375,454	31,841	3,407,295

Restricted Funds by Region

	Balance at 1st July 2023 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2024 (£)	Balance at 1st July 2022 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2023 (£)
Africa	31,841	617,766	(617,766)	31,841	42,573	1,527,474	(1,538,205)	31,841
South / Central America	-	1,200	-	1,200	8,559	1,200	9,759	-
Asia	-	-	-	-	58,023	10,001	68, 024	-
Europe	-	-	-	-	-	-	-	-
OSI Global Surgery	-	142,669	(142,669)	-	-	181,707	(181,707)	-
Other	-	283,998	(283,998)	-	-	243,904	(243,904)	-
	31,841	1,045,634	-1,044,433	33,041	109,155	1,964,286	(2,041, 600)	31,841

13. OPERATING LEASES

The company renewed its lease for its office premises from 21 August 2024 for a lease term of 1 year.

Amounts payable to end of lease:	2024 (£)	2023 (£)
Within 1 Year	51,000	60,000
Between 2 - 5 Years	7,126	8,548
	58,126	68,548

14. RELATED PARTIES

At Balance Sheet date OSUK had a liability of £9.7k (2023:£9k) to Operation Smile South Africa in respect of funding for programmes . OSI and other partners had a liability in OSUK 2024: £155k (2023: £3k) for miscellaneous receipts.

15. CAPITAL COMMITMENTS

OSUK had no capital commitments at the end of 30 June 2024; (2023:NIL).

16. COMPANY LIMITED BY GUARANTEE

OSUK is a company limited by guarantee and has no share capital. By virtue of Section 30 of Companies Act 1958 (revised 2006) under which the company is incorporated, the company is not required to use the word 'Limited' in its name.

In the event of winding up, the members are liable to contribute towards any deficiency up to a maximum value of £1 each. At 30 June there were eight (2023: Five) registered members.

PHOTO CREDITS

We work with an incredible group of visual artists who connect our global audiences to the heart of each story we tell.

Their approach to portraying the beauty and dignity of patients, the passion of volunteers and supporters, and the orchestration of our medical programmes allows us to experience an indelible memory in the moment that the photo is captured, no matter where we are in the world.

Marc Ascher
Henry Cuicas
Manuela Emmer
Jörgen Hildebrandt
Zute Lightfoot
Erin Lubin
Rohanna Mertens
Margherita Mirabella
Will Moffit
Lorenzo Monacelli
Mariam Moummade
Henitsoa Rafalia
Carlos Rueda
Jasmin Shah
Peter Stuckings
Camilo Zapata



Mouad, Morocco

OPERATION SMILE UNITED KINGDOM

England & Wales - Charity number 1091316

Accounts


Dayana, Guatemala

WE ARE FOREVER COMMITTED TO CHANGING THE WORLD, ONE SMILE AT A TIME

Operation Smile United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**



Dayana, Guatemala

TRUSTEES' ANNUAL REPORT & ACCOUNTS 2023

Operation Smile United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**



'Now that I have received surgery, I can finally wear a lipstick.'

Vailet, 14 year old from Malawi

GIVING SMILES, SAVING LIVES

Operation Smile is a global charity specialising in expert cleft surgery and care.

Supported by our generous donors, our dedicated staff, medical and student volunteers provide medical expertise, research and care, working alongside local governments and health systems all around the world.

While one cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts. We offer patients additional surgeries, dentistry, psychological services, speech therapy and other essential cleft treatments.

Our training and education programmes elevate local surgical standards and entire health systems, enabling our global network to bring safe surgery to more people, earlier in their lives.

Vailet, Malawi



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'I will tell other families about Operation Smile and say do not worry. Give your child to them because you can trust them completely.'

Santosh, Monu's father

Monu, India

CHAIR'S WELCOME

Dear Supporters and Friends,

As we reflect on another successful year, we are ever thankful for the dedication of our medical volunteers and local teams across the world. In the last twelve months, their continued commitment to our cause has brought life-changing surgery and comprehensive care to children and families all over the world. Saving lives and transforming futures forever.

Last year we entered our 40th year of bringing high-quality surgical care to patients with cleft conditions. We made an ambitious pledge to reach one million patients who need cleft care and other essential surgeries in our next decade. This commitment has sharpened our focus and ensures we continue to put our patients at the centre of everything we do. Through building and strengthening health care systems, and nurturing relationships with local partners and organisations, we are creating a global infrastructure that brings safe surgery and treatment to all children with cleft conditions.

This year our teams have once again combined their efforts to support our patients on every step of their journey, both before and after surgery. Vital services like speech therapy, nutritional support and psychosocial care enable children and their families to really thrive. Not forgetting our community outreach teams who work tirelessly, travelling to remote areas, bringing hope to people with cleft conditions who would otherwise live in fear and isolation.

As well as finding and healing those with cleft conditions, we have continued to train and support local health care teams so they are armed with the skills and equipment needed to bring safe, equitable healthcare to all patients, including those with cleft conditions.

But, as always, we are mindful that our life-changing work is simply not possible without the kindness of our supporters. It is your compassion that fuels us, and makes our world a brighter, safer and kinder place. It is your generosity that means we can continue to give the lasting gift of health and happiness to many more children and their families.

We hope that this report illustrates just how much we have been able to achieve this year thanks to you, and on behalf of the Board of Trustees and all those whose lives you've touched this year, thank you.





Dr Maria Moore, BDS (Hons)
Chair OSUK Board of Trustees



Mo, Thailand

'It's extraordinary to witness the impact of Operation Smile. Not just on the children themselves, but their family members and all those around them. It's amazing.'

Dr Maria Moore,
Chair OSUK Board of Trustees



Lilia, Mexico



THE LIVES WE TOUCH, THE PEOPLE WE HEAL

Millions of children living with untreated cleft conditions have difficulties eating, breathing, speaking and being accepted by many of their peers and communities.

In the UK, cleft conditions are operated on within the first three to six months of a child being born. However, in many countries medical resources are scarce and, even when available, the cost of surgery and after-care is out of reach for many families. That's where Operation Smile comes in, bringing new smiles and new lives to children and their families.

Children suffer around the world

It is estimated that every three minutes a child is born with a cleft lip or cleft palate. They may be unable to eat, speak, socialise or smile. In many cases, the medical care they need is not available or too far to reach.

Health that lasts

While one cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts by being there to offer them additional surgeries, nutrition support, dentistry, psychological services, speech therapy and other essential cleft care.

Our global family

With more than 5,500 active medical volunteers from all around the world, Operation Smile is one of the world's largest volunteer-based non-profit organisations. Our global movement is made up of people from all walks of life who share our belief that anyone born with a cleft condition deserves safe surgery and comprehensive cleft care, regardless of where they live.

A vision towards sustainable health services

We believe that safe, effective, well-timed surgery is a fundamental human right that should be accessible to all families. In many countries where we work, there aren't enough trained medical professionals to meet the growing need and backlog of cleft cases. That's why we prioritise training doctors, providing medical equipment and educating local medical professionals on the best surgical practices.



'The beauty of it is when you find a patient, you see them very sad, looking so rejected, isolated. Then when you stay with them, you encourage them, and when surgery is done and you see a patient, a caregiver who was once sad, now they're dancing, singing songs!'

Clement Ofosuhemeng, Patient Coordinator, **Operation Smile Ghana.**

ABOUT OPERATION SMILE

Operation Smile is an international medical charity, founded in 1982. For more than four decades, we have provided free surgery and comprehensive care to children and young adults with cleft conditions across the world.


Lanto, Madagascar

A global alliance

Operation Smile United Kingdom (OSUK) is part of the worldwide alliance of Operation Smile Inc (OSI) based in Virginia Beach, US. With 42 partners and foundations, we collaborate and fundraise so we can implement global strategies to address the issues of cleft and safe surgery throughout the world.

Our volunteer network is managed through this alliance with a robust process of credentialing our global pool of surgeons, anaesthetists, paediatricians, nurses, speech therapists, dentists, nutritionists, and other non-medical volunteers. We are proud that 54% of our credentialed volunteers are within the countries where we work. They organise local programmes for Operation Smile in addition to their everyday caseloads.

OSI manage our cleft care programmes globally through the programme and finance departments who work directly with our country partners. Our medical standards are managed by the Medical Oversight Committee, based in the US, and its team of Regional Medical Officers based in Africa, Latin America and Asia.

Operation Smile United Kingdom

OSUK is a registered UK charity with objectives which include fundraising within the UK for our global cleft care, safe surgery and education programmes.

With an independent Board and Medical Subcommittee, we adhere to the UK legal framework which includes company and charity-specific laws and regulations.

Our Board of Trustees meets quarterly to review our finances, operations, medical programmes and risk register.

With the utmost respect for our donor interests, we select programmes to support and disburse funds for their execution through OSI. Our impact and programme reports are compiled with in-country staff and OSI programme and finance teams.

These are then reviewed by OSUK as part of our accountability process. We contribute to the global organisational direction by meeting with global colleagues on a regular basis.

With guidance from the OSUK Medical Subcommittee, we support the recruitment of medical volunteers by attracting a wide range of UK medical professionals, placing them on surgical programmes around the world. At the end of FY2023, we have over 95 active medical volunteers within the UK.

Measuring our impact

Our reporting incorporates both quantitative and qualitative impact measurements to allow us to measure direct surgical and social impact.

We always report on direct surgical programme outcomes for patient numbers, screening and surgical outputs, number of surgical procedures performed by case, age and gender and the number of volunteers attending the surgical programme.

As results go beyond surgery, these outputs are also supported by qualitative reports around patients' lives. We don't have the resources to track every patient, but we follow selected individuals who will have been operated upon during a surgical programme.

We also report on other components such as our local partners' participation, how the medical programme has positively contributed to the country strategy and note challenges and successes of each surgical programme.

Our Medical Oversight Committee reviews all surgical outcomes and evaluates the quality of the surgeries performed. This is a key evaluation for us as we pride ourselves on following and improving our comprehensive Medical Global Standards – we will not compromise on this aspect of our work. Our Medical Oversight Committee continuously work with our global partners to bring them to this level.



Dr Elliott Arko Boham from Ghana, providing surgery to a patient in Malawi

SAVING LIVES THROUGH STRATEGIC PARTNERSHIPS

Training and education

We're proud that over 54% of our medical volunteers are healthcare professionals from the low-and middle-income countries we serve. A majority have received education and training from Operation Smile.

We're investing in strengthening healthcare systems and partnering with universities, charities and governments with one mission in mind: delivering safe surgery to people where it's needed most.

We have a long-standing partnership with the American Heart Association (AHA) through which we have provided training to thousands of healthcare providers globally. This includes: Basic Life Support, Paediatric Advanced Life Support, Advanced Cardiac Life Support and Paediatric Emergency Assessment, Recognition and Stabilisation.

A combination of these training programmes is carried out in all the countries we work in to refresh or teach life-saving techniques and practises to our colleagues all over the world. AHA training is part of a safe surgery package of training interventions. Last year 2,721 trainees participated in an AHA course, and they are fully credentialed Operation Smile volunteers.

Operation Smile signature initiatives

To celebrate Operation Smile's 40th anniversary, we have made a pledge to increase access to care for 1 million patients, bringing safe, affordable cleft care and other essential surgeries to more children and adults, in some of the world's most hard-to-reach places.

To reach this ambitious objective, we have set up three signature initiatives.

Women in Medicine

Women make up 70% of the health care work force but hold just 25% of leadership roles in health institutions. The Women in Medicine initiative will increase medical training, academic and leadership opportunities for female health care professionals through structured mentorship programmes across four regions of the world.



'The child with a cleft condition took us back to the community, to show us the need and get us to pay attention to the health system.'

Dr Bill Magee,
Co-Founder

The Champion Programme

The Operation Smile Champion Programme brings together medical experts from across the organisation to provide sustained training programmes in select countries where we work, developing the next generation of leaders.

Transcending borders

In 2022, over 100 million people were displaced worldwide due to violence, conflict or human rights violations. We recognise that families in search of better lives face obstacles. In Latin America and in the Middle East and North Africa region, our programmes break down these barriers and promote access to health care for all.

Cleft research

We're currently conducting medical research to determine the causes of and find cures for cleft conditions. This project, known as the International Family Study, is led by our academic partners at the University of Southern California and Children's Hospital Los Angeles. The research uses genetic analysis, maternal and paternal questionnaires on environmental exposures and lifestyle habits. More than 15,000 individual saliva samples from a vast array of ethnicities and more than 7,000 families have been collected.

We believe this study grants us the opportunity to promote scientific research in heavily understudied populations to ultimately promote scientific discovery and methods for global health improvement.

Year-round cleft care

Our patients' need for care doesn't stop when a surgical programme ends. That's why we've partnered with local medical institutions, ministries of health and local organisations to establish 177 hospital partners and 34 care centers in 35 countries that provide year-round solutions for those who require more complex treatment than a single surgical programme can provide. At these centres, patients receive free services including dentistry, orthodontics, speech therapy, nutritional counselling, psychosocial care, and cleft and orthognathic surgeries from our dedicated staff and volunteers.

Our long-term goal is to establish year-round centres in every country we work in. The multidisciplinary care we provide at our centres in Colombia and Morocco represents the standard of services we are working to make available to every patient.

G4 Global Alliance

Operation Smile is a member of The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (The G4 Alliance). The alliance exists to increase global political priority for surgical and anaesthesia care and to mobilise resources to help provide access to safe surgical care for patients in need. It is composed of more than 60 organisations united in advocating for the neglected surgical patient.

Behind a smile...

The journey to a brand new life



1. Diagnosis

In an ideal world, a baby born with a cleft will have corrective surgery before their first birthday. This prevents them from experiencing further health complications and the stigma of an untreated cleft condition.

Luciana's mother Nury, was so scared when her daughter's cleft was discovered during a prenatal ultrasound, she refused to acknowledge it was real. Thankfully, when Luciana was born, the family were immediately referred to the Operation Smile cleft centre in Bogotá.

2. Raising awareness – reducing stigma

Many patients live in remote areas – some have never seen a cleft before and often aren't aware that treatment is possible. So patient coordinators and community volunteers travel to remote areas to challenge misconceptions and register new patients for future surgical programmes.



3. Nutritional support

The moment a child is born with a cleft, proper nutrition is critical to their survival. Children with cleft conditions often struggle to feed, so our nutritionists support parents with feeding, educate families about nutrition and provide emergency therapeutic foods to tackle malnutrition.



Every child's cleft care journey is different – but with the support of our medical volunteers and specialists, each path leads them to a happy, healthier future.

Cleft surgery transforms lives, but for many children with cleft conditions, there's a complex package of care needed to make sure they're strong enough for surgery and recovery.

Here are the steps along the journey to care taken by many of our patients.



4. Speech therapy and audiology

Around half of children born with a cleft palate will need help with their speech. Before their first surgery, speech therapists help parents with feeding techniques and early language stimulation. A cleft palate can affect the middle ear too, so audiologists are also on hand to help with hearing problems.



5. Child life therapy

In many parts of the world people fear doctors and surgery because of misinformation and superstition. Parents are often anxious about their children's treatment. Child life therapists work with families to help them understand what will happen during treatment. They also use play therapy to help children feel more at ease.

6. Cleft lip surgery

Surgery to repair a cleft lip can take as little as 45 minutes. It's the long-awaited moment when a child gets their new smile. Although some patients will need further surgery and follow up care in the future, the joy of seeing a new smile for the first time is a memorable moment for everyone involved.

Luciana's mother Nury cried when she saw her daughter for the first time – they were tears of relief and happiness.



COMPREHENSIVE CARE
before and after surgery



7. Cleft palate surgery

Unlike a cleft lip, you can't tell if someone has a cleft palate just by looking at them – but this gap in the roof of the mouth can cause issues with eating, speaking and in some cases, breathing. It takes around two hours for a surgeon to repair a cleft palate, but the results last a lifetime, a vital step on a patient's journey towards a happier, healthier life.



6. Ongoing nutrition support

Pre-and post-surgery nutrition support is vital. Malnutrition contributes to the deaths of 3.1 million children under five each year – it's a significant problem for children with cleft conditions, because of problems they face with feeding. Children often need further nutrition support after cleft lip repair surgery to help them recover quickly and stay healthy and strong for future palate surgery and other procedures they may need.

Babies with cleft conditions are nine times more likely to die within their first year of life. It's a staggering figure that illustrates why comprehensive care is so vital, both before and beyond that first surgery.

From ongoing nutrition support, palate repair surgery and speech therapy, to dentistry and orthodontic care – **our medical volunteers and specialists walk alongside patients every step of their journey, no matter how long it takes.**



8. Speech therapy - giving children a voice

We often take for granted our ability to communicate and be understood by those around us. Children with cleft conditions - particularly those with a cleft palate - often struggle to form the sounds needed for speech. Palate surgery significantly reduces the need for speech therapy, but some children will need ongoing support with their speech even after their palate is repaired, so our volunteer speech and language therapists are on hand to help.

9. Dentistry

Children with cleft conditions face a number of significant oral heath challenges, including missing teeth, extra teeth or malformed teeth. They also suffer from dental abnormalities such as poor bone support, a smaller-than-normal mouth, and deformations of the roots that hold the teeth in place. Dental cavities and gum disease are also issues faced by many Operation Smile patients, which is why dental surgeons play such an important role in the comprehensive care we provide.



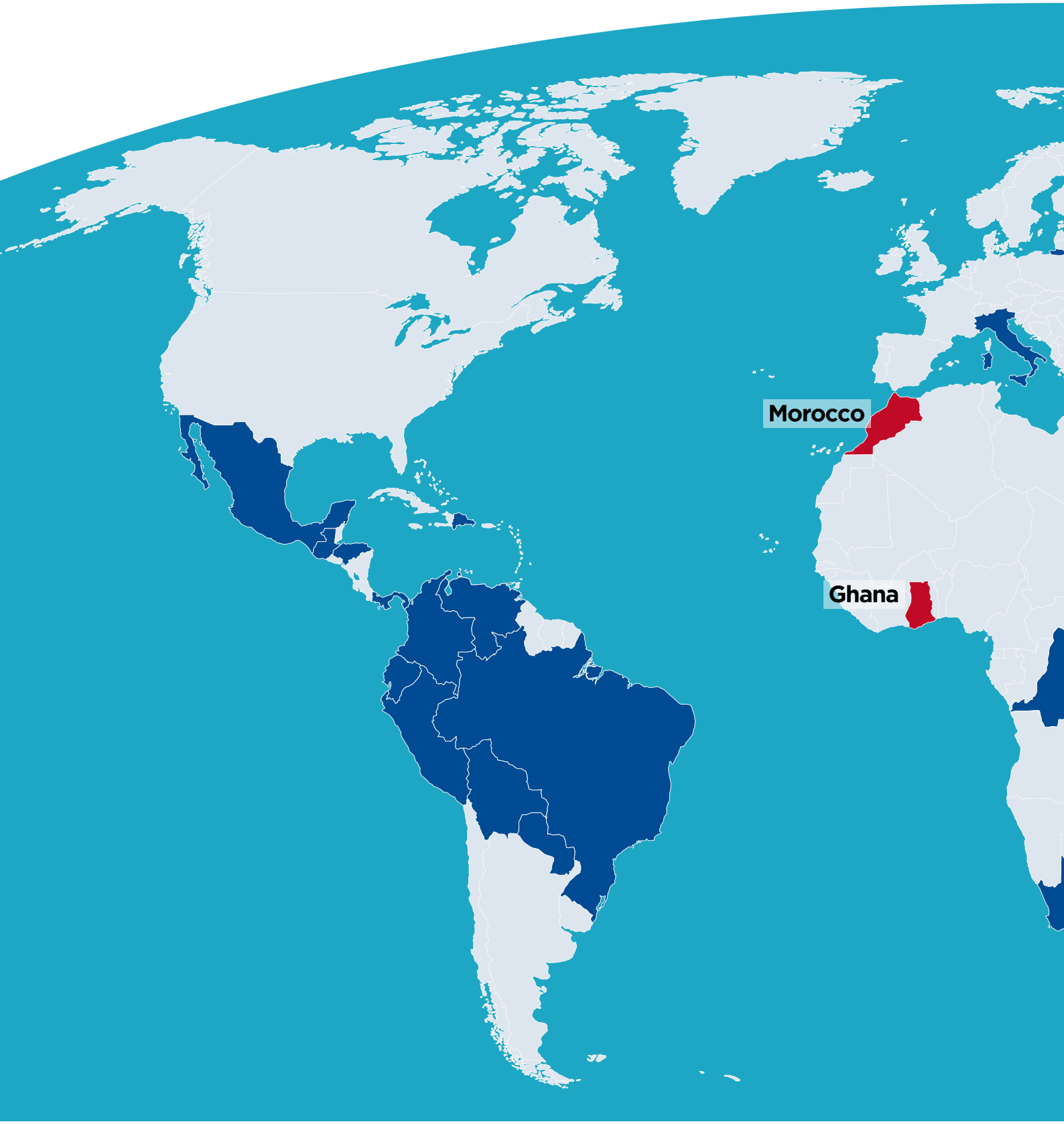
10. Orthodontics

Orthodontic treatment helps improve the alignment and appearance of the teeth and can include braces or other dental appliances. If the cleft has affected the gum and part of the jawbone where the teeth sit, then a child may also need bone graft surgery to bridge the gap in the gum before their adult teeth come through.



WHERE WE WORK

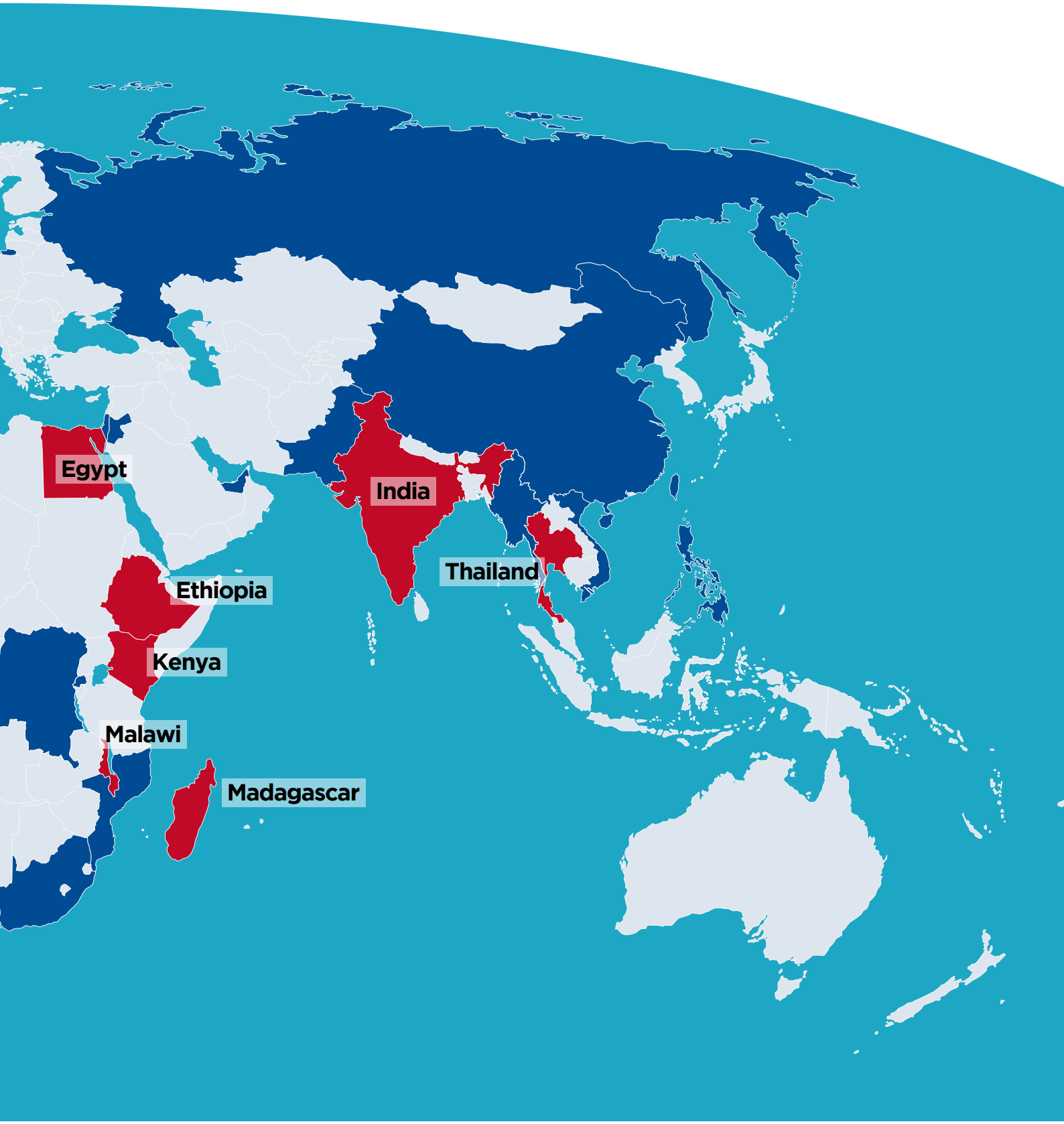
Our mission to deliver safe surgery to people, wherever it's needed most, drives us to expand our global reach and make a difference in the lives of more children and their families.

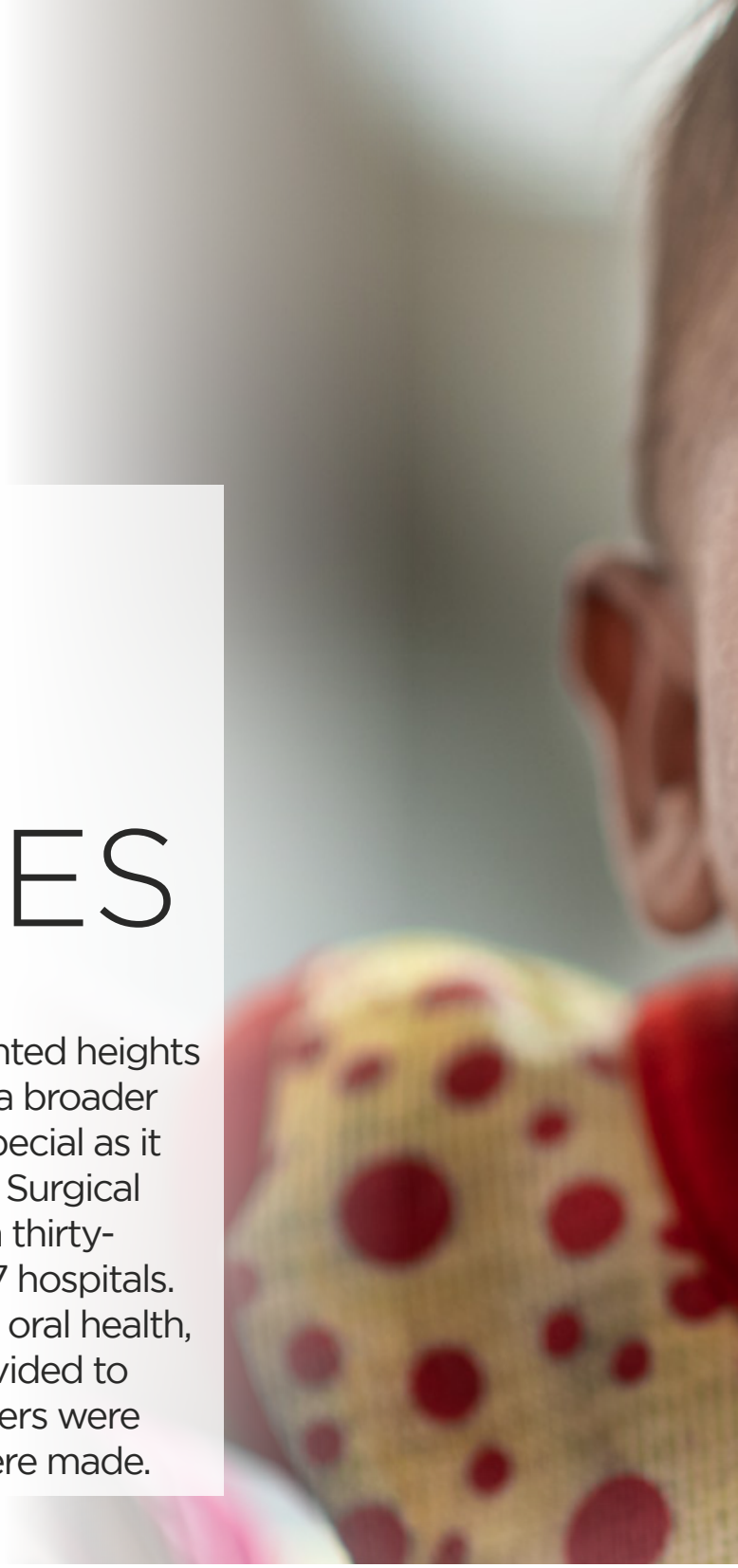


Where we work

UK Focus countries

Operation Smile programmes are currently active in 35 countries. We have been a global leader in the delivery of high-quality surgical services in these low and middle-income countries for over 40 years.





OSUK FOCUS COUNTRIES

During FY23 Operation Smile's clinical programmes have reached unprecedented heights - providing essential health services to a broader range of patients. This year was truly special as it marked forty years of the organisation. Surgical care was provided to 13,940 patients in thirty-three countries across a footprint of 177 hospitals. Comprehensive care services including oral health, speech therapy and nutrition were provided to 56,097 patients; 5,856 healthcare workers were trained, and 10 hospital investments were made.

Operation Smile UK (OSUK), as part of Operation Smile's (OS's) global network of 42 partners and foundations, contributed to the global achievements by supporting OS's core programmes across 8 countries worldwide benefiting more than 3,000 patients and health professionals.

