



INSTITUTE OF HEALTH VISITING

TRUSTEES' REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31ST MARCH 2022

**Supporting excellence in health visiting practice to give
every child the best start in life**

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Reference and Administrative Details of the Charity, its Trustees and Advisers

Company name	Institute of Health Visiting
Company number	08234405
Charity number	1149745
Working name	iHV
Trustees	<p>Pamela Goldberg*, OBE, FRSA, Chair (from 28 July 2016)</p> <p>Prof Dame Sarah Cowley DBE, BA, PhD, PGDE, RN, RHV, HVT (until 13 October 2021)</p> <p>Dave Roberts (from 28 October 2019)</p> <p>Sam Carlisle (from 5 May 2020)</p> <p>Jane Williams, RN, RDN, RHV (until 13 October 2021)</p> <p>Sue Gallone* FCMA, MIIA Honorary Treasurer (until 25 January 2022)</p> <p>Dr Karen Whittaker BN, MSc, PGCE, PhD, FiHV (until 14 June 2022)</p> <p>Dr. Qingzhi Fan PhD (from 28 October 2019)</p> <p>Prof Helen Bedford PhD, MSc. RGN, RHV, FFPH, FRCPCH, FiHV (from 26 January 2021)</p> <p>Dr Sharin Baldwin PhD, MSc, PG Dip, BSc (Hons), HV, RM, RN, QN, FiHV (from 13 October 2021)</p> <p>Alis Rasul (from 13 October 2021)</p> <p>Theresa Bishop (from 13 October 2021)</p> <p>Christina Lui* (Treasurer – from 20 April 2022)</p>
Executive Director	<p>Alison Morton*, MRes, BSc (Hons) RGN, RHV, DN cert. FiHV (from 26 April 2021; previously Acting Executive Director from 1 January 2021)</p> <p>* Members of the Finance & General Purposes Committee</p>
Principal address	<p>John Snow House</p> <p>59 Mansell Street</p> <p>London E1 8AN</p>
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1. Report from the Chair and Chief Executive

The Board presents its annual report together with the accounts of the Institute of Health Visiting for the year ended 31 March 2022. In addition to this report, in December 2021 the iHV published its public-facing [Annual Report](#) which provides an overview of all the incredible work that has been delivered in 2021 by the iHV team and in collaboration with so many partner organisations, practitioners and parents.

As we write this introduction, the nation is looking to rebuild in the wake of the COVID-19 pandemic and its wider impacts which have been felt acutely by families with babies and young children who have missed out on the support of their families and friends, and health visiting services have struggled to cope with rising levels of need and vulnerability. Yet, there is also so much to celebrate. We want to acknowledge the professionalism, expertise, skill and commitment of health visitors, and those working in health visiting teams, to improving the lives of babies, young children and families.

The full effects of the pandemic on families will not be known for some time – but over the last year we have been able to learn from multiple data sources and research studies which are clearly showing that its impacts have been wide-ranging, affecting almost every aspect of life. The pandemic has exposed and amplified existing inequalities – it has disproportionately affected those who were already disadvantaged by exacerbating factors that can lead to poorer outcomes for babies and young children and increased the need for health visiting support. More children are living with domestic abuse and thousands are suffering preventable harm – it is a sad state of affairs that so many are ‘invisible’ to services and not getting the support that they need. Despite health visitors’ best efforts, their ability to respond has been compromised due to a range of factors including significant workforce shortages.

This is why at the Institute we are focusing intently on how we can improve the support that these babies, children and their families receive through an effective, well-resourced health visiting service. As well as our essential work supporting our members through an extensive range of member resources, training programmes and conferences, our staff and members work on a range of projects focused on key public health priorities to improve outcomes and reduce inequalities. This year we have increased our efforts to engage with our members and other stakeholders to identify the current opportunities and challenges facing the profession – this year we have introduced regular networking events, a Health Visitors Advisory Forum and Expert Advisers, alongside our usual surveys and social media engagement. This intelligence from the frontline ensured we could voice members’ and families’ concerns to governments and policy makers. Though challenges continue, the health visiting profession has shown that it is skilled to rise to the challenges, using a range of innovative approaches and providing a vital infrastructure of support for families.

This annual report looks back at our performance and the progress that we have made in the last year. We are proud of the Institute and how the team have dealt with the many pressures they have faced. They have gone ‘above and beyond’ to ensure that they were able to continue to provide our ‘business-as-usual’ high quality training, projects, research and support that has become the hallmark of the iHV. They have also been bold, developing new ideas and ways to support health visitors, as well as tireless in their efforts to respond to the busiest year for health visiting policy in living memory.

Influencing policies affecting health lies at the heart of health visiting. We know that we cannot do this alone. Throughout the year we have actively sought to build new alliances and strengthen well established ones. We are indebted to so many partner organisations, parents and practitioners who have supported our work which has focused on demonstrating the value of an effective health visiting service.

We are pleased to share that much of the work accomplished last year has put our organisation in a strong position to address the challenges we now face as we look to protect the life chances of all babies, young children and families, and rebuild a health visiting service fit for the future. We are extremely grateful to our supporters, members, funders and friends. This coupled with the energy and expertise of our staff, expert advisers, consultants and trustees makes the iHV the effective organisation that it is. We thank them and look

forward to their continued support as we continue with our ambition to support excellence in health visiting and give every child the best start in life.

2. Trustees report

Our Mission

The Institute of Health Visiting* was founded in 2012 as a registered charity under the Charities Act 2011. It is also registered as a company limited by guarantee under the Companies Act 2006.

[*Working titles for the Institute of Health Visiting are 'The Institute' and 'iHV'].

The Institute operates in all four nations of the United Kingdom. It is an independent charity, professional body and Centre of Excellence for health visiting – established to strengthen the quality and consistency of health visiting practice, so that health visitors can effectively respond to the health needs of all babies, children, families and communities enabling them to achieve their optimum level of health, thereby reducing health inequalities.

Our Values

We believe that:

- Improving public health outcomes for babies, children, families and communities is at the heart of health visiting practice
- When appropriately resourced, health visiting provides a vital infrastructure of support that is central to improving public health outcomes and to reducing inequalities in health
- Ensuring the highest standards of education, research and practice means that health visitors can deliver a world-class service
- Health visiting leaders flourish in an environment of academic and professional excellence.

We are fully committed to the active promotion of equality, diversity and inclusion in everything that we do. We want to enable an organisational culture that values diversity and we are committed to eliminating unlawful discrimination.

Our Vision and Objectives

Our Vision requires health visitors to play their fullest part within an integrated system to reduce health inequalities that arise in childhood and for the UK to achieve health outcomes on a par with the best in the world. This will be achieved by providing an effective health visiting service working in partnership with parents and carers, “working with, not doing to”, and part of a broader approach with others to ensure that every child has the best start in life.

The iHV was established to:

- Work to improve quality and consistency in health visiting practice by:
 - acting as a Centre of Excellence for improving capacity, capability and professional development in health visiting, and
 - setting professional standards for continuing professional development
- Build leadership in health visiting
- Create a forum for developing excellence in health visiting practice, including co-production with parents and carers
- Influence policies affecting health, and promote the benefits and importance of health visiting excellence
- Develop new effective ways to get key public health information to families, both directly, and through the health visiting infrastructure
- Strengthen research capability and capacity to develop the evidence base for health visiting.

2021-22 Business Plan: Objectives and activities

The key objectives of the iHV Business Plan for 2021/22 were developed by the Senior Management Team, in partnership with the Board, to support the iHV's Core Mission through a focus on 8 key objectives:

1. Policy influence:

- i. To promote health visiting and the case for strengthening the service at national and local levels, in collaboration with others, through effective messaging. iHV to maintain high profile in policy arenas.
- ii. To influence how health visitors work through the promotion of evidence-driven practice, collaboration and learning from innovation and research.

2. Provide targeted professional and leadership development to enhance capability:

- i. To support health visitors to deliver excellence in practice through the development and delivery of high-quality iHV training and resources.
- ii. To develop health visiting leaders and role models for the profession through our Leadership Development programme. We will also develop a plan to deliver the iHV Fellows' scheme.

3. Membership:

- i. Build and sustain iHV membership, including increased reach in the devolved nations in 2021/22, and skill-mix of the HV teams.

4. Quality and delivery:

- i. Key deliverables for iHV commissioned work are delivered within agreed budget, timescales, and quality specifications.
- ii. Develop and pilot iHV learning platform to maximise benefits.
- iii. Ensure a robust process for quality assurance of all iHV resources (including co-production where appropriate).

5. Infrastructure & Governance:

- i. Efficient workflow.
- ii. Risks are identified and mitigated.
- iii. The "iHV brand", and stakeholders' perceptions of it as high quality, continues to grow.
- iv. IT systems are "fit for purpose".

6. People and people development:

- i. Competent iHV workforce - Have the right people, with the right skills and behaviours, in the right places, at the right time. Staff have the skills needed to use relevant IT to support their role and functions.
- ii. Ensuring iHV staff health and wellbeing is central to delivery of business through positive teamworking and focusing our efforts on what matters most.
- iii. All iHV staff feel part of a cohesive team; and feel confident about the iHV business plan and understand their individual valuable contribution to achieving the iHV goals.

7. Equality of Opportunity:

- i. All iHV staff understand their contribution and take steps to achieving our goals set out in our Equality and Diversity strategy.

8. Money:

- i. To increase our income by 5% to fully realise the aims set out in this plan.
- ii. All aspects of our work are delivered making best use of resources, releasing efficiencies where possible.

- iii. Explore new ways of bringing in unrestricted income to support delivery of our charitable objectives.

Institute's activities against planned objectives in 2021/22

This has been a successful year for the iHV as the most rapidly growing professional body and voice for health visiting in the UK. The iHV's day-to-day activity is organised under six work programmes aligned to the six teams within the organisation, with around 30 members of staff: Policy, Training, Projects and Practice Developments (incorporates Research), Mental Health, Education, and Corporate team.

I. Policy:

This year our objective has been to promote health visiting and the case for strengthening the service, at national and local levels. To be effective, we recognised that our efforts would be strengthened by working collaboratively with others and we took active steps to galvanise support for health visiting from across the sector.

To inform our strategy, at the start of the year we completed a public affairs and policy 'deep dive' with the support of an external public affairs consultant. This robust piece of work identified that one of the biggest challenges facing the health visiting profession is that many people do not know who health visitors are, or what they do, which place the profession at high risk of cuts. Our policy work has focused on addressing this by using every opportunity to make the often-hidden work of the health visitor more visible with two overarching aims to: demonstrate the value of an effective health visiting service; and to highlight the negative consequences of short-sighted cuts to the service.

The Institute remains in a strong position, we have a seat at the table in multiple national stakeholder boards and forums and we have strengthened our profile in policy arenas. We have proactively raised the Parliamentary profile of babies, young children and families, as well as the health visiting service that supports them, and our publications are often cited by policy makers and prestigious thinktanks who continue to approach us for evidence and opportunities for partnership working.

Our policy work has included:

- Representation at multiple national stakeholder boards and forums, including (but not limited to): National CYP Transformation Board; National NHS COVID-19 Safeguarding Group; National Maternity Disparities Taskforce; the National Safeguarding Review Panel Roundtable; the Department for Levelling up, Housing and Communities Place Advisory Group for Partnerships for People and Place; National Health Policy Influencing Group; One Voice Maternity Partnership; OHID Professional Organisations Group; Genomics England Newborn Programme Steering Group; Obesity Health Alliance; Maternal Mental Health Alliance; First 1001 Days Movement; Start For Life Roundtables; and Northern Ireland's Healthy Child Healthy Future Programme Board. We have been encouraged by the growing support for health visiting within these groups.
- Regular speaking engagements at All Party Parliamentary Groups and high-profile policy forums and conferences. This year's highlight included our Executive Director's privileged invitation to be one of 11 experts invited to The Royal Foundation Centre for Early Childhood's Roundtable on the early years hosted by HRH The Duchess of Cambridge in June 2021. Our keynote conference presentations include: 6th International Global Public Health Nursing conference in Japan (virtual); Westminster Forum – Best Start in Life conference; Local Government Association conference; Queen's Nursing Institute annual conference; Office for Health Improvement and Disparities (OHID) Regional conference; National Childbirth Trust AGM; and a number of provider events.
- The publication of regular news stories, case studies, blogs and infographics promoting the work of health visitors, including our popular ["Who are health visitors and what do they do?"](#) infographic developed to support our case for the autumn Spending Review.
- In partnership with the First 1001 Days Movement, we launched the [#TurnOffTheTaps](#) campaign, at our conference in September, calling for more health visitors.

- Our 8th annual survey was completed by 1,291 practitioners from across the UK and published on 1st December 2022. Health visitors reported soaring rates of domestic abuse, mental health problems, child behaviour problems, poverty, and child safeguarding, as well as challenges faced by the health visiting profession. Notwithstanding the enormous challenges, we were delighted that the findings received excellent parliamentary and media coverage - the evidence was used in Parliamentary debates and acted as a key catalyst for the Government's Early Years Workforce Roundtable held in February 2022 and private meetings between the iHV and the Chief Nurses/ policymakers.
- Local policy influence - we worked with partners to successfully avert planned cuts to the health visiting service in Hampshire. This was a high profile national 'test case' and attracted considerable interest, leading to a backbench debate on Best Start in Life sponsored by Sarah Olney MP and a [petition](#) calling for investment in health visiting which exceeded the 10,000 signatures required for a response.

Evidence submissions/ briefings/ letters:

- This year, we submitted responses to numerous calls for evidence, including our submission to the Government's multi-year [Spending Review](#); [Women's Health Strategy: Call for evidence](#); the [Early Years Commission: a cross party manifesto](#); MP [Briefing for Back Bench Debate](#) 'Giving every child the best start in life'; an iHV Briefing Paper on workforce for Dame Andrea Leadsom MP and senior government officials; The Independent Review of Children's Social Care; the Welsh Government Consultation: Priorities for the Children, Young People and Education Committee in the Sixth Senedd; the [Consensus Statement for Suicide Prevention](#); HEE Long-Term Strategic Framework for Health and Social Care Workforce; and numerous NICE consultations.
- As part of the Children and Young People's [Health Policy Influencing Group](#) (a membership group made up of over 70 leading voluntary organisations, Royal Colleges and professional associations who work on children and young people's physical and mental health), we contributed to numerous [briefings](#) for the Health and Care Bill and a joint [letter to the Secretary of State](#) with a position paper making the case for the babies, children and young people in the Health and Care Bill.
- In partnership with the First 1001Days movement, we wrote a [joint letter in July](#) to Sajid Javid, the Secretary of State for Health and Social Care, asking him to address the impacts of the pandemic on babies and their families.
- iHV Chair, Pamela Goldberg [writes to the Guardian](#) and secured an amendment to a piece which described health visitors as 'retreating' during the pandemic.
- On 15th December 2021, the iHV formally escalated concerns to OHID again about the safety of 'virtual contacts' for mandated health reviews, this was supported by Parliamentary Questions from supportive MPs included Sarah Olney MP and Tim Loughton MP – collectively these efforts led to a formal response from the Minister and an end to the covid workaround of counting virtual contacts in health visiting metric's data returns.

II. Training

2021/22 has been a successful year for the iHV's training team which has largely been due to their rapid adjustment to online training delivery during the pandemic and the development of a number of new training programmes over the last year. The team's highlights this year included:

- **Awards:** The high quality of the iHV training was recognised in numerous national awards this year. The team were finalists for: an RCN Award (leadership category) for our Emotional Wellbeing at Work programme; Runners up for the HSJ Awards – Workforce Initiative of the Year – for PIMH Champions programme; and were also shortlisted finalists for the Nursing Times Workforce Awards - Best Wellbeing and Staff Engagement Initiative for our Emotional Wellbeing at Work programme. We were also delighted that our Head of Training, Philippa Bishop, was shortlisted for an individual award.
- **A significant growth in demand for iHV training:** this led to an influx of bookings and growing interest in the iHV Leadership Training. This year we have provided training to organisations across all nations of the UK and extended our reach into the devolved nations. NHS Education for Scotland

have commissioned our PIMH Champions training to develop their model. We have also had growing reach in Wales and Northern Ireland through our successful PIMH Champions programme. Our talented trainers work alongside a range of Experts by Experience who bring their lived journeys to events to grow participants' learning.