During FY23, in line with OS's new programmatic strategies, OSUK's focus has been to reinforce the efficiency of its volunteer management processes, strengthening foundation teams' capacities and skills in monitoring and evaluation and data analysis and promoting sustainable measures to ensure the countries we operate in are working towards self-sufficiency.

This has seen us continue to offer short term surgical programmes with the addition of local health facility partnerships to expand the methods through which we continue to offer surgical and comprehensive care to patients. While 54% of surgical procedures are still performed in our traditional short-term programmes, we are proud to report that increasingly our care is delivered via hospital partnerships.

Traditional short term surgical programmes remain very important and will continue to serve as the basis for hands-on, clinical training and mentoring.

The majority of countries where OSUK operates being in Sub-Saharan Africa (SSA), OSUK has played a key role in the launching of the programmatic activities in Kenya and has continued to support countries like Malawi, Ghana and Madagascar thanks to the continuous



Nasuma, India

partnership with foundations such as the Kentown Wizard Foundation, the Zochonis Charitable Trust, Else Kroner Fresenius Stiftung and the UBS Optimus Foundation.

Clinical activity via the Operation Smile hub and spoke model, which aims to expand the reach of quality health care services from the bigger cities to under-resourced areas where most patients lack access to care, has been particularly successful in Madagascar, Rwanda and Ghana thanks to strong investments in equipment and infrastructure such as: the renovation of the paediatric surgical ward at Centre Hospitalier Universitaire Joseph Ravoahangy Andrianavalona (CHU-JRA) Madagascar, which was completed in October 2022; the refurbishment of the Centre Hospitalier De Reference Regionale, Antsirabe (CHRR), which will be completed in October 2023.

Another focus of OSUK programmatic investments has been to support the Global Medical Education activities, in particular via the Champion Programme, launched in Ethiopia in April 2023. Education and Training programmes appropriately remained at the core of the region's strategy, including; Cleft Surgery Training (CSTP), World Federation Societies of Anaesthesia (WFSA), COSECSA, CANECSA, specialty training programmes for surgeons, nurses, anaesthetists, and biomedical training. Sub-Saharan Africa provided training opportunities for 1,871 trainees and 87 Sub-Saharan Africa volunteers were deployed across all regions in support of clinical and educational programmes and to facilitate regional exchange programmes.



Purity, Kenya

KENYA

This year the Operation Smile Kenya team has made significant progress in developing a long-term plan to strengthen hospital-based partnerships and local resources in the country. Under the guidance of the new Country Manager, Dr Kinyanjui, the team have also credentialed one new maxillofacial surgeon and one new plastic surgeon.

Operation Smile Kenya conducted a review of their volunteer portfolio to ensure there are qualified and adequate professionals to provide safe surgeries and to facilitate education programmes. Dr Kinyanjui has also engaged Kenyatta National Hospital, our key partner hospital in the country for both surgery and training. This critical partnership has resulted in a significant increase of patients being sequenced into care from two to eight per month. The team have also worked to strengthen our nutritional capacity by facilitating procurement of nutrition supplements and equipment that are being distributed to partner hospitals.

Looking ahead, Operation Smile Kenya has identified and initiated the process of formalising a working relationship with six new partner hospitals across the country, already successfully securing AIC Kijabe Mission Hospital as a new spoke hospital which will start surgeries in 2024. These new hospital partners will greatly impact our work as they are committed to, and experienced in, delivering high quality surgical care and they have strong ties within the local communities they serve. The partner hospitals are spread across different parts of the country, enabling Operation Smile to decentralise service delivery and reach more patients in need of our care.



A scene from our Women in Medicine programme in Lilongwe, Malawi

MALAWI

Operation Smile continues to create a Cleft-Free Malawi by providing surgical care to all children and adults living with untreated cleft conditions in the country. Through this work, Operation Smile Malawi will increase Malawi's overall surgical capacity to benefit all children born with a cleft condition in the country and is providing accessible year-round comprehensive cleft care services through hospital partnerships at Kamuzu Central Hospital and Queen Elizabeth Central Hospital.

This year, 459 cleft surgeries were provided which is a 31.8% increase compared to last year. This was attained through three short term surgical programmes and our hospital partnerships. Operation Smile Malawi was also privileged to conduct the third Women in Medicine Education and Leadership conference in Lilongwe on 9th September 2022 under the theme: The Rise of Women in Global Health. This was proceeded by an all-women, five day surgical programme at Kamuzu Central Hospital.

During this year, Operation Smile Malawi managed a one-year placement of Dr Daniel Abate, a cleft surgeon from Ethiopia and a three-month placement for Dr Jonathan Dean, an anaesthetist from the United Kingdom. Both volunteers were placed at Queen Elizabeth Central Hospital as part of our work in capacity building and health systems strengthening.



Patient ambassador Kofi during a surgical programme at Korle Bu Teaching Hospital, Ghana

GHANA

More than 200 patients are treated every year in Ghana thanks to Operation Smile Ghana's strengthened hub and spoke capacity. The Cleft Surgery Training Programme has enrolled two plastic surgeons, with one other having graduated last year. This year, two surgeons from our spoke hospitals are also undertaking training at our hub, Korle Bu Teaching Hospital in Accra.

Over the past year the Operation Smile Ghana team conducted an awareness campaign targeting community health workers and midwives in all health facilities in the Eastern Region of the country, resulting in 611 community health workers being trained.

In Ghana malnutrition rates remain unacceptably high - more than one in five children is considered chronically undernourished. Operation Smile Ghana's work is aimed at reducing malnutrition as a barrier to surgery and our efforts include feeding curricula, providing nutritional supplements to patients, community outreach and empowerment, and health and nutrition-based workshops to ensure mother and child are healthy and thriving. This year these nutrition workshops have been further decentralised in three additional locations, Cape Coast, Koforidua and Ho.



Lanto, Madagascar

MADAGASCAR

Operation Smile has been working in Madagascar since 2007, providing safe and high-quality treatment for children affected by cleft conditions. Since then, our organisation has delivered surgeries to nearly 4,000 patients and conducted 28 surgical programmes.

This year, our work in Madagascar has reached the mid-way point of a five-year strategy. The ultimate goal is for safe surgical care to be provided at two major hospitals, CHUJRA and CHRR, following investment in infrastructure, equipment, and hands-on training. The renovation of the paediatric surgical ward at CHUJRA was completed in Autumn 2022, renovations began at CHRR and will be completed by Autumn 2023.
This year, there were four surgical programmes conducted in August 2022, September 2022, March 2023 and April 2023. The March 2023 programme spanned a three-week period and focused on education and lecture days for all cleft specialties.



Dr Per Hall during a training session in Jimma, Ethiopia

ETHIOPIA

Since 2005, Operation Smile has provided health screening and surgical care to 7,000 people in Ethiopia. In 2012, we established a partnership with Jimma University Specialized Hospital, which has allowed us to train over 100 Ethiopian medical providers across various specialties, including anesthesiology, nursing and surgery.

Our global hub and spoke model aims to expand the reach of quality health care services from the bigger cities to under-resourced areas where most patients lack access to care. In Ethiopia, Jimma University Medical Center (JUMC) serves as a hub, and this year provided surgery for 522 patients. Operation Smile is working to develop our spokes in the country, currently partnering with Mizan Hospital, St. Paul Hospital, Adama Hospital and Bahir Dar Hospital.

This year representatives from the UK attended the launch of Operation Smile's Champion Programme in Ethiopia. They provided didactic and hands-on training for the local surgeons focusing on primary cleft cases. The programme included over 30 international volunteers and Operation Smile staff and over 50 local volunteers. Throughout the week of activities, 39 patients were screened and 20 received surgery.



Dr Abdelraouf Sayed providing medical evaluation to a patient

EGYPT

In Egypt, it is estimated that currently over 14,000 children between the ages of one and four are affected by cleft conditions, most of whom live beyond the reach of any hospital care. Nearly 30% of the population live below the poverty line, meaning many of our patients with cleft conditions face major barriers to receiving the care they need.

Operation Smile has been working in Egypt since 2005, providing safe and comprehensive care for children born with cleft conditions. Since then, we have provided over 4,700 patients with cleft surgery and comprehensive cleft care. In Egypt, Operation Smile has long-standing partnerships with Assiut University, Sphinx University and Aswan University and this year we have opened a new care centre in Cairo. At the centre, along with surgeries, patients will receive dental and nutritional support and local health workers will be able to attend traning.

OUR GLOBAL ACHIEVEMENTS



Mercy, before surgery

199
short-term surgical & dental programmes

13,940
patients who received surgical care

56,097
patients who received comprehensive care services

35
countries with programmes

177
hospital partnerships

33
care centres

5,856
healthcare workers trained

46%
of surgical procedures provided via hospital partnerships

2,000+
medical volunteers deployed in programmes

5,500+
global medical volunteers



Mercy, after surgery

THANK YOU

Our life-changing work is made possible by our partners, supporters and volunteers. Operation Smile is extremely grateful that our valued Corporate, and Trust and Foundation partners have continued to provide essential support to our patients and their families. Many thanks to each of our donors and to their employees for this inspiring commitment.

Generous Individuals, Charitable Trusts and Foundations

- Children's Health and Development in Kenya (CHADIK)
- Diana Edgson Wright Charitable Trust
- Else Kroner Fresenius Stiftung
- J Van Mars Foundation
- Les Creux Trust
- The Cobalt Trust
- The Kentown Wizard Foundation
- The Mackintosh Foundation
- Nelsons Trust
- Rooney Family Foundation
- R U B White Charitable Trust
- UBS Optimus Foundation
- The Zochonis Charitable Trust

Corporate Partners

- Acquisition Aesthetics
- Align Technology
- Beacon Search
- The AS Watson Group
- CarTakeBack
- EMEA Recruitment
- Empire Care Ltd
- Envisage Dental
- Esho Clinic
- Expert Recruits
- ICI Paris XL
- Johnson & Johnson
- Mediterranean Shipping Company
- MiSmile Network
- Molnlycke Healthcare
- Overview Forex
- Pest UK
- The Perfume Shop
- Savers
- Secret Aesthetics
- Stryker
- Superdrug




Aaron, Honduras

FUNDRAISING STATEMENT

Thanks to the kindness and generosity of our diverse supporters, we have achieved an income of £7.5M. Our expenditure was £3.5M on raising funds and £4.3M on charitable activities giving us a net position of (£348K) in financial year 2023. The Board of Trustees made a strategic decision to have a deficit in order to spend down on cash accumulated on the balance sheet during the COVID-19 pandemic. This represents a decrease of 132% on the previous year.

At Operation Smile, we hold ourselves accountable to the trust our supporters place in our work. We are committed to being the best steward of the gifts we receive, directing funds to programmes that bring the highest standards of care to people living with cleft and other facial and dental conditions, investing in strengthening the health systems of the countries where we work so that future generations of children will be taken care of, and engaging in research that will allow us to work better and more efficiently to achieve our vision of a future where health and dignity are improved through safe surgery.

Most importantly, we pride ourselves on following the highest standards of accountability, effectiveness and efficiency. Our codes of conduct set out a global standard for all Operation Smile offices to comply with and are bolstered by our adherence to local regulations and best practices in the UK.

When connecting with our patients to understand the impact of the care they received, we use their authentic voices to portray their stories, preserving their dignity. These stories are used for fundraising and marketing purposes, to connect our supporters in the UK with the children they help. With almost 40 years of experience, we have strict guidelines and policies, including a global policy for child protection, that is implemented across all our offices. This policy is reviewed annually.

Our supporter base comprises individuals, schools, companies, and trusts and foundations. We engage with this supporter base through direct marketing (direct mail, email, press inserts and ads, television advertising, online advertising) or via direct contact with one of the employees on our fundraising team.

OSUK's fundraising approach is primarily through consented and/or legitimate interest or solicitations. OSUK has voluntarily signed up to the Fundraising Regulator and Information Commissioner's Office (ICO) code of conduct which covers fundraising practices and the use of donor data respectively. As a member of the Fundraising Regulator, we hold ourselves accountable to our donors and have the utmost respect for our donor base. We work to remain compliant to the General Data Protection Regulations (GDPR) and Data Protection Act 2018. The Director of Operations is the first point of contact for any queries or complaints made via the above regulators. Any complaints will be communicated to the Executive Director who will then update the Board of Trustees regarding the current status of the complaint with the complainant and/or regulator.

People carrying out fundraising activities on our behalf are provided with a fundraising pack, which stipulates their responsibilities and liabilities. There is an ongoing stewardship and reporting process in place for accountability. Agents working on our behalf are contracted and provided with guidance, through training, for reporting complaints to Operation Smile. Some subscribe to the Institute of Fundraising, DM Associations and Telephone Preference Service Assured.

With regards to PCI compliance our agents are requested to submit on an annual basis confirmation of their security status/vulnerability reports if any. For the last financial year, Operation Smile has not received any complaints via either of the above regulators.





Shine, Ghana



LOOKING AHEAD

As a fundraising office for Operation Smile Inc, our overarching goal is to grow our net income for disbursement to our life-changing programmes. Our focus for 2023-2024 therefore remains consistent with last year's goals.

To support
Operation Smile's global cleft and safe surgery programme initiatives

To maintain and expand
our programme support in Africa, Asia and Central America

To grow
both our unrestricted and restricted income to support the above



Patients waiting for surgery in a surgical programme in Tegucigalpa, Honduras

To provide

excellent comprehensive care and service delivery through our medical and non-medical volunteers

To raise

our national profile through use of mixed communication channels and donor-centric communications

BOARD OF TRUSTEES

Operation Smile's leadership team helps to ensure we make the most efficient use of our precious resources. Our Board of Trustees and Medical Sub-Committee work diligently to ensure our patients receive the highest quality cleft care and that we're able to achieve our ambitious goal to reach 1 million patients in our next decade. To learn more about our leadership, please visit:

www.operationsmile.org.uk/leadership

DR MARIA MOORE - **Chair**



ANDREW BRUCE



DR BILL MAGEE



DR PHIL MCDONALD



CHRIS PINNINGTON



UK MEDICAL SUBCOMMITTEE

Our medical subcommittee sets the standards for recruiting and credentialing medical volunteers within the UK. They provide oversight and guidance for Operation Smile United Kingdom supported programmes to the Board and senior leadership.

Members

The medical subcommittee is comprised of experts in their fields, who attend surgical programmes regularly and are in contact with fellow Operation Smile volunteers.

DR PHIL MCDONALD - **MB ChB, FRCA (UK)**



DR ANNEMIEKE MIEDEMA



Resigned May 2023

JACKIE MATTHEWS



MR PER HALL FRCS (PLAST)



Resigned May 2023

WG CDR ANKUR PANDYA





Mohamed, before surgery

REFERENCE AND ADMINISTRATION

Registered Charity Name: Operation Smile United Kingdom

Charity Registration Number: 1091316

Company Registration Number: 04317039

Registered Address: Unit A, Genoa House, Juniper Drive, London SW18 1FY

For more information about the charity, please visit: **www.operationsmile.org.uk**

BOARD OF TRUSTEES:

Dr Maria Moore, BDS (Hons)
Chair – Board of Trustees

Dr William Magee, Jr, DDS, MD
Co Founder and CEO of Operation Smile Inc

Andrew John Bruce, BSc, MBA
Chair – Finance & Audit Subcommitee, Board Member

Dr Philip McDonald, MBChb, FRCA
Chair – Medical Subcommittee and UK Medical Director

Christopher Pinnington, BA
Board Member

ED & COMPANY SECRETARY

Margaret (Mairéad) O'Callaghan AB



Mohamed, after surgery

SUBCOMMITTEES, AMBASSADORS, BANKERS, AND PRINCIPAL ADVISORS

KEY MANAGEMENT PERSONNEL:

Margaret (Mairéad) O'Callaghan AB
Executive Director

Jean Leigh FCIS (FCG)
Chief Finance & Operating Officer
(Resigned April 2023)

Carol Clairmont
Director of Finance
(Appointed March 2023)

BANKERS AND ADVISERS:

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

Barclays Bank Plc
Leicester, LE7 2BB

Virgin Money
Jubilee House, Gosforth,
Newcastle upon Tyne, NE3 4PL

AUDITORS:

Moore Kingston Smith LLP
Chartered Accountants,
9 Appold Street
London EC2A 2AP

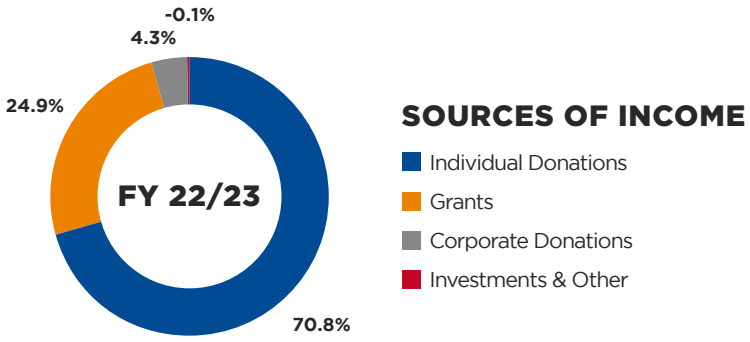
SOLICITORS:

Russell Cooke Solicitors
2 Putney Hill, London, SW15 6AB

FINANCIAL OVERVIEW

FINANCIAL YEAR 2022-2023

In 2023 Operation Smile United Kingdom generated a total income of £7.5M (2022: £6.7M) including gifts in kind of £181K (2022: £120K), investment income of £19K and a loss on foreign currency of £25K (2022: £Nil). Total expenditure for the year was £7.8M (2022: £5.9M).



With thanks to our dedicated and newly acquired donors, despite the financial downturn, Operation Smile United Kingdom saw an increase in its income. This resulted in an increase in the proportion of charitable activities to total income year on year, making use of reserves held whilst feeling comfortable in meeting our ongoing costs. Our medical volunteers have done us proud as they continued to give so much of their time, and we are grateful to all.

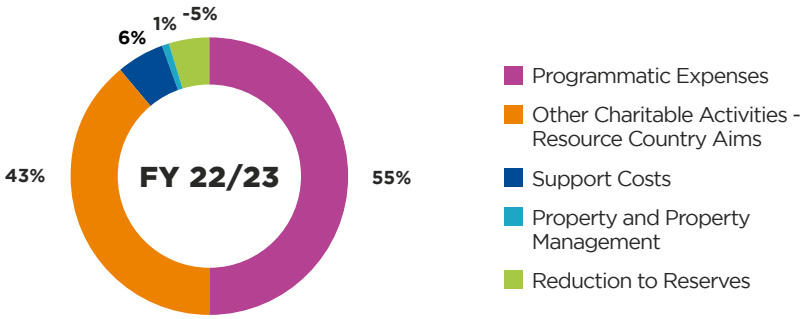
In FY22/23 for every £1 raised £0.93 (2022: £0.84) was spent on our charitable aims (with an additional investment of £0.05 from reserves), £0.06 on support costs (2022: £0.03) and £0.01 (2022: £0.04) on property and property management.

Reserves were reduced to invest in charitable aims compared with FY21/22, where for every £1 raised £0.12 was retained as surplus to reserves.




Portia, Ghana

USE OF FUNDS



Income

There was an 11% (2022: 9%) increase in total income when compared to last year's income level. We are very grateful for this sustained income growth, particularly in such difficult economic circumstances. Direct marketing income fell slightly by 1% in 2023 as a result of the downturn in the economy. We will continue to invest in fundraising with the aim of increasing our income over the next three years. Partnerships and Programmes income increased by 40% as a result of cultivating existing relationships and acquisition of new partnerships.

Expenditure

Total expenditure for the year increased by 32% (2022: 11%) with the greater proportion of the increase relating to charitable activities expenditure, 62% increase compared with 2022 costs. In support of the goal to increase access to care for 1 million patients, our strategy for the year was to increase our spend on charitable activities by reducing our reserves.

Net Income Generated

Net income generated during the year showed a planned deficit of (£348K) (2022: £819K). The decision was made to incur a planned deficit of (£348K) and increase our spend on charitable activities by making use of our reserves. In taking this decision, we remain confident that in challenging times we will still be able to meet our objectives of continuing with cleft care until we recover financially.

Balance Sheet

As at 30 June 2023, total net assets were £3.4M (2022: £3.8M). Cash held was £3.2M (2022: £3.7M). Restricted fund balance included was £32K (2022: 109K)

Reserves Policy

The trustees have determined an appropriate level of reserves to be six months of projected operating costs – which in FY22/23 was budgeted to be £783K. This liquidity-based approach allows the charity to maintain sufficient funds to enable it to continue its work during any adverse fundraising periods. At 30th June 2023, the free reserves of the charity amounted to £3.2M (2022: £3.6M). Free reserves represent the total assets available for use to the charity less restricted and designated funds, and fixed assets. The trustees acknowledge the increase in cash liquidity over and above its six-month liquidity level and continues to monitor this and noting opportunities to increase spend on charitable activities as the challenging economic climate continues. Revision will be made as applicable with the aim of minimizing volatility in cleft service delivery.

GOVERNANCE AND STATEMENT OF TRUSTEES' RESPONSIBILITIES



Rishab and her mother, India

Governance

Operation Smile United Kingdom is a registered charity with the Charity Commission and Companies House in England and Wales; charity registration no: 1091316 and company registration no: 4317039. It is a charitable company limited by guarantee.

Under charity law, trustees have legal duties and responsibilities and under company law the Board act as company directors of the charity.

Operation Smile United Kingdom works collaboratively and in partnership with Operation Smile Inc in the United States. They are separately registered organisations with different management teams and Boards of Trustees.

The Board reviewed its organisation and workings in the year with regard to the Charity Code of Governance and its Terms of Reference (ToR). This makes clear the responsibilities of the Board and where there are clearly delegated authorities to act on behalf of the Board. The delegated authorities are discharged through the subcommittees, the Executive Director (ED) and the Director of Finance. The Charity Code of Governance and the ToR are reviewed periodically regarding fit for purpose and changing circumstances.

Governing Document

OSUK is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association restrict the liability of members on winding up to £1. In the case of a winding up, none of the accumulated funds are distributable to the members but shall be given or transferred to Operation Smile Inc for its charitable purposes or charities with similar objects as OSUK. Under the powers within its Articles of Association, the trustees delegate the day to day management responsibilities of the charity to the Executive Director. She is accountable to the Trustees and is guided by approved business plans, budgets, policies and supporting procedures.

Appointment and Retirement of Trustees

Potential OSUK trustee candidates are nominated at a trustee's meeting by a serving member of the Board. If the trustees present agree to pursue the proposed nomination, the candidate is asked to meet with at least two active trustees to discuss the activities and goals of the charity. Following these meetings, the serving trustees report back to the Board. If the consensus is to move forward with the nomination, the nominee is formally appointed as an active trustee on the Board. Relevant checks are made and supporting documentations to the appointment are requested and filed. Trustees are appointed for a rolling three-year term; re-appointment is possible and should be proposed at the first board meeting of the year in which the term expires.

Trustee Induction and Training

New trustees undergo an induction where they are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the decision-making process, the business plan and financial performance of the charity, and the charity's programmatic goals and strategy. Following this, new trustees get the opportunity to meet OSUK staff members. The new trustee's induction concludes with a meeting with the Executive Director to discuss feedback and any other queries/questions.

Ongoing development and training is addressed through making available opportunities for external training. Trustees can request to attend any of these training courses at any time.

Subcommittees

The Medical Subcommittee meets annually with ad hoc communication as required throughout the year, reporting to the Board as required. Minutes are circulated to the Board.

The Finance and Audit (F&A) Subcommittee meets at least three times a year but primarily before any scheduled board meeting to review the finances and related policies and make recommendations to the Board for approval. Minutes are circulated to the Board.

Remuneration of all Staff

The governing principles of Operation Smile United Kingdom's remuneration policy is to ensure the delivery of OSUK's objectives by attracting and retaining a motivated workforce with the skills and expertise necessary for organisational effectiveness.

OSUK takes every step possible to ensure that remuneration should be equitable and coherent across the organisation. It accepts the need to balance pay levels and pay increases appropriately within the context of our charitable purposes but also believe salaries must be realistic.

In relation to deciding remuneration for OSUK's senior executives, Operation Smile United Kingdom considers the potential impact of remuneration levels and structures of senior executives on the wider OSUK workforce. The employment offer made to senior employees considers pay as one part of a package that also includes personal development, personal fulfilment and association with the public benefit delivered. It also recognises that it is, on occasion, possible to attract senior executives at a discount to public sector or private sector market rates.

Remuneration for the year ended 30th June 2023 was comprised of salary and pension contributions. There are no other pecuniary benefits for senior or other staff at Operation Smile United Kingdom.

Risk Management

A record of all risks is maintained in the risk register.

The Finance and Audit Subcommittee reviews the risk register at least once a year and takes appropriate action to mitigate or reduce the risk to OSUK. It is not deemed necessary at the present time for more frequent reviews as there are adequate policies and procedures in place to minimise adverse effect of risks envisaged. The ED has the responsibility to bring any new or increased risk to the attention of the Board at any time. Any threats are reported to the chair and/or the responsible Board member based on materiality as defined by the Board from time to time and to the wider Board at Board meetings.

As part of its annual review, the Board discusses recommendations from the F&A Subcommittee and ratifies recommendations as they see fit, noting any major risks to the organisation. The Board is satisfied that OSUK's current systems and procedures are sufficient to manage the likelihood and impact of assessed risks.

Charity & financial regulatory compliance and law remain a priority for the charity with required policies and procedures regularly under review. In line with this, data protection and cyber security are reviewed with staff regularly and staff are reminded of the need for confidentiality and compliance with general data protection regulation and data security.

Code of Practice and Vulnerable Persons Policy

OSUK has in place a code of practice and vulnerable persons policy to oversee its interactions with the public whilst fundraising and during service delivery. There is a reporting procedure in place and operationally OSUK has noted the Charity Commission whistle-blowing hotline.

Trustees' Responsibility in Relation to the Financial Statements

The trustees who are also directors of OSUK 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 (UK Generally Accepted Accounting Practice/UK GAAP).

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

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice on Accounting and Reporting (SORP).
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper 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 Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence take reasonable steps for the prevention and detection of fraud and other irregularities.

None of the trustees have any beneficial interest in any contract to which the charity was party during the year.

Trustees' Indemnity Insurance

As permitted by the Memorandum and Articles of Association, the Trustees have the benefit at a cost of £1,125 (2022: £724) of trustees' liability insurance which is a qualifying third party indemnity provision as defined by Section 234 of the Companies Act 2006.

The indemnity was in force throughout the last financial year and continues into the current financial year. All of the trustees shown on page 38-39 of the Trustees Annual Report, even those who have retired, are covered by this policy.

Statement as to Disclosure to Auditors

Insofar as the trustees are aware at the time of approving the Trustees' Annual Report there is no relevant audit information of which the charitable company's auditor is unaware.

The trustees have taken all steps that ought to have been taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of any such information.

The maintenance and integrity of OSUK's website is the responsibility of the trustees. The work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Public Benefit

The trustees have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Resources expended seek to prevent poverty in the countries in which they are spent by transforming the lives of children with cleft conditions and other facial deformities. Cleft and facial deformities can inhibit food intake and cause malnutrition; each successful treatment increases the advancement of health for these children and increases their chances of being socially accepted.

We are also required to describe how significant activities undertaken by the organisation further our charitable purpose for the public benefit. In response, the trustees hereby clarify that the benefits that we have provided and will continue to provide directly relate to our aims and objectives of improving healthcare in developing countries.

Furthermore, we can confirm that:

- Feedback from beneficiaries and 'partner countries' affirms that we are reaching our intended beneficiaries with life-changing results.
- Feedback from our partners and our country offices indicates safe surgical practises and up-skilling of healthcare workers and their care of cleft patients.
- Our volunteers from across the UK and the world feedback to us that they benefit from the exposure to different operating environments and cross practice contact.
- Any private benefit gained from the work of the charity (in particular salaries of its employees, and fees paid to consultants) is a necessary part of its cost of operations.

Auditors

Moore Kingston Smith LLP were re-appointed auditors on an ongoing basis and service delivery is reviewed annually. They have indicated their willingness to continue in office as such. They are deemed to be re-appointed in accordance with Section 487(2) of the Companies Act 2006.

Approved by the board of trustees

Signed on their behalf by:



Dr Maria Moore
Chair

Date: 07/02/2024



Fadi, Morocco



INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF OPERATION SMILE UNITED KINGDOM

From left: Octavio, Jean Rolland, Frederic and Andriamamitiana before receiving their surgery in Madagascar.