- **Innovation - Development of the digital Learning Platform "iHV Learn", a learning management system:** With support from The For Baby's Sake Trust we commissioned a digital learning platform, based on Moodle, to improve our learning offer. The development of the Learning Platform is a 2-year programme of work that will provide accessible blended learning and standalone courses and digital resources, including our growing library of Digital Toolkits on specific subjects. 'iHV Learn' supports our sustainability as an organisation. The Project Team are working with the Training team to deliver this programme of work – this year we had a soft launch of a small number of programmes to a select audience to support the 'test and build' process. Further materials for current programmes will be added and test and learn principles applied to increase our understanding of the digital platform's functions to support current and future programmes.
- **A growing training offer:** Over the last year we have extended our training portfolio which includes a number of new training topics, alongside our well-established and award-winning training programmes which are delivered as private training commissions, hosted training events, and bespoke training for individual organisations. Our offer includes: Leadership Development: Leading Excellence in Practice; Perinatal and Infant Mental Health (including a programme for fathers); Emotional Wellbeing at Work; This Mum Moves Ambassador; Domestic Abuse Champions; Healthy Weight Healthy Nutrition; Emotional wellbeing Visits; Changing Conversations: Ambassadors for Autism; and Neonatal Families Ambassadors training.
- **Quality assurance, evaluation and dissemination:** We have a robust quality assurance process which underpins the development and regular updating of our training programmes, including a strong element of co-production with service users. We evaluate all our training delivery as part of a continuous cycle of quality improvement to ensure that our offer remains 'fit for purpose' and responsive to the needs of users and the ever-changing policy environment and evidence base. This year we published a number of academic papers on our programme evaluations in peer reviewed journals, including a paper on the *Evaluation of an emotional wellbeing at work programme for supporting health visiting teams during COVID-19* in the Primary Health Care Journal – July 2021. Our training has now been formally approved by HEE following our completion of their REC process.
- **COVID disruption:** We experienced some late cancellations/postponement of events due to Covid and its impacts on health visiting, with some areas cancelling study leave for staff working in 0-19 teams. This provided further pressure on our end of financial year training availability as postponed events were then moved to early 2022, leading to a very busy quarter for the training team. We will continue to deliver most of our training programmes virtually in 2022/23 as this seems to suit the 'new ways of working' within provider organisations. We have started offering the option of face-to-face training this year with a small amount of interest. We will monitor this closely to ensure that we are responsive to need and take account of the different staffing requirements and costings of different delivery models.
- **Staffing:** To respond to growing demand, as well as the different workforce requirements for a virtual/blended training offer, we reviewed our staffing needs and recruited a new Training Programme Manager in 2021 to support the day-to-day operational delivery of the training programme and provide additional capacity to enable the Head of Department to focus more on training strategy and development work. We continue to regularly review workforce to ensure that we are in a position to accept commissions, whilst balancing income vs. expenditure.

III. Projects and evaluations (including Research):

The iHV has had another extremely busy year delivering a number of successful projects and grant-funded work in partnership with many academic, professional and third sector organisations focused on key public health priorities for babies, children and families, and the health visiting service. Co-production lies at the heart of all iHV projects, and we strive to include end-users from the project's inception to its end. This year we have established a 'Health Visitors' Advisory Forum' to support the co-production element of our projects and our wider work.

We have seen growing interest in our work from other organisations and funding institutions who are keen to partner with the iHV - we are increasingly seen as the 'go to' partner for projects and research related to health visiting and public health priorities for babies, young children and families. Our proven track record of delivering high quality products within timescale and budget are key elements of our success, alongside our ability to work flexibly and in collaboration with others.

The following summary provides examples of the projects and continued partners during 2021/2022:

- **Autism in the preschool years – “changing conversations”** - Funded through Burdett Trust for Nursing, we developed and delivered a training programme for “Changing Conversations Ambassadors” to improve support for families around autism.
- **“Domestic Abuse – changing conversations toolkit”** - With support from The For Baby's Sake Trust, we developed an online toolkit for health visitors to support their practice in domestic abuse.
- **“Healthy Weight and Healthy Nutrition”** – With ongoing support from The AIM Foundation, we have updated our Champions training and developed a HWHN toolkit of resources for practitioners.
- **“Moving beyond bean counting: Improving analytical capability in health visiting”** - This Health Foundation funded partnership project with Southern Health NHS Foundation Trust provided insight into the use of analytics in health visiting nationally and developed a data visualisation tool, “My Digital Caseload” to support the identification of vulnerable children using routinely collected data.
- **“Promoting sexual and reproductive health”**- Funded through Public Health England (now OHID), we developed a suite of resources to support health visitors' work in sexual and reproductive health. The project has been extended with additional funding to include postnatal contraception.
- **“Promoting least restrictive practice”** - With support from The Burdett Trust for Nursing, we developed and delivered a training programme and animation on least restrictive practice.
- **“Surviving to thriving”** – Development of the “Neonatal Families Ambassadors Programme”, funded by The Tiny Lives Trust, to support health visitors' work with families of sick or preterm babies.
- **“This Mum Moves”** – A collaborative project with ukactive aimed at supporting all women to enjoy and benefits of physical activity in pregnancy and beyond.
- **Health visiting services in the Northeast and North Cumbria during COVID-19** – a review in partnership with Newcastle University.
- **Supporting the RSV winter respiratory national plan** – Funded by VCSE Wellbeing- We partnered with 'Healthier Together' to develop resources to support health visiting practice including accessible formats for families with Learning Difficulties and those where English is an additional language.

Research:

Since 2019, the iHV has led a significant study developing and evaluating a training intervention for professionals tasked with Delivering Different News (DDN). This programme of research was successfully completed in 2021 by our Research Lead with dissemination through conference presentations, a short policy briefing and publications. The findings attracted considerable interest, particularly the transferable learning to inform the current Newborn Genomics programme led by Genomics England. We are currently applying for funding to extend this study in 2022/23.

Following the commencement of our Research Lead's 12-month secondment in October 2021, the iHV's research portfolio has been managed by the iHV's project's team. This year we completed the Family Action – Stockton Perinatal Support Service Evaluation and the evaluation of the NSPCC's 'Look Say Sing Play' early language programme. We have also resumed our Research Champions support in partnership with the 0-19 research Community of Practice in the north and will be extending this in 2022/23 with funding from the NIHR. We are also a partner on a number of other national NIHR research studies, including as co-applicants and principal investigators in a large scale NIHR trial to consider health visitor support to prevent postpartum smoking relapse, and on an NIHR study researching health visitors' support for parents with crying babies.

IV. Education:

The NMC review of post-registration standards for education for Specialist Community Public Health Nursing (SCPHN) was the most significant education workstream over the last year. The iHV submitted a response to the consultation on draft standards and also represented the profession on the Post Registration Standards Steering Group and the Health Visiting Standards Group. The resulting standards underpin health visiting education, so they will affect health visiting well into the future. To inform our submission, we consulted with our members through a series of webinars and bespoke events for Practice Educators and student health visitors - these were well attended and generated good discussions around key points. Anne Trotter from the NMC was able to speak at 2 of these events.

In response to the national health visiting workforce shortage, our Education Lead has led a programme of work to scope the needs of the sector. We developed a 'Health Visiting Workforce Briefing Paper' which we presented to the Government in December 2021 – this included an overview of health visiting workforce challenges as well as solutions in an outline action plan to improve health visiting retention, recruitment and career progression. The NMC is receptive to our proposal of alternative routes into health visiting, and we continue with our ongoing programme of work to develop 'Best Practice Guidance for Skill-Mix' which we are developing with partners and aim to publish in September 2022. Our Education Lead has also participated in the professional reference group for Advanced Practice established by Health Education England to consider credentialing Advanced Clinical Practice in Public Health and will be feeding into the work led by QNI on best practice guidance for Practice Teachers.