Opinion

We have audited the financial statements of Operation Smile United Kingdom ('the company') for the year ended 30 June 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and 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 30 June 2023 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the 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 the provisions available for audits of small entities, in the circumstances set out in note 5 to the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



Conclusions relating to going concern

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

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

Our responsibilities and the responsibilities of the directors 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 annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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 have 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 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 where 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 trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report and from preparing a Strategic Report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 43, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the company and considered that the most significant

are the Companies Act 2006, the Charities Act 2011, UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street, London, EC2A 2AP

Date: 12 March 2024



STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30 JUNE 2023

	Note	Unrestricted Funds £	Restricted Funds £	2023 £	Unrestricted Funds £	Restricted Funds £	2022 £
INCOME AND ENDOWMENTS:							
Donations and Legacies	2	5,328,766	1,964,286	7,293,052	5,322,557	1,269,883	6,592,440
Charitable Activities	2a	181,894	-	181,894	123,487	-	123,487
Interest		18,848	-	18,848	3,577	-	3,577
Exchange Gain or Loss		(25,499)	-	(25,499)	-	-	-
Total Income and Endowments		5,504,009	1,964,286	7,468,295	5,449,621	1,269,883	6,719,504
EXPENDITURE:							
Raising Funds	3	3,265,674	244,437	3,510,111	3,029,434	212,989	3,242,423
Charitable Activities	3a	2,508,842	1,797,163	4,306,005	1,437,994	1,220,748	2,658,742
Total Expenditure		5,774,515	2,041,600	7,816,116	4,467,428	1,433,737	5,901,165
Net Unrealised (Losses) on Investments		-	-	-	-	-	-
Net Realised Gains on Investments		-	-	-	708	-	708
Prior year adjustment							
Net Income for the Year		(270,507)	(77,314)	(347,821)	982,901	(163,854)	819,047
Transfer between Funds	11	-	-	-		-	-
Net movement in funds		(270,507)	(77,314)	(347,821)	982,901	(163,854)	819,047
Reconciliation of funds							
Total funds brought forward		3,645,961	109,155	3,755,115	2,663,060	273,009	2,936,068
Total funds carried forward		3,375,455	31,841	3,407,296	3,645,961	109,155	3,755,115

There are no recognised gains or losses other than those disclosed above. All results derive from continuing operations.
The notes form part of these financial statements.


Hannah, Ghana

BALANCE SHEET FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 (£)	2023 (£)	2022 (£)	2022 (£)
Investments					
Fixed Assets	6		17,869		13,476
Long term asset					
CURRENT ASSETS					
Debtors	8	604,026		367,334	
Cash at bank and in hand		3,205,339		3,672,875	
Total Current Assets		3,809,366		4,040,209	
CURRENT LIABILITIES					
Creditors:					
Amounts falling due within one year	9	(419,940)		(286,961)	
Net Current Assets			3,389,426		3,753,248
LONG TERM LIABILITIES					
Amounts falling due after one year	10				(11,608)
NET ASSETS			3,407,295		3,755,115
REPRESENTED BY:					
Restricted Funds			31,841		109,155
Designated funds					
General (Unrestricted)Funds	11		3,375,454		3,645,961
Total			3,407,295		3,755,115

The financial statements have been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 and with Financial Reporting Standard 102. The notes on pages 54-61 form an integral part of these financial statements.

Approved by the Board of Trustees on 07/02/2024 and authorised on their behalf by:



Dr Maria Moore
Chair

Company Registration No: 04317039

CASH FLOW STATEMENT FOR THE YEAR TO 30 JUNE 2023

		2023 (£)	2022 (£)
Net cash provided by operating activities	Note A	(450,847)	1,105,882
Cashflows from investing in activities:			
Cost of purchasing tangible fixed assets		(16,689)	(14,177)
Change in cash and cash equivalents at 30 June		(467,534)	£1,091,705
Cash and cash equivalents at the beginning 01 July		£3,672,875	£2,581,170
Total Cash held at 30 June		£3,205,340	£3,672,875

Note A

Reconciliation of Net Expenditure to Net Cash Provided by Operating Activities

	2023 (£)	2022 (£)
Net Income/(Expenditure) for the year	(347,821)	819,047
Depreciation of Tangible Assets	12,296	18,659
Increase/(Decrease) in investment	-	22,724
Increase/(Decrease) in debtors	(236,692)	127,901
Increase/(Decrease) in creditors	121,371	117,550
Net cash inflow from Operating activities	(450,847)	1,105,882


Hannah, Ghana

NOTES TO THE ACCOUNTS

Accounting Policies

BASIS OF PREPARATION

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared and with Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) including update bulletin 2, the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice (UK GAAP).

GOING CONCERN

The trustees have assessed whether the use of going concern is appropriate and have considered events or conditions that may cast significant doubt on the ability of OSUK to continue as a going concern.

The Trustees have given due consideration for the effects of the prevailing economic climate.

The trustees have made this assessment in respect of a period of at least a year from the date of approval of the financial statements. The trustees have considered the charitable company's forecasts and projections and are cautiously optimistic following the results of this financial year.

The charity is largely sheltered from fluctuations in the economic climate due to its loyal donor base and a significant legacy pipeline. The charity continues to hold significant reserves to meet downturns in income and has liquid assets in the form of cash held in short term deposits.

The Trustees have concluded that with the reserves policy and cash liquidity requirements of the charity, there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

The principal accounting policies adopted in the preparation of the financial statements are set out as follows:

a) Income and expenditure

All incoming resources are included in the Statement of Financial Activities when the charity is entitled to (or has physically received) the income and the amount can be quantified with reasonable accuracy.

Gift Aid income is accrued when there is a valid declaration from the donor or HMRC small donations rule is applicable.

Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and OSUK has been notified of the executor's intent to make a distribution. Where legacies have been notified to the charity, or where OSUK 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.

For event income, entitlement is counted at the date of the event. Where income is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued. Expenditure is accounted for on an accrual basis.

Raising funds relating to direct marketing has been allocated between charitable activities and fundraising costs based on an allocation process which analyses the cost between direct fundraising, raising awareness of the need and educating on cleft conditions. Currently this analysis allocates 27% (2021: 24%) of costs towards charitable activities as content relating to education and raising awareness of cleft and 74% (2022: 73%) towards cost of raising funds. We have continued to sustain the investment in fundraising and PR communications and digital as we seek to raise awareness and funds. PR and communications expenses are accounted for within raising funds though they may add value in the provision of other services.

Charitable activities

All cost relating to medical mission programmes are recognised in the year in which they are agreed upon and a commitment made. Total cost of charitable activities also include a proportion of direct marketing costs relating to charitable activities as above.

b) Critical accounting estimates and areas of judgement

In view of the trustees applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

c) Tax Status

Operation Smile United Kingdom is a registered charity in England and Wales with the Charity Commission and Companies House. It is a charitable company limited by guarantee. It is not registered for value added tax (VAT) and this position is reviewed on an annual basis for any possible change in status.

It is therefore not liable for income tax or corporation tax on income or gains derived from its charitable activities as it falls within the various exemptions available to registered charities; costs are recorded gross of VAT.

d) Fund accounting

The general unrestricted reserve comprises net accumulated unrestricted surpluses. Restricted funds are subject to restrictions imposed by the donor stipulating the way donation should be used. Interest earned on such donations are not subject to the same restrictions. Designated funds represent amounts which the trustees have allocated to specific 'projects' from general unrestricted reserves. Designated funds may at the discretion of the trustees be brought back into general reserves.

e) Fixed assets

Tangible assets are stated at cost which includes its purchase price and the cost attributable to bringing it to its working condition for its intended use. Depreciation is calculated using a straight- line method for both office equipment and fixture and fittings. The cost of an asset, less its estimated residual value if appropriate, will be written off over the estimated economic life of that asset.


Haroldo, Guatemala

- Office equipment – over 3 years
- Furniture, fixtures and fittings (including IT hardware) – over 3 years

The charity currently adopts a minimum capitalisation limit of £1,000. However, where complements of furniture and equipment are acquired with individual unit costs below the stated capitalisation threshold but collectively costs £1,000, then complements are capitalised at the time of purchase. Costs related to maintenance and repairs are treated as expenses as incurred.

f) Investments

OSUK has a policy of selling donated shares upon receipt of donation. However, where for any reason donated shares are not sold at balance sheet date these are listed as investments, at their market value at date. Realised and unrealised gains or losses for the period are accounted for through the Statement of Financial Activities as net of investment value

g) Gifts in kind

Gifts in kind may include donated equipment, goods, or services.

The charity measures and records these in the financial statements on the basis of the value of the gift to the charity. The value is the amount the charity would pay on the open market for an alternative item that would provide a benefit to the charity equivalent to the donated item.

h) Pensions

The charity operates a contributory group personal pension scheme and therefore has no pension liability. The amount charged to the Statement of Financial Activities in respect of pension costs is the total of contributions payable in the year.

i) Leases

Rentals under operating leases are charged as per agreement; any benefit received/receivable as an incentive to sign an operating lease is spread over the lease term on a straight-line basis. However, where the period to review date on which the rent is first expected to be adjusted to the prevailing market rate is shorter than the full lease term then the shorter period is used.

j) Foreign currencies

Assets and liabilities in foreign currencies are translated into the appropriate sterling equivalent as at the balance sheet date. Exchange gains/(losses) are reviewed periodically and accounted for if deemed material.

k) Other financial instruments

i. Cash and cash equivalents

Cash and cash equivalents include cash at banks and in hand and short- term deposits with a maturity date of three months or less. Deposits are made into reputable financial institutions and risk exposure is kept to a minimum.


Shyam, India

2. DONATIONS AND LEGACY INCOME

	Unrestricted Funds (£)	Restricted Funds (£)	2023 (£)	Unrestricted Funds (£)	Restricted Funds (£)	2022 (£)
Donations	4,550,650	257,891	4,808,541	4,104,500	404,567	4,509,067
Legacies	683,072	1,412	684,484	695,318	5,950	701,268
Grants	95,044	1,523,276	1,618,320	522,739	738,870	1,261,609
Sub-totals	5,328,766	1,782,578	7,111,345	5,322,558	1,149,387	6,471,945
Gifts in Kind	-	181,707	181,707	-	120,496	120,496
	5,328,766	1,964,286	7,293,052	5,322,558	1,269,883	6,592,441

2(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Restricted Funds (£)	2022 Total (£)	Unrestricted Funds (£)	Restricted Funds (£)	2021 Total (£)
Community Events	181,894	-	181,894	123,487	-	123,487
Special Event & Merchandise	-	-	-		-	-
Sub-total	181,894	-	181,894	123,487	-	123,487

3. RAISING FUNDS

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2023	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2022
Direct Expenses	2,692,141	-	244,437	2,936,578	2,588,561	-	212,989	2,801,550
Staff Recruitment Cost	55,243	-	-	55,243	38,520	-	-	38,520
Property and Management Cost	36,112	-	-	36,112	43,665	-	-	43,665
Administration Cost	482,177	-	-	482,177	358,688	-	-	358,688
	3,265,674	-	244,437	3,510,111	3,029,434	-	212,989	3,242,423

3(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2023 Total (£)	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2022 Total (£)
Programme / Mission Expenses	2,289,688	-	1,797,163	4,086,851	1,104,079	-	1,220,748	2,324,827
Support Costs:								
Property & Management	6,705	-	-	6,705	17,408	-	-	17,408
Office Administration	17,160	-	-	17,160	96,438	-	-	96,438
Other Support Costs	118,623	-	-	118,623	116,428	-	-	116,428
Governance Costs:								
Audit and Accounting	19,822	-	-	19,822	38,338	-	-	38,338
Legal/Filing & Consulting Fees	21,516	-	-	21,516	6,394	-	-	6,394
Trustees Liability Insurance	1,125	-	-	1,125	724	-	-	724
Allocated Support Costs	34,202	-	-	34,202	58,185	-	-	58,185
	2,508,842	-	1,797,163	4,306,005	1,437,993	-	1,220,748	2,658,741

Cost allocation/recovery

Support costs including governance costs which are not directly attributable to raising funds or charitable activities are allocated to the programmes/services benefiting from them based on staff time and department headcount.

Currently there are no cost recovery on restricted funds by OSUK; costs are monitored and covered by general unrestricted funds.

4. STAFF NUMBER AND COSTS

	2023 (£)	2022 (£)
Staff Salaries	1,038,191	808,018
Employer's NIC	113,031	82,437
Employer's Pension Contribution	59,191	43,624
	1,210,413	934,079
Staff Recruitment	55,243	38,520
Training and Development	5,711	3,349
Total	60,954	41,869

Four employees received payment above £60K.

Trustees And Key Management Personnel

During the year no trustee received reimbursement for expenses (2023: 192). £1,125 (2022: £724) was paid out in respect of trustees liabilty insurance as permitted by the Charity's Memoramdum & Association. Key management personnel (SMT) as listed on page 39, received remuneration £333K (2022: £166K)

Total average number of staff on a full-time basis employed in the year was:

	2023	2022
	24	19
Employees Earning:		
£60K - £70K	2	-
£70K - £80K	-	2
£80K - £90K	1	-
£100K - £110K	1	-
The Employer's pension contribution in respect of the above amounted £18.1K (2022: 8.6K)		

5. NET INCOME FOR THE YEAR IS STATED AFTER CHARGING

	2023 (£)	2022 (£)
Auditor's Remuneration in Respect of Current Year	19,821	9,750
Non-audit Services	14,520	28,588
Depreciation of Tangible Assets	12,296	18,659
Operation Lease Rentals - Building	-	38,276

6. TANGIBLE FIXED ASSETS (Office Equipment and Furniture & Fixtures)

	Office Equipment (£)	Furniture & Fittings (£)	Total 2023 (£)	Office Equipment (£)	Furniture & Fittings (£)	Total 2022
Cost at 01 July 2022	72,086	14,752	86,838	57,909	14,752	72,661
Additions	16,689	-	16,689	14,177	-	14,177
Disposals	(10,424)		(10,424)			
Cost at 30 June 2023	78,351	14,752	93,103	72,086	14,752	86,838
Depreciation at 01 July 2022	59,140	14,222	73,362	42,309	12,394	54,703
Depreciation Charge for the year	11,766	530	12,296	16,831	1,828	18,659
Depreciation on disposals	(10,424)		(10,424)			
Depreciation at 30 June 2023	60,482	14,752	75,234	59,140	14,222	73,362
Net Book Values:						
30-Jun-22	12,946	530	13,476	15,600	2,358	17,958
30-Jun-23	17,869	-	17,869	12,946	530	13,476

7. LISTED INVESTMENTS

	2023 (£)	2022 (£)
Donated Shares / Investment Assets	-	22,724
Disposal/Sales Proceeds	-	(23,432)
Realised Gains	-	708
Unrealised Loss	-	-
Total Investment at 30th June	-	-

8. DEBTORS

	2023 (£)	2022 (£)
HMRC - Gift Aid Reclaims	42,193	36,172
Prepayments	192,883	58,928
Receivables	59,090	42,336
Lease Deposit	25,000	25,000
Due from Operations Smile Inc/Partners	3,293	1,905
Other Debtors	281,567	202,993
	604,026	367,334

All debtors are financial instruments measured at present value.

9. CREDITORS

	2023 (£)	2022 (£)
Trade Creditors	322,514	178,397
Due to Operation Smile Inc	10,388	-
HMRC - Tax and NIC Due	35,056	31,044
Deferred Income	10,000	26,794
Accrued Expenses	37,875	30,203
Other Creditors	4,106	20,523
	419,939	286,960

All creditors, excluding accruals, are financial instruments measured at present value.

Deferred Income

Deferred income comprises donations received in advance of community events taking place in the financial year FY22/23.

	2023 (£)	2022 (£)
Balance as of 1st July	26,794	30,161
Amount Released to Income Earned from Charitable Activities	(26,794)	(30,161)
Amount Received and Deferred after One Year	-	11,245
Amount received and deferred in the year	10,000	15,549
Balance as of 30th June	10,000	26,794

10. CREDITORS (Amounts falling due after 1 year)

	2023 (£)	2022(£)
Amounts Falling Due After One Year	-	11,608

11. STATEMENT OF FUNDS

	Balance at 1st July 2022 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2023 (£)	Balance at 1st July 2021 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2022 (£)
General Funds	3,645,960	5,504,010	(5,774,516)	3,375,454	2,663,060	5,450,329	(4,467,429)	3,645,960
Restricted Funds	109,155	1,964,285	(2,041,600)	31,840	273,009	1,269,883	(1,433,737)	109,155
	3,755,115	7,468,296	(7,8167,116)	3,407,295	2,936,069	6,720,213	(5,901,166)	3,755,116

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General / Unrestricted Funds (£)	Restricted Funds (£)	2023 Total (£)	General / Unrestricted Funds (£)	Restricted Funds (£)	2022 Total (£)
Fixed Asset & Investment	17,869	-	17,869	13,475	-	13,475
Current Assets	3,777,525	31,841	3,809,366	3,931,054	109,155	4,040,209
Current Liabilities	(409,940)	-	(409,940)	(260,167)	-	(260,167)
Deferred Income	(10,000)	-	(10,000)	(26,794)	-	(26,794)
Other / Long Term liabilities	-	-	-	(11,608)	-	(11,608)
At 30th June	3,375,454	31,841	3,407,295	3,645,961	109,155	3,755,116

Restricted Funds by Region

	Balance at 1st July 2022 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2023 (£)	Balance at 1st July 2021 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2022 (£)
Africa	42,573	1,527,474	(1,538,205)	31,841	587	486,077	(444,091)	42,573
South / Central America	8,559	1,200	(9,759)	-	1,410	7,149	-	8,559
Asia	58,023	10,001	(68,024)	-	58,023	-	-	58,023
Europe	-	-	-	-	-	-	-	-
OSI Global Surgery	-	181,707	(181,707)	-	-	480,793	(480,739)	-
Other	-	243,904	(243,904)	-	212,989	120,496	(333,485)	-
	109,155	1,964,285	(2,041,600)	31,841	273,009	1,094,515	(1,258,369)	109,155

13. OPERATING LEASES

The company entered into a new lease for its office premises from 21 August 2019 for a lease term of 3 years. In March 2021 it renogotiated the lease for the full 5 year term revoking the break clause in year three for a rent reduction to the end of term.

Amounts payable to end of lease:	2023 (£)	2022 (£)
Within 1 Year	60,000	58,323
Between 2 - 5 Years	8,548	70,225
	68,548	128,548

14. RELATED PARTIES

During the year: OSUK's chair is a close friend of a major donor who is closely connected to the UBS Optimus Foundation which gave OSUK a grant of £699K (2022:£480k) towards Operation Smile's global surgery projects in Nicaragua, Vietnam and Madagascar. These projects are being funded over a multi year period as per agreement.

At Balance Sheet date OSUK had a liability of £9k (2022: NIL) to Operation Smile Inc. in respect of photography services. OSI and other partners had a liability in OSUK (2023:£3.2k) 2022 (£1.9k) for miscellaneous receipts.

15. CAPITAL COMMITMENTS

OSUK had no capital commitments at the end of 30 June 2023; (2022:NIL).

16. COMPANY LIMITED BY GUARANTEE

OSUK is a company limited by guarantee and has no share capital. By virtue of Section 30 of Companies Act 1958 (revised 2006) under which the company is incorporated, the company is not required to use the word 'Limited' in its name.

In the event of winding up, the members are liable to contribute towards any deficiency up to a maximum value of £1 each. At 30 June there were five (2022: Five) registered members.

PHOTO CREDITS

We work with an incredible group of visual artists who connect our global audiences to the heart of each story we tell.

Their approach to portraying the beauty and dignity of patients, the passion of volunteers and supporters, and the orchestration of our medical programmes allows us to experience an indelible memory in the moment that the photo is captured, no matter where we are in the world.

Marc Ascher
Henry Cuicas
Manuela Emmer
Jörgen Hildebrandt
Zute Lightfoot
Erin Lubin
Rohanna Mertens
Margherita Mirabella
Will Moffit
Lorenzo Monacelli
Mariam Moummade
Henitsoa Rafalia
Carlos Rueda
Jasmin Shah
Peter Stuckings
Camilo Zapata



Iamady, Madagascar

OPERATION SMILE UNITED KINGDOM

England & Wales - Charity number 1091316

Accounts



Faustina, Ghana

TRUSTEES' ANNUAL REPORT & ACCOUNTS 2022

Operation Smile United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**



GIVING SMILES, SAVING LIVES

Operation Smile is a global charity specialising in expert cleft surgery and care.

Supported by our generous donors, our dedicated staff, medical and student volunteers provide medical expertise, research and care, working alongside local governments and health systems all around the world.

While one cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts. We offer patients additional surgeries, dentistry, psychological services, speech therapy and other essential cleft treatments.

Our training and education programmes elevate local surgical standards and entire health systems, enabling our global network to bring safe surgery to more people, earlier in their lives.

Lilia, Mexico





'I know that I'm not alone; I know that my daughter counts on people, special angels who support her, that love her. I thank Operation Smile for how wonderful you are.'

Valeria, Lilia's Mother



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CHAIR'S WELCOME

Dear Supporters and Friends,

Another year has swiftly passed, and we are once again thankful for the dedication and commitment of our local teams and medical volunteers across the world during the last twelve months. Even in the face of the COVID-19 pandemic, which brought travel restrictions and unprecedented additional pressure to health systems, we have continued to strive to bring the highest quality care to those patients who need it most.

Once again, our teams have risen to the challenge, adapted and innovated to support patients even while operating theatres were closed. Their efforts have brought virtual speech therapy programmes to patients waiting for surgery, vital medical equipment to local hospitals, and life-saving ready-to-use therapeutic food (RUTF) to families struggling with food shortages. We have also provided crucial medical supplies and training to prevent infection and enhance safe surgery.

As we enter our 40th year of bringing high quality surgical care to patients all over the world, during our next decade we have made an ambitious commitment to reach one million patients who need cleft care and other essential surgeries. Now more than ever we must focus our efforts on supporting and strengthening health care systems, building trust and fostering relationships with local partners and organisations. Our ultimate aim is to forge a new global safe surgery infrastructure which is vital to ensuring that all children born with cleft conditions receive treatment. This infrastructure will also benefit patients beyond those with cleft conditions, to ensure more equitable access to healthcare for all.

We are confident that our global network of 6,000 medical volunteers is equipped with the skills and expertise to meet this challenge and bring a million more new smiles to patients and families living with cleft lip and cleft palate around the world.

As always, it is important to note that none of this life-changing work would have been possible without the kindness of our supporters. It is your generosity that has helped make this world a kinder, more compassionate place, and ensures that we can continue to change lives and save lives, for patients and families in some of the world's most vulnerable communities.

Our global Operation Smile family relies on your unwavering support and our volunteers and staff send their heartfelt thanks to you for making our work possible. I would also like to thank you on behalf of all the children and their families to whom you have given the lasting gift of happiness and health.

We hope that this report demonstrates just how much we have been able to achieve thanks to you, and on behalf of the Board of Trustees and all whose lives have been changed forever this year, thank you.



Dr Maria Moore, BDS (Hons)
Chair OSUK Board of Trustees





Yasser, Morocco

'Every 3 minutes, a child is born somewhere in the world with a cleft lip or cleft palate. That statistic doesn't change – even in a global pandemic.'

Kathy Magee

Operation Smile Co-Founder & President



Ramata, Ghana



THE LIVES WE TOUCH, THE PEOPLE WE HEAL

Millions of children living with untreated cleft conditions have difficulties eating, breathing, speaking and being accepted by many of their peers and communities.

In the UK, cleft conditions are operated on within the first three to six months of a child being born. However, in many countries medical resources are scarce and, even when available, the cost of surgery and after-care is out of reach for many children and their families. That's where Operation Smile comes in. We make it possible for children with cleft conditions to smile again.

Children suffer around the world

It is estimated that every three minutes a child is born with a cleft lip or cleft palate. They may be unable to eat, speak, socialise or smile. In many cases, their parents can't afford to give them the medical care they need.

Health that lasts

While one cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts by being there to offer them additional surgeries, dentistry, psychological services, speech therapy and other essential cleft care.

Our global family

With more than 6,000 active medical volunteers from all around the world, Operation Smile is one of the world's largest volunteer-based non-profit organisations. Our global movement is made up of people from all walks of life who share our belief that anyone born with a cleft condition deserves safe surgery and comprehensive cleft care, regardless of where they live.

A vision towards sustainable health services

We believe that safe, effective, well-timed surgery is a fundamental human right that should be accessible to all families. In many countries where we work, there aren't enough trained medical professionals to meet the growing need and backlog of cleft cases. That's why we prioritise training doctors, providing medical equipment and educating local medical professionals on the best surgical practices.



'In hospitals across Kenya, we have been able to replicate the same standards of care that we use for Operation Smile. This has benefited the patients, the trainees and the medical facilities where we operate.'

Dr Charles Kabetu

Anaesthetist, Kenya, Volunteer & Regional Medical Officer

ABOUT OPERATION SMILE

Operation Smile is an international medical charity, founded in 1982. For four decades, we have provided free surgery and comprehensive care to children and young adults born with cleft conditions across the world.



A global alliance

Operation Smile United Kingdom is part of the worldwide alliance of Operation Smile Inc (OSI) based in Virginia Beach, US. With 42 partners and foundations, we collaborate and fund-raise so we can implement global strategies to address the issues of cleft and safe surgery throughout the world.

Our volunteer network is managed through this alliance with a robust process of credentialing our global pool of surgeons, anaesthetists, paediatricians, nurses, speech therapists, dentists, nutritionists and other non-medical volunteers. Alongside our international volunteers, we have a portfolio of credentialed resident volunteers within the countries where we work who organise local programmes for Operation Smile in addition to their everyday case-loads.

OSI manage our cleft care programmes globally through the programme and finance departments who work directly with our country partners. Our medical standards are managed by the Medical Oversight Committee, based in the US, and its team of Regional Medical Officers based in Africa, Latin America and Asia.

Operation Smile United Kingdom

Operation Smile United Kingdom (OSUK) is a registered UK charity with objectives which include fundraising within the UK for our global cleft care, safe surgery and education programmes. With an independent board and medical subcommittee, we adhere to the UK legal framework which includes company and charity-specific laws and regulations.

Our Board of Trustees meets quarterly to review our finances, operations, medical programmes and risk register.

With the utmost respect for our donor interests, we select programmes to support and disburse funds for their execution through OSI. Our impact and programme reports are compiled with in-country staff and OSI programme and finance teams. These are then reviewed by OSUK as part of our accountability process. We contribute to the global organisational direction by meeting with global colleagues on a regular basis.

With guidance from the OSUK Medical Subcommittee, we support the recruitment of medical volunteers by attracting a wide range of UK medical professionals, placing them on surgical programmes around the world. At the end of FY2022, we have over 95 active medical volunteers within the UK.

Measuring our impact

Our reporting incorporates both quantitative and qualitative impact measurements to allow us to measure direct surgical and social impact.

We always report on direct surgical programme outcomes for patient numbers, screening and surgical outputs, number of surgical procedures performed by case, age and gender and the number of volunteers attending the surgical programme.

As results go beyond surgery, these outputs are also supported by qualitative reports around patients' lives. We don't have the resources to track every patient, but we follow selected individuals who will have been operated upon during a surgical programme.

We also report on other components such as our local partners' participation, how the medical programme has positively contributed to the country strategy and note challenges and successes of each surgical programme.

Our Medical Oversight Committee reviews all surgical outcomes and evaluates the quality of the surgeries performed. This is a key evaluation for us as we pride ourselves on following and improving our comprehensive Medical Global Standards – we will not compromise on this aspect of our work.

DELIVERING SAFE SURGERY AND COMPREHENSIVE CARE

Our priority is performing safe surgery and ensuring patients receive exceptional care. Often, that means holding medical programmes and establishing care centres in resource-limited settings.

Through an integrated, patient-centred approach, we use our experience and expertise to bring surgical and preventive treatment to those with cleft conditions who need our care. We work to alleviate the educational, financial, social and geographic barriers that block families from accessing healthcare.

We believe that where you live shouldn't determine if you live. This commitment can present challenges, but they are challenges we overcome every day.

We focus on:

Safe, sterile surgical environments: When parents arrive with their children at one of our medical programmes, they receive care at a facility where the highest standards of surgical safety are practiced.

A team approach: We provide the highest quality, multidisciplinary cleft care, with generous doses of love and empathy from our certified nurses, anaesthetists, paediatricians, surgeons, speech therapists, dentists and other specialists.

Setting the stage for future success: During health screenings, we sometimes find that children require nutritional assistance or additional medical care. We provide this treatment so they can become healthy enough to receive surgery.

Centres of ongoing care: The comprehensive care needed by children with cleft conditions is provided year-round by a team of trained, dedicated, compassionate local volunteers and staff at our 35 care centres in 20 countries. We help patients live more fulfilling lives by providing speech therapy, dentistry, psychosocial care and more.

Our COVID-19 response

During the past year, our teams around the world have continued adapting to new waves of COVID-19 in their communities while continuing to care for the health and well-being of our patients and families.

Two years after the start of the pandemic, we resumed surgical programmes in 28 countries. Our teams around the world worked with OS Medical Oversight and our partner hospitals to safely resume surgery. Thanks to their hard work, in FY2022 we provided care to more than 20,000 patients.

Lasting health and happiness

While cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to addressing our patients' cleft care needs throughout their childhood and adolescence so that they can realise happier and healthier futures.

Children born with cleft conditions often require multiple surgical procedures, dentistry, orthodontics, speech therapy and psychosocial care throughout their youth. Our teams encompass a wide range of medical specialists, all professionally certified and committed to providing excellent care for our patients at every stage of their treatment.

We provide this comprehensive cleft care, free of charge, to the families we serve.



SURGERY

Timely cleft surgery is essential to a patient's long-term health and well-being.



NUTRITION

A cleft condition can cause malnutrition. Our nutritional support helps patients grow healthy for surgery.



SPEECH

Speech therapists help patients speak more clearly and teach parents feeding techniques for their babies.



DENTISTRY

Dentists provide specialised procedures and create devices that improve patients' surgical results and overall health.



ORTHODONTICS

Orthodontic care is also crucial to a patient's healthy oral development and personal confidence.



PSYCHOSOCIAL CARE

Certified psychosocial care providers help patients and families throughout the course of their treatment.



'We need to reach these patients as early as possible, whenever a patient is born with cleft, they should know that Operation Smile exists.'

Charlotte Steppling
Operation Smile Director of Nutrition

SAVING LIVES THROUGH STRATEGIC PARTNERSHIPS

Training and education

We're proud that over 80% of our medical volunteers are healthcare professionals from the low-and middle-income countries we serve. A majority have received education and training from Operation Smile.

We're investing in strengthening healthcare systems and partnering with universities, charities and governments with one mission in mind: delivering safe surgery to people where it's needed most.

We have a long-standing partnership with the American Heart Association (AHA) through which we have provided training to thousands of healthcare providers globally. This includes: Basic Life Support, Paediatric Advanced Life Support, Advanced Cardiac Life Support and Paediatric Emergency Assessment, Recognition and Stabilisation.

A combination of these training programmes is carried out in all the countries we work in to refresh or teach life-saving techniques and practises to our colleagues all over the world. AHA training is part of a safe surgery package of training interventions. Last year 2,096 trainees participated in an AHA course, of which 805 were fully credentialed Operation Smile volunteers.

Cleft research

We're currently conducting medical research to determine the causes of and find cures for cleft conditions. This project, known as the International Family Study, is led by our academic partners at the University of Southern California and Children's Hospital Los Angeles. The research uses genetic analysis, maternal and paternal questionnaires on environmental exposures and lifestyle habits. More than 15,000 individual saliva samples from a vast array of ethnicities and more than 7,000 families have been collected.

We believe this study grants us the opportunity to promote scientific research in heavily understudied populations to ultimately promote scientific discovery and methods for global health improvement.

Year-round cleft care

Our patients' need for care doesn't stop when a surgical programme ends. That's why we've partnered with local medical institutions, ministries of health and local organisations to establish 35 centres in 20 countries that provide year-round solutions for those who require more complex treatment than a single surgical programme can provide. At these centres, patients receive free services including dentistry, orthodontics, speech therapy, nutritional counselling, psychosocial care, and cleft and orthognathic surgeries from our dedicated staff and volunteers.

Our long-term goal is to establish year-round centres in every country we work in. The multidisciplinary care we provide at our centres in Colombia and Morocco represents the standard of services we are working to make available to every patient.

G4 Global Alliance

Operation Smile is a member of The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (The G4 Alliance). The alliance exists to increase global political priority for surgical and anaesthesia care and to mobilise resources to help provide access to safe surgical care for patients in need. It is composed of more than 60 organisations united in advocating for the neglected surgical patient.




Sonrisa
Colombia
RUTF
Kendy



OUR NEXT DECADE: A MILLION MORE SMILES

At Operation Smile, we believe that all children deserve access to high-quality health care and through our work, we have provided free life-changing cleft surgery and care for more than 300,000 patients. But more is needed. In the countries where we work, we estimate that five million people with cleft need our help, most of whom live beyond the reach of existing hospital care.

As we approach the 40th anniversary of Operation Smile, we have made a pledge to increase access to care for one million patients, bringing safe, affordable cleft care and other essential surgeries to more children and adults, in some of the world's most hard-to-reach places. Thanks to continued investment and support, our network of local volunteers is equipped with the skills and resources to meet this ambitious goal and help us launch our next decade of commitment by:

- Expanding our existing partnerships with local hospitals and care centres
- Increasing opportunities for women in medicine
- Developing more training programmes for surgeons and other medical professionals
- Investing in research and innovation to identify and treat causes of cleft conditions

We will continue to work alongside our local partners including ministries of health, donors, hospitals, organisations and academic institutions to scale up our investments and increase access to safe surgery.

Through strengthening existing health systems and empowering local health teams we bring safe surgery within reach of more of the people who need it most. It also means patients can still get the comprehensive cleft care they need, both before and after a surgical programme.



'The child with a cleft took us back to the community, to show us the need, and get us to pay attention to the health system.'

Dr. Bill Magee
Operation Smile Co-Founder and CEO

WHERE WE WORK

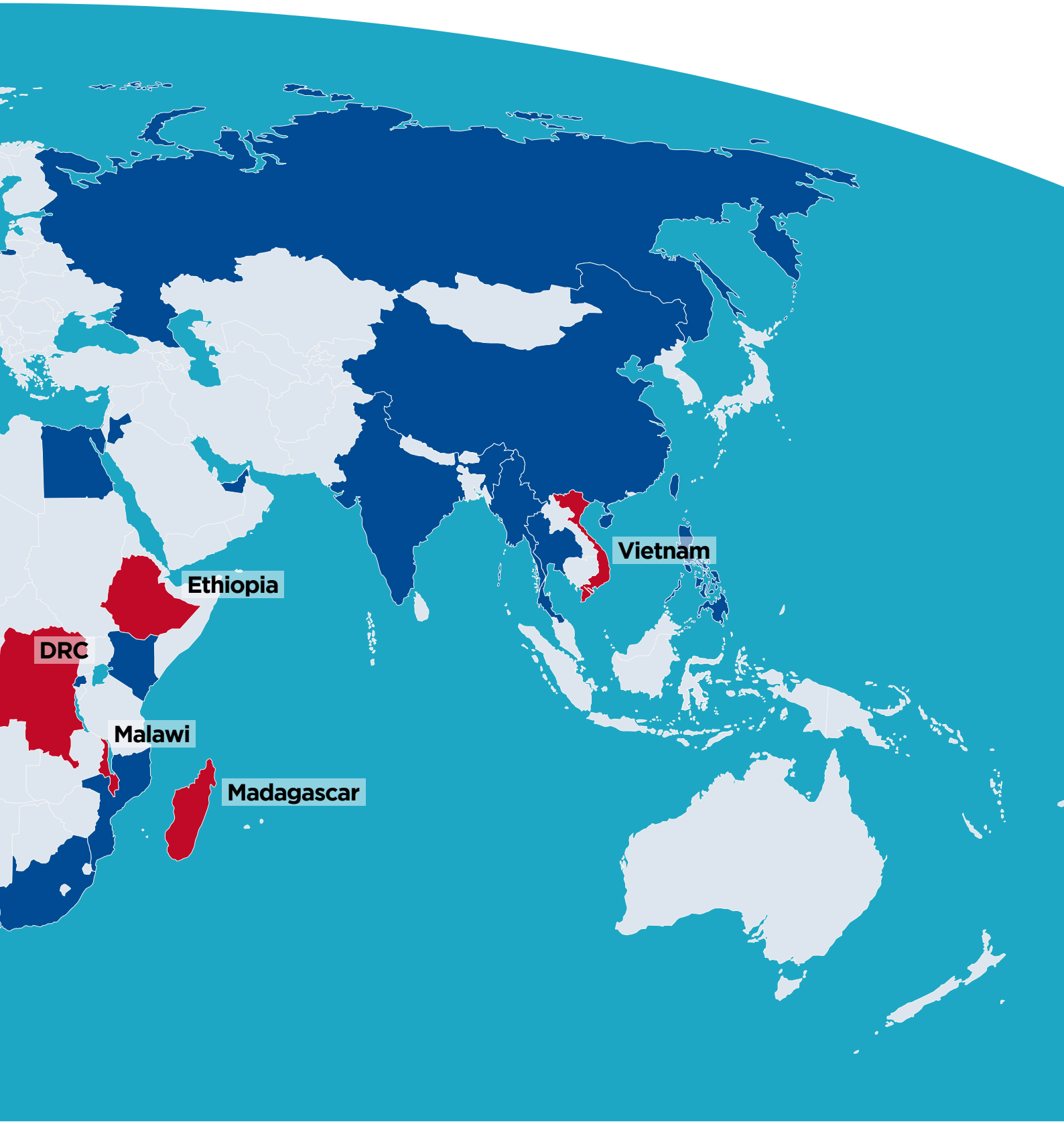
Our mission to deliver safe surgery to people, wherever it's needed most, drives us to expand our global reach and make a difference in the lives of more children and their families.



Where we work

UK Focus countries

Operation Smile programmes are currently active in 35 countries. We have been a global leader in the delivery of high-quality surgical services in these low- and middle-income countries for 40 years.



GLOBAL ESSENTIAL SURGERY

In order to meet the needs of those depending on us, Operation Smile takes a multi-faceted approach. We provide surgery and comprehensive care, so that patients who need treatment will receive it and have a fair chance at life.

At the same time, we are also looking to the future, and the generations of children who will be born with cleft conditions and will need surgery. One of the main aims of our work is to ensure that while we are providing surgery and care in the here and now, we are also investing in the education and training of doctors in the countries where we work, as well as upgrading health infrastructure so we play our part in creating strong health systems, capable of treating their own populations into the future.

We are fortunate in the UK to have the NHS, but in many countries there aren't enough local surgeons, anaesthetists, nurses and other specialists to deliver care. For the teams that are in place they often don't have access to the tools and spaces they need. Even when a team and location are available to patients, in many countries they may not be able to afford the surgery, may not be aware of it, or may have a distrust in the health system which prevents them from seeking help.

At Operation Smile United Kingdom we are incredibly proud to partner with the UBS Optimus Foundation to deliver 'Global Essential Surgery' a project across three diverse geographic locations – Nicaragua, Madagascar, and Vietnam – which aims to address the root causes of why people have a lack of access to surgery.

This year, on the conclusion of the project in Nicaragua, we were incredibly proud to see significantly more people seeking, and receiving surgery, especially more infants and children under five.

Work in Vietnam and Madagascar is ongoing into next year with infrastructure projects aiming to update theatre space and medical equipment. We also have education and training projects aimed at increasing the number and efficacy of medical teams.

This project has significantly advanced our understanding of how to bring about impactful change in health systems to create conditions where children will receive surgery as a matter of course. As a right, not a privilege.





Patients waiting for surgery during a surgical programme in Madagascar, April 2022

CLEFT FREE MALAWI

In Malawi, no stone is being left unturned to ensure those living with cleft conditions have access to care. Thanks to the incredible partnership and support of the Kentown Wizard Foundation, the Cleft Free Malawi project is bringing world-class comprehensive care to 'the warm heart of Africa'.

Bringing patients to care...

Without specialist support, caring for a baby born with a cleft condition can be daunting. All too often, loving parents don't know where to turn for support. In Malawi, our team of community outreach volunteers travel on foot and by bicycle to find babies with cleft conditions and deliver life-saving assistance. These volunteers are known, trusted and respected in the areas they cover. When they speak, people listen. As a result, families who might have been too afraid of hospitals and doctors to seek treatment, feel more confident about coming to surgical programmes.

Preparing for surgery...

Often babies with cleft conditions struggle to feed, and need to become stronger and healthier before they can safely receive surgery. Operation Smile Malawi's nutrition programme works with parents to ensure that babies are getting the right kind of nutrition for their growth and development and to prepare them to receive their life-changing surgery.

A new smile and a fair chance at life...

Providing surgery for children with cleft conditions saves and transforms lives. In Malawi, a thriving base of local volunteers and strong hospital partnerships form the backbone of the surgical care we provide.

From the nurses and paediatricians who care for our patients as they are prepped for surgery; the child-life specialists who use songs and therapeutic play to keep children calm; to the surgeons and anaesthetists who make sure every child receives surgery in accordance with our Global Medical Standards. It's the incredible skill, and collaboration of these teams that brings new smiles to children throughout the year.

A hopeful future...

The patient-focused comprehensive care and surgery provided by Operation Smile Malawi is vital to helping patients who need surgery now, but ensuring that future generations of children receive care is a vital pillar of our work. We deliver training and education programmes for medical professionals to bolster the local health system and create infrastructure that will enable children to be treated in the future. With three surgeons currently in training through our partnership with the College of Surgeons of East, Central and Southern Africa, creating a workforce that can deliver even more surgery means the future of healthcare in Malawi is bright.





Yohane, Malawi

GHANA

Among the many initiatives Operation Smile United Kingdom supports in Ghana, one deserving of special mention is the incredible patient outreach and support delivered by our patient coordinator Clement Ofosuhemeng.

Clement has helped to bring hundreds of potential patients to each programme in Ghana since he joined the organisation, going above and beyond to reach patients in the most remote areas.

"There are places that when I go, cars don't go there. So if I have to walk, I will walk. If I have to crawl, I will crawl. If I have to swim to that place, I will swim," Clement says with stern conviction. "My mission is to go as far as I can go to spread the message wide, so that we will be able to help patients with cleft lip and cleft palate."

Particularly in these remote, rural areas there is a huge stigma and lack of understanding around cleft. When a child is born with a cleft condition it can be viewed as a curse, or untreatable. Unaware that cleft conditions are treatable and having never heard of Operation Smile, families are often sceptical that help is truly available.

Convincing hesitant families and patients that they can trust Operation Smile is where Clement excels. Utilising his persistent yet kind-hearted nature, he explains that the organisation performs this work across Africa and around the world by showing them several Operation Smile foundations' websites and before-and-after photos of past patients.

He says that many conversations begin with patients and caregivers. They often think it all sounds too good to be true, as the medical care is free and Operation Smile Ghana covers the expenses of travel to and from the surgical programme, as well as lodging and food during it. But most of the time, he's eventually able to break through.

"I try my best to establish a very good rapport with them, so that they feel comfortable coming to me, comfortable calling me. I always call them – numerous calls, numerous counselling sessions so they feel that we are here for them," Clement says. "We are with them to go through the procedure before the surgery, during the surgery and after the surgery. So it's not only the surgery."

Once patients and their caregivers arrive at the programme's patient shelter, Operation Smile Ghana takes special care to create a supportive community atmosphere among the families.

At the shelter during a recent programme, Clement called for a group of patients and their families to gather in a circle. He asked for each of them to share their stories. Clement said that the sharing of these experiences resonates far beyond the patient shelter and into the communities from where they came."When they come to the shelter and then they see so many people with cleft, it strengthens them. They may have thought that they were the only one with a cleft, but now what are they seeing? People with various degrees of cleft. So at the shelter, it's like a family.

"When they return to their villages, I see them to be potential ambassadors to help erase the stigma. Now that they have received education about cleft, they can spread the information, the good news and the truth, so that it will remove the negative perception that people have about cleft. So when I'm able to recruit more than 300 potential patients, I see them all as people that can help make the job work – to make information about Operational Smile go viral."

In this financial year Operation Smile United Kingdom supported patient outreach and awareness in Ghana, as well as surgery delivered through our partnership with Korle Bu Teaching Hospital in Accra.





Clement, Ghana



DRC

In the Democratic Republic of Congo where just under 200 patients received surgery and comprehensive care this year, Operation Smile United Kingdom is supporting work with Cliniques Universitaires de Lubumbashi in the south east of the country. Through this hospital based partnership we are delivering care directly to patients, and also investing in education and training to ensure our patients receive care to global standards, and to ensure treatment pathways will exist into the future.





ETHIOPIA

In Ethiopia OSUK continues to support direct patient care through the delivery of surgery and comprehensive care at Jimma University Specialised Hospital in the South West of the country. In financial year 2022 Operation Smile Ethiopia treated more than 500 patients either through surgery or comprehensive care like speech therapy and nutritional support. We also support education and training initiatives such as life support training where 32 medical professionals underwent training through our partnership with the American Heart Association.



MOROCCO

In Morocco, where Operation Smile United Kingdom funds direct patient care through surgery and dentistry, We have launched a signature initiative to empower women by providing educational pathways for them to become global leaders in health care.

The all-female 'Women In Medicine' programme offers a unique opportunity for female medical professionals to teach, learn, connect and change the lives of the patients in a setting of friendship and cooperation.

On March 5, 2022, more than 80 female volunteers from 15 countries and diverse specialties and backgrounds arrived in Marrakech, Morocco, to bring life-changing surgery to 70 patients.

In low- and middle-income countries like Morocco, the rate of women entering medical school and medical professions is low across all specialties, particularly among surgical specialties. In fact, most low- and middle-income countries struggle to staff an adequate surgical workforce to meet the recommended 20 surgeons per 100,000 population. Expanding the participation of women in surgery is a powerful – and necessary – way to help bring surgical treatment to those who need it, especially when 70% of the global healthcare workforce is female, but only 25% of leadership positions in healthcare institutions are held by women.

Mentorship is a cornerstone of the Women In Medicine initiative. In Morocco, surgical and dental residents received training through cleft surgery simulation and oral health workshops, in addition to performing transformational surgeries and procedures.

Educating and empowering female healthcare workers will strengthen health workforces globally and elevate the surgery and comprehensive care we provide for our patients.





OUR GLOBAL ACHIEVEMENTS



Kiran, India

20,776
Patients who received care

28
Countries visited

151
Short-term surgical and Dental programmes

151,000
Medical consultations in our programmes

35
Care centres in 20 countries

6,000+
Medical volunteers in 67 countries



THANK YOU

Our life-changing work is made possible by our partners, supporters and volunteers. Operation Smile is extremely grateful that our valued Corporate and Trust and Foundation partners Partners have continued to provide essential support to our patients and their families. Many thanks to each of our donors and to their employees for this inspiring commitment.

Generous Individuals, Charitable Trusts and Foundations

- The G F Eyre Charitable Trust
- The Gisela Graham Foundation
- The Grace Charitable Trust
- The Kentown Wizard Foundation
- The Mackintosh Foundation
- Nelsons Trust
- R U B White Charitable Trust
- UBS Optimus Foundation
- The Zochonis Charitable Trust

Corporate Partners

- Acquisition Aesthetics
- Align Technology
- The AS Watson Group
- The Bannatyne Group
- EMEA Recruitment
- Expert Recruits
- FMC
- ICI Paris XL
- Johnson & Johnson
- Mediterranean Shipping Company
- MiSmile Network
- Molnlycke Healthcare
- Pest UK
- The Perfume Shop
- Savers
- Secret Aesthetics
- Stryker
- Superdrug

Smile Ambassadors

- Anthony Andrews
- Duncan Bannatyne





Aime, Rwanda

FUNDRAISING STATEMENT

Thanks to the kindness and generosity of our diverse supporters, we have achieved an income of £6.7M. Our expenditure was £3.2M on raising funds and £2.7M on charitable activities giving us a net position of £819K in financial year 2022, a decrease of 7% on the previous year after accounting for realised gains on £1K (2021: £6K unrealised gains) on donated shares.

At Operation Smile, we hold ourselves accountable to the trust our supporters place in our work. We are committed to being the best steward of the gifts we receive, directing funds to programmes that bring the highest standards of care to people living with cleft and other facial and dental conditions, investing in strengthening the health systems of the countries where we work so that future generations of children will be taken care of, and engaging in research that will allow us to work better and more efficiently to achieve our vision of a future where health and dignity are improved through safe surgery.

Most importantly, we pride ourselves on following the highest standards of accountability, effectiveness and efficiency. Our codes of conduct set out a global standard for all Operation Smile offices to comply with and are bolstered by our adherence to local regulations and best practices in the UK.

When connecting with our patients to understand the impact of the care they received, we use their authentic voices to portray their stories, preserving their dignity. These stories are used for fundraising and marketing purposes, to connect our supporters in the UK with the children they help. With almost 40 years of experience, we have strict guidelines and policies, including a global policy for child protection, that is implemented across all our offices. This policy is reviewed annually.

Our supporter base comprises individuals, schools, companies, and trusts and foundations. We engage with this supporter base through direct marketing (direct mail, email, press inserts and ads, television advertising, online advertising) or via direct contact with one of the employees on our fundraising team.

OSUK's fundraising approach is primarily through consented and/or legitimate interest or solicitations. OSUK has voluntarily signed up to the Fundraising Regulator and Information Commissioner's Office (ICO) code of conduct which covers fundraising practices and the use of donor data respectively. As a member of the Fundraising Regulator, we hold ourselves accountable to our donors and have the utmost respect for our donor base.

We work to remain compliant to the General Data Protection Regulations (GDPR) and Data Protection Act 2018. The Head of Data, Technology & Supporter Care is the first point of contact for any queries or complaints made via the above regulators and the Chief Operating Officer is notified of any queries or complaints made. Any complaints will be communicated to the Executive Director who will then update the Board of Trustees regarding the current status of the complaint with the complainant and/or regulator.

People carrying out fundraising activities on our behalf are provided with a fundraising pack, which stipulates their responsibilities and liabilities. There is an ongoing stewardship and reporting process in place for accountability.

Agents working on our behalf are contracted and provided with guidance, through training, for reporting complaints to Operation Smile. Some subscribe to the Institute of Fundraising, DM Associations and Telephone Preference Service Assured. With regards to PCI compliance our agents are requested to submit on an annual basis confirmation of their security status/vulnerability reports if any.

For the last financial year, Operation Smile has not received any complaints via either of the above regulators.





Fabiano, Peru



STRATEGY FOR THE YEAR

As a fundraising office for Operation Smile Inc, our overarching goal is to grow our net income for disbursement to our life-changing programmes. Our focus for 2022-2023 therefore remains consistent with last year's goals.

To support
Operation Smile's global cleft and safe surgery programme initiatives

To maintain and expand
our programme support in Africa, Asia & Central America

To grow
both our unrestricted and restricted income to support our aims



To provide

excellent comprehensive care and service delivery through our medical and non-medical volunteers

To raise

our national profile through use of mixed communication channels and donor-centric communications

BOARD OF TRUSTEES

DR MARIA MOORE **BDS Hons, Chair**

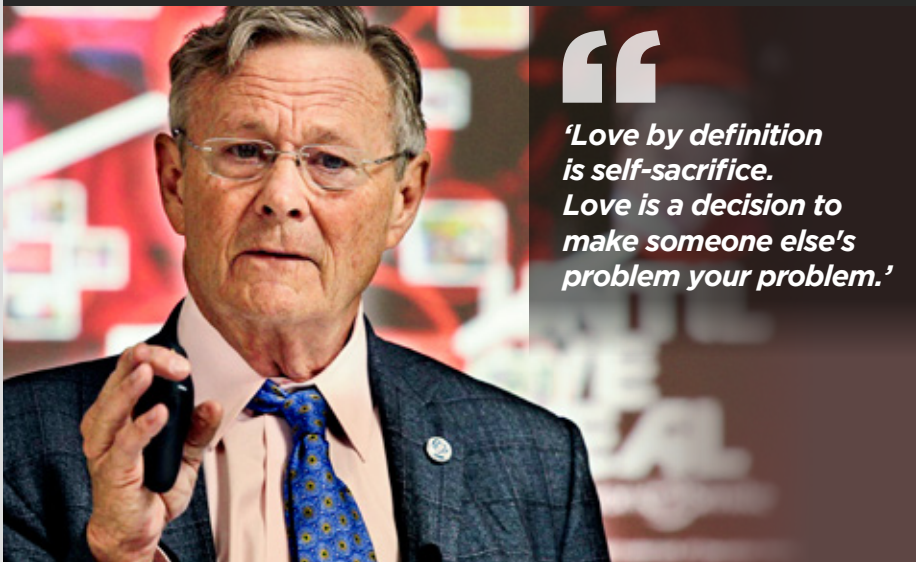


'It's extraordinary to witness the impact of Operation Smile. Not just on the children themselves, but their family members and all those around them. It's amazing.'

Maria has been involved with Operation Smile since 1999, first as a donor and then as a dental volunteer in Guwahati, India. Maria has attended international missions to India, Panama, Colombia and The Philippines and is an active and dedicated fund-raiser. She became chair of Operation Smile United Kingdom in December 2015. Having graduated with honours in dentistry from Birmingham University in 1988, Maria's 32 year career spanned both the NHS and the private sector. After 22 years, Maria has recently sold her dental practice in Virginia Water and gives her time to Operation Smile United Kingdom in her capacity as chair of the board.

DR WILLIAM P MAGEE JR **D.D.S., M.D.**

Dr William P Magee Jr co-founded Operation Smile in 1982 with his wife Kathy in Norfolk, Virginia, USA. He is a plastic and craniofacial surgeon and serves as Operation Smile Inc.'s Chief Executive Officer at our global headquarters. For nearly 40 years, Dr Magee has not only trained and mentored physicians worldwide, but has taken Operation Smile into over 60 countries. Relying on the skill, passion, and dedication of over 6,000 medical volunteers, Operation Smile has become a highly-respected and leading organisation in cleft care provision for infants, children and young adults all over the world.



'Love by definition is self-sacrifice. Love is a decision to make someone else's problem your problem.'

ANDREW BRUCE **BSc, MBA**



'As the world changes, Operation Smile adapts. We have recently focused on safe surgery and health systems strengthening, especially in countries where access to surgery is a privilege. We work hard to change it.'

Andrew is a successful and experienced international investor. He is the chief investment officer of Caledonian Advisory with global industry experience in organisations including Société Générale, Macquarie Bank and D.B. Zwirn. He joined Operation Smile United Kingdom in September 2018 and brings operational, fundraising and leadership skills and his knowledge of the investment and asset management industries.

CHRISTOPHER PINNINGTON **BA**

Christopher has spent his career managing global communications agencies, specialising in advertising, digital, PR, media and direct marketing. He worked for 32 years at Havas, most recently as global chief operating officer. He is now a non-executive director, investor and adviser helping companies to realise their true potential. He joined Operation Smile United Kingdom's board of trustees in February 2018. Christopher brings a wealth of communication expertise to Operation Smile and works with us to ensure an appropriate and relevant mix of communications across diverse channels.



'At Operation Smile, we take nothing for granted and we appreciate all donors and partners, whose support helps us to provide life-changing surgeries without cost to our patients. We cannot work alone and help those children and adults without our caring supporter base.'

DR PHIL MCDONALD **MB ChB, FRCA**



'Whenever we go to a site we keep going back again to treat everyone with a cleft. We also train the local medical professionals, so they can provide surgeries to their people in the future.'

Phil graduated from Liverpool University in Medicine. He is a consultant in anaesthetics and intensive care at St Richard's Hospital, Chichester. Phil has been medical director and a trustee on the board of Operation Smile United Kingdom since it was registered in 2002. He was featured in the BBC1 documentary about Operation Smile, 'The Facemakers', in June 2000 and in the 2009/10 Blue Peter Charity Appeal, 'Send a Smile', which also supported the charity. He has been an anaesthesia volunteer with Operation Smile since 1995 and has been on numerous medical projects in Colombia, the West Bank, Romania, India, China, the Philippines, Kenya and Ethiopia. Phil is committed to the provision of sustainable healthcare solutions in developing countries and has worked tirelessly to develop the anaesthesia capacity of Jimma University Medical Centre, Jimma, Ethiopia through the establishment of their Anaesthesia Residency Programme.

MEDICAL SUBCOMMITTEE

Our medical subcommittee sets the standards for recruiting and credentialing medical volunteers within the UK. They provide oversight and guidance for Operation Smile United Kingdom supported programmes to the board and senior leadership.

MEMBERS

The medical subcommittee is comprised of experts in their fields, who attend surgical programmes regularly and are in contact with fellow Operation Smile volunteers.

Dr Phil McDonald Chair – Consultant Anaesthetist, St. Richard's Hospital, Chichester



Phil graduated from Liverpool University in Medicine. He is a consultant in anaesthetics and intensive care at St Richard's Hospital, Chichester. Phil has been medical director and a trustee on the board of Operation Smile United Kingdom since it was registered in 2002. He has been an anaesthesia volunteer with Operation Smile since 1995 and has been on numerous medical projects in Colombia, the West Bank, Romania, India, China, the Philippines, Kenya and Ethiopia. Phil is committed to the provision of sustainable healthcare solutions in developing countries and has worked tirelessly to develop the anaesthesia capacity of Jimma University Medical Centre, Jimma, Ethiopia through the establishment of their Anaesthesia Residency Programme.

Mr Per Hall FRCS (Plast) – FRCS (Plast) – Consultant Plastic Surgeon, Lead Clinician Cleft Network East Addenbrookes, Cambridge



Per has been a consultant plastic surgeon working at Addenbrooke's University Hospital in Cambridge UK since 1996. He set up the Cleft Service in Cambridge but has now handed over the management of the East Anglian Cleft Lip and Palate service so he can concentrate more on working with Operation Smile.

Per became a volunteer surgeon with Operation Smile in 2009 – his first mission was in Jimma, Ethiopia. He has been to 15 medical missions. However, since 2012 Per has focussed his energy on Jimma, Ethiopia where he has returned on many occasions. There he has been helping the skilled local surgeons to develop their own plastic and reconstructive surgery service and a curriculum for training the next generation of plastic surgeons. Jimma is becoming established as a reconstructive and cleft centre for the south of Ethiopia serving a population of approximately 20 million people who have until now lived without any access to reconstructive surgery.

Qualifications: MBBS, MS, MCh, Dip.Nat.Board(Gen)(Plast), FRCS(Ed), FRCS(Glas) Eur.Dip.Hand Surg, FRCS(Plast), DMCC, OStJ., RAF.

Ankur is a consultant plastic, hand & reconstructive surgeon, working both within the NHS and a full time Officer in the Royal Air Force Medical Services.

He has been a volunteer with Operation Smile since 2006 and has completed 43 international medical missions all over the world. He was the regional medical officer for Operation Smile in the Central Region (2008-2010), the Deputy Chief Medical Officer worldwide in charge of Governance and Quality Assurance (2010-2015) and has concentrated on volunteering and teaching on Operation Smile missions in cleft and post burn conditions.

Wg Cdr Ankur Pandya Consultant Plastic & Reconstructive Surgeon Portsmouth Hospitals NHS Trust and Royal Air Force Medical Services



Dr Annemieke Miedema Consultant Paediatrician and Paediatric Intensivist



Annemieke graduated from Maastricht University Medical School in the Netherlands and went on to train as a paediatric intensive care doctor. Having spent time in Australia and Canada she came to the United Kingdom in 2012 to work as a consultant in the paediatric intensive care department at Birmingham Woman's and Children's Hospital, where she focussed on education and improving patient pathways.

Since 2009 Annemieke has volunteered as an intensivist and team leader for Operation Smile, joining numerous surgical programmes around the world, including Cambodia, Vietnam, Philippines, China, Jordan, India, Ethiopia, Kenya, South Africa, Namibia, Madagascar, Malawi, and Paraguay.