V. Mental Health:

The iHV's Mental Health team has enjoyed ongoing successes this year and these have only been possible through effective collaborations with national partners and by supporting strategic, integrated, inter-agency system-wide approaches at a local level. Our iHV Perinatal and Infant Mental Health (PIMH) Champions programmes provide a vital infrastructure to support this work and we are delighted that we have now trained more than 3,000 PIMH Champions from across the very broadest range of professional backgrounds working alongside mothers and their families in the perinatal period.

Our PIMH training remains our most sought-after training and this year we have focused on updating the training programmes to ensure that they contain the latest evidence and align with the ever-changing policy context. We have also continued with our ongoing programme of developing new resources to address contemporary issues in mental health and resources for the iHV Learn platform. The Forums and PIMH training continue to go well across England, Scotland and Wales and our partnership with parent speakers is well received. Champions have told us that whilst they may have come into a Forum feeling overwhelmed, tired and stressed, they have left feeling inspired, energised and confident to support families. The iHV Specialist Health Visitor in PIMH Group has also grown significantly in the last year.

In May 2021 we also delivered another successful Perinatal and Infant Mental Health Conference: Systems for Success. With 300 delegates, this was our largest PIMH conference ever and we were delighted that it also celebrated World Maternal Mental Health Day. This year, we were also pleased to launch our Factographics, developed in partnership with Surrey University – these are new, innovative digital resources

to better support the mental health of parents in the perinatal period. The team has worked with partners on several projects to influence policy, service developments and national standards, as well as national programmes of research with Oxford University and the Maternal Mental Health Alliance.

On a personal level, we were delighted to celebrate the appointment of Melita Walker, our Head of Mental Health, as President of the UK and Ireland Marce Society - this provides international recognition and an opportunity to raise the profile of health visiting.

VI. Corporate team:

Membership: The iHV relies on its unrestricted income from member donations to support the delivery of its charitable objectives. Despite the enormous challenges facing the health visiting profession, our membership continues to increase, and we have enjoyed a steady growth in both our Individual and Corporate membership over the last two years.

Meeting the needs of our members remains a priority for the Institute and over the last year we have focused our efforts on improving our engagement with members through the establishment of the iHV Networking events, as well as developing our Health Visitor Advisory Forum to support the co-production and quality assurance of our products and to inform our policy work. We also seek members' views through our annual health visiting survey. In response to our members' feedback, we have developed our 'member offer' through the iHV Insights regular webinars and our production of Good Practice Points, Parent Tips and web-based resources and publications, including our popular monthly newsletter, 'The iHV Times'.

We regularly promote the work of our members through Voices blogs and news stories, and this year we have also worked collaboratively with the CPHVA and the Welsh Government to develop a 'Making History' publication of best practice case studies in Wales.

We charge a modest fee for iHV membership to support our ambition that all health visitors will become members. We had planned to slightly increase our individual membership fees in April 2022 however, the Board agreed to defer the increase in individual membership fees due to the rising cost of living, inflationary pressures and ongoing and significant workforce challenges. We applied a small increase to our corporate membership fees in 2021 with no impact on renewals and new joiners.

Conferences:

Our conferences continue to attract growing numbers of delegates and we have delivered four successful events over the last year, with excellent feedback received through the post-event evaluation. Due to the ongoing pandemic considerations and restrictions, all our events have been delivered virtually this year:

- Our **Perinatal and Infant Mental Health Conference** in May 2021 attracted 225 paying delegates.
- Our **Evidence Based Practice Conference** in September 2021 attracted 269 paying delegates, with additional exhibitor income.
- Our **Leadership conference: 'Leadership for a fairer future'** in December 2021 was a huge success with 207 paying delegates and a great line up of national and international speakers including Dame Andrea Leadsom MP. Chat Health was the event sponsor and we also attracted additional exhibitor income. Following the Leadership conference, we held our 'virtual' annual event, chaired by our Chair Pamela Goldberg OBE, and conferred 3 Honorary iHV Fellow awards to: Prof Helen Bedford, Prof Sally Kendall and Katy Tuncer.
- Our first **'In Focus: Breastfeeding Now' half day breastfeeding conference** was held in March 2022. We were interested to pilot this model of a shortened conference focused on a specific topic. This proved to be a huge success with over 200 paying delegates, with excellent feedback, and brought in additional unrestricted funds into the iHV to support our unfunded work.

Sector-led Improvement work: This year we have worked with a number of local authorities to support their work to drive improvements in health visiting practice. Our Sector-Led Improvement work predominantly comprises of short, time-limited projects that support quality assurance and quality improvement in practice, as well as bespoke work on particular ‘thorny issues’ including workforce.

International

PATH: As a contributing partner in this EU-funded project since 2019, the iHV has collaborated on the 3 main aims of PATH to:

- Reach parents with digital and community initiatives for families, including a new support hub
- Reach healthcare professionals with PATH resources and training designed to increase their confidence to recognise PMI symptoms and provide appropriate care
- Reach employers with resources that help them better support maternity and paternity leave and parents’ return to work

There has been an overwhelmingly positive response to our Workplace standards publications developed as part of this project and the new Fathers and Partner Awareness training delivered by the iHV, in partnership with Dad Matters UK. The PATH multi- media campaign is due to be launched in 2022.

Global Network for Public Health Nursing (GNPHN)

The iHV has been a Council member of the GNPHN since its foundation. The GNPHN sits outside the iHV, but the Institute hosts their secretariat for a small fee to cover our costs, and our previous Executive Director (now an iHV consultant) has a seat on its Council. Members of the Council are public health nurses from around the world. The Council held its 6th International Global Public Health Nursing Conference in Japan in January 2022. This virtual conference provided an opportunity for public health nurses to come together from around the world and share best practice and research. We were delighted that our Executive Director was able to present a joint paper with Dr Cheryl Adams CBE, Former Executive Director, on the impact of the COVID-19 pandemic in 2020 on families with children under 5 years in England, and the health visiting service that supports them. The paper was also published in the international ‘Public Health Nursing’ journal.

Communications and media: The work of the iHV has attracted growing media interest over the last year. This continues to largely focus on the impact of the Covid-19 pandemic on babies, young children and their families, its impacts on the health visiting profession, and our efforts to influence policies affecting health including the Spending Review. Highlights included: Interviews with our Executive Director on the BBC news and Today programme, BBC World at One, BBC Sounds, BBC 5 Live; an exclusive ITV focused news item on our 2021 survey findings and the impact of ongoing HV cuts in England – this was covered by all ITV regions and ITV national news; press coverage in The Guardian; The Independent; Daily Telegraph; The Times; BMJ; Health Service Journal, Nursing Times, Nursery World, Day Nurseries, CYP Now, Voice of Islam Radio, Nursing in Practice, ADPH, King’s Fund newsletter and NSPCC Caspar Newsletter.

The iHV was amongst a small select group of organisations who were invited to nominate six ‘unsung heroes’ to attend this year’s “Together at Christmas” carol service at Westminster Abbey hosted by HRH The Duchess of Cambridge. We are proud of the work of health visitors and pleased that it was recognised in this way. Our work with the Royal Foundation continues.

Our communications and design team are central to the success of the iHV, providing bespoke imagery, quality assurance and proof reading of all our external publications, news stories, Voices blogs and reports, as well as our conference platform on Aventri, our website and iHV Learn. This year we were particularly pleased to introduce some new resources including resources on iHV Learn, GPP eXtra ‘Working with Fabricated or Induced Illness by Carers, including Perplexing Presentations’ and ‘Understanding Genomics’,

as well as an animation on Understanding behaviour in the early years. The communications' team also promote our regular iHV Insights webinars as well as project related webinars including Respiratory illness, Genomics events, Oral Health and Active Mums.

Governance, management and trustees

Governing Document: The Institute of Health Visiting is governed by its Articles of Association and the Board has ultimate authority and responsibility for directing and governing the charity. The Board is comprised of Trustees selected from a range of backgrounds to support the organisation's objectives. The constitution of the Board is reviewed annually, and the Trustees hold an annual away day for organisational and strategic planning in October each year.