In 2020 Annemieke returned to work in the Netherlands where she continues to support Operation Smile as a consultant, medical volunteer and member of the UK Medical Subcommittee.

Jackie Matthews works as a cleft clinical nurse specialist (CNS) for South Thames cleft service, at St Thomas's Hospital. She is an outreach CNS, covering Kent, East and West Sussex; she assesses new-borns, establishes feeding and supports patients through the cleft pathway to surgery, and beyond, as part of the wider multidisciplinary team. Her experience is as a surgical nurse, theatre recovery and health visitor (public health).

Jackie has volunteered with Operation Smile since 2011 and is part of the UK Medical Subcommittee. She attended five medical missions in Mexico, Dominican Republic, Ghana and Malawi. She is involved with teaching and representing the charity at fundraising events. She is passionate about giving everyone the healthcare and support they deserve to live their life to the full.

Jackie Matthews RN-Cleft Clinical Nurse Specialist South Thames Cleft Team, Guy's and St Thomas' NHS Foundation Trust




Jindan, Philippines

REFERENCE AND ADMINISTRATION

Registered Charity Name: Operation Smile United Kingdom

Charity Registration Number: 1091316

Company Registration Number: 04317039

Registered Address: Unit A, Genoa House, Juniper Drive, London SW18 1FY

For more information about the charity, please visit: **www.operationsmile.org.uk**

BOARD OF TRUSTEES:

Dr Maria Moore, BDS (Hons)
Chair – Board of Trustees

Dr William Magee, Jr, DDS, MD
Co Founder and CEO of Operation Smile Inc

Andrew John Bruce, BSc, MBA
Chair – Finance & Audit Subcommitee, Board Member

Dr Philip McDonald, MBChb, FRCA
Chair – Medical Subcommittee and UK Medical Director

Christopher Pinnington, BA
Board Member

ED & COMPANY SECRETARY

Margaret (Mairéad) O'Callaghan AB


Jinden, Philippines

SUBCOMMITTEES, AMBASSADORS, BANKERS, AND PRINCIPAL ADVISORS

KEY MANAGEMENT PERSONNEL:

Margaret (Mairéad) O'Callaghan AB
Executive Director

Jean Leigh FCIS (FCG)
Chief Finance & Operating Officer

SMILE AMBASSADORS:

Anthony Andrews
Duncan Bannatyne, OBE

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Jubilee House, Gosforth,
Newcastle upon Tyne, NE3 4PL

AUDITORS:

Moore Kingston Smith LLP
Chartered Accountants,
9 Appold Street
London EC2A 2AP

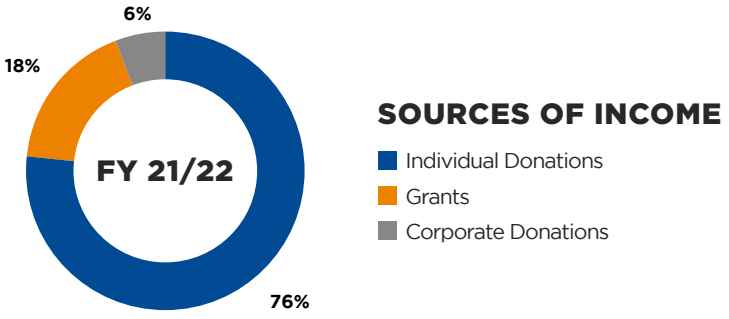
SOLICITORS:

Russell Cooke Solicitors
2 Putney Hill, London, SW15 6AB

FINANCIAL OVERVIEW

FINANCIAL YEAR 2021-2022

In 2022 Operation Smile United Kingdom generated a total income of £6.7M (2021: £6.2M) including gifts in kind of £120K (2021: £66K) and investment income of £4K (2021: £1K). Total Expenditure for the year was £5.9M.



With thanks to our dedicated and newly acquired donors, in one of the most daunting periods of the world – emerging from the COVID-19 pandemic, Operation Smile United Kingdom reports reaching distance of £7m; an ambition held for a long time.

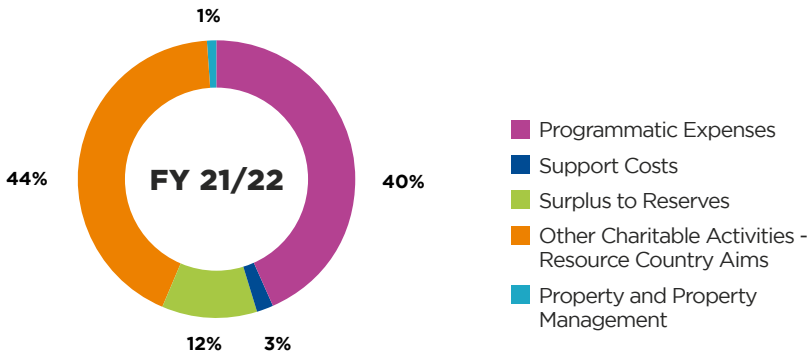
Why £7m? In our mind this meant that we would increase the proportion of charitable activities to total income year on year, making use of reserves held whilst feeling comfortable in meeting our ongoing costs. Our medical volunteers have done us proud by giving so much of their time this year than at any other time, and we are grateful to all. For this to happen in Operation Smile United Kingdom's 20th Anniversary year makes it even more special – reflecting on the ambitions of the founding trustees – providing safe all round cleft care for those born with a cleft condition.

In FY21/22 for every £1 raised £0.84 (£2021: 0.82) was spent on our charitable aims and £0.04 (2021: £0.04) on property and administration and £0.12 (2021: £0.14) retained as surplus to reserves.





USE OF FUNDS



Income

Although only a modest 9% (2021: 64%) increase in total income when compared to last year's income level, we note appreciatively the phenomenal increase (91%) in legacy Income. The interpretation as this income category grows year on year is that the cleft care services we provide are appreciated and impactful; donors even in death want us to continue our work. We will endeavour to carry out their wishes and bring about even more smiles. Direct marketing income also increased as we continue to invest in this area of fundraising. Grants for multiyear programmes was much reduced based on agreement criteria and the impact of delivering services in a recovering covid environment.

Expenditure

Total expenditure for the year increased by 11% with the greater proportion of the increase being increase in fundraising costs. The strategy to reach out to a wider audience to facilitate increase in donations over time continues. Although results sometimes fluctuate downwards, we intend to carry on with this plan, monitoring and adjusting expenditure as necessary.

Net Income Generated

Net income generated during the year £819K (2021: £881K) transferred to reserves. This together with that generated in previous years helps boost our confidence that in challenging times we will be able to meet our objectives of continuing with cleft care until we recover financially.

Balance Sheet

As at 30 June 2022, total net assets were £3.8M (2021: £2.9M). Cash held was £3.7M (2021: £2.6M). Restricted fund balance included was £109K (2021: 273K)

Reserves Policy

The trustees have determined an appropriate level of reserves to be six months of projected operating costs – which in FY22/23 is budgeted to be £783K. This liquidity-based approach allows the charity to maintain sufficient funds to enable it to continue its work during any adverse fundraising periods. At 30th June 2022, the free reserves of the charity amounted to £3.6M (2021: £2.6M). Free reserves represent the total assets available for use to the charity less restricted and designated funds, and fixed assets.

The trustees acknowledge the increase in cash liquidity over and above its six-month liquidity level and continues to monitor this and noting opportunities to increase spend on charitable activities as the challenging economic and pandemic climate continues. Revision will be made as applicable with the aim of minimizing volatility in cleft service delivery.

LEGAL STRUCTURE AND GOVERNANCE



Getrude, Malawi

Governance

Operation Smile United Kingdom is a registered charity with the Charity Commission and Companies House in England and Wales; charity registration no: 1091316 and company registration no: 4317039. It is a charitable company limited by guarantee.

Under charity law, trustees have legal duties and responsibilities and under company law the Board act as company directors of the charity.

Operation Smile United Kingdom works collaboratively and in partnership with Operation Smile Inc in the United States. They are separately registered organisations with different management teams and Boards of Trustees.

The Board reviewed its organisation and workings in the year with regard to the Charity Code of Governance and its Terms of Reference (ToR). This makes clear the responsibilities of the Board and where there are clearly delegated authorities to act on behalf of the Board. The delegated authorities are discharged through the subcommittees, the Chief Executive Officer (CEO)/Executive Director (ED) and the Chief Finance & Operating Officer. The Charity Code of Governance and the ToR are reviewed periodically regarding fit for purpose and changing circumstances.

Governing Document

OSUK is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association restrict the liability of members on winding up to £1. In the case of a winding up, none of the accumulated funds is distributable to the members but shall be given or transferred to Operation Smile Inc for its charitable purposes or charities with similar objects as OSUK. Under the powers within its Articles of Association, the trustees delegate the day to day management responsibilities of the charity to the Chief Executive Officer/ Executive Director. She is accountable to the Trustees and is guided by approved business plans, budgets, policies and supporting procedures.

Appointment and Retirement of Trustees

Potential OSUK trustee candidates are nominated at a trustee's meeting by a serving member of the Board. If the trustees present agree to pursue the proposed nomination, the candidate is asked to meet with at least two active trustees to discuss the activities and goals of the charity. Following these meetings, the serving trustees report back to the Board. If the consensus is to move forward with the nomination, the nominee is invited to attend the next trustee's meeting where he/she would be formally appointed as an active trustee on the Board. Relevant checks are made and supporting documentations to the appointment are requested and filed. Trustees are appointed for a rolling three-year term; re-appointed is possible and should be proposed at the first board meeting of the year in which the term expires.

Trustee Induction and Training

New trustees undergo an induction at their first quarterly meeting where they are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the decision-making process, the business plan and financial performance of the charity, and the charity's programmatic goals and strategy. Following this meeting, new trustees get the opportunity to meet OSUK staff members. The new trustee's induction concludes with a meeting with the Chief Executive Officer/Executive director to discuss feedback and any other queries/questions.

Ongoing development and training is addressed through making available opportunities for external training. Trustees can request to attend any of these training courses at any time.

Subcommittees

The Medical Subcommittee meets annually with ad hoc communication as required throughout the year, reporting to the Board as required. Minutes are circulated to the Board.

The Finance and Audit (F&A) Subcommittee meets at least three times a year but primarily before any scheduled board meeting to review the finances and related policies and make recommendations to the Board for approval. Minutes are circulated to the Board.

Remuneration of all Staff

The governing principles of Operation Smile United Kingdom's remuneration policy is to ensure the delivery of OSUK's objectives by attracting and retaining a motivated workforce with the skills and expertise necessary for organisational effectiveness.

OSUK takes every step possible to ensure that remuneration should be equitable and coherent across the organisation. It accepts the need to balance pay levels and pay increases appropriately within the context of our charitable purposes but also believe salaries must be realistic when set in the London work context.

In relation to deciding remuneration for OSUK's senior executives, Operation Smile United Kingdom considers the potential impact of remuneration levels and structures of senior executives on the wider OSUK workforce. The employment offer made to senior employees considers pay as one part of a package that also includes personal development, personal fulfilment and association with the public benefit delivered. It also recognises that it is, on occasion, possible to attract senior executives at a discount to public sector or private sector market rates.

Remuneration for the year ended 30th June 2021 was comprised of salary and pension contributions. There are no other pecuniary benefits for senior or other staff at Operation Smile United Kingdom.

Risk Management

A record of all risks is maintained in the risk register.

The Finance and Audit Subcommittee reviews the risk register at least once a year and takes appropriate action to mitigate or reduce the risk to OSUK. It is not deemed necessary at the present time for more frequent reviews as there are adequate policies and procedures in place to minimise adverse effect of risks envisaged. The CEO/ ED has the responsibility to bring any new or increased risk to the attention of the Board at any time. Any threats are reported to the chair and/or the responsible Board member based on materiality as defined by the Board from time to time and to the wider Board at Board meetings.

As part of its annual review, the Board discusses recommendations from the F&A Subcommittee and ratifies recommendations as they see fit, noting any major risks to the organisation. The Board is satisfied that OSUK's current systems and procedures are sufficient to manage the likelihood and impact of assessed risks.

Charity & financial regulatory compliance and law remain a priority for the charity with required policies and procedures regularly under review. In line with this, data protection and cyber security are reviewed with staff regularly and staff are reminded of the need for confidentiality and compliance with general data protection regulation and data security.

Code of Practice and Vulnerable Persons Policy

OSUK has in place a code of practice and vulnerable persons policy to oversee its interactions with the public whilst fundraising and during service delivery. There is a reporting procedure in place and operationally OSUK has noted the Charity Commission whistle-blowing hotline.

Trustees Responsibility in Relation to the Financial Statements

The trustees who are also directors of OSUK 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 (UK Generally Accepted Accounting Practice/UK GAAP).

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

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice on Accounting and Reporting (SORP).
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper 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 Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence take reasonable steps for the prevention and detection of fraud and other irregularities.

None of the trustees have any beneficial interest in any contract to which the charity was party during the year.

Trustees Indemnity Insurance

As permitted by the Memorandum and Articles of Association, the Trustees have the benefit at a cost of £724 (2021: £706) of trustees liability insurance which is a qualifying third party indemnity provision as defined by Section 234 of the Companies Act 2006.

The indemnity was in force throughout the last financial year and continues into the current financial year. All of the trustees shown on page 44-45 of the Trustees Annual Report, even those who have retired, are covered by this policy.

Statement as to Disclosure to Auditors

Insofar as the trustees are aware at the time of approving the Trustees Annual Report there is no relevant audit information of which the charitable company's auditor is unaware.

The trustees have taken all steps that ought to have been taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of any such information.

The maintenance and integrity of OSUK's website is the responsibility of the trustees. The work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Public Benefit

The trustees have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Resources expended seek to prevent poverty in the countries in which they are spent by transforming the lives of children with cleft conditions and other facial deformities. Cleft and facial deformities can inhibit food intake and cause malnutrition; each successful treatment increases the advancement of health for these children and increases their chances of being socially accepted.

We are also required to describe how significant activities undertaken by the organisation further our charitable purpose for the public benefit. In response, the trustees hereby clarify that the benefits that we have provided and will continue to provide directly relates to our aims and objectives of improving healthcare in developing countries.

Furthermore, we can confirm that:

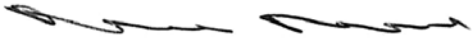
- Feedback from beneficiaries and 'partner countries' affirms that we are reaching our intended beneficiaries with life-changing results.
- Feedback from our partners and our country offices indicates safe surgical practises and up-skilling of healthcare workers and their care of cleft patients.
- Our volunteers from across the UK and the world feedback to us that they benefit from the exposure to different operating environments and cross practice contact.
- Any private benefit gained from the work of the charity (in particular salaries of its employees, and fees paid to consultants) is a necessary part of its cost of operations.

Auditors

Moore Kingston Smith LLP were re-appointed auditors on an ongoing basis and service delivery is reviewed annually. They have indicated their willingness to continue in office as such. They are deemed to be re-appointed in accordance with Section 487(2) of the Companies Act 2006.

Approved by the board of trustees

Signed on their behalf by:



Dr Maria Moore
Chair

Date: 01/12/22



Anisa, India



INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF OPERATION SMILE UNITED KINGDOM

Divine, Rwanda

Opinion

We have audited the financial statements of Operation Smile United Kingdom ('the company') for the year ended 30 June 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and 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 30 June 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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



Conclusions relating to going concern

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

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

Our responsibilities and the responsibilities of the directors 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 annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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 have 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 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 where 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 trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report and from preparing a Strategic Report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 50, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the company and considered that the most significant

are the Companies Act 2006, the Charities Act 2011, UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street, London, EC2A 2AP

Date: 03/01/2023



Florine, Madagascar

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30 JUNE 2022

		Unrestricted Funds £	Restricted Funds £	2022 £	Unrestricted Funds £	Restricted Funds £	2021 £
INCOME AND ENDOWMENTS:	Note						
Donations and Legacies	2	5,322,557	1,269,883	6,592,440	4,046,241	2,015,800	6,062,041
Charitable Activities	2a	123,487	-	123,487	109,821	-	109,821
Interest		3,577	-	3,577	800	-	800
Total Income and Endowments		5,449,621	1,269,883	6,719,504	4,156,862	2,015,800	6,172,662
EXPENDITURE:							
Raising Funds	3	3,029,434	212,989	3,242,423	1,715,431	234,485	1,949,916
Charitable Activities	3a	1,437,994	1,220,748	2,658,742	1,549,490	1,797,328	3,346,818
Total Expenditure		4,467,428	1,433,737	5,901,165	3,264,921	2,031,813	5,296,734
Net Unrealised (Losses) on Investments		-	-	-	-	-	-
Net Realised Gains on Investments		708	-	708	5,785	-	5,785
Prior year adjustment							
Net Income for the Year		982,901	(163,854)	819,047	897,726	(16,013)	881,713
Transfer between Funds	9	-	-	-		-	-
Net movement in funds		982,901	(163,854)	819,047	897,726	(16,013)	881,713
Reconciliation of funds							
Total funds brought forward		2,663,060	273,009	2,936,069	1,765,334	289,022	2,054,356
Total funds carried forward	9	3,645,961	109,155	3,755,116	2,663,060	273,009	2,936,069

There are no recognised gains or losses other than those disclosed above. All results derive from continuing operations. The notes form part of these financial statements.


Sebastian, Mexico

BALANCE SHEET AS AT 30 JUNE 2022

			2022		2021
	Note	£	£	£	£
Investments	7				22,724
Tangible Fixed Assets	6		13,476		17,958
CURRENT ASSETS					
Debtors	8	367,334		495,235	
Cash at bank and in hand		3,672,875		2,581,170	
Total Current Assets		4,040,209		3,076,405	
CURRENT LIABILITIES					
Creditors:					
Amounts falling due within one year	9	(286,961)		(138,838)	
Net Current Assets			3,753,248		2,937,567
LONG TERM LIABILITIES					
Amounts falling due after one year	10		(11,608)		(42,180)
NET ASSETS			3,755,116		2,936,069
REPRESENTED BY:					
Restricted Funds			109,155		273,009
General (Unrestricted)Funds	11		3,645,961		2,663,060
Total			3,755,116		2,936,069

The financial statements have been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 and with Financial Reporting Standard 102. The notes on pages 60-67 form an integral part of these financial statements.

Approved by the Board of Trustees on 01/12/22 **and authorised on their behalf by:**

Dr Maria Moore
Chair

Company Registration No: 04317039

CASH FLOW STATEMENT FOR THE YEAR TO 30 JUNE 2022

		2022 (£)	2021 (£)
Net cash provided by operating activities	Note A	1,105,882	662,223
Cashflows from investing in activities:			
Cost of purchasing tangible fixed assets		(14,177)	(2,975)
Change in cash and cash equivalents at 30 June		1,091,704	659,428
Cash and cash equivalents at the beginning 01 July		2,581,170	1,921,742
Total Cash held at 30 June		3,672,875	2,581,170

Note A

Reconciliation of Net Expenditure to Net Cash Provided by Operating Activities

	2022 (£)	2021 (£)
Net Income/(Expenditure) for the year	819,047	882,899
Depreciation of Tangible Assets	18,659	15,959
Increase/(Decrease) in investment	22,724	(5,785)
Increase/(Decrease) in debtors	127,901	(167,575)
Increase/(Decrease) in creditors	117,550	(63,274)
Net cash inflow from Operating activities	1,105,882	662,224



NOTES TO THE ACCOUNTS

Accounting Policies

BASIS OF PREPARATION

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared and with Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) including update bulletin 2, the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice (UK GAAP).

GOING CONCERN

The trustees have assessed whether the use of going concern is appropriate and have considered events or conditions that may cast significant doubt on the ability of OSUK to continue as a going concern.

The Trustees have given due consideration for the effects of the continuing impact of the COVID-19 outbreak in 2019. This assessment has also included a probable loss of income as an added consequence of the prevailing economic climate.

The trustees have made this assessment in respect of a period of at least a year from the date of approval of the financial statements. The trustees have considered the charitable company's forecasts and projections and are cautiously optimistic following the results of this financial year.

The charity is largely sheltered from the expected effects of COVID-19 due to its loyal donor base and a significant legacy pipeline. Projects have been curtailed significantly as a result of the restrictions on travel because of the continuing impact of COVID-19 and emerging variants. However, as vaccinations help with dampening down the impact worldwide there is hope that local missions would be delivered and international programmes resume in earnest. The charity continues to hold significant reserves to meet downturns in income and has liquid assets in the form of cash held in short term deposits.

The Trustees have concluded that with the reserves policy and cash liquidity requirements of the charity, there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

The principal accounting policies adopted in the preparation of the financial statements are set out below:

a) Income and expenditure

All incoming resources are included in the Statement of Financial Activities when the charity is entitled to (or has physically received) the income and the amount can be quantified with reasonable accuracy.

Gift Aid income is accrued when there is a valid declaration from the donor or HMRC small donations rule is applicable.

Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and OSUK has been notified of the executor's intent to make a distribution. Where legacies have been notified to the charity, or where OSUK 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.

For event income, entitlement is counted at the date of the event. Where income is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued. Expenditure is accounted for on an accrual basis.

Raising funds relating to direct marketing has been allocated between charitable activities and fundraising costs based on an allocation process which analyses the cost between direct fundraising, raising awareness of the need and educating on cleft conditions. Currently this analysis allocates 27% (2021: 24%) of costs towards charitable activities as content relating to education and raising awareness of cleft and 73% (2021:74%) towards cost of raising funds. We have continued to sustain the investment in fundraising and PR Communications and digital as we seek to raise awareness and funds. PR and Communications expenses are accounted for within raising funds though they may have add value in the provision of other services.

Charitable activities

All cost relating to medical mission programmes are recognised in the year in which they are agreed upon and a commitment made. Total cost of charitable activities also include a proportion of direct marketing costs relating to charitable activities as above.

b) Critical accounting estimates and areas of judgement

In view of the trustees applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

c) Tax Status

Operation Smile United Kingdom is a registered charity in England and Wales with the Charity Commission and Companies House. It is a charitable company limited by guarantee. It is not registered for value added tax (VAT) and this position is reviewed on an annual basis for any possible change in status.

It is therefore not liable for income tax or corporation tax on income or gains derived from its charitable activities as it falls within the various exemptions available to registered charities; costs are recorded gross of VAT.

d) Fund accounting

The general unrestricted reserve comprises net accumulated unrestricted surpluses. Restricted funds are subject to restrictions imposed by the donor stipulating the way donation should be used. Interest earned on such donations are not subject to the same restrictions. Designated funds represent amounts which the trustees have allocated to specific 'projects' from general unrestricted reserves. Designated funds may at the discretion of the trustees be brought back into general reserves.


Léasy, Madagascar

e) Fixed assets

Tangible assets are stated at cost which includes its purchase price and the cost attributable to bringing it to its working condition for its intended use. Depreciation is calculated using a straight- line method for both office equipment and fixture and fittings. The cost of an asset, less its estimated residual value if appropriate, will be written off over the estimated economic life of that asset.

- Office equipment – over 3 years
- Furniture, fixtures and fittings (including IT hardware) – over 3 years

The charity currently adopts a minimum capitalisation limit of £1,000. However, where complements of furniture and equipment are acquired with individual unit costs below the stated capitalisation threshold but collectively costs £1,000, then complements are capitalised at the time of purchase. Costs related to maintenance and repairs are treated as expenses as incurred.

f) Investments

OSUK has a policy of selling donated shares upon receipt of donation. However, where for any reason donated shares are not sold at balance sheet date these are listed as investments, at their market value at date. Realised and unrealised gains or losses for the period are accounted for through the Statement of Financial Activities as net of investment value

g) Gifts in kind

Gifts in kind may include donated equipment, goods, or services.

The charity measures and records these in the financial statements on the basis of the value of the gift to the charity. The value is the amount the charity would pay on the open market for an alternative item that would provide a benefit to the charity equivalent to the donated item.

h) Pensions

The charity operates a contributory group personal pension scheme and therefore has no pension liability. The amount charged to the Statement of Financial Activities in respect of pension costs is the total of contributions payable in the year.

i) Leases

Rentals under operating leases are charged as per agreement; any benefit received/receivable as an incentive to sign an operating lease is spread over the lease term on a straight-line basis. However, where the period to review date on which the rent is first expected to be adjusted to the prevailing market rate is shorter than the full lease term then the shorter period is used.

j) Foreign currencies

Assets and liabilities in foreign currencies are translated into the appropriate sterling equivalent as at the balance sheet date. Exchange gains/(losses) are reviewed periodically and accounted for if deemed material.

k) Other financial instruments

i. Cash and cash equivalents

Cash and cash equivalents include cash at banks and in hand and short- term deposits with a maturity date of three months or less. Deposits are made into reputable financial institutions and risk exposure is kept to a minimum.


Fatema, India

2. DONATIONS AND LEGACY INCOME

	Unrestricted Funds (£)	Restricted Funds (£)	2022 (£)	Unrestricted Funds (£)	Restricted Funds (£)	2021 (£)
Donations	4,104,500	404,567	4,509,067	3,569,033	9,262	3,578,295
Legacies	695,318	5,950	701,268	367,937	170	368,107
Grants	522,739	738,870	1,261,609	109,231	1,940,840	2,050,071
Sub-totals	5,322,557	1,149,387	6,471,944	4,046,201	1,950,272	5,996,473
Gifts in Kind	-	120,496	120,496	-	65,528	65,528
	5,322,557	1,269,883	6,592,440	4,046,201	2,015,800	6,062,001

2(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Restricted Funds (£)	2022 Total (£)	Unrestricted Funds (£)	Restricted Funds (£)	2021 Total (£)
Community Events	123,487	-	123,487	109,821	-	84,162
Special Event & Merchandise	-	-	-	-	-	12,671
Sub-total	123,487	-	123,487	109,821	-	109,821

3. RAISING FUNDS

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2022	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2021
Direct Expenses	2,588,561	-	212,989	2,801,550	1,308,775	-	234,485	1,543,260
Staff Recruitment Cost	38,520	-	-	38,520	14,135	-	-	14,135
Property and Management Cost	43,665	-	-	43,665	90,821	-	-	90,821
Administration Cost	358,688	-	-	358,688	301,700	-	-	301,700
	3,029,434	-	212,989	3,242,423	1,715,431	-	234,485	1,949,916

3(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2022 Total (£)	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2021 Total (£)
Programme / Mission Expenses	1,104,079	-	1,220,748	2,324,827	1,308,536	-	1,797,328	3,105,864
Support Costs:								
Property & Management	17,408	-	-	17,408	20,518	-	-	20,518
Office Administration	96,438	-	-	96,438	27,612	-	-	27,612
Other Support Costs	116,428	-	-	116,248	137,152	-	-	137,152
Governance Costs:								
Audit and Accounting	38,338	-	-	38,338	11,700	-	-	11,700
Legal/Filing & Consulting Fees	6,394	-	-	6,394	2,019	-	-	2,019
Trustees Liability Insurance	724	-	-	724	707	-	-	707
Allocated Support Costs	58,185	-	-	58,185	41,246	-	-	41,246
	1,437,994	-	1,220,748	2,658,742	1,549,490	-	1,797,328	3,346,818

Cost allocation/recovery

Support costs including governance costs which are not directly attributable to raising funds or charitable activities are allocated to the programmes/services benefiting from them based on staff time and department headcount.

Currently there are no cost recovery on restricted funds by OSUK; costs are monitored and covered by general unrestricted funds.

4. STAFF NUMBER AND COSTS

	2022 (£)	2021 (£)
Staff Salaries	808,018	720,288
Employer's NIC	82,437	72,356
Employer's Pension Contribution	43,624	38,213
	934,079	830,857
Staff Recruitment	38,520	22,775
Training and Development	3,349	1,188
Total	41,869	23,963

Two employee received payment above £60K.

Trustees And Key Management Personnel

During the year no trustee received reimbursement for expenses (2021: NIL). £724 (2021: £706) was paid out in respect of trustees liability insurance as permitted by the Charity's Memorandum & Association. Key management personnel (SMT) as listed on page 45, and Trustees received remuneration £166K; (2021: £180K).

Total average number of staff on a full-time basis employed in the year was:

	2022	2021
	19	18
Employees Earning:		
£60K - £70K	-	-
£70K - £80K	2	1
£80K - £90K	-	1
The Employer's pension contribution in respect of the above amounted to £8.6K (2021: 9.2K)		

5. NET INCOME FOR THE YEAR IS STATED AFTER CHARGING

	2022 (£)	2021 (£)
Auditor's Remuneration in Respect of Current Year	9,750	8,500
Other	28,588	1,700
Depreciation of Tangible Assets	18,659	15,959
Operation Lease Rentals - Building	38,276	106,168

6. TANGIBLE FIXED ASSETS (Office Equipment and Furniture & Fixtures)

	Office Equipment (£)	Furniture & Fittings (£)	Total 2022 (£)
Cost at 1st July 2021	57,909	14,752	72,661
Additions	14,177	-	14,177
Cost on 30th June 2022	72,086	14,752	86,838
Depreciation on 1st July 2021	42,309	12,394	54,703
Depreciation Charge for the Year	16,831	1,828	18,659
Depreciation on 30th June 2022	59,140	14,222	73,362
Net Book Values:			
30th June 2021	15,600	2,358	17,958
30th June 2022	12,946	530	13,476

7. LISTED INVESTMENTS

	2022 (£)	2021 (£)
Donated Shares / Investment Assets	22,724	16,939
Disposal/Sales Proceeds	(23,432)	-
Realised Gains	708	-
Unrealised Loss	-	5,785
Total Investment at 30th June	-	22,724

8. DEBTORS

	2022 (£)	2021 (£)
HMRC - Gift Aid Reclaims	36,172	55,897
Prepayments	58,928	98,094
Receivables	42,336	80,640
Lease Deposit	25,000	25,000
Due from Operations Smile Inc/Partners	1,905	-
Other Debtors	202,993	235,604
	367,334	495,235

All debtors are financial instruments measured at present value.