The Trustees meet formally as a Board on a quarterly basis. In between Board meetings, some Trustees are actively engaged with the larger funded projects, providing governance oversight and expert advice in their role as the Chair of Project Steering Groups, and/ or membership of 'Task and Finish' groups focused on specific iHV workstreams. The Chair, Executive Director, Honorary Treasurer and independent accountants meet outside the Board meetings, as a Finance and General Purposes committee focused on the organisation's finance and business planning. The input of the Trustees supplements the direct management role of the Executive Director.

Change to Trustees: The Institute recruited three new board members in October 2021. Dr Sharin Baldwin, Theresa Bishop and Alis Rasul replace Professor Dame Sarah Cowley and Jane Williams who, after 9 years of inspirational leadership, declared their intention to step down as Trustees at the end of their maximum term of office at the October 2021 Board meeting. In January 2022, our Treasurer Sue Gallone also stepped down at short notice due to a change in her personal circumstances; following an open recruitment process Christina Lui was welcomed as our new Honorary Treasurer following the Board's approval on 20 April 2022.

Change in Leadership: The Executive Director has overall leadership and day-to-day responsibility for operational matters, supported by the Chair and Treasurer, and reports to the Board. Our Head of Operations leads our corporate team, with Finance and IT support outsourced. The iHV has experienced a period of transition of leadership this year following the retirement of the Founding Director Dr Cheryll Adams at the end of March 2021. Following an internal recruitment process, Alison Morton, the iHV's previous Deputy Executive Director, was appointed as Acting Executive Director in January 2021 to support the smooth transition of leadership and was formally appointed to the post of Executive Director (ED) at the end of April 2021 following trustees approval at the April Board meeting. This change in leadership has provided a natural opportunity to start to review the organisation's structure and staffing requirements, as well as governance processes to ensure that we are in the best possible shape to meet the challenges and maximise the opportunities that lie ahead.

Governance: To improve the governance of a growing organisation, last year we established a Senior Management team with the reworking of job descriptions to establish four 'Heads of Department' posts for individuals managing larger teams and budgets. Our Policy and Quality Lead, Education Lead and Communications and Marketing Manager are also included in the Senior Management Team. The ED is supported by the Senior Management Team who meet monthly to review organisational performance, governance and risks in the Governance meeting, with escalation of urgent matters to the Trustees, if needed, between Board meetings.

Policies and procedures: To strengthen governance, this year we have reviewed and updated a number of existing policies and developed new ones including:

- Finance policies: Gifts and Hospitality Policy, Remuneration policy, Capitalisation policy, Expenses policy, Expenses for external contractors policy, and Procurement policy.

- HR policies: Disciplinary policy and procedure, Performance policy and procedure, Flexible working policy, Annual leave policy, Grievance policy, Maternity policy, Occupational sick pay policy and Personal development and planning policy.
- Equality and Diversity: Equality and Diversity strategy, and Equal opportunities policy.
- Safeguarding; Adult safeguarding, and Child safeguarding.
- Safety and ethical policies: Ethical policy, Health and Safety policy, H&S Home worker risk assessment, Information security awareness policy, Privacy policy, and Risk management policy.

Financial systems and IT upgrade: This year we have started an IT systems' rationalisation process as we were aware that we had numerous IT support software packages which resulted in duplication as well as poor interoperability between systems which posed financial and quality risks. Following a review, we have successfully completed the migration of Mail chimp to the new Salesforce system, Campaign monitor, to support the management of our membership and communications. We have also introduced Xero online accounting software to replace our previous 'paper-led' method, and this is working well and improves transparency and governance. Our accountancy support is provided by the independent accountants, JS2.

Partnerships: The Institute is independent of, but has benefited from, close working relations with the Royal Society for Public Health (RSPH) which continues to provide the Institute with back-office support. The Institute pays the RSPH a small honorarium for this support.

Alongside its main source of income from membership fees, the Institute receives income through grants and consultancy work with the following organisations:

Secondments:

- Essex County Council
- Ministry for Levelling Up, Housing & Communities

Funders:

- NSPCC
- De Montfort University / NIHR
- UK Active
- HEE
- University of East Anglia
- NHS England
- Public Health England (now Office for Health Improvement and Disparities)
- The For Baby's Sake Trust
- Tiny Lives Trust
- The Sylvia Adams Charitable Trust
- AIM Foundation
- Family Action
- University of Kent
- iPIP
- Royal Wolverhampton Trust
- Southern Health NHS Foundation Trust (as part of a co-applicant grant from the Health Foundation)
- The Department of Health & Social Care

Staffing of the Institute

Our staff play a crucial part in delivering the iHV Mission. The Institute is a growing organisation with circa 30 members of staff employed on a range of permanent and temporary contracts to meet our core business needs and the specific requirements of our varied project work. All staff have personal objectives aligned to

the iHV annual Business Plan and these are reviewed regularly through an ongoing Personal Development Review process. In addition, the iHV employs individuals as independent consultants and trainers, as needed, to support particular programmes of work.

In 2021, we completed a review of staff salaries to ensure that they reflected changes in roles over time for staff who had been working in the Institute for many years and aligned with the market – we also updated our Remuneration policy which sets out opportunities for career progression within the Institute, our annual inflationary pay award and a small element of performance related pay for staff rated as ‘outstanding’ at their annual appraisal.

Supporting staff wellbeing remains a priority for us at the iHV and we have taken active steps to ensure that workloads are more manageable. Our new senior management team is working well - the ‘Head of’ departments more actively involved in workforce mapping, to provide better oversight of workflow and risk management. The iHV has also adapted well to the COVID-19 pandemic, with flexible working arrangements to accommodate the national guidance as needed. Staff are also supported through regular 1:1s, monthly team meetings, smaller team meetings and our annual team awayday in the summer. This year we were able to finally all come back together, face-to-face, as a team at our “2-day Awayday” which was sponsored by a generous grant from the Sylvia Adams Trust. This enabled us to meet in a conference hotel near Southampton with great facilities. We received very positive feedback from staff – the 2 days involved a mix of hard work refining our Business Plan, CPD updates, as well as a much-needed opportunity to bring the team together, build relationships and recharge after such a busy 18 months.

Quality assurance: Quality underpins all that the iHV does. All projects have a project governance group chaired by either the Executive Director or a Trustee. This year our Policy and Quality Lead has worked with the team and partners to update our Quality Assurance processes, developing a Quality Assurance toolkit which comprises guidance on publications, equality and diversity, accreditation, ethical review and branding.

Risks: This year we have developed our policy for risk management which sets out the governance structures in place to ensure that risks are identified, managed and escalated to the iHV Board in a timely way to support business continuity and quality control. Each department undertakes ongoing risk assessments to identify risks and mitigations and escalate these through the iHV Governance group (the Heads of Department are responsible for managing their department risks and these are graded and recorded on their monthly departmental score cards). Risks are also recorded on the organisation’s risk register, and the risk management framework ensures that risk management is integrated into all activities across the organisation. Risks are formally reviewed monthly by the Senior Management Team in the iHV Governance Group and quarterly by the Board (or more frequently by exception) to support organisational decision making and risk mitigation.

The three main areas of risk identified are:

Financial risks – there is an on-going risk that the iHV could fail to attract sufficient income to maintain its core functions and staff costs, especially with a recent expansion to the staff numbers. In addition, due to uncertainties around inflation and the additional costs of a blended delivery model, there is a risk that workstream/ programme requirements may extend beyond the costed deliverables, leading to rising costs in excess of the indicative budget.

Mitigation: The Chair and Treasurer meet regularly with the Executive Director, who has the responsibility to generate income and ensure sustainable funding. Our income streams are as diversified as possible to spread the risk and the iHV has healthy reserves. The organisation has a strong reputation for its high-quality products - many funders fund repeatedly, reducing some of the financial risk, and we have a growing membership. Accounts are monitored closely through monthly management accounts. All Heads of Department have sight of budgets. All teams use project management skills to manage costs, time and quality, with MoSCoW prioritisation. Business planning is managed through our bi-monthly Business Development Group, and we have an internal bid writing team to maximise success. Inflation poses a new

threat, and we will map our inflationary pay award against similar charities/ CPI figure and use fixed term contracts for any additional staffing for specific projects, using consultancy by exception due to inflated costs. We will also review our fees. We have clear processes in place for financial governance/ sign off – and use of our finance management system Xero to track invoices, income and expenditure.

Quality/ Reputational risks – there is the risk that staff, or those representing the iHV, inadvertently misrepresent the charity or are misquoted in the press, which could damage the reputation of the iHV. There is also a risk that iHV products/ website are not of the desired quality or contain out of date/ inaccurate information – this risk is heightened during the current rapidly changing policy landscape and as the iHV team grows with multiple products requiring quality assurance.

Mitigations: Careful staff recruitment, PDR and performance management processes are in place to ensure that all iHV staff have the necessary skills and capabilities to deliver high quality products. The iHV has clear boundaries and does not issue guidance on high-risk topics like PPE, HR or individual cases that are outside the iHV function – we refer individuals to their union or national guidance. A disclaimer is added to iHV Good Practice Points and Parent Tips with a quality assurance and review process in place. This year we have reviewed the content of our website with a thorough website mapping exercise and the removal of outdated items that might pose a risk. All items requiring updating have been allocated to a member of staff to lead - or a decision taken to archive/ not replace. A Quality Assurance Framework has been developed with an Equality Impact Assessment and iHV guidance on inclusive/ additive language for LGBTQ+. This work continues in our Business plan for 2022/23. Any incidents or complaints are recorded, and an action plan developed, including sharing the learning with the wider team through the Governance and Professional meetings (fortunately, these are very rare). Media coaching is provided to staff who deal with media responses, and all press interview requests are managed by the Communications Manager. All potential commercial partnerships receive an ethical review before being discussed / approved by the board.

Staff wellbeing: There is a risk that iHV workload may exceed staffing capacity, and staff wellbeing may be impacted by the wider impacts of the pandemic – as a result, there is a risk that staff wellbeing will be affected which will impact on staff sickness, iHV delivery with reputational and financial risks.

Mitigations: Whilst the pandemic still presents many uncertainties for all organisations, the implications of this risk for the iHV are now much clearer and the organisation has adapted significantly over the year to reduce the impact of the COVID-19 lockdown and wider impacts on its work programmes.

Continuous workflow mapping against workforce is undertaken by all teams, with proactive recruitment to cover work and avoid excessive workloads, particularly when new contracts are achieved – managing and reporting risks by Heads of Departments/ ED. Business continuity planning is in place and staff are trained to ensure that there is adequate cover for all roles and business continuity is maintained to cover unexpected staff losses. We also use a pool of zero-hour contract staff for cover as required and utilise staff from other departments to fill temporary gaps. Staff wellbeing plans are reviewed at individual 1:1s with line managers and we also support team wellbeing through our annual 2-day ‘Awaydays’, a wellbeing focus in team meetings (trialling Schwartz rounds), and individual support provided by line managers, with signposting to additional support where needed.

Objectives for the year ahead 2022/2023:

Our objectives for the year ahead will build on the Business Plan and objectives set for 2021/22 (these are then translated into team and individual objectives to provide a golden thread to the Business Plan), and focus on the following areas:

1. Policy Influence:

- National: Raising the profile of health visiting
- Local: Influence local policies by extending iHV reach in local government in England
- UK-wide: Raise profile of iHV in Scotland, Wales and Northern Ireland.

2. Provide targeted professional and leadership development to enhance capability:

- Leadership development
- Support for workforce health and wellbeing
- Develop iHV training/ CPD offer
- Develop iHV research strategy.

3. Membership:

- Maintain / sustain membership in England through an extensive and varied range of member benefits – extend membership in devolved nations.

4. Quality and delivery:

- Embed iHV Quality assurance process
- Continually improve iHV website user experience
- Deliver high quality iHV events – including four conferences in 2022/23 (using a blended model of face-to-face and virtual delivery as appropriate).

5. People development/ infrastructure and helping you to do your job:

- Ensure good governance across teams: risk management, workflow mapping, GDPR, workforce sustainability/ business continuity plan, robust invoicing and financial forecasting
- Ensure IT capability is 'fit for purpose' reduce duplication where possible to release efficiencies
- Ensure staff health and wellbeing is central to delivery of business.

6. Equality of Opportunity:

- Commit to improve inclusion within the iHV
- Finalising and application of the iHV Quality Assurance tool and Equality Impact Assessment.

7. Money:

- Make the best use of resources and staff skills
- Income generation to deliver the details of the Business Plan.

8. Environmental and sustainability:

- Develop an iHV environmental and sustainability plan and commit to delivering ongoing improvements across all aspects of our work.

Financial Review

Despite the pandemic the Institute has finished the year in a better position than expected with a surplus of £186,009 (2021: £29,760). Our total income has increased from £1,243,518 in 2020/21 to £1,575,756 in 2021/22. This increase on prior year is due to an increased uptake in corporate memberships and larger number of training sessions/increased interest in online training sessions.

Expenditure in the year also increased to £1,389,747 (2021: £1,213,758) due to increased consultancy spend on restricted projects along with increased staffing costs.

Reserves policy and going concern

In assessing the overall level of reserves, the Board aims at all times to maintain sufficient unrestricted funds to ensure it remains solvent going forward, this includes at least 6-month's running costs.

The Institute currently holds total reserves of £982,472 (2021: £796,463) of which £760,674 (2021: £529,304) are free reserves (unrestricted funds). This equates to approx. 9.6 months standard running costs. The Institute will use these reserves to achieve sustainability for future years.

The Trustees have reviewed the charity's financial position, taking into account current performance, the ongoing COVID-19 challenges, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

Statement of Trustees' Responsibilities

The Trustees (who are also directors for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

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

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

In so far as the Trustees are aware:

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

Public Benefit

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and in planning the future activities. In particular, the Trustees consider how planned activities and grant making will contribute to the aims and objectives they have set. The Trustees consider the current policy for grant making and the current activities deliver public benefit. Details of the objects which form the basis of this are given in this report.

Auditors

Our auditors Chiene & Tait LLP have now completed their second audit on behalf of the charity. This report of the Board of Trustees has been prepared taking advantage of the small companies exemption of section 415A of the Companies Act 2006.

Pamela Goldberg

Pamela Goldberg
Chair
DATE 26 July 2022

Independent auditor's report to the members of Institute of Health Visiting

Opinion

We have audited the financial statements of Institute of Health Visiting for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the 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 Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022, and of the charitable company's net movement in funds, including the 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 charity 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 charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether 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' report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 20, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of financial statements which give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise

from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

We gained an understanding of the legal and regulatory framework applicable to the charitable company and the sector in which it operates and considered the risk of acts by the charitable company which were contrary to applicable laws and regulations, including fraud. This included but was not limited to the Companies Act 2006 and the Charities Act 2011.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that 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, misrepresentations or through collusion.

We focused on laws and regulations that could give rise to a material misstatement in the charitable company's financial statements. Our tests included, but were not limited to:

- agreement of the financial statement disclosures to underlying supporting documentation;
- enquiries of the trustees;
- review of minutes of board meetings throughout the period; and
- obtaining an understanding of the control environment in monitoring compliance with laws and regulations.