9. CREDITORS

	2022 (£)	2021 (£)
Trade Creditors	178,397	51,308
HMRC - Tax and NIC Due	31,044	20,482
Deferred Income	26,794	30,161
Accrued Expenses	30,203	31,887
Other Creditors	20,523	5,000
	286,961	138,838

All creditors, excluding accruals, are financial instruments measured at present value.

Deferred Income

(Deferred income comprises donations received in advance of community events taking place in the financial year FY21/22.

	2022 (£)	2021 (£)
Balance as of 1st July	30,161	74,175
Amount Released to Income Earned from Charitable Activities	(30,161)	(73,555)
Amount Received and Deferred after One Year	11,245	22,537
Amount received and deferred in the year	15,549	7,004
Balance as of 30th June	26,794	30,161

10. CREDITORS (Amounts falling due after 1 year)

	2022 (£)	2021(£)
Amounts Falling Due After One Year	11,608	42,180

11. STATEMENT OF FUNDS

	Balance at 1st July 2021 (£)	Income (£)	Expenditure (£)	Transfers between Funds (£)	Balance at 30th June 2022 (£)	Balance at 1st July 2020 (£)	Income (£)	Expenditure (£)	Transfers between Funds (£)	Balance at 30th June 2021 (£)
General Funds	2,663,060	5,450,329	(4,467,428)	-	3,645,961	1,765,334	4,162,647	(3,264,921)	-	2,663,060
Restricted Funds	273,009	1,269,883	(1,433,737)	-	109,155	289,022	2,015,800	(2,031,813)	-	273,009
	2,936,069	6,720,212	(5,901,165)	-	3,755,116	2,054,356	6,178,447	(5,296,734)	-	2,936,069

Restricted Funds

These are donations and grants received for specific purposes as requested by the donors. The funds have been grouped into geographic area's to better represent the regions where the organisation conducts its charitable activities, as described on page 13 of the Trustee Report.

	Balance at 1st July 2021 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2022 (£)	Balance at 1st July 2020 (£)	Income (£)	Expenditure (£)	Balance at 30th June 2021 (£)
Africa	587	486,077	(444,091)	42,573	4,541	296,519	(300,473)	587
South / Central America	1,410	7,149	-	8,559	-	1,410	-	1,410
North America	-	175,368	(175,368)	-	-	-	-	-
Asia	58,023	-	-	58,023	50,001	8,022	-	58,023
Europe	-	-	-	-	6,694	1,431,327	(1,438,021)	-
OSI Global Surgery	-	480,793	(480,793)	-	-		-	-
Other	212,989	120,496	(333,485)	-	227,786	278,522	(293,319)	212,989
	273,009	1,269,883	(1,433,737)	109,155	289,022	2,015,800	(2,031,813)	273,009

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General / Unrestricted Funds (£)	Restricted Funds (£)	2022 Total (£)	General / Unrestricted Funds (£)	Restricted Funds (£)	2021 Total (£)
Fixed Asset & Investment	13,476	-	13,476	40,682	-	40,682
Current Assets	3,931,054	109,155	4,040,209	2,803,396	273,009	3,076,405
Current Liabilities	(260,167)	-	(260,167)	(103,677)	-	(103,677)
Deferred Income	(26,794)	-	(26,794)	(30,161)	-	(30,161)
Other / Long Term liabilities	(11,608)	-	(11,608)	(47,180)	-	(47,180)
At 30th June	3,645,961	109,155	3,755,116	2,663,060	273,009	2,936,069

13. OPERATING LEASES

The company entered into a new lease for its office premises from 21 August 2019 for a lease term of 3 years. In March 2021 it renegotiated the lease for the full 5 year term revoking the break-clause in year three for a rent reduction to the end of term.

Amounts payable to end of lease:	2022 (£)	2021 (£)
Within 1 Year	58,323	58,323
Between 2 - 5 Years	70,225	128,548
	128,548	186,871

14. RELATED PARTIES

During the year: OSUK's chair is a close friend of a major donor who is closely connected to UBS Foundation which gave OSUK a grant of £480K (2021:£1.4m) towards a Operation Smile's global surgery projects in Nicaragua, Vietnam and Madagascar. These projects are being funded over a three (3) year period as per agreement.

At Balance Sheet date OSI and other partners had a liability of £1,905 to OSUK 2021 (NIL) for expenses primarily relating to purchase of office equipment.

15. COMPANY LIMITED BY GUARANTEE

OSUK is a company limited by guarantee and has no share capital. By virtue of Section 30 of Companies Act 2006 under which the company is incorporated, the company is not required to use the word 'Limited' in its name.

In the event of winding up, the members are liable to contribute towards any deficiency up to a maximum value of £1 each. At 30 June there were six (2021: five).

PHOTO CREDITS

We work with an incredible group of visual artists who connect our global audiences to the heart of each story we tell.

Their approach to portraying the beauty and dignity of patients, the passion of volunteers and supporters, and the orchestration of our medical programmes allows us to experience an indelible memory in the moment that the photo is captured, no matter where we are in the world.

Marc Ascher
Henry Cuicas
Jörgen Hildebrandt
Zute Lightfoot
Erin Lubin
Rohanna Mertens
Margherita Mirabella
Will Moffit
Lorenzo Monacelli
Mariam Moummade
Henitsoa Rafalia
Carlos Rueda
Jasmin Shah
Peter Stuckings
Camilo Zapata



Islam, Morocco



WE ARE FOREVER COMMITTED TO CHANGING THE WORLD, ONE SMILE AT A TIME

Operation Smile
United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**

OPERATION SMILE UNITED KINGDOM

England & Wales - Charity number 1091316

Accounts



Pedro, Colombia

WE ARE FOREVER COMMITTED TO CHANGING THE WORLD, ONE SMILE AT A TIME

Operation Smile
United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**



Jocelyn before surgery, Ghana



GIVING SMILES, SAVING LIVES

Operation Smile revolutionised cleft surgery globally in 1982. With nearly four decades of experience as one of the largest volunteer-based surgical organisations. Operation Smile's staff, its private-public partnerships and thousands of volunteers have improved the health and dignity of patients with cleft conditions, all over the world.

While one cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts by being there to offer additional surgeries, dentistry, psychological services, speech therapy and other essential care. Our training and education programmes elevate local surgical standards and entire health systems, aid safe surgery and enable a global network to reach more people earlier in their lives.



Jocelyn after surgery, Ghana



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CHAIR'S WELCOME

Dear Supporters and Friends,

I never thought that a year after my last report, we would still be very much in the midst of a global pandemic. The team at Operation Smile have faced so many challenges to continue our work and support those who need us most, and we have found that these obstacles have forced us to become more creative and innovative in our approach. Despite everything, Operation Smile has accomplished many remarkable things in this past year because, like so many others during this difficult time, our challenges became our opportunities.

The immense need for safe surgical care for people living with cleft conditions kept us focused. We mobilised quickly and rallied our resources to continue our commitment to the children and the families that we serve. Our teams have also continued to work hard to support the fight against the pandemic, supporting the communities with which we have long historic ties. The challenges we faced drew upon all our resources and skills and revealed our strengths.

This display of commitment has strengthened our relationships with many governments and their ministries of health. In their hour of need they reached out to us and Operation Smile was there for them, engendering trust and cooperation. We have listened to the countries we serve and supported their needs by funding food programmes for families in need, sending millions of pieces of personal protective equipment to heath care workers, and providing patients with essential virtual speech therapy and psychosocial counselling. All of this allowed our patients to be healthy and ready for surgery when we were able to safely restore some of our programmes.

Continuing to strengthen our relationships around the world is so important as we look forward to our 20th anniversary in the UK and our 40th anniversary globally with a goal to greatly expand our impact.

Our dream is to create an opportunity for every child who needs it to receive extraordinary cleft care, irrespective of their geography, economic status, race, or faith.

To reach more children and families we will bring our expertise closer to their homes and into their communities. By working hand-in-glove with local health professionals in their hospitals, we can help bring world-class cleft surgery and comprehensive care to places where it hasn't been before. This expansion is only possible with the support of our donors, volunteers, students, foundations, partners and staff by our side. We profoundly thank every one of you as we continue to provide direct care while innovating and establishing new ways to reach the children and families to whom we are so committed.

As Operation Smile UK chair, I have always believed in the power of children to unite people. Their radiance and energy transcends the reality of economic and health disparities beyond their control, opens countless doors and ensures the progress of Operation Smile. As we look ahead, we are excited to move forwards together on this extraordinary journey, providing a renewed opportunity for so many beautiful families around our world.

We hope that this report will show you how much your support has enabled us to achieve. For that, we say a heartfelt thank you for remaining by our side. On behalf of the board of trustees and those whose lives have been changed this year, thank you again.



Dr Maria Moore, BDS (Hons)
Chair OSUK Board of Trustees





'Every 3 minutes, a child is born somewhere in the world with a cleft lip or cleft palate. That statistic doesn't change – even in a global pandemic.'

Kathy Magee

Operation Smile Co-Founder & President

WHERE WE WORK

Our mission to create solutions that deliver safe surgery to people where it's needed most drives us to expand our global reach and make a difference in the lives of more children and their families.



Where we work

UK Focus countries

Operation Smile programmes are currently active in 35 countries. We have been a global leader in the delivery of high-quality surgical services in these low-and middle-income countries for almost 40 years.





Mohamed, Morocco



THE LIVES WE TOUCH, THE PEOPLE WE HEAL

Millions of children living with untreated cleft conditions have difficulties eating, breathing, speaking and being accepted by many of their peers and communities.

In the UK cleft conditions are operated on within the first three to six months of a child being born. However, in many countries medical resources are scarce and, even when available, the cost of surgery and after-care is out of reach for many children and their families. That's where Operation Smile comes in. We make it possible for children with cleft to smile again.

Children suffer around the world

It is estimated that every three minutes a child is born with a cleft lip or cleft palate. They may be unable to eat, speak or socialise. In many cases, their parents cannot afford to give them the medical care they need.

Health that lasts

While one cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to providing patients with health that lasts by being there to offer them additional surgeries, dentistry, psychological services, speech therapy and other essential care.

Our global family

With more than 6,000 active medical volunteers from all around the world, Operation Smile is one of the world's largest volunteer-based non-profit organisations. Our global movement is made up of people from all walks of life who believe that anyone born with a cleft condition deserves safe, effective, timely surgery and comprehensive care, regardless of where they live.

A vision towards sustainable health services

We believe that safe, effective, well-timed surgery is a fundamental human right that should be accessible to all families. In many countries where we work, there are not enough trained medical professionals to meet the growing need and backlog of cleft cases. Training doctors, providing medical equipment and educating local medical professionals on the best surgical practices are high organisational priorities.



'People ran away when they saw us coming. You, Operation Smile, embraced us and you gave us a new life, a new future for Magdalene and our family'

Magdalene's mother

ABOUT OPERATION SMILE

Operation Smile is an international medical charity, founded in 1982. We have provided free surgery and comprehensive care to children and young adults born with cleft conditions across the world for almost four decades.



The Operation Smile global alliance

Operation Smile UK is part of the worldwide alliance of Operation Smile Inc (OSI) based in Virginia Beach, US. With 42 partners and foundations, we collaborate and fund raise to enable the implementation of global strategies designed to address the issues of cleft and safe surgery throughout the world.

Our volunteer network is managed through this alliance with a robust process of credentialing our global pool of surgeons, anaesthetists, paediatricians, nurses, speech therapists, nutritionists and other non-medical volunteers. Alongside our international volunteers, we have a portfolio of credentialed resident volunteers within the countries where we work who organise local missions for Operation Smile in addition to their everyday case-loads.

OSI manage our cleft care programmes globally through the programme and finance departments who work directly with our country partners. Our medical standards are managed by the Medical Oversight Committee, based in the US, and its team of Regional Medical Officers based in Africa, Latin America and Asia.

Operation Smile UK

Operation Smile UK (OSUK) is a registered UK charity with objectives which include fundraising within the UK for our global cleft care and surgical teaching programmes. With an independent board and medical subcommittee, we adhere to the UK legal framework which includes company and charity specific laws and regulations.

Our Board of Trustees meets quarterly to review our finances, operations, medical programmes and our risk register.

With the utmost respect for our donor interests, we select programmes to support and disburse funds for their execution through OSI. Our impact and programme reports are compiled with in-country staff and OSI programme and finance teams. These are then reviewed by OSUK as part of our accountability process. We contribute to the global organisational direction by meeting with global colleagues on a regular basis.

With guidance from the OSUK Medical Subcommittee, we support the recruitment of medical volunteers by attracting a wide range of UK medical professionals, placing them on medical missions and programmes around the world. At the end of FY2021, we have over 100 active medical volunteers within the UK.

Measuring our impact

Our reporting incorporates both quantitative and qualitative impact measurements to allow us to measure direct surgical and social impact.

We always report on direct mission outcomes for patient numbers, screening and surgical outputs, number of surgical procedures performed by case, age and gender and the number of volunteers attending the mission.

As results go beyond surgery, these outputs are also supported by qualitative reports around patients' lives. We do not have the resources to track every patient, but we follow selected individuals who will have been operated upon during a mission.

We also report on other components such as our local partner's participation, how the medical programme has positively contributed to the country strategy and note challenges and successes of the mission.

Our Medical Oversight Committee reviews all surgical outcomes and evaluates the quality of the surgeries performed. This is a key evaluation for us as we pride ourselves on following and improving our comprehensive Medical Global Standards and will not compromise on this aspect of our work.

DELIVERING SAFE SURGERY AND CARE

Our priority is performing safe surgery and ensuring patients receive exceptional care. Often, that means holding medical programmes and establishing care centres in resource-limited settings.

Through an integrated, patient-centred approach, we use our experience and expertise to bring surgical and preventive treatment to those with cleft conditions who need our care. We work to alleviate the bottlenecks and barriers such as educational, financial, social and geographic obstacles that block families from accessing healthcare.

We believe that where you live shouldn't determine if you live. This commitment can present challenges, but they are challenges we overcome every day.

We focus on

Safe, sterile surgical environments: When parents arrive with their children at one of our medical programmes, they receive care at a facility where the highest standards of surgical safety are practiced.

A team approach: We provide the highest quality, multidisciplinary cleft care, with generous doses of love and empathy from our certified nurses, anaesthetists, paediatricians, surgeons, speech therapists, dentists and other specialists.

Setting the stage for future success: During health screenings, we sometimes find that children require nutritional assistance or additional medical care. We provide this treatment so they can become healthy enough to receive surgery.

Centres of ongoing care: The comprehensive care that children with cleft conditions need is provided year-round by a team of trained, dedicated, compassionate local volunteers and staff at our 27 care centres in 18 countries. We help patients live more fulfilling lives by providing speech therapy, dentistry, psychosocial care and more.

OUR COVID-19 RESPONSE

During the past year, our teams around the world have fought the COVID-19 pandemic in their communities while remaining committed to caring for our patients' and their families' health and well-being.

From Vietnam to Guatemala, we provided immediate relief through redirecting supplies and equipment to support health workers who were on the frontline. By redirecting crucially needed supplies and equipment such as gloves, masks, gowns and ventilators where they were most needed, our teams worldwide provided immediate relief to hospitals and supply chains that were stretched beyond capacity.

Our foundations around the world have developed new ways to support our patients and their families through this uncertain time.

In Managua, Operation Smile Nicaragua conducted speech therapy and psychosocial consultations using Facebook Live with patients who had internet access and by phone for those without it.

We also ramped up nutritional support for our patients who were suffering from malnutrition. In countries such as Ghana, Malawi and Madagascar hundreds of cases of ready-to-use therapeutic food (RUTF), a nutritious peanut paste, were safely distributed to the patients and families who needed them.

Finally, many of our local teams worked hard to resume surgery as soon as it was safe to do so. Last April we celebrated the first international mission since the pandemic, when international volunteers joined local medical professionals in Guatemala City, where they provided free, safe and effective cleft surgeries to our patients.





'By investing in bringing in the full cadre of specialties, local health systems take notice and will aspire toward exceptional patient care. We believe that anything less than excellence is unacceptable.'

Dr Bill Magee
Co-Founder and CEO, Operation Smile

SAVING LIVES THROUGH STRATEGIC PARTNERSHIPS

Training & Education

We're proud that over 80% of our medical volunteers are healthcare professionals from the low-and middle-income countries we serve. A majority have received education and training from Operation Smile.

We're investing in strengthening healthcare systems and partnering with universities, non-profits and governments with one mission in mind: delivering safe surgery to people where it's needed most.

We have a long-standing partnership with the American Heart Association (AHA) through which we have provided training to thousands of healthcare providers globally. This includes: Basic Life Support, Paediatric Advanced Life Support, Advanced Cardiac Life Support and Paediatric Emergency Assessment, Recognition and Stabilisation.

A combination of these training programmes is carried out in all of the countries we work in to refresh or teach life-saving techniques and practises to our colleagues all over the world. AHA training is part of a safe surgery package of training interventions.

Last year 1,015 trainees participated in an AHA course, of which 126 were fully credentialed Operation Smile volunteers.

Cleft Research

We are currently conducting medical research to determine the causes of and find cures for cleft conditions. This project, known as the International Family Study, is led by our academic partners at the University of Southern California and Children's Hospital Los Angeles. The research uses genetic analysis, maternal and paternal questionnaires on environmental exposures and lifestyle habits. More than 15,000 individual saliva samples from a vast array of ethnicities and more than 7,000 families have been collected.

We believe this study grants us the opportunity to promote scientific research in heavily understudied populations to ultimately promote scientific discovery and methods for global health improvement.

Year-Round Comprehensive Cleft Care Centres

Our patients' need for care does not stop when a medical mission ends. That's why we partnered with local medical institutions, Ministries of Health and local organisations to establish 27 centres in 18 countries that provide year-round solutions for those who require more complex treatment than a single medical mission can provide. At these centres, patients receive free services including dentistry, orthodontics, speech therapy, nutritional counselling, psychosocial care, and cleft and orthognathic surgeries from our dedicated staff and volunteers.

Our long-term goal is to establish year-round centres in every country we work in. The multidisciplinary care we provide at our centres in Colombia and Morocco represents the standard of services we are working to make available to every patient.

G4 Global Alliance

Operation Smile is a member of The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (The G4 Alliance). The G4 Alliance exists to increase global political priority for surgical and anaesthesia care and to mobilise resources to help provide access to safe surgical care for patients in need. It is composed of more than 70 organisations working in over 160 countries, united in advocating for the neglected surgical patient.





'Training and education isn't just something we do - it's at the heart of everything we do. Through the exchange of ideas among our medical specialists regardless of their background or level of expertise. Together we have the same goal: improve how surgical care is delivered while empowering local communities.'

Ruben Ayala
Chief Medical Officer, Operation Smile



HEALTH THAT LASTS

While a cleft surgery can transform a child's life in as little as 45 minutes, Operation Smile is committed to addressing our patients' cleft care needs throughout their childhood and adolescence so that they can realise happier and healthier futures. A patient may need the care of many specialists who work as a team to ensure the best long-term outcomes.

Our volunteers around the world conduct programmes, partner with hospitals, and operate care centres to deliver the ongoing care our patients need and deserve.

Children born with cleft conditions often require multiple surgical procedures, dentistry, orthodontics, speech therapy and psychosocial care throughout their youth. Our teams encompass a wide range of medical specialists, all professionally certified and committed to providing excellent care for our patients at every stage of their treatment.

We provide the families every aspect of cleft care that is needed at no cost to families we serve.

SURGERY

Timely cleft surgery is essential to a patient's long-term health and well-being.

NUTRITION

A cleft condition can cause malnutrition. Our nutritional support helps patients grow healthy for surgery.



'Our goal is that the children live each stage the same as children without a cleft condition. If they come at our centre, they achieve that.'

Olga Sarmiento

Volunteer phonoaudiologist, Operation Smile Colombia

SPEECH

Speech therapists help patients speak more clearly and teach parents feeding techniques for their babies.

DENTISTRY

Dentists provide specialised procedures and create devices that improve patients' surgical results and overall health.

ORTHODONTICS

Orthodontic care is also crucial to a patient's healthy oral development and personal confidence.

PSYCHOSOCIAL CARE

Certified psychosocial care providers help patients and families throughout the course of their treatment.

OUR NUTRITION PROGRAMMES ARE SAVING LIVES

Children born with a cleft condition are susceptible to malnutrition due to the difficulties they face when feeding. Malnutrition remains one of the most significant obstacles to receiving care for Operation Smile's young patients. Malnutrition affects children with cleft conditions, especially babies with cleft palate, in the early developmental stages of their lives.

Without timely medical intervention patients face challenges with breastfeeding and struggle to receive proper nourishment when it's most critical, making them more susceptible to infections and diseases.

If a child is malnourished, it is not safe to operate on them. This means that many families arriving at Operation Smile medical missions leave disappointed. However, we try to help every child that comes to our screening sessions and will therefore support malnourished children through our nutrition programme, until they are ready for surgery.

Operation Smile nutrition programmes

Operation Smile plans to extend our nutrition programmes to all the countries we serve. We currently offer nutrition programmes in 24 countries including Guatemala, Nicaragua, Peru, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Morocco, India, and the Philippines. The delivery of Operation Smile's nutritional interventions is tailored to the specific nutritional and cultural needs of our countries.

Operation Smile's global nutrition programmes primarily focus on malnourished children under the age of five. Patients receive foods high in energy and vitamins and their parents or guardians are provided with feeding techniques specific to their child's needs.

Patients remain on the programme until they are ready to undergo surgery and for one month post-operatively.

As part of our commitment to removing malnutrition as a barrier to care, Operation Smile is conducting research and evaluation of all nutrition programmes to maximise the impact of our work.





'We were turning away patients suffering from malnutrition. I was waiting to see these kids show up at the next mission, but they just weren't coming back. They were dying, and it broke my heart.'

Charlotte Steppling

Director of Nutrition, Operation Smile





OSUK FOCUS

Our focus at Operation Smile UK is to fundraise to support our programmes globally. Within the global alliance network, OSUK focuses on certain countries, many where we have had significant grants on a multi-year basis. This allows us to plan ahead and manage complex and large projects.



GLOBAL ESSENTIAL SURGERY PROJECT

Operation Smile and the UBS Optimus Foundation have partnered on a project designed to improve access to safe surgery in three very different communities. Working with partner hospitals and the ministries of health in Nicaragua, Madagascar and Vietnam, Global Essential Surgery strengthens health systems through investment in infrastructure, equipment, education, training and human resources.

In Nicaragua we are working with three hospitals in the Las Minas region, a rural area far from the capital which has suffered from a lack of trained healthcare workers. Antsirabe is the third largest city in Madagascar, but poor resources and infrastructural issues have consistently plagued the city's Centre Hospitalier de Rèférence Régionale (CHRR). The Vietnam Cuba Friendship Hospital (VCFH) is found in the capital, Hanoi, where the sheer number of people reliant on surgical services puts the health system under an altogether different strain. These three regions have very different health systems, and Global Essential Surgery is designed to address the varying barriers to care found at each site.

The project has continued amidst the COVID-19 pandemic, and despite challenging circumstances good progress has been made in each country.

Nicaragua

Completion of a remodelled operating theatre block in Bonanza, Las Minas, increasing hospital capacity twofold.

First aid training provided to first responders in remote communities throughout Las Minas.

Development of a training manual designed to educate Las Minas' community leaders and health workers in the seven most common essential surgical procedures within the region.



'In places like Siuna and Bonanza, only about 20 percent of the people in the region are getting the surgery they need. Many of them are referred to the capital city hospitals, and that is a tough trip to make and many aren't going to make it.

Now, how do we get to the rest of those patients? Part is education, part is equipment and supplies, and part is thinking through how we can connect to the patients and the community and then how to follow up on the outcomes.'

Dr. Jordan Swanson

Director of Surgical Innovation and Special Programmes, Operation Smile Nicaragua

Madagascar

14 CHRR leaders, from a variety of clinical and administrative positions continue a six-month leadership development series.

The Lifebox Clean Cut programme, designed to help surgical teams address the causes of surgical site infections, has been implemented at CHRR where 100 patients have been observed.

A thorough site assessment has been concluded, with areas such as biomedical engineering identified as areas for future support.

Vietnam

In Vietnam phase one of hospital renovation has been completed, with significant improvements made to the pre-and post-op wards, recovery room and patient areas. Phase two will see two new operating theatres built and improvements made to two existing theatres.

WHO safe surgery checklist targets have been exceeded at VCFH across the last six months.

Training has been provided to biomedical engineers and the equipment safety management team.

As we move into year three of this project the aim is to build on these achievements to ensure that those living in each of these regions have access to safe, timely surgical care.

CLEFT FREE MALAWI

Operation Smile seeks to create a 'Cleft Free Malawi' by providing surgical care to all children and adults living with untreated cleft conditions in the country. Through this work, Operation Smile Malawi will increase Malawi's overall surgical capacity to benefit all future children born with a cleft condition in the country and work towards year-round comprehensive cleft care services.

Together with the Kentown Wizard Foundation, the Malawi Ministry of Health, Operation Smile staff and volunteer medical professionals in Malawi, Operation Smile will be a catalyst of change for the children of Malawi who often live in social isolation, daily pain, suffer from difficulty eating and speaking, are malnourished and have other serious health issues.

In spite of the challenges posed by COVID-19 our local Operation Smile Malawi team has remained proactive, seeking ways to provide care and support, and were able to conduct several local activities during the past year. The local team have diligently ensured that our patients and partner hospitals have been supported throughout the pandemic and resumed service delivery at scale as soon as it was safe to do so.

OUR APPROACH

Patient centred care

At the core of our work remain our patients, their needs and their ability to integrate into society and thrive. The patient management team has remained in close communication with families to ensure they have adequate support, information and can access services when needed.

Operation Smile Malawi conducts patient outreach across the country through various means including visits to communities and health facilities, use of media, posters and phone calls. Our network of community volunteers and partner organisations have been key to reaching out to our patients. To increase the coverage of our outreach the team organised a major campaign which brought together all patient coordinators, including the national coordinator, to reach remote areas and other rarely visited communities.

Operation Smile Malawi have now reached 99% of all health facilities in Malawi. 181 patients were added to the register between December and June, bringing the total on the active register to 531. Between January and June 127 children received surgery through hospital sequencing, the highest six-month total since the pandemic began. In total 178 surgeries were performed in this fiscal year.

Address malnutrition

To deliver surgery in Malawi, we have to overcome many challenges. Malawi has one of the highest rates of malnutrition in sub-Saharan Africa, resulting in many children not being strong enough to undergo surgery. To remove malnutrition as a barrier to care, we have implemented a nutrition programme that identifies patients in need of nutritional support and gives them ready-to-use therapeutic food. We also teach their guardians alternative feeding techniques.

The nutrition programme continued at 11 regional centres, minimising the need for our patients to travel during the pandemic. During fiscal year 2021, 240 patients were enrolled in the nutrition programme. In January 60% of patients on the nutrition programme were nutritionally healthy, but this rose to 75% by the end of June.

Educate human resources for health

We strive to build local capacity and self-sustainability through training medical professionals and the procurement of equipment. This is essential to run frequent surgical programmes across the country to achieve our goal of eradicating cleft in Malawi, alongside having the necessary monitoring system in place to promote early and accurate identification of birth defects.

11 training sessions have been conducted since January involving 181 participants from various medical specialties, with a significant focus on nutrition and speech therapy.





'I am very happy and thankful to Operation Smile, and I hope they will keep helping others'

Cosmas

After his surgery from Operation Smile Malawi

GHANA

With a population of over 28 million people, the Ghanaian government spends less than 5 percent of its gross domestic product on health. This has resulted in a chronic shortage of human resources for health and a dearth of equipment needed to provide safe and effective surgery. In Ghana the estimated backlog of untreated cleft cases is around 2,500, with an additional 1,000 added each year.

For the past nine years, it has been Operation Smile's duty to step forward and deliver high quality surgical care to Ghanaian children and adults suffering from cleft conditions. Since 2011, Operation Smile has coordinated 18 medical programmes in Ghana, delivering surgical treatment to more than 1,700 patients and free health evaluations to more than 3,600 children and adults. Through an integrated, patient-centred approach, Operation Smile offers a scalable solution for equitably increasing access to surgical care in Ghana. Our experience and expertise uniquely position us to bring exceptional surgical care to those suffering from cleft lip and cleft palate and to extend education and training opportunities to health care professionals throughout the country.

OUR APPROACH

Patient centred care

To ensure the safety of our staff, patients and volunteers in the era of the coronavirus pandemic, Operation Smile has had to dramatically reduce the scale of its medical programmes. In the absence of international medical missions, which have not taken place since March 2020, our in-country staff and volunteers have worked hard to ensure we remain by our patients' side during this very difficult time.

The team has also worked hard to safely resume surgeries. They secured a partnership with Korle Bu hospital, so that ten Operation Smile patients can receive cleft surgery each month. Operation Smile's close relationship with the hospital has helped facilitate this partnership.

Address malnutrition

In Ghana, malnutrition rates remain unacceptably high — 19% of Ghanaian children under the age of five are stunted, or moderately to severely undernourished. Malnutrition is a significant barrier to receiving surgery safely as it increases the risks for surgical complications. To mitigate this barrier, Operation Smile Ghana has implemented a nutrition programme to help patients reach a healthy weight for surgery.

Because we supported families during lockdown, when we were finally able to resume clinics in September 2020, 97% of children were deemed to be well nourished. The Operation Smile Ghana team provided the families of patients on the nutrition programme with supplies of nutritional supplements, including ready-to-use therapeutic food, throughout the lockdown which contributed to this high figure. Nutritional assessments now continue on a bi-monthly basis, with support in the form of supplements and feeding technique training available to all patients and families.

Educate human resources for health

Training human resources for health in low-and middle-income countries is at the heart of our strategy for building local capacity to deliver care.

Throughout the financial year Operation Smile provided numerous education and training opportunities to healthcare staff across Ghana, working alongside other NGOs to further the impact of these programmes. Life support training was delivered in conjunction with The American Heart Association, anaesthesia training was delivered in conjunction with The World Federation of Societies of Anaesthesiologists, and biomedical engineer training was delivered alongside Medical Aid International. By training biomedical engineers, we ensure that lifesaving equipment is properly maintained and can be relied upon when needed. By training anaesthetists, we improve surgical safety across the board. By providing nurses with life support training, we support emergency services as they respond to the most challenging of scenarios. These programmes will not only improve the quality of cleft care in Ghana but will sustainably improve the country's healthcare system.





'There are places that when I go, cars don't go there. So if I have to walk, I will walk. If I have to crawl, I will crawl. If I have to swim to that place, I will swim. My mission is to go as far as I can go to spread the message wide, so that we will be able to help patients with cleft lip and cleft palate.'

Clement Ofosuhemeng

Patient Coordinator, Operation Smile Ghana

MOROCCO

Operation Smile first provided care in Morocco in 1998 and Operation Smile Morocco was officially founded a year later. Since then the Foundation has established care centres in Casablanca, El Jadida and Oujda that provide the following services daily to patients: dentistry, speech therapy, orthodontia and psychology.

Operation Smile's global volunteer network includes more than 400 Moroccan medical professionals and dozens of non-medical volunteers who donate their time to care for patients in Morocco and around the world.

OUR APPROACH:

Patient centred care

Patient numbers continue to increase in Morocco due to ongoing centre support and cleft awareness campaigns. Throughout their three centres, Operation Smile Morocco hosts various weekly nutritional programmes, daily dental and psychosocial visits, and monthly virtual trainings. These consultations, provided at our centres, prepare those patients waiting for surgery who need additional care, and follow them from medical missions onwards to ensure they are receiving a full spectrum of care.

During the year, Operation Smile Morocco organised 16 medical missions, providing full health evaluations to 304 patients and 319 surgical procedures, finding a secure solution to provide care for patients in the midst of the pandemic.

Cleft centres

In the years following its inception, Operation Smile Morocco discovered that cleft surgery is one of many steps along the path of a patient's journey toward healing. Operation Smile Morocco established its first care centre in 2008 in Casablanca, which supplied the organization with the infrastructure and innovative equipment needed to provide patients with year-round multidisciplinary care services.

In 2014, Operation Smile Morocco opened its second centre in El Jadida, followed closely by the third in 2019 which is located in Oujda.

Educate human resources for health

Community engagement and volunteer training were also a large part of the activities in this fiscal year. American Heart Association (AHA) trainings were provided not only to our volunteers, but to staff in hospitals who may not have access to such lifesaving training. More than 200 volunteers and hospital staff were trained and certified.





'I'm so happy that we've helped over 12,000 kids who I thought weren't there just because they were hidden. They were hidden in their own homes. They were prisoners. And we've been able to dig further, find them and help them.'

Fouzia Mahmoudi

Co-Founder and Vice President, Operation Smile Morocco

OUR GLOBAL ACHIEVEMENTS



Joseph, Philippines

12,800+
Patients healed

35
Countries visited

5,600+
Surgeries

116,000+
Medical consultations

27
Care centres in
18 countries

7,200+
Patients who received
dental care

1,200
Volunteers in our
training programmes

97
Surgical & dental
medical missions



THANK YOU

Our life-changing work is made possible by our partners, supporters and volunteers. Operation Smile is extremely grateful that, despite the disruption of COVID-19, our valued corporate partners have continued to provide essential support to our patients and their families. Many thanks to each of our partners and to their employees for this inspiring commitment.

Generous individuals, charitable trusts and foundations

- Biss Davies Charitable Trust
- The Chelsea Square 1994 Trust
- The Cornos Trust
- The Duncan Bannatyne Charitable Trust
- Gisela Graham Foundation
- The Grace Charitable Trust
- The Grace Trust
- The Imago Trust
- Jon Wood
- The Kentown Wizard Foundation
- The Linden Charitable Trust
- Rockcliffe Charitable Trust
- R U B White Charitable Trust
- Souter Charitable Trust
- The Traynor Foundation
- UBS Optimus Foundation
- Veta Bailey Charitable Trust
- The Waterloo Foundation
- Wootton Grange Charitable Trust
- The Zochonis Charitable Trust

Corporate partners

- Acquisition Aesthetics
- Align Tech
- AS Watson Group
- The Bannatyne Group
- Galderma
- EMEA Recruitment
- Expert Recruits
- FMC
- The Harley Medical Group
- ICI Paris XL
- Johnson & Johnson
- Mediterranean Shipping Company
- MiSmile Network
- Molnlycke Healthcare
- The Perfume Shop
- Savers
- Stryker
- Superdrug
- STEP Private Client Awards

Smile Ambassadors

- Anthony Andrews
- Duncan Bannatyne
- Saira Khan





'We profoundly thank every one of you as we innovate and establish new ways to reach the children and families to whom we are so committed.'

Dr Bill Magee
Co-Founder and CEO, Operation Smile

Lungile, South Africa

FUNDRAISING STATEMENT

Thanks to the kindness and generosity of our diverse supporters, we have achieved an income of £6.2M (2020: £3.8M); our expenditure was £1.9M (2020: £1.7M) on raising funds and £3.3M (£1.5M) on charitable activities giving us a net position £883K (2020: £473K) an increase in surplus to reserves of 87% on the previous year after accounting for unrealised gains of £5.8K (2020: loss (£9.1K)) on donated shares.

At Operation Smile, we hold ourselves accountable to the trust our supporters place in our work to improve the health and dignity of those suffering from cleft.

Committed to being the best steward of the gifts we receive, we direct funds to programmes that bring the highest standards of care to people living with cleft and other facial and dental conditions. Our stringent medical standards require the purchase of high-quality medical supplies, which are then shipped worldwide to our programme sites.

Most importantly, we pride ourselves on following the highest standards of accountability, effectiveness and efficiency. Our codes of conduct set out a global standard for all Operation Smile offices to comply with and are bolstered by our adherence to local regulations and best practices.

When connecting with our patients to understand the impact of the care they received, we use their authentic voices to portray their stories, preserving their dignity. These stories are used for fundraising and marketing purposes, to connect our supporters in the UK with the children they help. With almost 40 years of experience, we have strict guidelines and policies, including a global policy for child protection, that is implemented across all our offices. This policy is reviewed annually.

OSUK's fundraising approach is primarily through consented and/or legitimate interest or solicitations.

OSUK has voluntarily signed up to the Fundraising Regulator and Information Commissioner's Office (ICO) code of conduct which covers fundraising practices and the use of donor's data respectively.

As a member of the Fundraising Regulator, we hold ourselves accountable to our donors and have the utmost respect for our donor base.

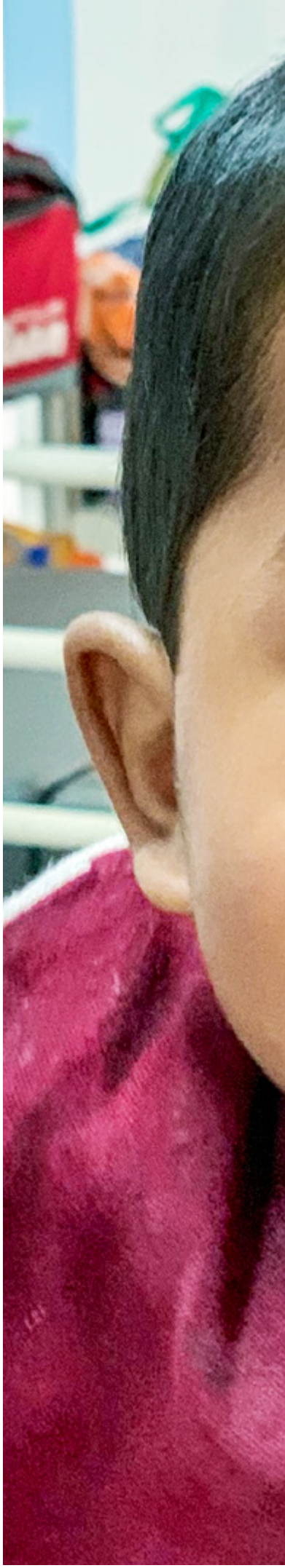
We work to remain compliant to the General Data Protection Regulations (GDPR) and Data Protection Act 2018.

The head of data, technology & supporter care is the first point of contact for any queries or complaints made via the above regulators and the Chief Operating Officer is notified of any queries or complaints made. Any complaints will be communicated to the Executive Director who will then update the Board of Trustees regarding the current status of the complaint with the complainant and/or regulator.

People carrying out fundraising activities on our behalf are provided with a fundraising pack, which stipulates their responsibilities and liabilities. There is an ongoing stewardship and reporting process in place for accountability.

Agents working on our behalf are contracted and provided with guidance through training for reporting complaints to Operation Smile. Some subscribe to the Institute of Fundraising, DM Associations and Telephone Preference Service Assured. With regards to PCI compliance our agents are requested to submit on an annual basis confirmation of their security status/vulnerability reports if any.

For the last financial year, Operation Smile has received one official complaint in January 2021 which was referred to the Fundraising Regulator. The complaint was reported as Operation Smile having no legal basis for contacting a donor via cold direct mailing using third party sources. Operation Smile has fully cooperated with the Fundraising Regulator over the past six months and a final decision has been reached. The Fundraising Regulator confirmed that the charity did not breach the sections of the code related to personal data and that it responded and acted promptly. We remain committed to the care of our donors, supporting their requests for contact and privacy and communicating with them only as appropriate.





Fundraising activity

Throughout the year we raised funds through our generous donor base, which includes donations and bequests from individuals, corporates, students, community fund-raisers, trusts and foundations.

Our diversified direct marketing fundraising activities included:

- Appeals
- Newsletters
- Email solicitations
- Regular monthly giving
- Digital campaigns (pay-per-click)
- Facebook fundraising
- Facebook ads
- Programmatic advertising
- Virtual gifts

We also partnered with third party agencies to recruit new supporters, and communicate with current supporters through the following activities:

- Press ads and press inserts– recruitment of single gift donors.
- Cold direct mail – recruitment of single gift donors.
- Warm direct mail – postal communication and fundraising from database of supporters.
- Telemarketing – recruitment of regular donors.
- DRTV - recruitment of single gift and regular donors.
- Digital acquisition - recruitment of single gift, regular donors and legacy pledgers.

Communications

As the fundraising landscape continues to change, in 2020-21 we increased our activity within the digital space with a goal of growing our online fundraising and awareness.

During the year we worked with the Direct Marketing team to make sure that our digital campaigns were branded and were maximising our brand messages. We also supported the DM press insert campaign with three rounds of advertorials which help raise awareness of our organisations to specific audiences.

To build awareness about our work and the needs of those with cleft, we executed a PR awareness campaign that covers some of our key activities, including how we adapted our services to our patients during the pandemic.



LOOKING AHEAD

We're immensely proud of the adaptations we've made to continue our mission of caring for patients during the COVID-19 pandemic. Our focus for 2021-2022 therefore remains consistent, to provide the best quality comprehensive care to our patients where it's needed most.

To support
Operation Smile's global cleft and safe surgery programme initiatives

To maintain and expand
our programme support in Africa, Asia & Central America

To grow
both our unrestricted and restricted income to support our programmes



Patients waiting for surgery in Guatemala, April 2021

To provide

excellent care and service delivery through our medical and non-medical volunteers

To raise

our national profile through use of mixed communication channels and donor-centric communications

BOARD OF TRUSTEES

DR MARIA MOORE **BDS Hons, Chair**



'It's extraordinary to witnesses the impact of Operation Smile. Not just on the children themselves, but their family members and all those around them. It's amazing.'

Maria has been involved with Operation Smile since 1999, first as a donor and then as a dental volunteer in Guwahati, India. Maria has attended international missions to India, Panama, Colombia and The Philippines and is an active and dedicated fundraiser. She became chair of Operation Smile United Kingdom in December 2015. Having graduated with honours in dentistry from Birmingham University in 1988, Maria's 32 year career spanned both the NHS and the private sector. After 22 years, Maria has recently sold her dental practice in Virginia Water and gives her time to Operation Smile UK in her capacity as chair of the board.

DR WILLIAM P MAGEE JR **D.D.S., M.D.**

Dr William P Magee Jr co-founded Operation Smile in 1982 with his wife Kathy in Norfolk, Virginia, USA. He is a plastic and craniofacial surgeon and serves as Operation Smile Inc.'s Chief Executive Officer at our global headquarters. For nearly forty years, Dr Magee has not only trained and mentored physicians worldwide, but has taken Operation Smile into over 60 countries. Relying on the skill, passion, and dedication of over 6,000 medical volunteers, Operation Smile has become a highly-respected and leading organisation in cleft care provision for infants, children and young adults all over the world.



'Love by definition is self-sacrifice. Love is a decision to make someone else's problem your problem.'

ANDREW BRUCE **BSc, MBA**

'As the world changes, Operation Smile adapts. We have recently focused on safe surgery and health systems strengthening, especially in countries where access to surgery is a privilege. We work hard to change it.'



Andrew is a successful and experienced international investor. He is the chief investment officer of Caledonian Advisory with global industry experience in organisations including Société Générale, Macquarie Bank and D.B. Zwirn. He joined Operation Smile UK in September 2018 and brings operational, fundraising and leadership skills and his knowledge of the investment and asset management industries.

CATHERINE DE MAID **LLB**



'I lived and worked in South Africa for almost 13 years, which is how I first got involved with Operation Smile, initially as a volunteer and then as a director. It was a life-changing experience, and I formed friendships which are still going strong today. When I took the decision to return to the UK four years ago, I was delighted to be asked to join the Board in the UK. It allows me to stay connected to the global family which is Operation Smile, and to Africa in particular, which will always hold a special place in my heart.'

Catherine is a UK qualified solicitor, specialising in private client work, philanthropy advice and charity law. She works for independent law firm Burges Salmon LLP. Her expertise in the area of governance contributes significantly to the Operation Smile board. Whilst working in South Africa, Catherine helped establish Operation Smile South Africa, our regional hub for sub-Saharan programmes, and was an active member of their board for eight years until October 2017. Catherine has attended a mission to the Democratic Republic of Congo, has assisted World Care patients in Cape Town and attended a Cape Town mission which took place on a US navy ship. On her return to England, Catherine became a member of the Board of trustees of Operation Smile UK in February 2018. In addition to her legal expertise, Catherine brings her knowledge of Africa to our board.

CHRISTOPHER PINNINGTON **BA**

Christopher has spent his career managing global communications agencies, specialising in advertising, digital, PR, media and direct marketing. He worked for 32 years at Havas, most recently as global chief operating officer. He is now a non-executive director, investor and adviser helping companies to realise their true potential. He joined Operation Smile UK's board of trustees in February 2018. Christopher brings a wealth of communication expertise to Operation Smile and works with us to ensure an appropriate and relevant mix of communications across diverse channels.



'At Operation Smile, we take nothing for granted and we appreciate all donors and partners, whose support helps us to provide life-changing surgeries without cost to our patients. We cannot work alone and help those children and adults without our caring supporter base.'

DR PHIL MCDONALD **MB ChB, FRCA**



'Whenever we go to a site we keep going back again to treat everyone with a cleft. We also train the local medical professionals, so they can provide surgeries to their people in the future.'

Phil graduated from Liverpool University in Medicine. He is a consultant in anaesthetics and intensive care at St Richard's Hospital, Chichester. Phil has been medical director and a trustee on the board of Operation Smile UK since it was registered in 2002. He was featured in the BBC1 documentary about Operation Smile, 'The Facemakers', in June 2000 and in the 2009/10 Blue Peter Charity Appeal, 'Send a Smile', which also supported the charity. He has been an anaesthesia volunteer with Operation Smile since 1995 and has been on numerous medical projects in Colombia, the West Bank, Romania, India, China, the Philippines, Kenya and Ethiopia. Phil is committed to the provision of sustainable healthcare solutions in developing countries and has worked tirelessly to develop the anaesthesia capacity of Jimma University Medical Centre, Jimma, Ethiopia through the establishment of their Anaesthesia Residency Programme.

OSUK MEDICAL SUBCOMMITTEE

Operation Smile's Medical Subcommittee sets the standards for recruiting and credentialing medical volunteers within the UK. They provide oversight and guidance for Operation Smile UK supported programmes to the board and to the senior leadership.

MEMBERS

The Medical Subcommittee is comprised of experts in their fields, who attend medical projects regularly and are in contact with fellow Operation Smile volunteers.

Dr Phil McDonald Chair – Consultant Anaesthetist, St. Richard's Hospital, Chichester



Phil graduated from Liverpool University in Medicine. He is a consultant in anaesthetics and intensive care at St Richard's Hospital, Chichester. Phil has been medical director and a trustee on the board of Operation Smile UK since it was registered in 2002. He has been an anaesthesia volunteer with Operation Smile since 1995 and has been on numerous medical projects in Colombia, the West Bank, Romania, India, China, the Philippines, Kenya and Ethiopia. Phil is committed to the provision of sustainable healthcare solutions in developing countries and has worked tirelessly to develop the anaesthesia capacity of Jimma University Medical Centre, Jimma, Ethiopia through the establishment of their Anaesthesia Residency Programme.

Mr Per Hall FRCS (Plast) – Consultant Plastic Surgeon, Lead Clinician Cleft Network East Addenbrookes, Cambridge



Per has been a consultant plastic surgeon working at Addenbrooke's University Hospital in Cambridge UK since 1996. He set up the Cleft Service in Cambridge but has now handed over the management of the East Anglian Cleft Lip and Palate service so he can concentrate more on working with Operation Smile.

Per became a volunteer surgeon with Operation Smile in 2009 – his first mission was in Jimma, Ethiopia. He has been to 15 medical missions. However, since 2012 Per has focussed his energy on Jimma, Ethiopia where he has returned on many occasions. There he has been helping the skilled local surgeons to develop their own plastic and reconstructive surgery service and a curriculum for training the next generation of plastic surgeons. Jimma is becoming established as a reconstructive and cleft centre for the south of Ethiopia serving a population of approximately 20 million people who have until now lived without any access to reconstructive surgery.

Qualifications: MBBS, MS, MCh, Dip.Nat.Board(Gen)(Plast), FRCS(Ed), FRCS(Glas) Eur.Dip.Hand Surg, FRCS(Plast), DMCC, OStJ., RAF.

Ankur is a consultant plastic, hand & reconstructive surgeon, working both within the NHS and a full time Officer in the Royal Air Force Medical Services.

He has been a volunteer with Operation Smile since 2006 and has completed 43 international medical missions all over the world. He was the regional medical officer for Operation Smile in the Central Region (2008-2010), the deputy chief medical officer worldwide in charge of Governance and Quality Assurance (2010-2015) and has concentrated on volunteering and teaching on Operation Smile missions in cleft and post burn conditions.

Wg Cdr Ankur Pandya Consultant Plastic & Reconstructive Surgeon Portsmouth Hospitals NHS Trust and Royal Air Force Medical Services



Dr Annemieke Miedema Consultant Paediatrician and Paediatric Intensivist



Annemieke graduated from Maastricht University Medical School in the Netherlands and went on to train as a paediatric intensive care doctor. Having spent time in Australia and Canada she came to the United Kingdom in 2012 to work as a consultant in the paediatric intensive care department at Birmingham Woman's and Children's Hospital, where she focussed on education and improving patient pathways.

Since 2009 Annemieke has volunteered as an intensivist and team leader for Operation Smile, joining numerous surgical programmes around the world, including Cambodia, Vietnam, Philippines, China, Jordan, India, Ethiopia, Kenya, South Africa, Namibia, Madagascar, Malawi, and Paraguay.

In 2020 Annemieke returned to work in the Netherlands where she continues to support Operation Smile as a consultant, medical volunteer and member of the UK Medical Subcommittee.

Jackie Matthews works as a cleft clinical nurse specialist (CNS) for South Thames cleft service, at St Thomas's Hospital. She is an outreach CNS, covering Kent, East and West Sussex; she assesses new-borns, establishes feeding and supports patients through the cleft pathway to surgery, and beyond, as part of the wider multidisciplinary team. Her experience is as a surgical nurse, theatre recovery and health visitor (public health).

Jackie has volunteered with Operation Smile since 2011 and is part of the UK Medical Subcommittee. She attended five medical missions in Mexico, Dominican Republic, Ghana and Malawi. She is involved with teaching and representing the charity at fundraising events. She is passionate about giving everyone the healthcare and support they deserve to live their life to the full.

Jackie Matthews RN-Cleft Clinical Nurse Specialist South Thames Cleft Team, Guy's and St Thomas' NHS Foundation Trust





REFERENCE AND ADMINISTRATION

Registered Charity Name: Operation Smile United Kingdom

Charity Registration Number: 1091316

Company Registration Number: 04317039

Registered Address: Unit A, Genoa House, Juniper Drive, London SW18 1FY

For more information about the charity, please visit: **www.operationsmile.org.uk**

BOARD OF TRUSTEES:

Dr Maria Moore, BDS (Hons)
Chair – Board of Trustees

Dr William Magee, Jr, DDS, MD
Co Founder and CEO of Operation Smile Inc

Andrew John Bruce, BSc, MBA
Chair – Finance & Audit Subcommitee, Board Member

Catherine de Maid, LLB
Board Member
(Resigned 04 June 2021)

Dr Philip McDonald, MBChb, FRCA
Chair – Medical Subcommittee and UK Medical Director

Christopher Pinnington, BA
Board Member

CEO & COMPANY SECRETARY:

Karen Jaques, BA, MA, RN


Jane Rose, Philippines

SUBCOMMITTEES, AMBASSADORS, BANKERS, AND PRINCIPAL ADVISORS

KEY MANAGEMENT PERSONNEL:

Karen Jaques, BA, MA, RN
Chief Executive Officer

Jean Leigh FCIS (FCG)
Chief Finance & Operating Officer

SMILE AMBASSADORS:

Anthony Andrews
Saira Khan
Duncan Bannatyne, OBE

BANKERS AND ADVISERS:

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

Barclays Bank Plc
Leicester, LE7 2BB

Virgin Money
Jubilee House, Gosforth,
Newcastle upon Tyne, NE3 4PL

AUDITORS:

Moore Kingston Smith LLP
Chartered Accountants,
Devonshire House,
60 Goswell Road,
London, EC1M 7AD

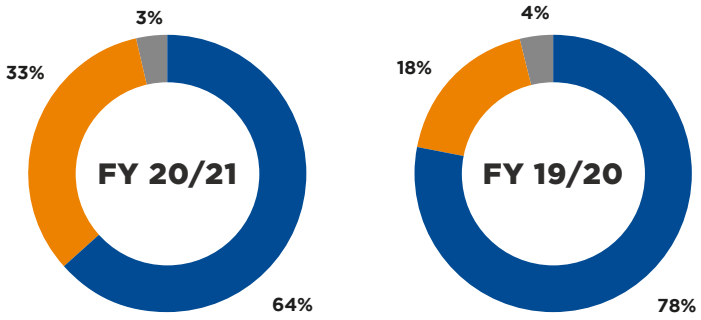
SOLICITORS:

Russell Cooke Solicitors
2 Putney Hill, London, SW15 6AB

FINANCIAL OVERVIEW

FINANCIAL YEAR 2020- 2021

In 2021 Operation Smile UK generated a total income of £6.2M (2020: £3.8M) including gifts in kind of £66K (2020: £224K) and investment income of £1K (2020: £30K).



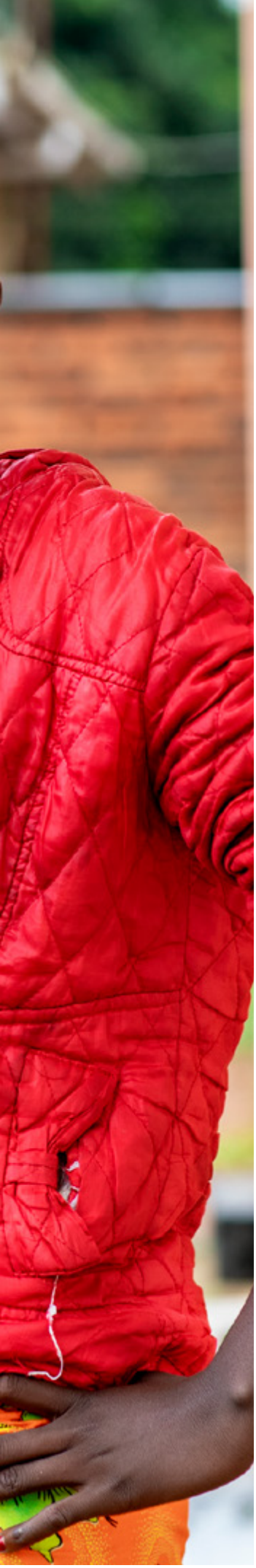
SOURCES OF INCOME

- Individual Donations
- Grants
- Corporate Donations

Income for the year to 30 June 2021 increased by 64% when compared to the same period in the previous financial year. Although a decrease was anticipated because of the ensuing COVID-19 pandemic, it was surprising and truly appreciated when our donors and indeed the wider public responded to our fundraising campaigns.

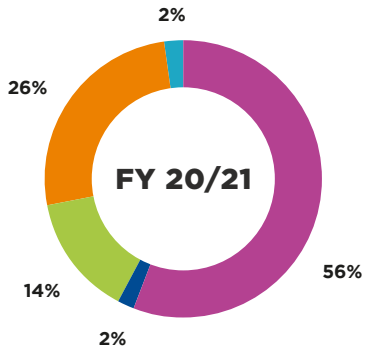
Their generosity was immense and would definitely increase the number of smiles saved within our beneficiaries. Our generous major multi-year funders, Kentown Wizard Foundation and UBS Optimus Foundation stuck with and by us and made possible the dreams of many; the activities within our multi-year projects in Africa, Asia and South America slowly resumed as little by little confidence was regained in delivering some of our missions and programmes. Legacy income continues to be a major part of sources of income although this was reduced by a quarter in the year. Community and events and corporate income took the brunt of the effects and impacts of COVID-19 with cancellations/postponement of mass participation events and companies withdrew support in the light of their overall projections. Investment income was lower than it has ever been with bank rates being offered to savers reflecting the state of the economic forecasts.





EXPENDITURE AS % OF INCOME

- Programmatic Expenses
- Support Costs
- Surplus to Reserves
- Other Charitable Activities - Resource Country Aims
- Property and Property Management



Our total expenditure for the year was £5.3M (2020: £3.3M) a 61% increase year on year. £3.3M (2020: £1.5M) was spent on programmatic expenditure in line with our charitable goals - to educate about and treat cleft lip and cleft palate where it is needed the most across the developing world simultaneously improving the general surgical capacity within these countries. £2M (2020: £1.7M) was expended on raising funds – a 12% increase. This increase was a calculated risk in an evolving fundraising environment and our donor base responded to our call to action. We were also able to increase our donor base at the same time.

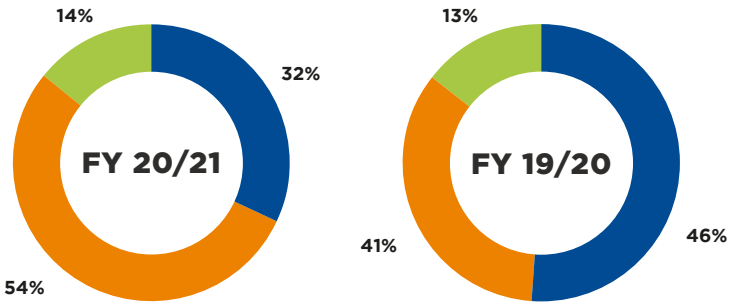
Expenditure as stated included gifts in kind of £66K (2020: £224K) with medical volunteers making their contribution this year through delivering public speaking to bring about greater awareness of the need for our services instead of their usual contribution of delivering medical services.

We remain very conscious of the need to wisely spend funds entrusted to us by our supporters always with the goal of achieving our charitable goals. This is balanced with continued investment across our fundraising portfolio to safeguard income generation as the fundraising climate changes over time. Reflecting on this, in FY20/21 for every £1 raised £0.82 is spent on our charitable aims and £0.18 on property, administration and retained surplus.

Surplus to Reserves

In FY20/21 14% (2020: 13%) of income received was transferred to reserves increasing our net assets held at year end to £2.9M.

USE OF FUNDS 2020 & 2021



INCOME APPLICATION

- Raising Funds
- Charitable Activities
- Surplus to Reserves

Balance Sheet

At 30 June 2021, total net assets were £2.9M (2020: £2.1M). Cash held was £2.6M (2020: £1.9M). The increase in net assets and cash held was a result of curtailment in surgical activities because of the Covid-19 pandemic during the year and the increased income from our direct marketing and digital fundraising campaigns. Furthermore, OSUK seeks to minimise its risks to commitments funded by conditional multi-year grants by retaining sufficient fund for unforeseen events thus guaranteeing delivery. Investments at the balance sheet date represents donated shares brought forward which remain unsold at year end.