There are inherent limitations in an audit of financial statements and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. We also addressed the risk of management override of internal controls, including testing journals and evaluating whether there was evidence of bias by the trustees that represented a risk of material misstatement due to fraud.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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



Jeremy Chittleburgh CA (Senior Statutory Auditor)

For and on behalf of
Chiene + Tait LLP
Chartered Accountants and Statutory Auditor
61 Dublin Street
Edinburgh EH3 6NL

26 July 2022
Date:.....

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

For the year ended 31 March 2022

				2022			2021
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations	2	34,111	-	34,111	28,894	-	28,894
Charitable activities:	3						
Grant		139,136	490,532	629,668	305,510	283,408	588,917
Education & Training		556,017	50,000	606,017	358,475	-	358,475
Membership		303,956	-	303,956	265,694	-	265,694
Other		1,871	-	1,871	571	-	571
Interest		133	-	133	967	-	967
Total income		1,035,224	540,532	1,575,756	960,111	283,408	1,243,518
Expenditure on:							
Charitable activities	4	863,494	526,253	1,389,747	971,057	242,701	1,213,758
Total expenditure		863,494	526,253	1,389,747	971,057	242,701	1,213,758
Transfer between funds		59,640	(59,640)	-	(64,895)	64,895	-
Net movement in funds		231,370	(45,361)	186,009	(75,841)	105,602	29,760
Reconciliation of funds:							
Total funds brought forward		529,304	267,160	796,463	605,145	161,558	766,703
Total funds carried forward		760,674	221,799	982,472	529,304	267,160	796,463

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Institute of Health Visiting

Balance sheet

Company no. 08234405

As at 31 March 2022

	Note	£	2022 £	2021 £
Fixed assets:				
Tangible assets	10		13,647	9,772
			<u>13,647</u>	<u>9,772</u>
Current assets:				
Debtors	11	390,339		168,937
Cash at bank and in hand		1,032,009		992,549
		<u>1,422,348</u>		<u>1,161,486</u>
Liabilities:				
Creditors: amounts falling due within one year	12	(453,523)		(374,795)
			<u>968,825</u>	<u>786,691</u>
Net current assets				
			<u>982,472</u>	<u>796,463</u>
Total net assets				
			<u>982,472</u>	<u>796,463</u>
The funds of the charity:	15			
Restricted income funds			221,798	267,159
Unrestricted income funds:				
General funds			760,674	529,304
			<u>982,472</u>	<u>796,463</u>
Total charity funds				
			<u>982,472</u>	<u>796,463</u>

26 July 2022

Approved by the trustees on..... and signed on their behalf by:

Pamela Goldberg

.....
Pamela Goldberg
Chair

Christina Liu

.....
Christina Liu
Company Secretary

Statement of cash flows

For the year ended 31 March 2022

	Note	2022 £	2021 £
Cash flows from operating activities			
Net cash provided by / (used in) operating activities	a	51,545	(49,142)
Cash flows from investing activities:			
Interest from investments		133	967
Purchase of fixed assets		(12,218)	(8,800)
		<hr/>	<hr/>
Change in cash and cash equivalents in the year		39,460	(56,975)
		<hr/>	<hr/>
Cash and cash equivalents at the beginning of the year		992,549	1,049,525
		<hr/>	<hr/>
Cash and cash equivalents at the end of the year	b	1,032,009	992,549
		<hr/>	<hr/>

Statement of cash flows

For the year ended 31 March 2022

a) Reconciliation of net income / (expenditure) to net cash flow from operating activities

	2022 £	2021 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	186,009	29,760
Depreciation charges	8,343	3,249
Dividends, interest and rent from investments	(133)	(967)
(Increase) in debtors	(221,402)	65,533
Increase/(decrease) in creditors	78,728	(146,717)
Net cash provided by / (used in) operating activities	51,545	(49,142)

b) Analysis of changes in net debt

	At 1 April 2021 £	Cash flows £	At 31 March 2022 £
Cash in hand and at bank	992,550	39,460	1,032,010
Total cash and cash equivalents	992,550	39,460	1,032,010

1 Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

The trustees consider that there are no significant areas of estimation or judgement.

b) Public benefit entity

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

c) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

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

The Trustees have reviewed the charity's financial position, taking into account current performance, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

d) Income

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

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

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

e) Interest receivable

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

f) Fund accounting

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

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

For the year ended 31 March 2022

g) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure on charitable activities includes the costs of undertaken to further the purposes of the charity and their associated support costs.

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

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

i) Tangible fixed assets

Fixed assets are stated at original historical cost less aggregate depreciation and are only capitalised at a threshold exceeding £1,000. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset on a reducing balance basis over its estimated useful life as follows.

Computer equipment	3 years straight line
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j) Debtors

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

k) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

l) Creditors and provisions

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

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

Notes to the financial statements

For the year ended 31 March 2022

2 Income from donations and legacies

	2022 Total £	2021 Total £
Donations	2,654	6,502
Gift Aid	31,457	22,392
	34,111	28,894

All donations and gift aid are unrestricted in both the current and prior year.

3 Income from charitable activities

Current year

	Unrestricted	Restricted	2022 Total
	£	£	£
Grants:			
Core	8,143	94,108	102,251
AIM Foundation ®	-	40,000	40,000
AIM Healthy Weight Healthy Nutrition	-	34,917	34,917
UK Active This Mum Can	26,388	-	26,388
PATH	-	95,596	95,596
Delivery Of Different News 2	58,651	-	58,651
Baby Breathe	-	39,232	39,232
AIMS Southern Health NHS Foundation Trust (SHFT)	18,067	-	18,067
NSPCC LSSP	-	60,963	60,963
Genomics	15,387	-	15,387
NHS VCSE	-	77,066	77,066
Family Action Stockton PSS	12,500	-	12,500
Public Health England Sexual Reproductive Health	-	45,250	45,250
Demontfort University	-	3,400	3,400
	139,136	490,532	629,668
Education & Training	556,017	50,000	606,017
Membership	303,956	-	303,956
Other	1,871	-	1,871
	861,844	50,000	911,844
Total income from charitable activities 2022	1,000,980	540,532	1,541,512

Notes to the financial statements

For the year ended 31 March 2022

<i>Prior year</i>	Unrestricted	Restricted	2021 Total
	£	£	£
Grants:			
Government Furlough Grant	18,582	-	18,582
AIM Foundation ®	-	40,000	40,000
AIM Healthy Weight Healthy Nutrition	-	34,700	34,700
Burdett restraint	-	64,787	64,787
UK Active This Mum Can	22,813	-	22,813
PATH	-	59,947	59,947
SLC Assessment Tool	13,105	-	13,105
Delivery Of Different News 2	183,029	-	183,029
PHE Sexual Reproductive Health	-	17,058	17,058
RCN Foundation - restorative supervision	48,300	-	48,300
Baby Breathe	-	19,616	19,616
AIMS Southern Health NHS Foundation Trust (SHFT)	12,045	-	12,045
Health visiting in the North East and North Cumbria during Co	7,637	-	7,637
Domestic Abuse	-	47,299	47,299
	305,510	283,408	588,917
Education & Training	358,475	-	358,475
Membership	265,694	-	265,694
Other	571	-	571
	624,740	-	624,740
Total income from charitable activities 2021	930,250	283,408	1,213,657

4 Analysis of expenditure

<i>Current year</i>	Charitable activities £	Governance costs £	Support costs £	2022 Total £
Staff costs (Note 6)	993,026	8,553	39,053	1,040,632
Direct Costs	205,536	-	-	205,536
Travel & Subsistence	-	-	3,903	3,903
Premises costs	-	-	14,521	14,521
Office costs	-	-	72,882	72,882
Legal & Consultancy	-	-	960	960
Accountancy & Bookkeeping Fees	-	-	21,260	21,260
Audit fees	-	5,050	-	5,050
Sundry Expenses	-	-	4,161	4,161
Depreciation	-	-	8,343	8,343
Irrecoverable VAT	-	-	12,499	12,499
	1,198,562	13,603	177,582	1,389,747
Support costs	177,582	-	(177,582)	-
Governance costs	13,603	(13,603)	-	-
Total expenditure 2022	1,389,747	-	-	1,389,747

<i>Prior year</i>	Charitable activities £	Governance costs £	Support costs £	2021 Total £
Staff costs (Note 6)	894,276	15,279	25,813	935,368
Direct Costs	111,943	-	-	111,943
Travel & Subsistence	-	-	2,598	2,598
Premises costs	-	-	12,545	12,545
Office costs	-	-	106,065	106,065
Legal & Consultancy	-	-	4,450	4,450
Accountancy & Bookkeeping Fees	-	-	22,450	22,450
Audit fees	-	2,600	-	2,600
Sundry Expenses	-	-	2,197	2,197
Depreciation	-	-	3,249	3,249
Irrecoverable VAT	-	-	10,293	10,293
	1,006,219	17,879	189,660	1,213,758
Support costs	189,660	-	(189,660)	-
Governance costs	17,879	(17,879)	-	-
Total expenditure 2021	1,213,758	-	-	1,213,758

5 Net income for the year

This is stated after charging / crediting:

	2022 £	2021 £
Depreciation	8,343	3,249
Audit fee	5,050	4,700

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

Staff costs were as follows:

	2022 £	2021 £
Salaries and wages	704,036	710,453
Social security costs	77,293	65,149
Employer's contribution to defined contribution pension schemes	137,544	113,549
Seconded staff	121,759	46,217
	1,040,632	935,368

No employees earned (excluding employer pension) between £60,000 and £70,000 during the year (2021: 2).