Reserves Policy

The trustees have determined an appropriate level of reserves to be six months of projected operating costs – which in FY21/22 is budgeted to be £590K. This liquidity-based approach allows the charity to maintain sufficient funds to enable it to continue its work during any adverse fundraising periods. At 30th June 2021, the free reserves of the charity amounted to £2.6M (2020: £1.7M). Free reserves represent the total assets available for use to the charity less restricted and designated funds, and fixed assets. The trustees acknowledge the increase in cash liquidity over and above its six-month liquidity level and have decided not to revise the level at this point in time as the pandemic continues. It approves the holding of such funds to minimize volatility in funding programmes in the medium term in our determination to provide health that lasts in a holistic way.

GOVERNANCE AND STATEMENT OF TRUSTEES RESPONSIBILITIES



Sandra, Madagascar

Governance

Operation Smile UK is a registered charity with the Charity Commission and Companies House in England and Wales; charity registration no: 1091316 and company registration no: 4317039. It is a charitable company limited by guarantee.

Under charity law, trustees have legal duties and responsibilities and under company law the Board act as company directors of the charity.

Operation Smile UK works collaboratively and in partnership with Operation Smile Inc in the United States. They are separately registered organisations with different management teams and Boards of Trustees.

The Board reviewed its organisation and workings in the year with regard to the Charity Code of Governance and its Terms of Reference (ToR). This makes clear the responsibilities of the Board and where there are clearly delegated authorities to act on behalf of the Board. The delegated authorities are discharged through the subcommittees, the Chief Executive Officer (CEO)/Executive Director (ED) and the Chief Finance & Operating Officer. The Charity Code of Governance and the ToR are reviewed periodically regarding fit for purpose and changing circumstances.

Governing Document

OSUK is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association restrict the liability of members on winding up to £1. In the case of a winding up, none of the accumulated funds is distributable to the members but shall be given or transferred to Operation Smile Inc for its charitable purposes or charities with similar objects as OSUK. Under the powers within its Articles of Association, the trustees delegate the day to day management responsibilities of the charity to the Chief Executive Officer/ Executive Director. She is accountable to the Trustees and is guided by approved business plans, budgets, policies and supporting procedures.

Appointment and Retirement of Trustees

Potential OSUK trustee candidates are nominated at a trustee's meeting by a serving member of the Board. If the trustees present agree to pursue the proposed nomination, the candidate is asked to meet with at least two active trustees to discuss the activities and goals of the charity. Following these meetings, the serving trustees report back to the Board. If the consensus is to move forward with the nomination, the nominee is invited to attend the next trustee's meeting where he/she would be formally appointed as an active trustee on the Board. Relevant checks are made and supporting documentations to the appointment are requested and filed. Trustees are appointed for a rolling three-year term; re-appointed is possible and should be proposed at the first board meeting of the year in which the term expires.

Trustee Induction and Training

New trustees undergo an induction at their first quarterly meeting where they are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the decision-making process, the business plan and financial performance of the charity, and the charity's programmatic goals and strategy. Following this meeting, new trustees get the opportunity to meet OSUK staff members. The new trustee's induction concludes with a meeting with the Chief Executive Officer/Executive director to discuss feedback and any other queries/questions.

Ongoing development and training is addressed through making available opportunities for external training. Trustees can request to attend any of these training courses at any time.

Subcommittees

The Medical Subcommittee meets annually with ad hoc communication as required throughout the year, reporting to the Board as required. Minutes are circulated to the Board.

The Finance and Audit (F&A) Subcommittee meets at least three times a year but primarily before any scheduled board meeting to review the finances and related policies and make recommendations to the Board for approval. Minutes are circulated to the Board.

Remuneration of all Staff

The governing principles of Operation Smile UK's remuneration policy is to ensure the delivery of OSUK's objectives by attracting and retaining a motivated workforce with the skills and expertise necessary for organisational effectiveness.

OSUK takes every step possible to ensure that remuneration should be equitable and coherent across the organisation. It accepts the need to balance pay levels and pay increases appropriately within the context of our charitable purposes but also believe salaries must be realistic when set in the London work context.

In relation to deciding remuneration for OSUK's senior executives, Operation Smile UK considers the potential impact of remuneration levels and structures of senior executives on the wider OSUK workforce. The employment offer made to senior employees considers pay as one part of a package that also includes personal development, personal fulfilment and association with the public benefit delivered. It also recognises that it is, on occasion, possible to attract senior executives at a discount to public sector or private sector market rates.

Remuneration for the year ended 30th June 2021 was comprised of salary and pension contributions. There are no other pecuniary benefits for senior or other staff at Operation Smile UK.

Risk Management

A record of all risks is maintained in the risk register.

The Finance and Audit Subcommittee reviews the risk register at least once a year and takes appropriate action to mitigate or reduce the risk to OSUK. It is not deemed necessary at the present time for more frequent reviews as there are adequate policies and procedures in place to minimise adverse effect of risks envisaged. The CEO/ ED has the responsibility to bring any new or increased risk to the attention of the Board at any time. Any threats are reported to the chair and/or the responsible Board member based on materiality as defined by the Board from time to time and to the wider Board at Board meetings.

As part of its annual review, the Board discusses recommendations from the F&A Subcommittee and ratifies recommendations as they see fit, noting any major risks to the organisation. The Board is satisfied that OSUK's current systems and procedures are sufficient to manage the likelihood and impact of assessed risks.

Charity & financial regulatory compliance and law remain a priority for the charity with required policies and procedures regularly under review. In line with this, data protection and cyber security are reviewed with staff regularly and staff are reminded of the need for confidentiality and compliance with general data protection regulation and data security.

Code of Practice and Vulnerable Persons Policy

OSUK has in place a code of practice and vulnerable persons policy to oversee its interactions with the public whilst fundraising and during service delivery. There is a reporting procedure in place and operationally OSUK has noted the Charity Commission whistle-blowing hotline.

Trustees Responsibility in Relation to the Financial Statements

The trustees who are also directors of OSUK 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 (UK Generally Accepted Accounting Practice/UK GAAP).

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

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice on Accounting and Reporting (SORP).
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper 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 Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence take reasonable steps for the prevention and detection of fraud and other irregularities.

None of the trustees have any beneficial interest in any contract to which the charity was party during the year.

Trustees Indemnity Insurance

As permitted by the Memorandum and Articles of Association, the Trustees have the benefit at a cost of £705 (2020: £618) of trustees liability insurance which is a qualifying third party indemnity provision as defined by Section 234 of the Companies Act 2006.

The indemnity was in force throughout the last financial year and continues into the current financial year. All of the trustees shown on page 44-45 of the Trustees Annual Report, even those who have retired, are covered by this policy.

Statement as to Disclosure to Auditors

Insofar as the trustees are aware at the time of approving the Trustees Annual Report there is no relevant audit information of which the charitable company's auditor is unaware.

The trustees have taken all steps that ought to have been taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of any such information.

The maintenance and integrity of OSUK's website is the responsibility of the trustees. The work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Public Benefit

The trustees have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Resources expended seek to prevent poverty in the countries in which they are spent by transforming the lives of children with cleft conditions and other facial deformities. Cleft and facial deformities can inhibit food intake and cause malnutrition; each successful treatment increases the advancement of health for these children and increases their chances of being socially accepted.

We are also required to describe how significant activities undertaken by the organisation further our charitable purpose for the public benefit. In response, the trustees hereby clarify that the benefits that we have provided and will continue to provide directly relates to our aims and objectives of improving healthcare in developing countries.

Furthermore, we can confirm that:

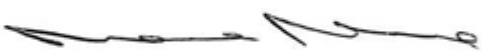
- Feedback from beneficiaries and 'partner countries' affirms that we are reaching our intended beneficiaries with life-changing results.
- Feedback from our partners and our country offices indicates safe surgical practises and up-skilling of healthcare workers and their care of cleft patients.
- Our volunteers from across the UK and the world feedback to us that they benefit from the exposure to different operating environments and cross practice contact.
- Any private benefit gained from the work of the charity (in particular salaries of its employees, and fees paid to consultants) is a necessary part of its cost of operations.

Auditors

Moore Kingston Smith LLP were re-appointed auditors on an ongoing basis and service delivery is reviewed annually. They have indicated their willingness to continue in office as such. They are deemed to be re-appointed in accordance with Section 487(2) of the Companies Act 2006.

Approved by the board of trustees

Signed on their behalf by:



Dr Maria Moore
Chair

Date: 18 November 2021



Sandra, Madagascar



INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF OPERATION SMILE UK

Opinion

We have audited the financial statements of Operation Smile UK ('the company') for the year ended 30 June 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and 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 30 June 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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



Conclusions relating to going concern

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

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

Our responsibilities and the responsibilities of the directors 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 annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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 have 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 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 where 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 trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report and from preparing a Strategic Report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 50, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and

the reasonableness of accounting estimates and related disclosures made by the trustees.

- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor) for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

Devonshire House, 60 Goswell Road, London, EC1M 7AD

Date: 14 December 2021



Florine, Madagascar

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30 JUNE 2021

	Note	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2021 Total Funds (£)	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2020 Total Funds (£)
INCOME AND ENDOWMENTS:									
Donations and Legacies	2	4,046,241	-	2,015,800	6,062,041	2,716,301	-	921,181	3,637,482
Charitable Activities	2a	109,821	-	-	109,821	96,833	-	1,156	97,989
Interest/Investments		800	-	-	800	30,298	-	-	30,298
Total Income and Endowments		4,156,862	-	2,015,800	6,172,662	2,843,432	-	922,337	3,765,769
EXPENDITURE:									
Raising Funds	3	1,715,431	-	234,485	1,949,916	1,692,183	51,593	-	1,743,776
Charitable Activities	3a	1,549,490	-	1,797,328	3,346,818	893,529	9,941	636,515	1,539,985
Total Expenditure		3,264,921	-	2,031,813	5,296,734	2,585,712	61,534	636,515	3,283,761
Net unrealised gains / (losses) on Investments		5,785	-	-	5,785	(9,104)	-	-	(9,104)
Net Income for the Year		898,912	-	(16,013)	881,713	248,616	(61,534)	285,822	472,904
Transfer Between Funds	11	-	-	-	-	88,466	(88,466)	-	-
Net Movement in Funds		897,726	-	(16,013)	881,713	337,082	(150,000)	285,822	472,904
Reconciliation of Funds									
Total Funds Brought Forward		1,765,334	-	289,022	2,054,356	1,428,252	150,000	3,200	1,581,452
Total Funds Carried Forward	11	2,663,060	-	273,009	2,936,069	1,765,334	-	289,022	2,054,356

There are no recognised gains or losses other than those disclosed above. All results derive from continuing operations.



Aljay, Philippines

BALANCE SHEET AS AT 30 JUNE 2021

			2021 (£)		2020 (£)
	Note	£	£	£	£
INVESTMENTS	7		22,724		16,939
FIXED ASSETS	6		17,958		31,122
CURRENT ASSETS					
Debtors	8	495,235		327,660	
Cash at bank and in hand		2,581,170		1,921,742	
Total Current Assets		3,076,405		2,249,402	-
CURRENT LIABILITIES					
Creditors:					
Amounts Falling Due Within One Year	9	138,838		(237,376)	
Net Current Assets			2,937,567		2,012,026
LONG TERM LIABILITIES					
Amounts Falling Due After One Year	10		42,180		(5,731)
NET ASSETS		-	2,936,069		2,054,356
REPRESENTED BY:					
Restricted Funds			273,009		289,022
Designated Funds			-		-
General (Unrestricted) Funds	11		2,663,060		1,765,334
		-	2,936,069		2,054,356

The financial statements have been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 and with Financial Reporting Standard 102. The notes on pages 60-67 form an integral part of these financial statements.

Approved by the Board of Trustees on 18 November and authorised on their behalf by:



Dr Maria Moore
Chair

Company Registration No: 04317039

CASH FLOW STATEMENT FOR THE YEAR TO 30 JUNE 2021

		2021 (£)	2020 (£)
Net Cash Provided by Operating Activities	Note A	662,223	496,708
Cash-flows from Investing in Activities:			
Cost of Purchasing Tangible Fixed Assets		(2,795)	(35,575)
Change in Cash and Cash Equivalents at 30 June		659,428	461,133
Cash and Cash Equivalents at the Beginning 01 July		1,921,742	1,460,609
Total Cash Held on 30th June		2,581,170	1,921,742

Note A

Reconciliation of Net Expenditure to Net Cash Provided by Operating Activities

	2021 (£)	2020 (£)
Net Income/(Expenditure) for the Year	882,899	472,904
Depreciation of Tangible Assets	15,959	19,720
Increase/(Decrease) in Investment	(5,785)	(16,939)
Increase/(Decrease) in Debtors	(167,575)	(66,118)
Increase/(Decrease) in Creditors	(63,274)	87,141
Net Cash Inflow from Operating Activities	662,223	496,708

ANALYSIS OF CASH AND CASH EQUIVALENTS AND NET DEBT:

	2021 (£)	2020 (£)
Cash at bank and in hand:		
Opening balance	1,921,742	1,460,609
Cash-flows	659,428	461,133
Closing balance	2,581,170	1,921,742



NOTES TO THE ACCOUNTS

Accounting Policies

BASIS OF PREPARATION

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) including update bulletin 2, the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice (UK GAAP).

GOING CONCERN

The trustees have assessed whether the use of going concern is appropriate and have considered events or conditions that may cast significant doubt on the ability of OSUK to continue as a going concern.

The Trustees have given due consideration for the effects of the Covid-19 outbreak in FY2019/20, and which continues to date . This assessment has also included a probable loss of income as a consequence of this.

The trustees have made this assessment in respect of a period of at least a year from the date of approval of the financial statements. The trustees have considered the charitable company's forecasts and projections and are cautiously optimistic following the results of this financial year.

The charity is largely sheltered from the expected effects of Covid-19 due to its loyal donor base and a significant legacy pipeline. Projects have been curtailed significantly as a result of the restrictions on travel because of the continuing impact of Covid-19 and emerging variants. However, as vaccinations help with dampening down the impact worldwide there is hope that local missions would be delivered and international programmes resume in earnest. The charity continues to hold significant reserves to meet downturns in income and has liquid assets in the form of cash held in short term deposits.

The Trustees have concluded that with the reserves policy and cash liquidity requirements of the charity, there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

The principal accounting policies adopted in the preparation of the financial statements are set out below:

a) Income and expenditure

All incoming resources are included in the Statement of Financial Activities when the charity is entitled to (or has physically received) the income and the amount can be quantified with reasonable accuracy.

Gift Aid income is accrued when there is a valid declaration from the donor or HMRC small donations rule is applicable.

Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and OSUK has been notified of the executor's intent to make a distribution. Where legacies have been notified to the charity, or where OSUK 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.

For event income, entitlement is counted at the date of the event. Where income is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued. Expenditure is accounted for on an accrual basis.

Raising funds relating to direct marketing has been allocated between charitable activities and fundraising costs based on an allocation process which analyses the cost between direct fundraising, raising awareness of the need and educating on cleft conditions. Currently this analysis allocates 24% (2020: 29%) of costs towards charitable activities as content relating to education and raising awareness of cleft and 74% (2019: 71%) towards cost of raising funds. The increase in allocation to raising funds is primarily related to increased fundraising activity in the digital space as OSUK evolved during the COVID-19 pandemic. PR and Communications expenses are accounted for within raising funds though they may have add value in the provision of other services.

Charitable activities

All cost relating to medical mission programmes are recognised in the year in which they are agreed upon and a commitment made. Total cost of charitable activities also include a proportion of direct marketing costs relating to charitable activities as above.

b) Critical accounting estimates and areas of judgement

In view of the trustees applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

c) Tax Status

Operation Smile UK is a registered charity in England and Wales with the Charity Commission and Companies House. It is a charitable company limited by guarantee. It is not registered for value added tax (VAT) and this position is reviewed on an annual basis for any possible change in status.

It is therefore not liable for income tax or corporation tax on income or gains derived from its charitable activities as it falls within the various exemptions available to registered charities; costs are recorded gross of VAT.

d) Fund accounting

The general unrestricted reserve comprises net accumulated unrestricted surpluses. Restricted funds are subject to restrictions imposed by the donor stipulating the way donation should be used. Interest earned on such donations are not subject to the same restrictions. Designated funds represent amounts which the trustees have allocated to specific 'projects' from general unrestricted reserves. Designated funds may at the discretion of the trustees be brought back into general reserves.



e) Fixed assets

Tangible assets are stated at cost which includes its purchase price and the cost attributable to bringing it to its working condition for its intended use. Depreciation is calculated using a straight- line method for both office equipment and fixture and fittings. The cost of an asset, less its estimated residual value if appropriate, will be written off over the estimated economic life of that asset.

- Office equipment – over 3 years
- Furniture, fixtures and fittings (including IT hardware) – over 3 years

The charity currently adopts a minimum capitalisation limit of £1,000. However, where complements of furniture and equipment are acquired with individual unit costs below the stated capitalisation threshold but collectively costs £1,000, then complements are capitalised at the time of purchase. Costs related to maintenance and repairs are treated as expenses as incurred.

f) Investments

OSUK has a policy of selling donated shares upon receipt of donation. However, where for any reason donated shares are not sold at balance sheet date these are listed as investments, at their market value at date. Realised and unrealised gains or losses for the period are accounted for through the Statement of Financial Activities as net of investment value

g) Gifts in kind

Gifts in kind may include donated equipment, goods, or services. The charity records these at fair market value.

h) Pensions

The charity operates a contributory group personal pension scheme and therefore has no pension liability. The amount charged to the Statement of Financial Activities in respect of pension costs is the total of contributions payable in the year.

i) Leases

Rentals under operating leases are charged as per agreement; any benefit received/receivable as an incentive to sign an operating lease is spread over the lease term on a straight-line basis. However, where the period to review date on which the rent is first expected to be adjusted to the prevailing market rate is shorter than the full lease term then the shorter period is used.

j) Foreign currencies

Assets and liabilities in foreign currencies are translated into the appropriate sterling equivalent as at the balance sheet date. Exchange gains/ (losses) are reviewed periodically and accounted for if deemed material.

k) Other financial instruments

i. Cash and cash equivalents

Cash and cash equivalents include cash at banks and in hand and short- term deposits with a maturity date of three months or less. Deposits are made into reputable financial institutions and risk exposure is kept to a minimum.



2. DONATIONS AND LEGACY INCOME

	Unrestricted Funds (£)	Restricted Funds (£)	2021 Total (£)	Unrestricted Funds (£)	Restricted Funds (£)	2020 Total (£)
Donations	3,569,033	9,262	3,578,295	2,224,655	4,931	2,229,586
Legacies	367,937	170	368,107	447,075	50,000	497,075
Grants	109,271	1,940,840	2,050,111	44,571	643,580	688,151
Sub-total	4,046,241	1,950,272	5,996,513	2,716,301	698,511	3,414,812
Gifts in Kind	-	65,528	65,528	-	222,670	222,670
	4,046,241	2,015,800	6,062,041	2,716,301	921,181	3,637,482

2(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Restricted Funds (£)	2021 Total (£)	Unrestricted Funds (£)	Restricted Funds (£)	2020 Total (£)
Community Events	109,821	-	109,821	84,162	-	84,162
Special Events & Merchandise		-	-	12,671	-	12,671
Sub-total	109,821	-	109,821	96,833	-	96,833
Gifts in Kind	-	-	-	-	1,156	1,156
	109,821	-	109,821	96,833	1,156	97,989

3. RAISING FUNDS

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2021	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2020
Direct Expenses	1,308,775	-	234,485	1,542,074	1,394,278	-	-	1,394,278
Staff Recruitment Cost	14,135	-	-	14,135	28,080	-	-	28,080
Property and Management Cost	90,821	-	-	90,821	67,496	51,593	-	119,089
Administration Cost	301,700	-	-	301,700	202,329	-	-	202,329
	1,715,431	-	234,485	1,949,916	1,692,183	51,593	-	1,743,776

3(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2021 Total (£)	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2020 Total (£)
Programme / Mission Expenses	1,308,775	-	1,797,328	3,105,864	792,565	-	636,515	1,429,080
Support Costs:								
Property & Management	20,518	-	-	20,518	1,588	8,758	-	10,346
Office Administration	27,613	-	-	27,613	33,651	-	-	33,651
Other Support Costs	137,152	-	-	137,152	19,860	-	-	19,860
Governance Costs:								
Audit and Accounting	11,700	-	-	11,700	12,595	-	-	12,595
Legal/Filing & Consulting Fees	2,019	-	-	2,019	6,085	-	-	6,085
Trustees Liability Insurance	706	-	-	706	618	-	-	618
Allocated Support Costs	41,246	-	-	41,246	26,567	1,183	-	27,749
	1,549,490	-	1,797,328	3,346,818	893,529	9,941	636,515	1,539,985

Cost allocation/recovery

Support costs including governance costs which are not directly attributable to raising funds or charitable activities are allocated to the programmes/services benefiting from them based on staff time and department headcount.

Currently there are no cost recovery on restricted funds by OSUK; costs are monitored and covered by general unrestricted funds.

4. STAFF NUMBER AND COSTS

	2021 (£)	2020 (£)
Staff Salaries	720,288	654,209
Employer's NIC	72,356	64,510
Employer's Pension Contribution	38,213	32,340
Other Staff Cost - Volunteers	-	-
	830,857	751,059
Staff Recruitment	22,775	28,080
Training and Development	1,188	1,401
Total	23,963	29,481

Included within the above are redundancy payments totalling £1,004 (2020 £Nil).

Trustees And Key Management Personnel

During the year no trustee received reimbursement for expenses (2020: NIL). £706 (2020: £618) was paid out in respect of trustees liability insurance as permitted by the Charity's Memorandum & Association. Key management personnel (SMT) as listed on page 45, and Trustees received remuneration £162K; (2020: £160K).

Total average number of staff on a full-time basis employed in the year was:

	2021	2020
	17.68	16.40
Employees Earning:		
£60K - £70K	-	-
£70K - £80K	1	1
£80K - £90K	1	1
The Employer's pension contribution in respect of the above amounted to £9.2K (2020: 9.2K)		

5. NET INCOME FOR THE YEAR IS STATED AFTER CHARGING

	2021 (£)	2020 (£)
Auditor's Remuneration in Respect of Current Year	8,500	8,350
Other	1,700	1,670
Depreciation of Tangible Assets	15,959	19,719
Operation Lease Rentals - Building	106,168	57,787

6. TANGIBLE FIXED ASSETS (Office Equipment and Furniture & Fixtures)

	Office Equipment (£)	Furniture & Fittings (£)	Total 2021 (£)
Cost at 1st July 2020	55,113	14,752	69,865
Prior Year Adjustment			
Additions	2,796	-	2,796
Cost on 30th June 2021	57,909	14,752	72,661
Depreciation on 1st July 2020	28,178	10,566	38,744
Depreciation Charge for the Year	14,131	1,828	15,959
Depreciation on 30th June 2021	42,309	12,394	54,703
Net Book Values:			
30th June 2020	26,935	4,186	31,122
30th June 2021	15,600	2,358	17,958

7. LISTED INVESTMENTS

	2021 (£)	2020 (£)
Donated Shares / Investment Assets	16,939	26,042
Disposal/Sales Proceeds	-	-
Realised Gains	-	-
Unrealised Loss	5,785	(9,103)
Total Investment at 30th June	22,724	16,939

Operation Smile UK received NIL (2020: one) donation of shares. These continue to remain unsold as at balance sheet date.

8. DEBTORS

	2021 (£)	2020 (£)
Due from Operation Smile Inc	-	-
HMRC - Gift Aid Reclaims	55,897	29,107
Prepayments	98,094	146,246
Pledges	80,640	-
Lease Deposit	25,000	25,000
Other Debtors	235,604	127,307
	495,235	327,660

9. CREDITORS

	2021 (£)	2020 (£)
Trade Creditors	51,308	95,280
Due to Operation Smile Inc	-	5,460
HMRC - Tax and NIC Due	20,482	17,728
Deferred Income	30,161	74,175
Accrued Expenses	31,887	39,733
Other Creditors	5,000	5,000
	138,838	237,376

Deferred Income

(Deferred income comprises donations received in advance of community events taking place in the financial year FY20/21).

	2021 (£)	2020 (£)
Balance as of 1st July	74,175	4,623
Amount Released to Income Earned from Charitable Activities	(73,555)	(4,623)
Amount Received and Deferred after One Year	30,161	74,175
Balance as of 30th June	30,161	74,175

10. CREDITORS (Amounts falling due after 1 year)

	2021 (£)	2020(£)
Amounts Falling Due After One Year	42,180	5,731

11. STATEMENT OF FUNDS

	Balance at 1st July 2020 (£)	Income (£)	Expenditure (£)	Transfers between Funds (£)	Balance at 30th June 2021 (£)	Balance at 1st July 2019 (£)	Income (£)	Expenditure (£)	Transfers between Funds (£)	Balance at 30th June 2020 (£)
General Funds	1,765,334	4,162,647	(3,264,921)	-	2,663,060	1,428,252	2,843,432	(2,594,816)	88,466	1,765,334
Designated Funds	-	-	-	-	-	150,000	-	(61,534)	(88,466)	-
Restricted Funds	289,022	2,015,800	(2,031,813)	-	273,009	3,200	922,337	(636,515)	-	289,022
	2,054,336	6,178,447	(5,296,836)	-	2,936,068	1,581,452	3,765,769	(3,292,865)	-	2,054,356

Restricted Funds

These are donations and grants received for specific purposes as requested by the donors. The funds have been grouped into geographic area's to better represent the regions where the organisation conducts its charitable activities, as described on page 13 of the Trustee Report.

	Balance at 1st July 2020 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance at 30th June 2021 (£)	Balance at 1st July 2019 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance at 30th June 2020 (£)
Africa	4,541	296,519	(300,473)	-	587	2,700	546,758	(544,917)	-	4,541
South Central America	-	1,410	-	-	1,410	500	32,207	(32,707)	-	-
North America	-	-	-	-	-	-	4,783	(4,783)	-	-
Asia	50,001	8,022	-	-	58,023	-	82,075	(32,074)	-	50,001
Europe	6,694	-	(6,694)	-	-	-	16,260	(9,566)	-	6,694
OSI Global Surgery	-	1,431,327	(1,431,327)	-	-	-	-	-	-	-
Other	227,786	278,522	(293,319)	-	212,989		240,254	(12,468)	-	227,786
	289,022	2,015,800	(2,031,813)	-	273,009	3,200	922,337	(636,515)	-	289,022

Designated Funds

	Balance at 1st July 2020 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance at 30th June 2021 (£)	Balance at 1st July 2019 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance on 30th June 2020 (£)
Office Relocation	-	-	-	-	-	150,000	-	(61,534)	(88,466)	-
	-	-	-	-	-	150,000	-	(61,534)	(88,466)	-

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General / Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2021 Total (£)	General / Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2020 Total (£)
Fixed Asset & Investment	40,682	-	-	40,682	48,061	-	-	48,061
Current Assets	2,803,396	-	273,009	3,076,405	1,960,380	-	289,022	2,249,402
Current Liabilities	(103,677)	-	-	(103,677)	(168,201)	-	-	(168,201)
Deferred Income	(30,161)	-	-	(30,161)	(74,175)	-	-	(74,175)
Other / Long Term Creditor	(47,180)	-	-	(47,180)	(5,731)	-	-	(5,731)
At 30th June	2,663,060	-	273,009	2,936,069	1,760,334	-	289,022	2,054,356

13. OPERATING LEASES

The company entered into a new lease for its office premises from 21 August 2019 for a lease term of 3 years. In March 2021 it renegotiated the lease for the full 5 year term revoking the break-clause in year three for a rent reduction to the end of term.

Amounts payable to end of lease:	2021 (£)	2020 (£)
Within 1 Year	58,323	58,334
Between 2 - 5 Years	128,548	66,485
	186,871	124,819

14. CAPITAL COMMITMENTS

There were no capital commitments and thus not provided for in the financial statements (2020: None).

15. RELATED PARTIES

During the year: OSUK's chair is a close friend of a major donor who is closely connected to UBS Foundation which gave OSUK a grant of £1.4m (2020:Nil) to wards a Operation Smile's global surgery projects in Nicaragua, Vietnam and Madagascar. These projects are being funded over a three (3) year period as per agreement.

At Balance Sheet date OSUK had Nil liability (2020: £5,460) to Operation Smile Inc. in respect of missions/ cleft surgery expenses.

16. COMPANY LIMITED BY GUARANTEE

OSUK is a company limited by guarantee and has no share capital. By virtue of Section 30 of Companies Act 1958 (revised 2006) under which the company is incorporated, the company is not required to use the word 'Limited' in its name.

In the event of winding up, the members are liable to contribute towards any deficiency up to a maximum value of £1 each. At 30 June there were five (2020: Six registered members.



We work with an incredible group of visual artists who connect global audiences to the heart of each story we tell.

Their approach to portraying the beauty and dignity of patients, the passion of volunteers and supporters, and the orchestration of our medical programmes allows us to experience an indelible memory in the moment that the photo is captured, no matter where we are in the world.

Marc Ascher
Jörgen Hildebrandt
Zute Lightfoot
Erin Lubin
Rohanna Mertens
Margherita Mirabella
Will Moffit
Lorenzo Monacelli
Carlos Rueda
Jasmin Shah
Peter Stuckings



Pedro, Colombia

TRUSTEES' ANNUAL REPORT & ACCOUNTS 2021

Operation Smile United Kingdom

Company Registration Number: 4317039 *(A Company Limited By Guarantee)* **Charity Registration Number:** 1091316 **www.operationsmile.org.uk**