Two employees earned (excluding employer pension) between £70,000 and £80,000 during the year (2021: 1).

The total employee benefits including employers pension contributions of the key management personnel was £91,230 (2021: £158,458). The key management personnel were made up of the Executive Director and Head of Operations.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2021: £nil).

During the year, no trustee was reimbursed for travel and subsistence costs (2021: 2 trustees £264) relating to attendance at meetings of the trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2022 No.	2021 No.
Charitable activity	27.0	23.0
Support	2.0	2.0
Governance	-	-
	29.0	25.0

8 Related party transactions

There were no related party transactions including donations from related parties which are outside the normal course of business in the current or preceding year.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Computer equipment £
Cost	
At the start of the year	22,426
Additions in year	12,218
	<hr/>
At the end of the year	34,644
	<hr/>
Depreciation	
At the start of the year	12,654
Charge for the year	8,343
	<hr/>
At the end of the year	20,997
	<hr/>
Net book value	
At the end of the year	13,647
	<hr/> <hr/>
At the start of the year	9,772

All of the above assets are used for charitable purposes.

11 Debtors

	2022 £	2021 £
Trade debtors	217,506	91,790
Other debtors	172,833	77,147
	<hr/>	<hr/>
	390,339	168,937
	<hr/> <hr/>	<hr/> <hr/>

12 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	28,854	44,735
Taxation and social security	47,598	31,123
Other creditors and accruals	80,448	42,376
Deferred income	296,623	256,561
	<hr/>	<hr/>
	453,523	374,795
	<hr/> <hr/>	<hr/> <hr/>

13 Deferred income

Deferred income comprises membership fees paid in advance.

	2022 £	2021 £
Balance at the beginning of the year	256,561	404,654
Amount released to income in the year	(256,561)	(404,654)
Amount deferred in the year	296,623	256,561
	<hr/>	<hr/>
Balance at the end of the year	296,623	256,561
	<hr/>	<hr/>

14 Analysis of net assets between funds

<u>As at 31 March 2022</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	13,647	-	13,647
Net current assets	747,027	221,798	968,825
	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	760,674	221,798	982,472
	<hr/>	<hr/>	<hr/>
<u>As at 31 March 2021</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	9,772	-	9,772
Net current assets	519,532	267,159	786,691
	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	529,304	267,159	796,463
	<hr/>	<hr/>	<hr/>

15 Movements in funds

Current year

	At the start of the year £	Income £	Expenditure £	Transfers £
Restricted funds:				
iHV Research Fund	10,019	-	(10,019)	
AIM HWHN Apr 20 to Apr 23	29,250	34,917	(29,240)	
Anonymous Family Foundation	40,000	40,000	(40,000)	
Anonymous Family Foundation Nutrition	3,404	-	-	(3,404)
Burdett Autism	14,455	-	(389)	(14,066)
Burdett restraint	11,537	-	(5,725)	(5,812)
PATH	77,308	95,596	(172,904)	
Tiny Lives	7,758	-	750	(8,508)
PHE Sexual Reproductive Health	17,644	-	2,360	(20,004)
Baby Breathe	14,685	39,232	(31,386)	(7,846)
Domestic Abuse	41,099	-	(10,043)	
NSPCC LSSP	-	60,963	(60,963)	
CHSA	-	50,000	(46,978)	
NHS VCSE	-	77,066	(75,066)	
Public Health England Sexual	-	45,250	(43,250)	
Demontfort University	-	3,400	(3,400)	
Sylvia Adams Trust	-	94,108		
Total restricted funds	267,159	540,532	(526,253)	(59,640)
Unrestricted funds:				
General funds	529,304	1,035,224	(863,494)	59,640
Total funds	796,463	1,575,756	(1,389,747)	-

15 Movements in funds (continued)

Purposes of funds

iHV Research Fund

This consists of income raised through fundraising activities and is available to support research purposes including doctoral studies in the form of bursaries.

Burdett Trust (Healthy Weight Healthy Nutrition)

This two year project seeks to up skill all health visitors in nutrition information and best practice in encouraging healthy diets. The training is in the form of a cascade with the trained champions cascading the training to their workplace colleagues.

Anonymous Family Foundation

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides regional and a national forum for the champions to stay connected with the iHV and their colleagues.

Anonymous Family Foundation Nutrition

This funding will support the updating of Healthy Weight Healthy Nutrition training and the provision of four regional training events for Health Visitors.

Burdett Autism

This important one year project will create a toolkit and training for health visitors to support their knowledge and confidence to have meaningful conversations with families of children with autism.

PATH

This European partner project involves 13 partners from the UK, France, the Netherlands and Belgium. It is focused on raising the profile of perinatal mental health in mothers and fathers and will produce a host of new resources for partner countries to use over its 3.5 year life span.

Tiny Lives

The iHV are leading the development of an e-learning module and training event to support health visitors work with parents/ carers of premature babies who have been through NICU in the North East of England. This is a one year project.

PHE Sexual Reproductive Health

Project funder to design and develop resources aimed at advice to expectant and new parents on sexual and reproductive health. All resources now complete e- learning and parent leaflet due for launch. The final report has been submitted for this project.

Baby Breathe

Funding successful for this RCT of a postpartum smoking intervention to support new mums stay smoke free. Ethics agreed and recruitment due to commence July 2021

Domestic Abuse

The For Baby's Sake Trust funded the iHV to develop an online Domestic Abuse digital training toolkit for health visitors.

Genomics

Design, develop and evaluate a series of webinars to raise awareness of genomics, to promote and embed the newly developed Good Practice Points, and to support health visitors' learning about genomics.

CHSA

This is a time-limited grant funded programme to support the development of Emotional Wellbeing at Work Champions across the UK.

VCSE

Providing support to respond to a potential surge in respiratory infections in children

HIV SRH

This project will explore HVs current practice, alongside the barriers and enablers to extending the HVs universal role in PC to include advice on contraceptive options and potential for prescribing. These insights will inform the co-production of a bespoke PC training programme for HVs, in partnership with Teesside University

De Montfort

4 year funded project from Sept 2021 – Sept 2025: Cluster Randomised Controlled Trial of a Service to Support the Mental Health & Coping of Parents with Excessively Crying Infants.

Transfers

Transfers were made in the year against funds which had an allocation against overheads spend and against a few funds which were fully spent at the prior year end and costs weren't fully allocated in the prior year so had shown in unrestricted costs instead.

15 Movements in funds (continued)

<i>Prior year</i>	At the start of the year £	Income £	Expenditure £	Transfers £
Restricted funds:				
iHV Research Fund	10,019	-	-	
AIM HWHN Apr 20 to Apr 23	-	34,700	(5,450)	
Anonymous Family Foundation	-	40,000	-	
Anonymous Family Foundation Nutrition	3,404	-	-	
Burdett Autism	69,895	-	(55,440)	
Burdett restraint	-	64,787	(53,250)	
AIM PMH Forums	38,246	-	(38,246)	
PATH	21,012	59,947	(3,651)	
Tiny Lives	18,982	-	(11,224)	
PHE Sexual Reproductive Health	-	17,058	(64,309)	64,895
Baby Breathe	-	19,616	(4,931)	
Domestic Abuse	-	47,299	(6,200)	
Total restricted funds	161,558	283,407	(242,701)	64,895
Unrestricted funds:				
General funds	605,145	960,111	(971,057)	(64,895)
Total funds	766,703	1,243,518	(1,213,758)	-

16 Legal status of the charity

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